

CITY COUNCIL
CITY OF NEW YORK

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TRANSCRIPT OF THE MINUTES

Of the

COMMITTEE ON CONTRACTS

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Friday, March 3, 2023

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HELD AT: COUNCIL CHAMBERS, CITY HALL

B E F O R E: Julie Won, Chairperson

COUNCIL MEMBERS:

Joann Ariola

Gale A. Brewer

James F. Gennaro

Linda Lee

Sandy Nurse

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

Zachary Iscol
Commissioner
NYC Department of Emergency Management

Theodor Long, MD
Senior Vice President
Ambulatory Care and Population Health
New York City Health + Hospitals

Molly Park
Acting Commissioner
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Mayor's Office of Contract Services

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Administrative Services

Thomas Tortorici
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Mayor's Office of Immigrant Affairs

Alana Tornello
Human Services Council

Juan Calcutta
New York City Resident

Alex Stein
New York City Resident

2 SERGEANT AT ARMS: Good morning ladies and
3 gentlemen and welcome to today's New York City
4 council hearing on the Committee on Contracts. At
5 this time, we ask that you silence all cell phones
6 and electronic devices to minimize disruptions
7 throughout the hearing. If you have testimony you
8 wish to submit for the record, you may do so via
9 email at testimony@council.nyc.gov. Once again, that
10 is testimony@council.nyc.gov. Chair we are ready to
11 begin.

12 CHAIRPERSON WON: Good morning and welcome to
13 this hearing of New York City Council's Committee on
14 Contracts. My name is Julie Won and I have the
15 privilege of chairing this committee. While the
16 ongoing migrant crisis is proving to be difficult for
17 our city, we are committed to aiding the newest New
18 Yorkers to the best of our ability. In doing so we
19 need to provide them with shelter, food, health care,
20 schooling, legal services, and a myriad of other
21 goods and services to make sure they can get
22 established here on their way to self sufficiency and
23 a better and brighter future. Contracting is an
24 integral part of getting those goods and services to

2 New Yorkers in a timely manner in a quality that
3 meets our standards and expectations.

4 Over the past year, we've seen an influx of over
5 45,000 migrants, many of whom are asylum seekers come
6 to New York, some and transit elsewhere, and some who
7 hope to remain here in search of a better life in New
8 York City. We join all those committed to shelter
9 and support these migrants. And while national
10 politics for some southern states have created a
11 crisis rather than an organized plan for transition,
12 it remains our responsibility to provide the services
13 and infrastructure to support this vulnerable
14 population, while we seek contribution from our state
15 and federal partners.

16 What is in our control are the contracts we award
17 to the vendors who provide the services and
18 infrastructure to the migrant community. The mayor's
19 decision to develop and staff Humanitarian Emergency
20 Response and Relief Centers, or HERRCs, has been an
21 expensive endeavor, and we want to discuss how much
22 has been spent in the construction and operation of
23 these sites, how vendors are being vetted and
24 selected, what safeguards are in place to ensure high
25 standards, and avoid fraud, waste, and abuse.

2 We want more details regarding the long-term
3 plans for various contracts and contractors who the
4 city has hired to help address the migrant crisis.
5 We also want to look beyond the contractors that
6 develop and operate the HERRCs, and understand the
7 vendor selection process for services like food,
8 health care, education, and legal services that these
9 migrants so desperately need. We hear regular
10 complaints about inadequate conditions in many of the
11 shelters like overcrowding, poor quality of food,
12 limited water, while we're spending many of the
13 million dollars on these contracts.

14 The quality of services delivered by some of
15 these vendors has been called into question. So we
16 want to make sure that the city dollars are not being
17 wasted in our efforts to support these migrants.
18 Again, we recognize that the catalyst for this crisis
19 is largely the result of petty national politics, but
20 nonetheless remains our responsibility as the city's
21 oversight body to ensure we are protecting the city
22 from fraud, corruption and abuse.

23 Today we look forward to hearing from several
24 representatives from the administration, New York
25 City Emergency Management, New York City Health +

2 Hospitals, the Department of Social Services, the
3 Mayor's Office of Contracts, Department of Citywide
4 Administrative Services, and the Mayor's Office of
5 Immigrant Affairs, and we have questions for each of
6 them.

7 Before we begin, I would like to take a moment to
8 thank my committee staff, Senior Counsel Alex
9 Paulenoff, Policy Analyst, Alex Jablon, and Financial
10 Analysts Florentine Cabor, as well as Zachary Meher
11 and Kevin Frick, from Council's Oversight and
12 Investigations Division, and Acting Counsel, Jeremy
13 Whiteman, for all their hard work on this hearing.

14 With that, I want to thank the members of the
15 committee who are here to witness that will testify,
16 and we will hear from the administration if counsel
17 can please read the oath.

18 COUNSEL: Thank you Chair. With us today we have
19 Zach Iscol, from Emergency Management, Molly Park,
20 from DSS, Charles Diamond from the Mayor's Office of
21 Contract Services, Roman Gofman from DCAS, and Tom
22 Tortorici from MOIA. If you could each raise your
23 right hand. Do you affirm to tell the truth, the
24 whole truth and nothing but the truth in your
25

2 testimony before this committee and to respond
3 honestly to council member questions?

4 ALL: I do.

5 COMMISSIONER ISCOL: I also want to point out
6 that Dr. Long is also going to testify.

7 COUNSEL: I apologize Dr. Long.

8 COUNCILMEMBER BREWER: Our favorite doctor.

9 COUNSEL: Sorry about that. You can proceed.

10 COMMISSIONER ISCOL: All right, good morning.
11 Good morning Chairperson Won and members of the
12 Committees on Finance and Contracts. I am Zach
13 Iscol, Commissioner of Emergency Management.

14 I first just want to start by thanking the
15 Committee and the City Council. I was very happy to
16 see the council's initiative, Welcome NYC, and I
17 really appreciate the work that you will be doing
18 there.

19 I'm joined today by some of my colleagues from
20 multiple agencies. And I just want to start by
21 saying how proud I am to sit beside them today, and
22 to be able to represent so many members of this
23 administration, and the work that they have done to
24 meet this unprecedented emergency and challenge.

2 The influx of asylum seekers seeking refuge in
3 New York City continues to be a challenging task, and
4 a great example of collaboration amongst city
5 agencies. To date, over 48,000 asylum seekers have
6 come into our system since this emergency began. Of
7 those, over 30,000 are currently in the city's care,
8 and have that number over 8,000 are in HERRCs, with
9 nearly 22,000 in DSS shelters. Just to put that
10 number in perspective: In July of last year, the DSS
11 census was roughly at 48,000.

12 There have been a total of eight HERRCs that have
13 been opened, with seven currently in operation, as
14 the one on Randalls Island stands closed, and our
15 incredible partners at DSS have opened an astonishing
16 92 shelters since August. To put that number in
17 perspective, on average, it takes two years to open
18 up a shelter. They've opened 92 since last August.

19 As we face this humanitarian crisis, we have not
20 wavered in our commitment to help and support. It
21 was quickly clear to us that one agency alone would
22 not be able to tackle this unprecedented emergency.
23 And that is why this has been, from day one, a whole-
24 of-government approach from the Adams Administration,
25 where many agencies are operating as one team. We're

2 all in this together. And that is why you see us
3 together time and again, when we speak about the
4 city's response to this unprecedented emergency

5 At Council hearings, at public-facing events, on
6 weekly calls with elected officials, we work not as
7 individual agencies, but together as one team, using
8 all of our resources, all of our expertise, all of
9 our institutional knowledge, all of our technical and
10 contracting and costing capabilities to get the job
11 done, and we do it with incredible pride and honor,
12 and we will continue doing it as long as it is
13 necessary.

14 To date Emergency Management continues to
15 coordinate between incoming buses of asylum seekers
16 and provide logistical support to the operations of
17 the Asylum Seeker Resource Navigation Center. The
18 center serves as a central place for newly arrived
19 asylum seekers to receive free and confidential help,
20 accessing important services and resources that will
21 help them integrate and thrive in New York City.

22 Emergency Management is also coordinating with
23 city agency partners at the Welcome Center located at
24 the Port Authority, which has a National Guard
25 contingent deployed for additional support.

2 Those arriving can receive light medical care,
3 water, and information regarding sleeping
4 accommodations in the event they do not have friends,
5 family, or sponsor to lean on.

6 New York City continues to welcome arriving
7 asylum seekers with compassion and care, and using
8 our Humanitarian Emergency Response and Relief
9 Centers, known as HERRCs, to provide both sleeping
10 accommodations and a range of services to those
11 seeking assistance. Emergency Management holds one
12 12-month contract registered at up to \$135 million
13 with SLSCO that provides support and site management
14 at selected HERRCs. This contract includes
15 wraparound services such as staffing, transportation,
16 clothing, vouchers, water, and other logistical
17 support as needed, such as reconnection specialists,
18 bus dispatchers, interpreters, legal assistance, and
19 security.

20 Additional wraparound services include
21 translation, logistics coordination, and security at
22 some sites. Health + Hospitals and other agencies
23 maintain additional contracts being used to assist
24 asylum seekers.

2 New York City is a cultural Mecca enriched by its
3 diverse population, and it's a second home to those
4 who make the difficult decision to leave their home
5 country in search of opportunities. It is not only
6 our responsibility as a city to help them adjust and
7 regain their livelihoods, but it is an important
8 investment in the future of New York.

9 I always say that being a Marine was one of the
10 brightest and proudest moments and achievements in my
11 life, and I worried when I left the Marines that I
12 might not have the ability to ever see that sense of
13 camaraderie, that sense of purpose again. But
14 working alongside this administration and this
15 remarkable team has matched that. It's been beyond
16 rewarding. And it's one of the times where we can
17 look at one another and say that we are truly making
18 a real difference in the lives of those impacted by
19 this unprecedented emergency.

20 So thank you for the opportunity to testify
21 today. This panel will now take your questions.

22 CHAIRPERSON WON: Thank you so much. We have a
23 lot of questions today. Most of them are focused on
24 the contracts. Could you provide-- This is a
25 followup from the last hearing that we had, from the

2 Council, where many of the council members are
3 asking: What is the cost breakdown of opening and
4 operating HERRCs? Please provide a headcount and
5 staffing costs for HERRCs. What is the source of
6 funding, and what is the reimbursement process for
7 caseworkers?

8 COMMISSIONER ISCOL: So every HERRC is different.
9 Each HERRC is like solving-- when we open them, it's
10 like solving a three dimensional puzzle piece.
11 There's a lot of things that you have to account for:
12 location, transportation, different types of
13 services, different populations, whether it's family
14 or single adults, different sorts of things with the
15 economic impact, etc. So there's no one-size-fits-
16 all approach to the contracting around the HERRCs.

17 In terms of the population numbers and the staff
18 members, I defer to Dr. Long. And I'm not sure I
19 really understand your question about reimbursement
20 for caseworkers. What exactly you mean by that?

21 CHAIRPERSON WON: What is the current
22 reimbursement process for the caseworkers? So how
23 are caseworkers paid? What is the timeline? How are
24 the contracts administered?

2 COMMISSIONER ISCOL: Okay. [TO DR. LONG] Do you
3 want to...?

4 DR. LONG: Sure.

5 So a great question. So a couple of thoughts. I
6 could take the caseworkers first. So the caseworkers
7 provide their services, which include things like
8 speaking with families that are struggling with
9 interpersonal dynamics, to how to get to medical
10 appointments. A variety of things. As you know,
11 there's no direct reimbursement for the services that
12 caseworkers provide; that the caseworkers themselves
13 are paid for through our staffing contracts in a
14 similar manner to how we pay for medical services
15 through our staffing contracts.

16 In terms of the-- the numbers of staff and things
17 like that across our HERRC sites, I do just want to
18 emphasize what Commissioner Iscol said. The HERRCs
19 have varying staffing numbers because we provide
20 different levels of services. So for example, at our
21 HERRCs for families with children, we have DOE
22 enrollment. We have vaccinations upon intake for
23 children. Those are obviously not relevant for the
24 HERRCs that only are helping adult families and
25 single adult men and women.

2 We have hundreds of staff members across our
3 HERRC sites. And I would say overall 1000-plus
4 across the sites, including our vendors.

5 One important point, if I may, just about the
6 staffing numbers, though, is as we provide services
7 including frontline staff, medical, DOE enrollment
8 through DOE staff and the vendors that we've brought
9 on. We at every HERRC always have a supervisor
10 that's a Health + Hospitals employee on-- on site or
11 available 24/7 that takes full responsibility as a
12 Health + Hospitals employee for all of the-- for
13 everything that goes on at the HERRCs around the
14 clock.

15 CHAIRPERSON WON: I want to thank and acknowledge
16 Councilmember Brewer, Councilmember Lee, and
17 Councilmember Ariola for joining us today. Could you
18 give me the fiscal year for 23 to 24, the budget for
19 the HERRCs from New York City?

20 COMMISSIONER ISCOL: So the-- the numbers we have
21 for today, this comes a little bit out of the last
22 hearing as well. I can give you the number for the
23 amount of actual dollars spent from Health +
24 Hospitals for the HERRCs through January. And that's
25 \$141 million, as of the end of January of 2023.

2 Overall, the city estimates spending \$1.4 billion
3 in FY 23, and estimates spending \$2.8 billion in FY
4 24 on the asylum-seeker crisis. Those numbers are
5 not relegated to Health + Hospitals or the HERRCs,
6 but the overall response, and that's-- those are
7 budgeted numbers.

8 CHAIRPERSON WON: Could DHS give us their budget
9 for fiscal year 23 to 24?

10 COMMISSIONER PARK: So what we have spent through
11 January 2023 is \$313 million. But the-- the numbers
12 that Dr. Long cited for the overall city response
13 include DHS.

14 CHAIRPERSON WON: Thank you. We've seen-- I have
15 both-- I have over 20 shelters in my district,
16 administered by DHS, and I also have a HERRC in my
17 district administered by NYCEM and the Department of
18 Health + Hospitals. Can you help me understand the
19 details on how NYCEM directly, or participates in
20 coordination of agencies and service providers at the
21 point of entry at the HERRC? Because I want to see
22 what the difference is between DHS and the HERRC
23 system.

24 COMMISSIONER ISCOL: I'm sorry, can you clarify
25 what you mean by the "point of entry for HERRC"? Are

2 you talking about the establishment of HERRCs? Or
3 are you talking about how people end up in the
4 HERRCs?

