Bill