5 CHAIRPERSON WON: For me, it means-- what I want
6 to know is, when I walk into a HERRC I'm greeted by
7 DOE, I'm greeted by caseworkers, I'm also greeted by
8 rooms where I can go in and get vaccinations for
9 immunizations, whereas at DHS I go and they're empty,
10 and there's no staff for a lot of the shelter
11 providers that is empty. And we get complaints all
12 the time. And for DHS, what-- when I do see staff
13 there, they're usually National Guard or some sort of
14 military volunteers where they're staffing the
15 shelter. So I want to see, at a point of entry, when
16 someone enters the HERRC, how is it that you're able
17 to coordinate across agencies when DHS is not able to
18 do the same?

19 COMMISSIONER ISCOL: I would challenge whether
20 DHS is-- is able to do the same. I mean DHS is a
21 critical partner in all this. As I've said they've
22 opened up 92 emergency shelters since August. The
23 work that they've done is truly heroic. They also
24 have the National Guard operating at a lot of their
25 locations.

2 In terms of how we coordinate as a city, we have
3 a battle rhythm of weekly calls with City Hall and
4 the other agencies participating, both focused on
5 capacity, focused on siting, and focusing on the
6 daily operations of those facilities.

7 CHAIRPERSON WON: Could you respond to DHS?

8 COMMISSIONER PARK: Yes. I would very much
9 appreciate that opportunity. Thank you. First of
10 all, I'd like to really start by acknowledging the
11 incredible work that has been-- been done by DHS
12 providers and by our frontline staff who have been
13 working quite literally around the clock since this
14 started. We have seen a 50% increase in the DHS
15 shelter census since the beginning of this influx of
16 asylum seekers. DHS again, and our providers and
17 frontline staff, have really risen to that challenge.
18 As Commissioner Iscol noted, we have opened 92
19 Emergency sites since-- since last summer. Of those
20 92 emergency sites 55 of those are provider run, and
21 37 are DHS run those will all ultimately have not-
22 for-profits running the on-the-ground operations.
23 But we are moving faster than-- than any of our not-
24 for-profit partners are able to do.

2 So yes, we are absolutely collaborating with the
3 National Guard, we are using agency staff working
4 overtime. At any site, there is staff on the ground
5 24/7. That is going to include operational staff
6 security, and, wherever possible, social service
7 staff.

8 We across our system, and many of the-- you know,
9 we do run a very large system and it is very
10 important that we are serving not only the-- the
11 asylum seekers but also DHS clients who were in the
12 system beforehand, and those coming in in other ways.
13 Referrals are a big piece of our process, referrals
14 to services in the community. Because it is
15 important to us that that people have continuity of
16 care once they leave the DHS shelter system. So the
17 staff on the ground in the in the shelters are doing
18 a lot of work with clients to ensure that they are
19 connected to, say, a medical provider in the
20 community. That means when the family leaves or the
21 household leaves the shelter, they are able to keep
22 that-- that medical care, they can have that
23 continuity, they are not dependent on being an
24 emergency shelter in order to receive social services

2 that they need. So that is a big part of our service
3 model.

4 Because our sites are typically smaller than the
5 HERRCs. There-- there is-- that is another reason
6 why we lean into the referrals instead of necessarily
7 having it on the ground. But every site is staffed
8 24 hours. Sites have caseworkers. There are there
9 are absolutely people on the ground. And again, I
10 really want to recognize the incredible work that has
11 been done by our providers and our frontline staff.

12 MR. TORTORICI: I'd also just like to quickly add
13 that the Asylum Seeker Resource Navigation Center in
14 midtown services are available to residents of both
15 the HERRCs and the shelters, and so far that served
16 over 15,000 people with case management, ed
17 enrollment, health care, health insurance enrollment,
18 et cetera.

19 CHAIRPERSON WON: I've had a man commit suicide
20 in my shelter during the holidays in December because
21 he pleaded, asking for mental health services and he
22 was denied. Within that same shelter, I had six
23 families asking for medical attention because they
24 were all getting chickenpox and they were given no
25 medical attention, until six families had to get

2 infected and then they were finally given medical
3 attention to be immunized and vaccinated.

4 COMMISSIONER PARK: We've been working-- I'm not
5 going to comment on specific cases on the record.
6 That would be a violation of individual and family
7 privacy. We've been working very closely with the
8 Department of Health and with H+H. We have been
9 providing vaccinations on site. Chickenpox is abs--
10 and other childhood diseases are absolutely an issue
11 for this population. Because vaccination policies in
12 other countries are different, we have been bringing
13 vaccinations on site. We have been coordinating
14 referrals to healthcare in order to connect people to
15 vaccinations. We are very appreciative for the
16 support that we've gotten from our sister agencies,
17 so that we can connect people to that medical care.

18 CHAIRPERSON WON: For the referrals, many of
19 these asylum seekers have no income, and they cannot
20 travel by themselves, and they don't always have
21 transportation, knowledge, and literacy of English to
22 get on a subway to travel to Manhattan to a
23 navigation center from Queens, or the Bronx, or
24 Brooklyn, Staten Island, and it is not accessible.

2 The same person who committed suicide, his wife
3 begged for mental health services because he-- she
4 walked into a room with him hanging himself with her
5 kids. And then she was told that she had to sleep in
6 the same room. When she had to-- when she asked for
7 mental health services, it took multiple pleas and
8 multiple people intervening, asking that she get
9 mental health services, she was referred out to
10 somewhere that she had to travel for more than an
11 hour to get mental health services.

12 COMMISSIONER PARK: With all due respect,
13 Councilmember, I think some of the facts of that case
14 are actually different than what you described. I
15 would be happy to go into it off the record, but I do
16 not believe it is appropriate to get into the
17 specifics of the family's trauma on the official
18 testimony.

19 We absolutely provide people with MetroCards and
20 will provide assistance with-- with connecting them
21 to appointments that are off site.

22 CHAIRPERSON WON: So again, my question is why is
23 there such a difference in HERRCs, where they have
24 these services available on site, whereas DHS is
25 forcing them to travel for dire services like medical

2 attention. We have so many pregnant women on site.
3 We have many children on site who need to go to
4 schools, and they're going to schools before they get
5 vaccinated.

6 COMMISSIONER PARK: First of all, children
7 actually are not going to school before-- before
8 they're vaccinated. It is a requirement for the
9 Department of Education that vaccinations be in place
10 before students start-- start school. So-- And we
11 worked very hard, again, coordinating with Department
12 of Health, Department of Education to ensure that
13 that children were vaccinated ahead of school-- their
14 enrollment in school.

15 We are bringing services on site in certain
16 circumstances. The vaccinations, as I mentioned. We
17 are working very closely with the Department of
18 Health, with the Administration for Children's
19 Services. The provider-run sites have caseworkers
20 and other kinds of services on site. DHS takes the
21 health and well-being of our clients extremely
22 seriously. That being said, a typical DHS site is
23 you know, 75, 80, maybe 100 households. The HERRCs
24 are typically-- there's a lot of variation, but the
25 HERRCs are typically substantially larger, it

2 results-- So there are different service models
3 that-- that lend themselves to different types of
4 sites. And again, DHS runs us as a system that
5 serves at this point close to 71,000 individuals, it
6 is important-- and referrals are a really important
7 part of that entire system model, because we want to
8 make sure that we are ensuring continuity of care,
9 whether somebody is in shelter or whether they've
10 moved to permanent housing.

11 DR. LONG: Can I add on just two points there to
12 what Molly was saying. The first is that in the
13 HERRCs, we do have a lot of economy of scale. So,
14 for example, at the Row hotel, I currently have 3500
15 asylum seekers there. That's for families with
16 children. So when-- when we're able to bring a given
17 vaccination team on site, they're able to serve a
18 much wider population of people. So we have a lot of
19 economy of scale in terms of the number of people
20 that were able to help, to really maximize that--
21 what that team is able to do.

22 The second point is, just backing up on the
23 healthcare side for a moment, I think you're getting
24 to the really important question, which is: What do
25 these families need? And I will start by saying they

2 need mental health. They definitely need vaccines.
3 It still astounds me as a primary care doctor that
4 we're seeing less than half of the children from many
5 of these countries have received life-saving vaccines
6 to date. There are complicated reasons why, but we
7 can and must do better in New York City.

8 But the way that we deliver these services:
9 You'll hear-- you-- Both of you have used the word
10 "continuity." It is important that we get that-- we
11 plug families, especially families of children into
12 primary care as soon as possible so they can meet and
13 have a relationship with the doctor that will deliver
14 for them all of these services, not just an immediate
15 vaccination upon entry, and New York City Health +
16 Hospitals has worked very closely with DHS to build--
17 build well-paved pathways to offer that to everybody
18 staying at our DHS shelters or at our HERRCs as well.
19 And I wanted to make the point to agree with you that
20 I think it is critical that, as we look forward in
21 this response, that we do look forward about how to
22 connect people to comprehensive primary care as one
23 of the mainstays of everything that we do for health
24 care.

2 CHAIRPERSON WON: Yeah, that'd be great because
3 the HERRC in my district is the same size as the DHS
4 shelters because it's just one lone hotel. So if we
5 can deploy the model in one HERRC that way, I don't
6 see why it couldn't be deployed in the neighboring
7 shelters. Because even if we were able to coordinate
8 across agencies for DHS shelter residents who live
9 literally across the block from that HERRC, or even
10 around the corner from that HERRC, because I have a
11 cluster of all of my shelters where migrant refugees
12 and asylum seekers are, and the HERRC only in my
13 black and brown neighborhoods next to the NYCHAS, and
14 they're literally in a one block radius of each
15 other. And they're the same ones where, even though
16 they're not supposed to hypothetically go to school
17 without vaccinations, I have principals who call me
18 and let me know that they have had outbreaks because
19 children were not vaccinated to the standards that
20 they were supposed to be. And it wasn't because they
21 didn't want to. They just simply did not have the
22 care, and they're still getting into our school
23 systems.

24 Moving on, we have had multiple complaints from
25 guidance counselors, nurses, and we have H+H doctors

2 notes talking about children who are coming to school
3 with malnutrition, rapid weight loss, diarrhea from
4 issues with the food that they're-- they are
5 consuming in the DHS shelters.

6 Can you help me understand if there have been any
7 attempts to utilize local vendors for services like
8 food in the DHS shelters?

9 COMMISSIONER PARK: Sure. We take the health and
10 welfare of our of our clients very seriously, as I've
11 said, and that certainly includes food. So in a
12 smallish subset of our shelters, DHS is providing the
13 food directly through our contractors. We have three
14 food contracts, two with MWBEs that we have added
15 relatively recently and one with our-- one of our
16 longer-term food contractors. In the remaining
17 sites, the providers are the ones with the-- that
18 hold the subcontracts for food. They follow a
19 standard bidding process. They're required to get at
20 least three bids. DHS/DSS oversees that bidding
21 process, ensures that they have complied with all of
22 the procurement rules, and then we are following the
23 city's food guidelines. We have-- The DHS
24 nutritionist approves menus. We-- And so we are
25 closely monitoring how food is delivered.

2 Every site provides-- Where families with
3 children don't have a kitchen, every site provides
4 three meals a day, snacks, milk, formula. Every meal
5 includes fresh fruit. We have heard allegations
6 about the food. We have followed up in every single
7 instance where we have had specific instances of--
8 specific allegations about concerns about food. None
9 of those allegations have been substantiated in any
10 kind of systematic way. There have been some
11 instances where, for example, mealtime was shorter
12 than it should have been, and we have worked with
13 providers to correct that. Out of an abundance of
14 caution, we have expanded delivery of both milk and
15 formula deliveries, because we want to make sure that
16 everybody has the resources that they need. But
17 again-- And we are happy to follow up on any
18 specific instances that you want to bring us. But
19 again, we have been monitoring this very carefully,
20 doing proactive outreach to our shelters, and have
21 not encountered anything systemic.

22 CHAIRPERSON WON: Can you help explain when DHS
23 is a direct contractor with the food vendor for
24 shelter, and when a nonprofit subcontracts to a food
25 vendor?

2 COMMISSIONER PARK: Certainly. So in the-- Our
3 general DHS service model is that the operations are
4 handled by a not-for-profit organization. That is
5 true for our emergency sites, and it is true for our
6 non emergency sites. And that not-for-profit
7 contractor is responsible for any service that is
8 provided by a subcontractor. So that can include
9 food delivery, security, sometimes maintenance,
10 sometimes not maintenance, but there's a range of
11 subcontractors that the-- and the not-for-profit is
12 the prime contractor. That is our standard operating
13 model.

14 In this unprecedented emergency, we have had to
15 deviate from that sometimes because we are moving so
16 quickly. As was mentioned in the testimony, we've
17 opened 92 emergency sites since the summer. There
18 were weeks where there were five or six sites opened
19 in a single week. Our not-for-profit partners are
20 doing amazing work. We have 26 not-for-profits
21 operating shelters. We've had not for profits that
22 are brand new to the DHS system stand up and say this
23 is an emergency. I want to help. How can I be
24 involved? We are so incredibly grateful to them.

2 But-- And they are taking over the sites, but in
3 some cases we've had to-- in order to meet both our
4 legal and moral responsibility, we've had to move
5 faster than the not-for-profits are able to. So in
6 that case, although the not-for-profit is slated to
7 take over the site, we are doing the operations more
8 directly through-- Staffing is handled through a
9 combination of agency staff working overtime, the
10 National Guard, and then we are using our direct
11 contracts. So the-- To put a bow on that, the sites
12 where we are directly providing food are typically
13 those that opened more recently where the not-for-
14 profit has not yet been able to take over operations.
15 As the not-for-profit steps in, they will also
16 provide their own food contract.

17 CHAIRPERSON WON: Thank you. Out of 92 shelters,
18 how many of them are direct food contracts from DHS,
19 and how many are through the nonprofit provider?

20 COMMISSIONER PARK: I may have to get back to you
21 on that number. Of the 92, 55 are provider run, and
22 37 are DHS run, but that overall operations, and we
23 will get back to you on the specific food piece.

24 CHAIRPERSON WON: How much of the food that is
25 distributed to-- in these shelters, HERRCs, and the

2 DHS run shelters with the nonprofit providers are
3 prepackaged, and how much of it is fresh, or hot?

4 COMMISSIONER PARK: I can start with the DHS
5 answer: So there is variation, because we have at
6 this-- I think it's about a dozen different
7 contractors that are through not-for-profits that are
8 providing food, but it is typically a hot dinner.
9 Lunch is typically a cold meal package. Breakfast is
10 a mix. There is fresh fruit at every meal. There is
11 milk at every meal available for children. So there
12 is some variation but it is a mix.

13 DR. LONG: And for the HERRCs, all of our meals
14 are prepared fresh the same day. Every dinner is a
15 hot meal. With breakfast we give people take-away
16 sandwiches, if they wish, just so they don't have to
17 worry about coming back to the HERRC that they're
18 staying at for lunch if they're doing something else
19 during the day that's taking them away from the HERRC
20 where they're staying.

21 CHAIRPERSON WON: I know for DHS, the vendors may
22 be different because of the subcontracting, but we've
23 noticed that for DHS direct contracting with a food
24 vendor is predominantly with Regina Caterers, which
25 are all frozen meals for all three.

2 COMMISSIONER PARK: DHS does not have a direct
3 contract with Regina.

4 CHAIRPERSON WON: You don't have a contract with
5 Regina Caterers?

6 COMMISSIONER PARK: Correct.

7 CHAIRPERSON WON: Okay. So I guess I've been
8 getting misinformation from my nonprofit providers,
9 who are saying that those contracts are directly with
10 DHS and not through them. So I will follow up on
11 that. But I want to flag that all three meals are
12 from the same provider for-- and they're all frozen.
13 And I would like to know if there are requirements in
14 procurement for DHS, even with subcontractors, on
15 when the food has to be prepared before it's
16 distributed. The way that we know that for HERRCs,
17 it's-- it's produced the same day.

18 COMMISSIONER PARK: I'm happy to follow up with
19 you offline on the specifics around Regina. We are
20 following the city's food guidelines very carefully.
21 Those regulate calorie content, salt, sugar, fat, and
22 we are ensuring that there is adequate nutrition
23 across all the meals. The actual format of the food
24 is going to vary depending on what a particular site
25 can accommodate.

2 CHAIRPERSON WON: So I want to confirm that what
3 I'm hearing is that the standard for food procurement
4 does not change because it's an emergency
5 procurement. It remains the same.

6 COMMISSIONER PARK: Just to clarify that I'm
7 understanding correctly. The standards for the
8 calorie content and other nutritional guidelines? Is
9 that...?

10 CHAIRPERSON WON: Mm-hmm.

11 COMMISSIONER PARK: Yes, correct. That does not
12 change given the emergency.

13 CHAIRPERSON WON: Can you help me understand the
14 difference in the per diems for the shelters for DHS
15 across the board amongst the 92 shelters? Why some
16 may get for three meals a per diem of \$14 roughly a
17 day, and then down the street another shelter will
18 have a per diem of \$6.33 per day. Can you help me
19 understand the differences?

20 COMMISSIONER PARK: Sure. Without getting into
21 the weeds on any particular contract (I'm happy to do
22 that offline if there's specific ones that you want
23 to ask about) the way that we work on the budgeting
24 and that we-- we approach this is that there is a
25 standard model budget that lays out, sort of, the

2 framework for the costs that we can cover within an a
3 contract.

4 For specific line items, the providers need to
5 get three bids. As I mentioned, we are going to
6 review those bids. We are going to work with them to
7 ensure that it fits within the overall model. There--
8 - And then there may be variation because we are--
9 we're talking about a significant variation in
10 physical footprints. And what-- And the way that--
11 what we can accommodate within the physical
12 footprint, just in general across our shelter system.
13 This is not specific to the emergency sites, right?,
14 but some sites cook on site, other sites have meals
15 delivered, sometimes it is a couple of days of food
16 delivered at one time, sometimes it is, you know,
17 meal-by-meal delivery.

18 There's such a significant range of how food is
19 provided. And that is driven by both the way the
20 provider operates, and the physical constraints of
21 the site, that there does end up being variation in
22 the per diems.

23 CHAIRPERSON WON: Can you help me understand why
24 for shelters that don't have kitchens, shelters that
25 are only providing frozen meals that I have to be

2 microwaved for all three of them, why there's such a
3 discrepancy in the pricing of the per diems per day
4 for three meals per person?

5 COMMISSIONER PARK: Again, I'm happy to dig in on
6 specific contracts with you offline. I don't-- You
7 know, I'm not looking at exactly the same information
8 that you're looking at. But I think there's also
9 differences with respect to economies of scale and--
10 and where a site is located. If a site is relatively
11 small, not physically located near other sites that
12 the-- that particular vendor is serving, you're going
13 to end up with a different kind of cost structure
14 than you are if it's a larger site, or if co-located
15 close to other-- other sites also served by the same
16 vendor where they have-- because the price per meal
17 is going to be different. So I'm happy to dig in on
18 specifics offline.

19 CHAIRPERSON WON: So you're saying that there's
20 no standardization of how food procurement is
21 processed by DHS?

22 COMMISSIONER PARK: There's absolutely
23 standardization on the overall budget model. We work
24 very closely with individual providers and with the
25 Office of Management and Budget to make sure that we

2 are, on the overall costs, that we are living within
3 the framework that has been established through our
4 model budgets. But given that each site has
5 different kinds of physical plants, is serving
6 different populations, the cost structure on a 60-
7 room site is going to be very different than the cost
8 structure on a 200-room site, right?, simply because
9 you're dealing with it with a different-- different
10 economies of scale, different ways of providing the
11 service. So you know, yes, there are guidelines, but
12 it is not cookie cutter.

13 CHAIRPERSON WON: Could you please share the
14 guidelines as the follow up so that we could read
15 through them? Because everything that you just named
16 as a requirement, for example, for location of
17 proximity of a site to another site, all of my
18 shelters are in cluster with each other and the
19 provider is the same nonprofit-- nonprofit provider
20 who has a subcontract with Regina caterers, and in
21 all three shelters, I believe that all three of them
22 should provide the same quantity of meal and quality
23 of meal. And because it's the same caterer, they're
24 getting the same three frozen meals, I've taken
25 photos of them in every single shelter to make sure

2 that I have evidence that they're the same three
3 meals, yet one shelter is paying more than \$10 (so
4 like around 13 to \$14), the next shelter providing
5 the same three meals to Regina caters is \$6-and-
6 something-cents. The next one is \$3-and-something-
7 cents, and it makes no sense where the extra \$10 are
8 going to because clearly the meal only cost \$3-and-
9 something-cents to produce and to distribute.

10 COMMISSIONER PARK: I'm happy to follow up with
11 you on that those specifics. Yes.

12 CHAIRPERSON WON: Okay. The next question that I
13 had for food contracts as well. What is the per diem
14 for-- per diem costs for the HERRC system per day per
15 meal? Or like for three meals per day, per person?

16 DR. LONG: So right now, in the HERRC system, we
17 have two food vendors. And then at Brooklyn Cruise
18 Terminal. We have Garner that prepares the meals on
19 site that day. It's approximately \$17 per person per
20 day, and that's the same for our two vendors.

21 CHAIRPERSON WON: Can you help me understand why
22 there's such a significant budget difference for the
23 meals between DHS and HERRCs?

24 COMMISSIONER PARK: I think the largest
25 difference has to do with that DHS is a significant

2 system, right?, serving a wide variety of clients
3 beyond the asylum seekers. The asylum seekers at
4 this point represent approximately a third of our
5 population. They-- We have 92 Emergency sites that
6 are-- that are serving largely but not exclusively
7 asylum seekers. But we have a much larger footprint
8 of 400-plus shelters. We have precedent and
9 infrastructure that we are building off of, and that
10 is a little bit different than when you were standing
11 up a system that is solely emergency based.

12 We are incredibly grateful for the work that--
13 NYCEM and H+H have done to stand up the HERRCs. This,
14 as we have all said, is an unprecedented emergency.
15 It put incredible strain on the DHS system, which is
16 why the administration opted to take, really, this
17 whole of government approach.

18 But when you are doing work in a strictly
19 emergency basis, there are often cost implications
20 because it is-- it is expensive to have to stand
21 something up from scratch.

22 COMMISSIONER ISCOL: And if-- I just-- I
23 understand the comparison that you're trying to make.
24 And I just want to sort of caution against the
25 comparison between-- between the shelters and the

2 HERRCs. It's comparing apples to oranges, and even
3 amongst the different shelters and the different
4 HERRCs, it's comparing apples and oranges.
5 Emergencies are going to cost more. There's a lot of
6 infrastructure that we have to put in place. They
7 are distinct populations. And then there's also
8 just, I think, when you look at this unprecedented,
9 you know, emergency and humanitarian crisis, DSS has
10 really risen to the occasion with 92 emergency
11 shelters. It's remarkable. We're operating seven
12 HERRCs at scale. Emergencies are also always going
13 to cost more. That's just sort of one of the truths
14 of emergency.

15 And I think as the administration has made clear,
16 the city is at its-- is at the end of its resources.
17 This is not sustainable. What we're doing at the
18 HERRCs is not sustainable. It's why we have asked
19 the state, it's why we've asked the federal
20 government for support. Because these types of
21 operations are not sustainable during this
22 unprecedented emergency and humanitarian crisis.

23 CHAIRPERSON WON: I completely agree that this is
24 unprecedented. And it is not acceptable that our
25 federal government has only provided \$10 million.

2 That is a drop in the bucket for how much we're
3 expected to spend in the billions. And our state
4 governor needs to-- she can't just be our governor
5 when it's convenient. She has to be the governor of
6 New York City, not just Westchester, Long Island, and
7 upstate New York, because she does not want to deal
8 with the migrant crisis.

9 So I agree with you that our state partners and
10 our federal partners have to step up.

11 But the way that you're describing the
12 differences of apples and oranges, is not something
13 that we should accept as a sanctuary city. If New
14 Yorkers, whether you have been here for five months
15 or five weeks, because you're a refugee or migrant
16 asylum seeker, they themselves are speaking amongst
17 themselves in chat group saying, "Oh, no, no, no,
18 don't go to that DHS shelter. Try to get on this
19 line, or try to get into this HERRC. The HERRCs are
20 so much better. You're going to get better food.
21 You're going to get better quality care." Because
22 the people that you're caring for in both locations
23 are the same. We need to have a standard of care for
24 these people. So...

2 COMMISSIONER ISCHOL: I believe that the
3 population at the shelters (and I'm out of my lane
4 here), if it was not for the asylum seeker crisis--
5 Correct me if I'm wrong, Molly. It would be at,
6 what?, 41,000? 48,000. It's currently sitting close
7 to an all time high around 70,000. If you want to
8 see those changes, what I would urge is we need
9 additional support from our state and federal
10 partners.

11 CHAIRPERSON WON: Can you explain for the HERRCs
12 and for NYCEM what the nutritional and caloric
13 requirements are that you look for, for food that
14 you're distributing in the HERRCs?

15 DR. LONG: Yeah, absolutely. I'll describe that
16 and then I want to make one additional point to
17 emphasize what Commissioner Iscol was saying.

18 So we use the same standards that Molly
19 articulated: the city's healthy food standards. In
20 addition to that, I think it is also important to
21 recognize that our population of asylum seekers has
22 specific needs. So in light of that, another example
23 is that of our food in our HERRCs is all Halal as
24 well. We started to do that when we started to

2 receive some West African migrants, predominantly
3 from Senegal.

4 The additional point I want to just to build on
5 is that at New York City Health + Hospitals, which I
6 know we're going to talk more about in this hearing,
7 we had a lot of resources, and a lot of existing
8 contracts that we've used, but we've had to have new
9 contracts for things that we didn't already have.
10 And food is an example of this. And anytime you're
11 doing a contract in the context of an emergency,
12 setting up that infrastructure, which we're setting
13 it up new for us, is going to cost more money, but
14 there is an opportunity to drive down costs over
15 time, which we've already done significant work in,
16 especially if you look at food, at the questions you
17 were asking, and we plan to continue to drive down
18 costs while maintaining quality in the state's health
19 standards, the same as the DHS over time, and we've
20 made significant strides in that direction.

21 CHAIRPERSON WON: Thank you so much. It's really
22 good to hear that you're making culturally competent
23 food choices. Can you explain in DHS what you're
24 doing for cultural competence and the food selections
25 on the menu items, because we have folks in my

2 district that are getting there, who are crying out
3 for culturally competent food that they are used to
4 eating in their home countries.

5 COMMISSIONER PARK: Absolutely thank you. So we
6 serve, as has been mentioned at this point, over
7 70,000 individuals. Those individuals come from
8 dozens of countries, many different cultures. So
9 because of that the food that we are going to serve
10 is not going to be familiar to everybody. But
11 absolutely, we have a process where if somebody has
12 particular dietary needs that-- whether it's-- it's
13 health related or cultural, that we are able to
14 accommodate that. So if somebody needs a halal meal,
15 absolutely, we can accommodate that. If somebody
16 needs a kosher meal, absolutely, we can accommodate
17 that. Same on the health side, if they're diabetic
18 or have other-- or health related needs, we have a
19 process for that. That process is well posted. And-
20 - and on-site staff can facilitate that for any
21 client. If you have individuals that you know of,
22 for-- where that process has broken down, we are
23 absolutely happy to follow up offline.

24 CHAIRPERSON WON: Okay, great, I will definitely
25 be following up, because the main requests that we

2 get at-- from my shelters are for Latin American
3 cuisine in their shelters.

4 COMMISSIONER PARK: So to clarify, we can
5 absolutely accommodate particular dietary needs
6 around religion and, and health care needs, right?
7 So we can provide halal meals as-- as does H+H we can
8 provide for or meet particular dietary restrictions.
9 Because we are serving a system that serves a myriad
10 of cultures, a myriad of backgrounds, the food is not
11 going to be familiar to every single entity and-- and
12 our ability to-- to provide a specific cultural
13 cuisine is going to be is going to be limited,
14 because we have so many different cultures, because
15 we are serving a system of 71,000 people.

16 CHAIRPERSON WON: So for shelters that have
17 subcontracts, and the shelter residency is 90% Latin
18 American, Venezuelan, and Colombian, because it's not
19 a religious-based dietary preference, they're not
20 able to receive the cultural competent that they're
21 seeking?

22 COMMISSIONER PARK: So the providers are working
23 with their-- with their subcontractors, they-- and
24 are working-- there is an significant variety of
25 food. I would point out, there's a significant

2 variety of foods across Latin America as well. I
3 don't want to homogenize a particular population. So
4 the providers are working with their-- with their
5 vendors and providing food. Cultural competency is
6 absolutely something that we prioritize. But I need
7 to emphasize again, we are serving a system of, at
8 this point over 70,000 individuals and meeting
9 everybody, a range of cultural needs.

10 CHAIRPERSON WON: Okay, so just to confirm the
11 cultural competent meals are only for medical dietary
12 restrictions, and for religious dietary restrictions.

13 COMMISSIONER PARK: We have a process
14 specifically where individuals and families can
15 request specific meals that are unique to them within
16 a facility for religion and-- religious reasons and
17 healthcare reasons. And that beyond that, the
18 providers are working with their subcontractors to--
19 to deliver meals that are popular within the site.

20 CHAIRPERSON WON: Yeah, I would-- I would ask
21 that we would be culturally competent based on
22 country of origin and their culture. Thank you.

23 I'm going to pass it over to a Councilmember Lee
24 to continue questioning.

2 COUNCILMEMBER LEE: Hi, everyone. Good morning.
3 Thanks for being here. I forgot my glasses. So if I
4 look like I'm squinting, it's not because I'm giving
5 you the evil eye. I just can't see. Oh, no. I'm
6 farsighted. I can't see things far away. Sorry.
7 So-- So I appreciate you all being here. And I
8 definitely can appreciate that this has been a
9 tremendous lift, an uphill battle for all of you to
10 set up these HERRCs. So I just wanted to applaud you
11 on that.

12 And you actually answered some of my questions.
13 So I just wanted to clarify a couple things. So when
14 I ran DFDA Senior Centers, for example, I think the
15 food standards that you're talking about are the
16 same, right?, where there's a certain calorie
17 content. And we-- we chose to provide fresh meals,
18 because that's what our community wanted. And so we
19 did it in a very culturally competent way. And I
20 think there is a difference in reimbursement. And
21 correct me if I'm wrong, because I don't know if this
22 is the same for DHS and DOHMH, when it comes to the
23 reimbursement prices, but I believe for folks that
24 are providing fresh food-- prepared fresh foods, it

2 is a little higher because of the ingredients that
3 are more costly. But is that correct or no?

4 DR. LONG: Well, I think the important point I
5 would make there is, on the HERRC side, as we've
6 developed our food contracts, because we did them on
7 an emergency basis. The price that we started off on
8 day one is not the price that we're currently paying
9 today. We've driven it down substantially, and we're
10 going to continue to do so. And I think that's a
11 that's a fun One of the fact that we had-- we had to
12 meet the needs of the emergency, and now we're
13 continuing to evolve.

14 COUNCILMEMBER LEE: Got it. And then the other
15 thing that was partially answered was, you know,
16 coming from the nonprofit sector, I know that there's
17 a lot of great partners out there who already have
18 contracts with both-- with both DHS and DOHMH. And
19 so I just wanted to know if you could delve a little
20 further into how you're utilizing those nonprofits?
21 Because I know that they could also pick up a lot of
22 the work that, you know-- and it's almost like an
23 extension of what you guys are already doing. And
24 so, you know, folks like New York Immigration

2 Coalition, I know, kind of stepped in, right?, when
3 the asylum seekers were coming.

4 So have you been working with the different
5 shelters, as well as the services? And I will say,
6 as the Mental Health Chair, I'm a little biased in
7 this question. But there's a lot of article 31s out
8 there that I know could benefit from seeing more
9 clients, right? And so how do we utilize that in a
10 way where we can provide services at the same time,
11 as, you know, expanding their contracts, so to speak,
12 that they have already?

13 DR. LONG: I'm happy to start, and then I'll turn
14 to Molly to add on. So to talk a little bit about
15 our overall approach to mental health and then drill
16 down into how we get people connected into
17 longitudinal care, and talk a little bit about our
18 food contracts and we work with community based
19 organizations.

20 So mental health First, I just want to
21 acknowledge and just to take a moment to say mental
22 health is really at the core of so much of what we do
23 here. Commissioner Iscol and I have spent a lot of
24 time with our asylum seekers, and the stories-- I
25 can't think of a better way to say it than, you know,

2 as a primary care doctor, they haunt me. You know,
3 the-- the trauma that people have been through is
4 almost indescribable. But here, when they get into--
5 when they get to New York City, we have the
6 opportunity to do so much better for them than
7 they've been-- they've received so far.

8 So, you know, at our HERRCs, it's important from
9 the beginning to have the staff that interact with
10 you be culturally responsive, appropriate. So over
11 90% of our frontline staff are bilingual, speaking
12 Spanish, many speak actually two, three, or four
13 languages. And then we train all of our staff in
14 mental health or psychological first aid.

15 To me that-- Sort of the way I think about that
16 is it basically gives every staff eyes on our guests,
17 instead of having a few very specialized staff
18 members that are intended to look, you know, across
19 all of our guests to see who's in crisis, every staff
20 member can know. And every staff member can say,
21 "Hey, what's going on?" Intervene, and then we
22 connect you to services. We do the PHQ-9, the
23 depression screening at intake for everybody 12 and
24 above, and for any medical visit that you have. So
25 if you come and see us, we're going to do that.

2 That's one of the main ways that we can create
3 the connection point, as you're saying, to
4 longitudinal care, with the PHQ-9, if your score is
5 on the lower side, it means you do need longitudinal
6 care, but it's not a today thing. If you-- if it's
7 in the medium scale, then that means that you could
8 have something serious going on, and it's important
9 that you speak with a social worker today. That's
10 why we have social workers on site at our sites. So
11 we actually walk you off and do a warm-- warm handoff
12 with our social workers, and then connect you to
13 longitudinal care. If you're high risk, then you--
14 unfortunately we have seen cases like this, then you
15 do need to come to the hospital. The way that we
16 conducted a longitudinal care, the reason the PHQ is
17 important, is that enables us to identify who has
18 more urgent needs. We're building out now pathways
19 to longitudinal care at our, for example, existing
20 Health + Hospital sites. So I have one of my
21 clinics, Roberto Clemente. It's my only clinic and
22 Health + Hospitals where 100% of the staff are
23 bilingual, which is great. So you walk through the
24 door, you don't have to worry about seeing who speaks
25 Spanish, who doesn't. Everybody speak Spanish. And

2 we reserve slots there so that we can plug our asylum
3 seekers in, which would be from DHS, or from our
4 HERRCs on an as-needed basis.

5 And then beyond that, I would just add, before I
6 turn to Molly on the behavioral health side, if you
7 do know of Article 31 facilities that would like to
8 take on more patients, please let us know as soon as
9 today. Because we would love to call them this
10 afternoon to get our patients the much-needed
11 service.

12 COUNCILMEMBER LEE: Yeah. I mean, a lot of them
13 are strapped. Don't get me wrong. I'm not saying
14 that. But in terms of the-- in terms of, like, the
15 contracting perspective, I'm thinking of it from that
16 hat. You know, the expansion of services and how
17 they can sort of help with their operational costs,
18 as well as providing services to those that need it
19 in the city. So yeah.

20 DR. LONG: Yeah. No, it's a good point. [TO
21 COMMISSIONER PARK:] And do you want to answer the
22 mental health side? [TO COUNCIL:] I didn't-- I
23 didn't answer your CBO question, which I'm happy to
24 talk about. [TO COMMISSIONER PARK:] If you want me

2 to go? [TO COUNCIL:] Okay, so I'll just finish
3 there.

4 So I would say, you know, from the beginning, you
5 know, and I just have this one particular memory in
6 mind: CBOs have been critical partners for us. And,
7 you know, actually, it's been one of the heartwarming
8 things for me to see CBOs who represent our
9 communities in New York really be at the front of the
10 line to say, "Hey, we want to help. We want to talk
11 to you. We want to give you feedback." I remember
12 we were at Randall's Island. Commissioner Iscol,
13 Commissioner Castro, and I invited our community
14 based organizations to spend some time with us to
15 give us feedback. It turned into like a three-hour
16 meeting, where they give us a tremendous amount of
17 incredible feedback that we adopted, and we were able
18 to operationalize, I would say, probably most of it.

19 And that really-- I think the CBOs didn't have
20 to come out to be a part of the day with us there.
21 They chose to. And it really made a big difference
22 for us. And we've maintained those relationships.
23 And today, the way that we get a lot of our referrals
24 into our HERRCs is through community-based
25 organizations. They know us, they know where we are.

2 And they'll call us, and say, "Do you have
3 availability for a family of X? For two individuals
4 in this situation?" And we have this-- a good mode
5 of communication with them, which enables, I think,
6 people to-- to get to us more quickly. And so if
7 you're coming in on a plane, for example, you may
8 engage with the CBO as soon as at the airport, then
9 they would be able to call us, "Is there availability
10 here? Availability here?" So I think I just-- just
11 to emphasize: "Have we worked with CBOs, not for
12 profits?" I'd say-- I'd say they've served a pivotal
13 role, and I look forward to continuing to work with
14 them. And honestly, I just want to say thank you.
15 [TO COMMISSIONER PARK:] And I'll turn to you at that
16 point.

17 COMMISSIONER PARK: Yeah. Thank you, Dr. Long.
18 Yeah, I absolutely need to echo that CBOs had been a
19 really critical piece of our response. We are
20 incredibly grateful for their willingness to step up
21 here. We have 26 different not-for-profit
22 organizations operating the 92 emergency sites. Some
23 of them are, you know, some of our largest and
24 longest term providers. Some of them are
25 organizations we've never worked with before. I will

2 say some of our smaller and more neighborhood-based
3 providers have been the ones to really step up to
4 say-- You know, we need to work at a scale that
5 we've never worked out before, because this is such
6 an emergency. So people have really jumped into
7 this, you know, headfirst with us, and-- and there's
8 no way we could be doing the work that we are doing
9 without them. So really a critical piece.

10 Our-- From a contract perspective, it is a mix of
11 expanding some of the existing contracts that we
12 have. And then we also issued a what we called our
13 sanctuary RFP, which was specific for sites
14 specifically serving asylum seekers. So we-- Of our--
15 - I have this here. Sorry. The sites are a mix--
16 about-- Sorry. I have it somewhere. I will get
17 back to you. But-- But the sites are a mix of
18 expansion of existing contracts, and then
19 specifically for this emergency purpose.

20 But I really have to echo what Dr. Long said:
21 That there's no way we would be doing this work
22 without them. [crosstalk] Sorry.

23 COUNCILMEMBER LEE: No, no, go ahead.

24 COMMISSIONER PARK: With respect to behavioral
25 health, that is a significant priority for us. We

2 really care about the well being of our clients. I
3 cannot provide the same level of technical expertise
4 that Dr. Long can, but we are-- All of our clients
5 enter through one of our intake sites, where there is
6 medical screening. So for families with children,
7 they're coming through the path center, Intake Center
8 in the Bronx, the Floating Hospital (another not-for-
9 profit, great not-for-profit partner) is on site
10 there. We are able to do fairly brief, but brief
11 health care screening there for all the families that
12 are entering.

13 We also on site have representatives to look for
14 instances of domestic violence, we have ACS on site.
15 So we have a-- With that centralized intake, we have
16 a variety of touch points where we can try and
17 identify instances of crisis. Once a family with--
18 with children is within shelter. We are, you know,
19 monitoring on a regular basis, doing wellness checks.
20 We are bringing agency partners on site. I mentioned
21 DOHMH and ACS as being really valuable partners to
22 provide additional services. And then referring out,
23 we would be more than happy to work with other
24 partners for referrals. So happy to connect with you
25 offline on that.

2 Single adults when they come in, they come in
3 through-- we have a couple of different intake sites
4 for singles. And then they go to an assessment site
5 where they are there for typically three weeks,
6 something like that. And there's a full medical
7 assessment there as well so that we can make sure
8 that we're-- we're placing people accordingly and
9 connecting to services.

10 COUNCILMEMBER LEE: Awesome. If I could just ask
11 one last question, Chair. Sorry. So I think you
12 kind of actually started going into this. My last
13 question I wanted to ask is because I think for
14 example, one thing we saw through COVID Is that in an
15 emergency, unexpected crisis situation, there's also
16 opportunity, right? And one of the things I know
17 that came out of that from our side on the-- on the
18 social service side is, wow, we can actually do
19 telehealth online. And we can do a lot of things
20 that we didn't think we could do before, or that were
21 barriers previously, and those things were fast
22 tracked, right?, so that clinics could be able to see
23 clients online, right? So are there-- I would have
24 to say-- and this is something similar to what Chair
25 Won was saying is that, you know, it seems like the

2 services at the HERRCs versus the shelters, because
3 they are completely different models, right?, and you
4 have contracts that were done more the previous way.
5 And-- and perhaps in an emergency situation, because
6 things have to come together so quickly, there's a
7 lot more flexibility and mobility in movement.

8 And so I'd be curious to know from each of the
9 agencies, and it's not something you necessarily have
10 to answer today, although if-- I'm sure you have
11 thoughts on it. But, you know, are there things that
12 we can take from the situation that's happening now,
13 and then maybe backtracking it into implementing it
14 in a way that is more streamlined and efficient with
15 the current shelter system or other emergency
16 systems?

17 COMMISSIONER ISCOL: Let me just start by saying
18 how much I love your question. It really is. It's--
19 it's thought provoking. And it's something that that
20 in emergency management we think about all the time.
21 I think that, you know, when it comes to contracting
22 in particular, we are looking at ways that we can
23 innovate contract crisising across the city.

24 I think one of the other things that we've
25 learned in this unprecedented crisis is that we

2 really have to take a whole-of-government approach.
3 And I think it's sort of remarkable, when you think
4 about this team. I mean, none of us had really-- I
5 mean, some of us knew each other. Most of us had not
6 worked together before August, and we've come
7 together as a team collectively to address this
8 challenge as a city. And I think there's a lot of
9 learnings in how we organize as a city, how we
10 organize that administration, how we work together,
11 how we support each other, that can also be applied.

12 And then I think in the-- the contracting piece,
13 specifically, you know, it's been amazing to me, as
14 somebody who is-- is new to city government (I
15 started just over a year ago, in February of last
16 year), just seeing how we use the full arsenal of
17 contracting capabilities to address this. Whether
18 we're looking at citywide contracts, emergency
19 contracts, certain MWBE, authorities, intergov
20 contracts, the RFP that we put out that we would love
21 your help sharing, competitive bids, competitive
22 sealed proposals, P cards, I mean, we really are
23 using every tool at our disposal to address this
24 unprecedented crisis.

2 And I just love also that there's-- there's so
3 much more that I think we will learn out of this and
4 so much more innovation that will improve the
5 delivery of services. So thank you for the question.
6 Dr. Long?

7 DR. LONG: Yeah, actually, I'm mostly going to
8 piggyback on what Commissioner Iscol said. I love
9 the question, too. And I think one of the big
10 takeaways for me is the whole-of-government approach
11 here. You know, I think it's in part because, as we
12 think about the specific needs of our asylum seekers,
13 they really need a variety of things that they
14 haven't been getting where they're coming from, or
15 they've experienced trauma such that they really do
16 need specific mental health needs, at least have
17 specific mental health needs right now.

18 You know, going back to COVID, I was the-- I am
19 the Executive Director of Test And Trace, now Test
20 And Treat. And, you know, there, we think-- we're
21 already thinking a lot about, you know, everything
22 that we've learned. My Chief Operating Officer,
23 Chris Keeley, right behind me, and I started the
24 city's mobile fleets where we did testing and
25 vaccines, and Test And Treat we get tested, then you

2 walk with life-saving treatments, and we started our
3 Telehealth system, our 212-COVID-19. Hotline, those
4 are all things that we're thinking about now. How
5 can we make healthcare better? And it's going to be
6 better after COVID, because of everything we've
7 innovated, we've done -- might I say, uniquely -- in
8 New York City.

9 With the asylum seeker crisis, I think we're
10 going to have that same opportunity. And I think
11 right now, we're at the stage of understanding what
12 all the specific needs are. And the whole-of-
13 government approach is making us very effective. I
14 mean, DOE is on site every day at our families with
15 children's HERRCs, and enrolling kids in school. You
16 know, we have a variety of city agencies sitting
17 right in front of you here that we talk, literally,
18 we exchange 50 emails a day. I think that's what
19 it's taken. That that's what it takes to make New
20 York City uniquely successful in this crisis. But,
21 you know, aside from the whole-of-government
22 approach, I think being uniquely successful here, I
23 do look forward to being able to fully answer your
24 question in the future when we have a moment to take
25 a step back and see what was some of the more-- some

2 of the more effective things help improve our health
3 care and other systems?

4 COUNCILMEMBER LEE: Nice. And we loved-- I was
5 actually one of the-- we were one of the Test And
6 Trace providers, so that was an awesome program.

7 COMMISSIONER ISCOL: Thank you.

8 COUNCILMEMBER LEE: And I love I love the whole-
9 of-government approach, because I've got to say, as a
10 social service provider, like we would oftentimes be
11 on the ground and we have, like, ten different
12 agencies were working with and my frustration was,
13 "Oh my gosh, why can't we all just talk to each
14 other, and get rid of the silos." And so I'm glad
15 that you guys are seeing that and working with each
16 other more as well. So thank you.

17 COMMISSIONER PARK: I can just answer the very
18 narrow question about-- about Telehealth. DHS is
19 actively rolling out Telehealth pilots within the
20 families with children system. This isn't specific
21 to asylum seekers. It is-- It's something that we're
22 doing across the board and looking at ways that we
23 can expand on that. You know, it requires making
24 sure that not only do we have the providers on the
25 other end, but that we're solving for the technology

2 aspects of it as well. So-- So we are doing that at
3 something that we think is really important. But
4 because we also understand that-- that individuals
5 can't wait for a pilot to be tested, we are working
6 very closely with If DOHMH, with H+H and others to
7 make sure that we are getting adequate referrals to
8 clients.

9 CHAIRPERSON WON: Thank you so much,
10 Councilmember Lee. And thank you so much everyone
11 responding to our questions. I want to acknowledge
12 and thank Councilmember Nurse for being here. And
13 next we'll turn it over to Councilmember Ariola for
14 her questions.

15 COUNCILMEMBER ARIOLA: Thank you, Chair. So I
16 want to say that-- that we've come so far from our
17 very first meeting. I appreciate that. I really do.
18 And I appreciate you being present at our asylum
19 seeker meetings that are held regularly and having
20 answers for us. The third thing I appreciate today
21 is that there's not a lot of followup, because you
22 really do have the answers. So-- And we don't
23 always get that.

24 So a couple of things. This was an
25 insurmountable task, and no one could have imagined

2 how many asylum seekers would come to our city. But
3 you really did do the best with what you had. So--
4 And Dr. Long kudos to you, because again, my-- you
5 know, my whole focus was on vaccinating, you know,
6 the children to go into their children-- childhood
7 vaccinations, and such. So, with the outbreaks that
8 were spoken about. Those are-- Are those just the
9 children who have not been fully vaccinated for
10 childhood diseases? And how much at risk are our own
11 students, are New York students who are fully
12 vaccinated? What are the risks to them if they are
13 in school, and two or three kids in their class get
14 chickenpox?

15 DR. LONG: Thank you for the question. You know,
16 this is-- could not be more near and dear to my
17 heart. Can I start by giving you some statistics to
18 show we were prepared. But this-- this really
19 represents just the volume of work since we last
20 spoke.

21 So across our HERRCs, and at our navigation
22 center, we've now vaccinated more than 11--
23 administered more than 11,000 vaccines, more than
24 7,000 of those are among children, adolescents less
25 than 18 years old. But that just speaks to this

2 critical importance and unbelievable opportunity to,
3 you know, intervene with people that have not had the
4 opportunity to get vaccinated in their home
5 countries.

6 Your question was: What can drive outbreaks,
7 like chickenpox outbreaks, things like that. And I
8 would say that the outbreaks are driven by children
9 that are not immune to varicella, or chickenpox.
10 Immunity can be acquired in a few different ways. If
11 you get it, many of us, myself included, when we got
12 it as a child that gives us immunity similar to a
13 vaccine. More recently, we've developed the
14 varicella vaccine that didn't exist when I was a
15 child, and there actually is significant protection
16 from one dose. So just to clarify, you said "fully
17 immunized." There actually is protection after one
18 dose alone, which is why it's even more important in
19 my mind that as part of our-- as soon as we see
20 children coming into our sites, immunize them. At
21 our HERRCs we've actually built-- One of the lessons
22 learned so far is that we used to have it so that we
23 had vaccination teams, and then we had you come to
24 us, when your parents wanted to bring you. Things
25 like that. Now it's part of intake: "What's your

2 name? How are you doing? Here's your vaccine."
3 Then you get your room card. So we've just ingrained
4 it as part of how we do intake now. And that's
5 enabled us to be very, very successful in
6 vaccinating, you know, a tremendous amount of
7 children coming into our system.

8 But it is, you know-- I'm proud that we've done
9 7,000 vaccines among children. But I will say we
10 have a heck of a lot more work to do. And I'm just
11 glad that these children and our asylum seekers are
12 coming to New York City, where we're able to do the
13 work, which is, we're hearing from them, different
14 than their experience elsewhere.

15 COUNCILMEMBER ARIOLA: And the students who are
16 fully vaccinated, and their students, New Yorkers
17 that go to school there, they should not be at risk
18 for any of these childhood diseases, because they are
19 already immunized against it. That's correct?

20 DR. LONG: They have substantial protection from
21 being immune predominantly in children in the US from
22 the-- already receiving the varicella vaccine, which
23 is a requirement of DOE.

24 COUNCILMEMBER ARIOLA: Okay. And the other
25 thing, I'm really-- I'm so happy to find out that

2 they're going to have-- have primary care physician
3 access. And that-- that's private primary care
4 physician access? So are they-- Do they have
5 Medicare? I'm sorry, Medicaid? Is that being given
6 to them upon their arrival?

7 DR. LONG: Yes. So, um, great question. I was
8 smiling, in part, because I'm the public system. So
9 they have, I guess, I haven't thought about quite
10 this, but public doctor access.

11 But what I jokingly mean by that is that we're
12 offering Health + Hospitals resources to as many of
13 our asylum seekers at DHS, or to HERRCs as possible.
14 They're going see the same pediatricians at Bellevue.
15 And we're trying to plug as many of them in as
16 possible, and I think we've been really successful
17 doing that. It's part of the reason why you're
18 hearing from Bellevue doctors as we heard earlier.

19 But, um, yea. Our goal is to plug every child
20 into a pediatrician and they'll be their doctor
21 longitudinally moving forward.

22 In terms of their insurance, what we're seeing
23 among asylum seekers coming in is that a very
24 substantial number of asylum seekers, both children
25 and adults, qualify for health insurance in New York

2 State. Now that can mean based on their parole
3 status that they qualify for Medicaid, or it could
4 mean that they qualify for New York State's Essential
5 Plan, typically category four. Either way, we're
6 enrolling them in healthcare, and I believe the
7 latest statistic, my chief operating officer will
8 correct me if I'm wrong here, is that we at our
9 HERRCs and navigation center, have actually been able
10 to enroll through Metro Plus around 8,000 asylum
11 seekers in health insurance. I like to talk a lot
12 about how vaccines and medical care can save your
13 life. But I also want to say insurance can save your
14 life too.

15 COUNCILMEMBER ARIOLA: Exactly. I just have a
16 couple of more questions Chair, please.

17 So this is for DHS: When kids-- When I spoke
18 about the family shelters, because that's what I have
19 in my district. So if you have a family and each
20 child is-- is mandated like any other child to go to
21 school, correct?

22 COMMISSIONER PARK: Correct.

23 COUNCILMEMBER ARIOLA: Okay, great. So-- And if
24 they're not going to school, what is the-- what type
25 of-- of check and balance do you have to make sure

2 and say, "Well, family in room seven, two have their
3 children are not attending school?"

4 COMMISSIONER PARK: Sure. So we do daily
5 wellness checks on families, and part of the
6 instruction is: Are kids going to school? Do we see
7 kids in the-- you know, school-aged kids in the
8 building during school hours? The provider-run sites
9 -- which is the majority of our emergency sites at
10 this point, although not all of them -- the
11 caseworkers would call the family in for a case
12 conference, right?, talk about the importance of
13 school, really try and-- and encourage-- find out
14 what the barrier right is, right?, is the barrier,
15 you know, anxiety about language? Is the barrier
16 transportation? Is it, you know, not understanding
17 why it's important? But work through those, right?
18 We really try and take a social service approach to
19 solving that problem. For the sites that don't have
20 providers on site -- because as I mentioned, we've
21 been standing up very quickly -- this is part of the
22 training that we do with our National Guard, and
23 agency staff volunteers, to flag those situations.
24 And then we would have DHS staff doing that same kind
25 of case conference.

2 At the end of the day, it is ultimately parents
3 who are responsible for making sure that their
4 children get to school. You know, DHS is not in a
5 position to condition shelter access, or anything
6 like that, on school attendance. But it is something
7 that we take really seriously and make sure that we
8 are following up with the parents. You know, in the
9 most extreme case, where we felt like there was
10 neglect going on, we would flag that for ACs. But
11 that's a very extreme case. And we would certainly
12 do a lot of engagement with the family before we got
13 to that.

14 COUNCILMEMBER ARIOLA: But when a child does not
15 go to school does this-- Like, I'm notified if-- if
16 my child doesn't go to school. Who does the school
17 notify? Is it the provider? Or the parents?

18 COMMISSIONER PARK: No. The parents.

19 COUNCILMEMBER ARIOLA: So just-- I'm going to
20 give you a situation that we're seeing outside
21 shelters, family shelters. On school days,
22 oftentimes, the mom is on the street, baby kind of
23 wrapped in a blanket around her back and say a
24 school-aged child between seven and eight years old,
25 that is selling any type of product from chocolate to

2 whatever it is on-- on the street, and they're
3 bobbing in and out of traffic. We've-- we've worked
4 with the provider. We've worked with the NYPD.
5 We've worked with ACS on that. I want you to be
6 aware of it. That's the only reason why I'm bringing
7 it up, because this is something that's happening.
8 And if it's happening in my district, it must be
9 happening in districts across the City of New York.

10 So if you find a provider that is not meeting the
11 standard, or a subcontractor that's not meeting the
12 standard, what's the process to then remove that
13 provider and replace them with someone who will do
14 the proper job?

15 COMMISSIONER PARK: Sure. First of all, thank
16 you for flagging the issue. Absolutely something
17 that we will follow up on. You know, our goal in
18 general is to have providers succeed. And this is--
19 this is true in this case. There's been other
20 circumstances where I've testified in front of the
21 Council about, you know, various provider questions.

22 So when we identify a provider where we feel like
23 they need to be focusing more on a particular issue,
24 we will-- we start with working with them. We can
25 put in-- put them on a corrective action plan. We

2 can, you know, embed DHS staff more closely in their
3 operations. We will do more intensive monitoring.
4 The way DHS is structured, we have program
5 administrators and then under them program analysts.
6 Each of them have a portfolio of-- of shelters
7 clustered by providers so that we have staff who
8 really understand that-- what is happening with a
9 particular provider who can be there, who can be on
10 the ground. So our first step is to-- is to really
11 try and work with the provider to correct whatever
12 situation it is. We really value are not-for-
13 profits.

14 You know, when something goes wrong, I think-- Or
15 let me be slightly softer. When something is not
16 going exactly the way we would all like it to, it may
17 be, you know, a lack of understanding, it may be
18 staffing challenges on their part, because we
19 certainly know that we're all suffering with-- in the
20 current labor market. So-- So we work on how we--
21 what can we do to collectively fix the situation. If
22 we get to a situation where a not-for-profit is
23 ultimately not providing this quality of services
24 that we need. Nobody is too big to fail. I've been
25 a DHS about three and a half years, we have shut down

2 several providers because they are not providing--
3 including some fairly large ones, because they are
4 not living up to our standards, and we will do that.
5 But-- But that is hopefully the end-- a fairly
6 extreme end result as opposed to something that we
7 would go to immediately.

8 COUNCILMEMBER ARIOLA: Okay, and just-- and
9 that's because-- because your staff goes out to see
10 the provider, make sure things are going well. So my
11 final question is what is the current staffing for
12 your agency to go out and do oversight at-- at 92,
13 you said? 92? 93 different locations? That's a
14 very-- that's a very big job.

15 COMMISSIONER PARK: Yes. Absolutely. So DHS is
16 about a 1900 person agency. Of that about 500 (these
17 are very approximate numbers) are DHS-PD. So they're
18 not doing the direct social service oversight. The
19 majority of the rest of those people work in-- in
20 shelter operations. There are a handful of directly-
21 run sites. So actually, this is outside the
22 emergency space, but like 30th Street, for example,
23 the Bellevue intake site is-- that is-- there is no
24 on-site provider there. That is wholly run by DHS.
25 So the numbers that I just included, include our

2 directly run sites. And then the rest of the agency
3 is really focused largely on-- on shelter operations.

4 COUNCILMEMBER ARIOLA: Thank you so much. And
5 thank you for the latitude, Chair.

6 CHAIRPERSON WON: Thank you. And now I'll turn
7 it over to Councilmember Brewer for questions.

8 COUNCILMEMBER BREWER: Thank you. And thank you
9 for the tours of the HERRCs. And I think I know many
10 of your shelters. Bellevue should be shut down and
11 torn down and start over, Molly, just FYI, at
12 Bellevue.

13 But first question, just in terms of food. I
14 know that the Chair asked a lot of questions about
15 this. But literally: Can we not do just rice and
16 chicken? I mean, why is it so complicated not to
17 have things that are just really specific? Is that
18 the kind of menu that you are providing? That is
19 what people want? That's what I want. That's what
20 people want? And literally something that's so
21 basic, but I don't think that's what's being offered?
22 Or maybe-- maybe I'm wrong.

23 COMMISSIONER PARK: So there are multiple vendors
24 because there's-- there's three vendors that have
25 direct DHS contracts, and then somewhere in the

2 neighborhood of about a dozen vendors that are
3 contracted through our not-for-profit providers.

4 COUNCILMEMBER BREWER: Right.

5 COMMISSIONER PARK: So there's a variety of
6 different meals.

7 COUNCILMEMBER BREWER: Okay.

8 COMMISSIONER PARK: You know, we do-- we are
9 meeting the needs of a very wide variety of-- of
10 people because we are operating a system of 71,00.
11 I've heard the feedback from the Council, and-- and
12 appreciate that, and we will certainly take it back.

13 COUNCILMEMBER BREWER: Okay. Can you tell us-- I
14 think you said two MBWE, and one long-term. Can you
15 tell us who the vendors are?

16 COMMISSIONER PARK: Yes. Absolutely. My team
17 gave me a very detailed binder here, so I'm just
18 going to flip to the right tab.

19 COUNCILMEMBER BREWER: Thank you. Food is your
20 issue. Schools are okay. I don't know-- but food is
21 your problem. I'm just saying. You know, you just--
22 It's like school food, go to a class. Teachers are
23 great, principal is great, food sucks. That's the
24 same problem here. And can we get a list of the

2 menus? I know that sounds silly, but that will--
3 will help you solve the problem.

4 COMMISSIONER PARK: Sure. So the three food
5 contractors, these are the direct DHS contractors, so
6 this does not include the what the not-for-profits
7 contract with: A company provider is Dortege de
8 Hall[ph], which covers the Bronx, one of our MWBEs;
9 R.C. Stillwell, LLC covers Manhattan; and then
10 Whitson's Food Service covers Brooklyn and Queens.

11 COUNCILMEMBER BREWER: Okay.

12 COMMISSIONER PARK: Those are again those are the
13 DHS contractors.

14 COUNCILMEMBER LEE: Could you repeat the last one
15 for Brooklyn and Queens?

16 COMMISSIONER PARK: Whitson's Food Service.

17 DR. LONG: And councilmember, I can answer for
18 the HERRCs if you'd like to.

19 COUNCILMEMBER BREWER: Sure, go ahead.

20 DR. LONG: So just to-- to emphasize one of the--
21 the way that you phrase the question because I can
22 firmly agree with this.

23 COUNCILMEMBER BREWER: I'm pretty direct.

24 DR. LONG: You said what people want.

2 COUNCILMEMBER BREWER: Yes, I'm-- They want
3 scratch kitchen. They want they want to fix-- they
4 want to have the hot plate, which they can't have,
5 and they want to cook themselves. That's the
6 problem.

7 DR. LONG: I do my job as a primary care doctor,
8 where I'll see my patients this afternoon, is giving
9 people what they want.

10 COUNCILMEMBER BREWER: I try also.

11 DR. LONG: I know you do.

12 COUNCILMEMBER BREWER: Go ahead.

13 DR. LONG: So what we've done at the HERRCs,
14 which has worked well so far, and we've talked about
15 this a little bit before, but we're about to embark
16 upon a large door-knocking campaign for it, is we've
17 started to do surveys. So in terms of identifying
18 what people want, no better way, as you got the
19 information that you have, than just asking people.

20 So at HERRCs, we started to ask people to rate
21 each individual meal, some meals got low scores, some
22 meals got high scores. I've given the example
23 before, but I just think it's telling that from West
24 Africa and Senegal, to people coming from Venezuela,

2 Ecuador, very few people liked roast beef. Very
3 unpopular.

4 COUNCILMEMBER BREWER: Right. Chicken and rice.

5 DR. LONG: So we found that there were certain
6 menu items that they actually universally, people
7 really enjoyed. We built our menus around that.
8 We're continuing to evolve them.

9 COME BREWER: Okay.

10 DR. LONG: We're planning the door knocking
11 campaign to refresh that too, which I'd love to share
12 with you when it's done.

13 COUNCILMEMBER BREWER: Okay. And so you'll send--
14 - Somebody will send us some menus when you can,
15 from the-- I guess it comes from your nutritionist.

16 COMMISSIONER PARK: Our nutritionist oversees the
17 menus, so yes, we can follow up with that.

18 COUNCILMEMBER BREWER: Okay. If he or she could
19 send on that.

20 DR. LONG: We're happy to as well.

21 COUNCILMEMBER BREWER: Okay, second question. I
22 don't under-- when I go to the HERRCs, I see a lot of
23 people at those desks, and it is true that, you know,
24 they need to be there. But SLSCO, I think, does
25 Brooklyn, and then you got DocGo. So I want to know

2 what sites these companies are managing, and how much
3 has been spent, I guess of the \$135 million. This
4 DocGo guy. He just paid for millions of people on
5 his own to fly to Ukraine and be volunteers,
6 according to the papers today. So he's got a lot of
7 money.

8 So I'm just wondering, these two contracts, how
9 much? And the people the tables are nice, but they
10 seem like a lot of them, right? I mean, we could-- I
11 could handle some of their stuff in pretty much five
12 minutes. So I need to know why so many of them, and
13 what are they doing, and maybe you don't need so
14 many?

15 DR. LONG: I think the question may be
16 predominantly for me, they'll give me a chance to
17 answer in a moment. So we use a couple of different
18 vendors for providing frontline staff. They perform
19 functions like intake, where we do things like, not
20 only check you in but assess, do you require a
21 diabetic meal? Or do you need a gluten-free meal?
22 Do you have-- Are you a person living with a
23 disability that we can make a plan for, to make sure
24 that you are safe and comfortable your whole time
25 staying with us?

2 So it's a range of things. And DocGo is one of
3 our vendors that's providing those types of services
4 that I was just sharing. DocGo is at several of our
5 HERRCs. And actually our only HERRC in Brooklyn,
6 which is the Brooklyn Cruise Terminal is not SLS,
7 it's DocGo.

8 And, you know, I will say in terms of the
9 functions that we have at our sites. You know, some
10 things that we started off in the beginning doing,
11 we're doing more of now. We started off making sure
12 that our staff were predominantly bilingual, now
13 we're really maximizing that. So as you know, talk
14 with our frontline staff, they're almost all
15 bilingual.

16 We're also seeing, as we've had-- as we were
17 getting an influxes of people from buses, there was a
18 need to have more staff to receive all of them at
19 once. So we're right-sizing our model every day now,
20 literally every day, so that we can make sure the
21 functions are being completed by the most reasonable
22 number of people with our vendors. And that's why at
23 our HERRCs, we have H+H staff on site or available
24 24/7 that's responsible for exactly what you're
25 talking about.

2 COUNCILMEMBER BREWER: Okay, well, so the-- but I
3 guess my question is how much has been spent at
4 DocGo? So DocGo is at all of your sites? There is
5 no SLSCO?

6 DR. LONG: SLSCO at our sites is still at the Row
7 Hotel.

8 COUNCILMEMBER BREWER: Okay.

9 DR. LONG: And DocGo is at several of our sites.
10 I can get back to about with a list of which sites
11 DocGo is at, if you like.

12 COUNCILMEMBER BREWER: Okay. And then just how
13 much has been spent? Yeah. Go ahead.

14 COMMISSIONER ISCOL: Yeah. The SLS is also doing
15 reticketing and some logistics support at the Port
16 Authority bus terminal. The only thing I'd add to
17 what Dr. Long said is, in terms of staffing, there
18 are some things we're doing more of some things that
19 we're doing less of. But we don't have a crystal
20 ball to be able to predict what's going to be
21 happening day-to-day or week-to-week. There's no
22 correlation of intakes based on the number of buses
23 coming. We have to be prepared for what could happen
24 in May once the COVID Emergency ends and ostensibly
25 Title 42 ends. So a lot of those things day-to-day

2 also adjust the staffing numbers at these different
3 sites.

4 COUNCILMEMBER BREWER: Okay. So when you send us
5 a numbers, the information, about who's where will it
6 include the numbers as to what you're paying for the
7 contract?

8 COMMISSIONER ISCOL: Yeah, and I can tell you
9 that the SLS contract was registered at \$135 million,
10 of which we've paid to them, as of the 27th of
11 February, \$8 million.

12 COUNCILMEMBER BREWER: Okay. And how about
13 DocGo?

14 DR. LONG: On DocGo, we can get back to you about
15 cost. To answer your gating question, SLS is
16 currently at the Row and Walcot, and DocGo is at our
17 other five HERRCs. And then we can get back to about
18 cost. The number we shared earlier, just to paint
19 the larger picture for the HERRCs, is that the H+H
20 spend on the HERRCs through the end of January is
21 \$141 million.

22 COUNCILMEMBER BREWER: Okay. Go ahead.

23 COMMISSIONER PARK: Just to chime in, I think
24 that the DHS model looks fairly different because we
25 do have intake sites, right? So a lot of the initial

2 services that Dr. Long referenced, right?, are
3 happening-- those initial touch points are happening
4 at PATH, at--

5 COUNCILMEMBER BREWER: And those are your staff?

6 COMMISSIONER PARK: Right. Yes, at PATH and 30th
7 street are our staff. Women's intake is the only one
8 that is contracted.

9 COUNCILMEMBER BREWER: And Women is with the--
10 one of these companies, or a different company?

11 COMMISSIONER PARK: No. Sorry. That's Health
12 USA. It's a not-for-profit. But-- But also just
13 really want to piggyback off of what Commissioner
14 Iscol said, and this is something that DHS has-- has
15 lived for a long time, right?, that we really, we
16 have to plan for a peak. Because-- because of our
17 legal and moral obligation to shelter people. So,
18 you know, there are moments where it feels like-- not
19 enough moments, but sometimes there are moments where
20 it feels like there are some extra resources, but
21 because we are managing towards the peak times,
22 right?, whether it's census capacity-- whether it's,
23 you know, bed capacity for places to put people or
24 staff, I'd say right now we're a pretty long way from

2 planning for peak staff. But it is the sort of the
3 reality that we all have to live because of the--

4 COUNCILMEMBER BREWER: I got-- I understand that.
5 I mean, these contracts are massive, and it's more
6 like, at the Row or at the Wolcott, people were nice.
7 Everybody-- but it just seemed like they were sitting
8 at the table, maybe it's a lull time. I got it. But
9 it's a lot of people. I'm just saying. It's a lot
10 of people and a lot of desks, and okay. But focus on
11 the food. You know, less on the desks. I mean it.
12 You know, that would make your fine people much
13 happier.

14 Okay. Now I don't understand this federal
15 reimbursement, because you got the \$800 million,
16 which is out there somewhere, and then you got \$8
17 million. And so I don't understand-- it said that
18 last year "FEMA confirmed the 7.89 million has been
19 awarded to the city through FEMA's emergency food
20 program." But then there's-- also there's-- and I
21 think that's out of the \$8 million, but then there's
22 \$800. So explained to me what's going on with this
23 reimbursement?

24

25

2 COMMISSIONER ISCOL: Yeah, so the \$800 million
3 for the emergency food and shelter program is federal
4 funding that is national.

5 COUNCILMEMBER BREWER: Right.

6 COMMISSIONER ISCOL: Right. So it goes-- It is
7 a reimbursement to-- nationally. Not just to New
8 York, not just in New York City, based on cost
9 recruit of which we've gotten less than \$8 million in
10 funding.

11 COUNCILMEMBER BREWER: But people say -- I'm just
12 telling people, I'm not saying that they're right --
13 that it's because you haven't submitted the receipts.
14 Because I assume you have \$800 million of receipts.
15 My feeling in life is you have submit everything
16 having done this for the city of New York under the
17 Dinkin's Administration, and then you try to get the
18 whole \$800.

19 COMMISSIONER ISCOL: Well, what I will say is
20 that OMB, ourselves, the administration has been
21 submitting the receipts. We have been working very
22 closely with FEMA around this. And we will see what
23 happens.

24

25

2 COUNCILMEMBER BREWER: So, so far, you've gotten
3 \$8 for the receipts that you have submitted. But you
4 have--

5 COMMISSIONER ISCOL: Just to be clear, we are
6 competing with every other jurisdiction in this
7 country, the southern border, Colorado, Illinois,
8 Chicago, for the emergency food and shelter program.
9 So it is-- it is not like Congress passed \$800
10 million that's supposed to be going to New York City
11 or New York State.

12 COUNCILMEMBER BREWER: But you have submitted
13 receipts for more than \$8 million.

14 COMMISSIONER ISCOL: That's correct.

15 COUNCILMEMBER BREWER: Okay. And then what's
16 the-- then so the \$7.89? Is that what you're
17 referring to? That's the same thing? I assume it's
18 the \$8 million, close to it?

19 COMMISSIONER ISCOL: Yes.

20 COUNCILMEMBER BREWER: Okay. And then there was
21 another \$8 million that was available earlier? Was
22 that something that you know about? Or am I mis--

23 COMMISSIONER ISCOL: I think we might be talking
24 about the same pot of money. I'm not sure.

2 COUNCILMEMBER BREWER: Okay. And then the other
3 question I have is: The folks who are at the Cruise
4 Terminal. Obviously, they can't stay forever.
5 What's going to happen to them?

6 COMMISSIONER ISCOL: So yes. We-- we have to
7 shut down the Cruise Terminal once we get into cruise
8 season. You know, as I've said in this unprecedented
9 emergency. One of the things when, we set up, you
10 know, and deal with setting up HERRCs, which are
11 three dimensional puzzles, we have to solve a variety
12 of things with each and every one of them. One of
13 the things that we have to solve for is use, right?
14 Randall's Island was not available in September
15 because of seasonal use. Brooklyn Cruise Terminal
16 was not available in the fall because of seasonal
17 use. Brooklyn Cruise Terminal will not be available
18 after April, or starting in April, because of
19 seasonal use of the cruise ships coming in. So we're
20 currently looking at other options. We're siting
21 additional locations, and we will work with the
22 individuals there to determine what the next best--
23 next best step is for them. And Dr. Long anything to
24 add to that?

25 DR. LONG: No, I think you covered it.

2 COUNCILMEMBER BREWER: Okay. In terms of DHS, I
3 have a wonderful, as you'd probably know, Molly Park.
4 the hotel Newton has-- I love the sergeant there.
5 He's from Binghamton, New York. So how long is the
6 National Guard going to stay? Will the governor keep
7 them indefinitely? They do a great job. I think
8 they're fabulous. They're bilingual. They're from
9 New York State. They love this opportunity, et
10 cetera.

11 COMMISSIONER PARK: I couldn't agree with you.

12 COUNCILMEMBER BREWER: Me and the sergeant are
13 good friends now.

14 COMMISSIONER PARK: The National Guard has been a
15 tremendous asset to the-- to our operations. We
16 really appreciate the state's engagement with us.
17 And, you know, the individual Guardsmen have been
18 fantastic, engaging in the training that we've
19 provided, and working really closely with us.

20 We don't have a specific end date on the National
21 Guard. We work really closely with our state
22 colleagues, and-- and for right now we're on status
23 quo.

24 COUNCILMEMBER BREWER: I was going to say-- So
25 let's say it's an in-kind support, I would call it.

2 Are you-- They're charging us or they're paying for
3 the whole thing?

4 COMMISSIONER PARK: It's an-- As of right now, it
5 is an in-kind support.

6 COUNCILMEMBER BREWER: Okay. For me, I-- You
7 should keep it as long as possible and probably try
8 to increase it. Are you asking for that? I love my
9 nonprofits. But these guards are pretty cool.

10 COMMISSIONER PARK: We absolutely agree with you,
11 Councilmember. Yes. We're working very closely with
12 the state to make sure that we get as much of that
13 resource as possible. You know, the guards have--
14 They-- We train them on on DHS operations, but they
15 have significant training obligations themselves. So
16 they are cycling in and out. But-- But yes, we're--
17 we appreciate them, and we'll continue to do that.

18 COMMISSIONER ISCOL: I just want to add one thing
19 to that on the National Guard. We have requested
20 sort of continued additional support. The state has
21 made a commitment of somewhere around a billion
22 dollars to this program. They have not made clear
23 yet exactly what that means and what that will look
24 like in terms of the reimbursements and how we access
25 that funding. It's also not clear as to whether the

2 National Guard will or will not be included in that--
3 in that commitment.

4 COUNCILMEMBER BREWER: A billion. So about a
5 billion commitment, but we're not clear if the in-
6 kind contribution is part of it.

7 COMMISSIONER ISCOL: We're still working out all
8 those details. Correct.

9 COUNCILMEMBER BREWER: But the state committed
10 about a billion dollars. Okay. And then my final
11 question is: Regarding just the DHS folks and how--
12 I mean, you-- What are you dealing with? If they
13 have no money except for the perhaps insurance. Many
14 of them are working however. I don't care what you
15 say. They are working. And we help them work. You
16 can't help them work, but we can help them work. And
17 so how-- Is it possible that they could get other
18 kinds of housing? How are you handling that? You
19 have to pretend they're not working. That's fine.
20 But-- But they are working? So what is-- how is that
21 taking place?

22 COMMISSIONER PARK: So first of all, let me say
23 that the administration has been very vocal, and we
24 will continue to be vocal, and we appreciate the--

2 COUNCILMEMBER BREWER: Working papers. I miss
3 working papers.

4 COMMISSIONER PARK: --your support in-- in
5 advocating for more work authorization because--

6 COUNCILMEMBER BREWER: Yes, we know that. But it
7 hasn't happened yet.

8 COMMISSIONER PARK: Agreed. The-- What benefits
9 people are eligible for varies very specifically on
10 the status of their immigration case. I think Dr.
11 Long mentioned when people are on-- on parole, which
12 is the specific term of art here. They are-- While
13 they are on parole, they can be eligible for certain
14 benefits. If that parole expires, they lose
15 eligibility for those benefits. So we are certainly
16 working with-- with clients to connect them to
17 anything for which they are eligible. But it is a
18 very retail, client-by-client analysis.

19 COUNCILMEMBER BREWER: All right, just finally:
20 Is there a difference in the cost for somebody at a
21 HERRC shelter versus a DHS shelter, and is that
22 something that you take into account?

23 COMMISSIONER ISCOL: Can you clarify the
24 question?

2 COUNCILMEMBER BREWER: I'm just saying if
3 somebody's staying in a HERRC shelter, it's x cost
4 per night, depending on the Row, depending on the
5 Wolcott.

6 COMMISSIONER ISCOL: I mean, every single shelter
7 is a single--

8 COUNCILMEMBER BREWER: Versus DHS.

9 COMMISSIONER ISCOL: --every single HERRC has
10 different costs as well. We target a per diem across
11 the whole-of-government approach of around somewhere
12 between \$350 and \$375. I think it's actually about
13 \$363 is the number for the per diem average, but
14 that's for both systems.

15 COUNCILMEMBER BREWER: Alright, and how about
16 DHS?

17 COMMISSIONER ISCOL: That-- that's an average for
18 both systems.

19 COUNCILMEMBER BREWER: For both of them.

20 COMMISSIONER ISCOL: Yeah.

21 COUNCILMEMBER BREWER: All right. So--

22 COMMISSIONER ISCOL: And again, it's-- Every
23 single one of these locations has different costs.
24 So it's even looking at-- You know, I don't want to
25 speak for DHS, but even looking at the variety with

2 the different 92 emergency shelters, the seven, eight
3 total HERRCs, each one is completely different.

4 COUNCILMEMBER BREWER: Thank you, Madam Chair.

5 And listen, food is your challenge. Thank you.

6 CHAIRPERSON WON: Thank you so much,

7 Councilmember Brewer. For the state aid, for \$1

8 billion, is that-- So that's currently being worked

9 out for the next fiscal year with the state budget

10 right now? Or is this-- this existing--

11 COMMISSIONER ISCOL: To my knowledge, I have very

12 little information about it.

13 CHAIRPERSON WON: Okay, but you are hearing that

14 there may be \$1 billion?

15 COMMISSIONER ISCOL: Correct.

16 CHAIRPERSON WON: Are we having any commitments

17 for shelters opening up, Upstate, outside of New York

18 City, or in Long Island, or anywhere else, from the

19 governor? Or our State partners?

20 COMMISSIONER ISCOL: Not that I'm aware of. But

21 I'll have to defer to the team here.

22 CHAIRPERSON WON: Is that something we're

23 advocating for?

24 COMMISSIONER ISCOL: We-- we have had extensive

25 conversations with the State, advocating for a lot of

2 help, and we have submitted through different systems
3 that are used to request state support for
4 emergencies for that type of help.

5 CHAIRPERSON WON: Okay. For the shelters for--
6 that are been by DHS, we've gotten multiple phone
7 calls from constituents who are shelter residents
8 were migrants, refugees, asylum seeker status, about
9 night raids from the shelter providers, were in DHS
10 shelters, there seems to be no privacy where you
11 know, you're not allowed to lock your room, the locks
12 are completely removed, and there are no key cards,
13 no nothing. Whereas in the HERRCs, you're able to
14 have a key card and you can close and lock your door.
15 And obviously the shelter-- the administrators can
16 enter any room, but other residents can't just go in
17 and like go into your room. Can you help me
18 understand what's going on with some of these
19 shelters? Why they-- they can't have any privacy?

20 COMMISSIONER PARK: Let me-- Thank you,
21 Councilmember. Let me try and clarify the situation.
22 So the shelter provider maintains access to
23 individual rooms. Other clients in the shelter do
24 not have access to people's rooms. We do do daily
25 wellness checks, and if you-- if a-- particularly on

2 the families of the children side, if you have not
3 signed in and out within a 24-hour period, we will
4 knock and ultimately enter the room, because we think
5 it is really important to lay eyes on every family
6 that-- you know, speaking not specifically to the--
7 to the asylum sites but-- or the emergency sites, but
8 across our system in general, doing that has averted
9 tragedy more than once, right? It is important that
10 we are engaging with families and that we know where
11 people are, so that if there is a situation going on
12 that we can-- we can engage.

13 But there should not be a situation where other
14 clients have access to one another's rooms. If you
15 want to send me specific addresses, I'm happy to
16 follow up on that.

17 CHAIRPERSON WON: I'll definitely be following up
18 because at my DHS shelters, they are not allowed to
19 have any privacy. You can't lock the doors. Whereas
20 in the HERRC, there they have a card key-- a key fob,
21 just like any other hotel, so that you have privacy.
22 So in my DHS shelters, they've all been removed. So
23 they're all open. And we continue to get reports on
24 recordings of shelter providers in retaliation every
25 time they come to my office, that they go in at night

2 and take things from them, anything from clothes,
3 toys, jackets. So we'll be sharing that information
4 with you.

5 COMMISSIONER PARK: I just want to stand up in
6 defensive of the not-for-profit providers who have
7 really stood up to do heroic work here. You know,
8 while I certainly will investigate any instance of an
9 individual shelter operator, individual staff person
10 taking action that is inappropriate, I think overall,
11 our providers are doing really heroic work. They do
12 enter clients rooms, but it is in the interest of
13 wellness checks. And-- and I will leave it at that.

14 CHAIRPERSON WON: I have no doubt that there are
15 many providers who are doing that. But I seem to get
16 reports of not such good ones. So I'm going to be
17 following up so that you have records of them and we
18 can follow up together on those shelter providers,
19 because I have very I have very high concerns because
20 those things are circulating in my district.

21 COMMISSIONER PARK: Absolutely. Absolutely happy
22 to follow up.

23 CHAIRPERSON WON: Thank you for the shelters, I
24 think we've gone through most of the questions that
25 we had. Could you help us understand the timeline

2 for vendor selection in an emergency of how pricing
3 is determined?

4 Are all offers considered, or certain offers
5 rejected because of unreasonable costs? Can
6 solicitations for emergency procurement include cost
7 flexibility. This is more for MOCS and DCAS.

8 MR. DIAMOND: Thank you, Councilmember. In terms
9 of how the selection process occurs during an
10 emergency. I would note as the Commissioners and Dr.
11 Leung have spoken to, that a variety of procurement
12 vehicles have been used in order to respond to this
13 emergency. In fact, almost all of the tools
14 available to the city. So in each of those cases,
15 there's going to be distinctions between the way that
16 that-- that that process is done.

17 However, specific to emergency purchases which,
18 of course, have been utilized in this example, each
19 agency is required to-- to use as much competition as
20 practicable under the circumstances. And what we
21 find in practice is that a variety of factors
22 influence us, some of which have been spoken about
23 including vendor availability to level up to the need
24 that has had, the availability of the goods or the or
25 the services in a very literal sense, which can be

2 disturbed. And when it comes to price, of course,
3 the ability to do something immediately, is generally
4 going to be more expensive.

5 So all of those factors go into what-- how a
6 vendor will be selected and how those prices and
7 negotiations will occur.

8 Um, to your question regarding: Are certain
9 offers rejected due to unreasonable costs, or are all
10 offers considered? Generally under emergency
11 procurement, no different than standard procurement,
12 you would-- you would not summarily dismiss, you
13 know, one proposal or not. Price is going to be a
14 factor. And depending on the selection method used,
15 it would be different levels of factors we've
16 referenced and considered in a competitive sealed
17 bid, which has been utilized in part for this
18 emergency. Price is going to be the determining
19 factor. Whereas in other RFPs, of course, that's not
20 the case.

21 And to your question, regarding cost flexibility,
22 could I ask: In terms of-- Is there a specific
23 aspect of cost flexibility that you're referring to
24 or more generally?

2 CHAIRPERSON WON: Well, I'm asking mainly because
3 I see such a wide range in food procurement for the
4 same product.

5 MR. DIAMOND: So I think again in the-- each
6 individual negotiation will have different factors
7 that will-- that will affect the outcomes, and will
8 affect the way that it's gone.

9 So certainly, solicitations for emergency
10 procurements can include-- can include very different
11 negotiations based off of the need that needs to be
12 filled at the time. And I would also note, as Dr.
13 Leung and Commissioner Iscol have highlighted, these
14 contracts have not stayed the same from the moment
15 they were signed. There was immediate pressure.
16 Those are not the exact same things that are being
17 offered right now. However, that might not be
18 immediately reflected in that kind of contract max.

19 CHAIRPERSON WON: How long will the declared
20 state of emergency continue and what happens to the
21 emergency awards after emergency was declared over?

22 MR. DIAMOND: Thank you Chair Won. So a formal
23 state of emergency as in, promulgated by the Mayor or
24 the Governor is not directly tethered to the
25 emergency purchase as we refer to it in the PPB

2 rules. So there's a specific emergency declaration
3 that is made, that is not directly tethered to a
4 state of emergency.

5 So for example, as you know, emergency purchases
6 are used almost every day of the week or every week
7 in order to respond to relatively routine, so to
8 speak, emergencies, such as a wall falling down, and
9 HPD immediately moves to secure the necessary
10 services to stop it impacting another building right
11 next door. Those are classic emergencies that happen
12 all the time, and those are untethered to any formal
13 gubernatorial or mayoral state of emergency.

14 So in this case, DSS on behalf of all mayoral
15 agencies submitted a declaration of emergency to the
16 comptroller and the law department that was dated
17 July 29, 2022, declaring the state of emergency
18 specific to the procurement. So that will last the
19 entirety of the time for these procurements. So
20 there's no-- there's no question of gap.

21 CHAIRPERSON WON: Okay, and what happens when
22 it's declared over? What happens to the existing
23 procurement?

24 MR. DIAMOND: So the declaration of emergency
25 specific to the procurement will last the entire

2 length of the contract in order for it to be procured
3 that way.

4 CHAIRPERSON WON: Oh. I see.

5 MR. DIAMOND: Because fundamentally, it is a--
6 it's a source selection method. So if it's a three
7 year contract, it will last that.

8 CHAIRPERSON WON: Okay. And can you explain to
9 DHS's \$237 million contract with the HANYC Foundation
10 Incorporated to secure hotel site for asylum seekers?
11 And how much has already been spent under this
12 contract?

13 COMMISSIONER PARK: Thank you, Councilmember.
14 I'm happy to take that one. So HANYC is the Hotel
15 Association for New York City. We started working
16 with them during COVID, and have-- have tapped back
17 into them in this particular emergency. They are
18 serving as a coordinating entity for-- for sourcing
19 and then paying hotels. So we work with them to
20 identify hotels that can comply with our standards,
21 and operate the way we need to operate, and then they
22 are responsible for managing the day-to-day invoicing
23 and payment of those hotels. So the \$275 million
24 that you note is-- That is actually funds that are

2 largely being passed through directly to the hotels
3 where services are actually being offered.

4 The reason we do that is twofold. One, you know
5 we've had a 50% increase in shelter census with
6 almost no increase in DHS staff. So we certainly
7 need a way to manage the contracts effectively, and
8 this helps with that. But-- But much more
9 importantly, because we are paying the hotels through
10 the HANYC contract, it means that the not-for-profit
11 providers, many of whom are fairly small
12 organizations, don't have to take on that burden and
13 don't have to take on the financial obligation of
14 month-to-month payment of the hotels. With respect
15 to how much has been spent so far, I'll need to get
16 back to you on that one.

17 CHAIRPERSON WON: Okay. In November 2022,
18 Governor Hochul announced that a total of \$3 million
19 will be administered over three years to provide free
20 immigration, legal services, and assistance with
21 critical application filings are required
22 appearances. Has MOCS received a copy of this
23 procurement, and have to the agencies like NYSA or
24 MOIA considered duplicating some requirements on the
25 procurement, and is the \$3 million enough given to--

2 for the magnitude of this asylum seeker crisis? And
3 how would you recommend this funding be distributed
4 in our city?

5 MR. TORTORICI: MOIA has not received a copy of
6 the procurement. However, we are aware of the
7 State's \$3 million expenditure. We don't believe
8 that \$3 million is enough to serve the immigration
9 legal needs of 40,000-plus people, taking Action NYC
10 case rates at \$480 apiece, you would be looking at
11 more than \$19 million. And the services that this
12 population requires are-- are greater than that.

13 So we don't have a copy of the procurement. We
14 have been in communication with the State. And we're
15 actively talking about collaborations.

16 CHAIRPERSON WON: Okay, I assume nobody else no
17 one else has any more information on this?

18 COMMISSIONER ISCOL: No, I've got nothing--
19 nothing to add beyond what Tom already said.

20 CHAIRPERSON WON: Okay. I guess we should all
21 follow up.

22 In the September Council hearing, the Mayor's
23 Office of Immigrant Affairs testified that they are
24 staffing their office with an additional 10 language
25 access specialists to be better addressed the need

2 for translation interpretation. Right now as we're
3 going over the next upcoming budget, we know that
4 MOIA will also be affected by the PEGs, and you'll be
5 losing staff headcount. What mechanisms did the
6 Administration put in place to facilitate the hiring
7 of these 10 staffers at MOIA.

8 MR. TORTORICI: Thank you, Councilmember. The
9 positions are posted. And we are actively recruiting
10 for the open positions. They can be tricky to fill,
11 because they are fairly technical. The language
12 access specialist position, for example, makes
13 recruitment especially challenging. So we've been
14 actively interviewing and selecting candidates for
15 hire. We've reached out to our vast CBO network in
16 which there are many people with multilingual
17 capabilities. And we continue to work closely with
18 OMB and all agency partners to onboard newly hired
19 staff.

20 CHAIRPERSON WON: Okay, great to hear that that's
21 still moving forward. My last question is: I'm
22 clearly a big fan of how the HERRCs are run,
23 especially since I see such a contrast and what I
24 hear from my constituents and the schools. But I'm
25 wondering, why was the creation of HERRCs prioritized

2 over investment in the existing shelter system when
3 DHS is short-staffed, DHS needs more funding, and
4 they already have such a large chunk of the shelters?
5 Would-- would expanding the existing shelter system--
6 was that considered an option from the Administration
7 before deciding to open up the HERRCs?

8 COMMISSIONER ISCOL: I mean, I would argue with
9 the opening of 90-- look, I mean, you know, as we've
10 said, repeatedly, this is an unprecedented crisis.
11 And I think in this unprecedented crisis, I would
12 argue that the opening of 92 emergency shelters by
13 DHS, especially when you consider on average, it
14 takes them two years to open one, is an expansion of
15 the shelter system.

16 I would also say that, you know, when we opened,
17 one of the things that the Mayor and the
18 Administration sort of made clear, is that we were
19 going to have to take a whole-of-government approach
20 to this. This could not just fall on the shoulders
21 of any one agency. And so collectively, we are
22 working together to meet this unprecedented challenge
23 and emergency.

24 CHAIRPERSON WON: Thank you.

2 DR. LONG: Can I-- Just to add on a few words
3 there. I think the-- the, what Commissioner Iscol
4 said about this being an unprecedented crisis is
5 exactly right. There were times where we were
6 receiving, you know, hundreds of asylum seekers
7 coming into our city every day. And we needed-- that
8 was-- as we said earlier, one of our main lessons so
9 far of everything we've experienced, is the
10 importance of an all-of-government approach and not
11 just one agency or another, has the full
12 responsibility of having to deal with a crisis of
13 this magnitude which we haven't seen before.

14 So at H+H, we were proud to step up to be able to
15 offer the HERRCs, which we designed to meet the needs
16 of this crisis, to help the city overall, and I think
17 the all-of-Government approach that we've had
18 working, you know, in lockstep at every step of the
19 process has been, I would say, essential to the
20 success we've had in helping so many asylum seekers
21 so far.

22 COMMISSIONER PARK: Yeah. And I echo what my
23 colleagues have said, right? The shelter system
24 absolutely has expanded, right? We have 92
25 additional sites. We have brought in new providers.

2 We have adapted our system in ways that a year ago we
3 couldn't have contemplated. It put a significant tax
4 on the organization, and we really have obligations
5 for the 48-- to the 48,000 clients that we have who
6 are not asylum seekers. We want to take our
7 responsibilities to both populations very seriously.
8 So we are incredibly grateful to H+H for the work
9 that they have done, and really applaud the whole-of-
10 government approach that has been taken.

11 DR. LONG: Chair Won, I apologize for saying
12 this. I think you might have been made aware. I see
13 patients on Fridays, and I have to leave in a few
14 minutes. So I was wanting to offer if there are any
15 critical questions, I'd really love to answer them
16 now. And I'll leave my staff as well to--

17 CHAIRPERSON WON: We're wrapping up. I think
18 Councilmember Brewer just had one last question.

19 COUNCILMEMBER BREWER: Just back to the issue of
20 the staffing and the SLSCO and DocGo. So do you do
21 an audit, just as you're doing with the food, which
22 is appreciated, some kind of an audit to see if you
23 need this kind of staffing for this number of people,
24 just because we're trying not to waste money.

2 DR. LONG: Yes, we absolutely do an audit on a
3 pretty much a daily basis. So we not only have our
4 staff that are directly overseeing our main H+H staff
5 on site at all of our SLS and DocGo sites that every
6 day, take a lay of the land, see what's needed, see
7 how everything is going, then we have executive
8 check-ins at every level as well.

9 So our staff, as you know, from being at our
10 sites are deeply involved in the operations. And
11 we've built out the model so that each aspect of the
12 operations were overseen directly with H+H staff. I
13 think as we go forward, we're going to have more and
14 more opportunity to continue to have our model
15 evolve. And I welcome that. I mean, I think we've
16 made a lot of really amazing changes at our HERRCs,
17 like, for example, being able to offer vaccines at
18 the point of intake for all the children that haven't
19 had the opportunity to receive these life-saving
20 vaccines before, and you can count on us continuing
21 to do that moving forward.

22 COUNCILMEMBER BREWER: Okay, thank you.

23 DR. LONG: You're welcome.

24 CHAIRPERSON WON: Thank you so much to everyone
25 being here. Your collective agency, citywide efforts

2 for our migrants and refugee asylum seekers are-- are
3 seen with much gratitude and appreciation. And one
4 last thing I want to just note for all of you: If we
5 can all across the DHS and HERRC shelters look out
6 for our DOE registrations to go to public schools,
7 because I am also getting notified of students ending
8 up in our charter schools and then getting confused
9 and coming back into our public school system. So if
10 we could all work together on that I would appreciate
11 it. Thank you so much for your time this meeting is
12 now adjourned.

13 Thank you okay. Everyone can go but we have one
14 public testimony

15 COUNSEL: If anybody signed up to testify in
16 person today, please fill out a witness slip in the
17 back and we'll just pause a moment.

18 Okay, we're going turn to public testimony.
19 Seeing no one here in person will be calling virtual
20 panelists will be limiting that testimony to two
21 minutes each and please begin once the sergeant has
22 started the timer.

23 Yeah, again, once your name is called a member of
24 our staff will unmute you and the sergeant arms will

2 set the timer and give you a go ahead to begin. And
3 we are going to start right now with Alana Tornello.

4 SERGEANT AT ARMS: Starting time

5 MS. TORNELLO: Good afternoon. My name is Alana
6 Tornello, with the Human Services Council a
7 membership coalition of over 170 human services
8 organizations in NYC. We urge the city to invest in
9 long-term, community-driven care coordination, legal
10 services, mental health services, housing, and more
11 for people seeking asylum and other refuge. This
12 calls for direct multi-year investments and
13 exhaustive human services infrastructure. City
14 Council's announcement of the Welcome NYC campaign is
15 a helpful start. Thank you for the advocacy which
16 should continue in order to extend funds for
17 compassionate and continuous care for our newest
18 neighbors on the long road ahead.

19 The City Council noted in the December report
20 stating sanctuary long term may also require
21 legislation.

22 We released a report in January from engagement
23 with over 80 human services organizations committed
24 to strengthening communities, even while navigating
25 an under-resourced landscape concurrent with COVID-

2 19. We found that 96% provided services entirely or
3 partially out of pocket, 40% were asked by government
4 to provide services, and less than 13% were offered
5 complete funding for those partnerships, and nearly
6 20% reported that issues with scaling up operations
7 were impacted by pre-existing unpaid work from
8 government.

9 Migrants, people are not in crisis. York City
10 was already in crisis with forced cuts and closures
11 of critical human services, lifelines that impede
12 healthcare scaled up whenever there are rapid
13 significant increases in need. With this in mind, we
14 outline the following and our written testimony:
15 Ensure all funds designated for this work contain
16 direct extradited contracting for human services to
17 develop with and for community organizations, fully
18 cover, accessibility for non-English speakers and
19 people with disabilities, include just pay and offer
20 flexible deliverables with expedited payment, and
21 disclose all contracting and the city's response to
22 date.

23 Invest now in long term comprehensive human
24 services, which include expanding navigation into
25 sustained care management, with a shared people-

2 centered data management structure, significantly
3 expanding and having multiyear legal representation,
4 also to create an expansive community based network
5 of mental health providers offering trauma informed,
6 culturally appropriate long-term care, long-term
7 affordable housing solutions, and the distribution of
8 extensive training.

9 SERGEANT AT ARMS: Time expired.

10 MS. TORNELLO: May I complete?

11 COUNCILMEMBER BREWER: You can-- Yes, go ahead.

12 MS. TORNELLO: Thank you. Last is to fund the
13 public education campaign with community partners for
14 New Yorkers to better understand the situation faced
15 by their newest neighbors and mitigates stigma. To
16 conclude, the city that prides itself as a sanctuary
17 also struggles to equitably share resources with
18 community leaders and providers who often make that
19 sanctuary possible. Contracting directly with
20 community organizations to expand services not only
21 helps our newest neighbors, it strengthens support
22 systems that New Yorkers already need.

23 Thank you. And please refer to our written
24 testimony and January report for detailed
25 recommendations and supporting data.

2 COUNCILMEMBER BREWER: Thank you very much.

3 COUNSEL: Next, we have Juan Calcutta.

4 SERGEANT AT ARMS: Starting time.

5 MR. CALCUTTA: Hello, thank you for coming on.

6 My name is Juan Calcutta. And anyone with a brain
7 knows that like the most important resources to send
8 right now, is sending to Ukraine. And I know that
9 because my Latin ex-sister Alexandria, Ocasio Cortez,
10 keeps voting to send billions of those dollars to
11 Ukraine. But I actually understand because I know
12 it's important. And it's right now that's more
13 important than her constituents in New York City.
14 But that doesn't mean we could just ignore the
15 current housing crisis with homeless people. But I
16 was thinking we have a solution that kind of takes
17 out-- kills two birds in one stone, we can recruit
18 them to fight for Ukraine. But hear me out. That's
19 free health care, because they're joining the
20 military. These homeless people need jobs. So that
21 would provide-- what is a more honorable job than
22 fighting Ukraine. And you want to talk about ending
23 the war? There's not a more intimidating force in
24 the world than New York City's homeless population.
25 There's a reason I have stabbed seven times in the

2 last month. These crack hobos do not mess around.

3 And then I have this hat. Bin Laden sucks. And when
4 I see Vladimir Putin, all I see is a clean shaven Bin
5 Laden with slightly less child pornography.

6 So I'll end on this. This morning, in the
7 subway, I saw a homeless person moving into a pizza
8 box. Let's send that intimidation to Vladimir
9 Putin's doorstep. Let's figuratively poop in his
10 pizza box and end the war in Ukraine, solve the
11 housing crisis in New York City. And I think it's
12 just a win win all around. Thank you.

13 COUNCILMEMBER BREWER: Thank you.

14 COUNSEL: Next, we'll hear from Alex Stein.

15 SERGEANT AT ARMS: Starting time.

16 MR. STEIN: Can you hear me?

17 COUNCILMEMBER BREWER: We can hear you.

18 MR. STEIN: Okay, hey guys, I'm Primetime 99,
19 Alex Stein. And this illegal immigration is-- it's
20 really bad. And so I kind of wrote something for all
21 the illegal immigrants out there. I just want to say
22 I want to help out all the Venezuelans. I'll do
23 everything in my power to give them a free shower.
24 I'll do it every hour. This is my number one desire.
25 We must provide these illegal immigrants and fire.

2 COUNCILMEMBER BREWER: Mr. Stein, thank you.

3 MR. STEIN: What? No, I'm still talking.

4 COUNCILMEMBER BREWER: Thank you very much.

5 MR. STEIN: Don't mess with my time. I'll file a
6 lawsuit against you guys. I'm Primetime 99. I'm
7 Alex Stein. You can't shut me down. I got my time I
8 got my two minutes. So listen to old lady, trying to
9 be rude to me. I'm Primetime 99. I don't really
10 like that. You're trying-- I'm trying to help these
11 illegal immigrants writing them a beautiful song, and
12 you're out here trying to shut me down. You need to
13 you better back up and you better check yourself
14 before we wreck ourselves metaphorically, because I'm
15 a pimp on a blimp, and I'm the number one townhall
16 terror y'all ever done seen. And we've got this
17 illegal immigration happening in our nation. I'm
18 going to play y'all like PlayStation. Y'all best
19 realize that I'm the biggest blimp. I'm primetime
20 with Alex Stein. Every night Tuesday, Wednesday,
21 Thursday, on YouTube on Blaze TV. Like I said, I'm
22 going to-- I'm going to solve this immigration in the
23 nation problem myself because why? NYC? Y'all ain't
24 doing it. But I'm doing it big time primetime.
25 [inaudible]. You now that's how we do it. And I'm

2 gonna help out all the illegal immigrants by letting
3 them vote, because I'm in the nightclub with Eric
4 Adams. Me and Eric Adams, we're dancing. We're
5 practicing with nice models. We're going shaking.
6 We're doing freaky deaky leg all night long. And you
7 know what, I love it because Eric Adams and I, we
8 vibe. Listen, and I'll be honest, I take a lot of
9 MDMA for you know, medical research purposes. So I
10 like the vibe in that club because I'm PrimeTime 99.
11 So we're going to help this illegal immigration.
12 We're gonna vaccinate me. Listen, I got 17 vaccine
13 vaccines.

14 SERGEANT AT ARMS: Your time has expired.

15 COUNCILMEMBER BREWER: Thank you very much for
16 everybody who participated. This hearing is now
17 concluded.

18 [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 03/10/2023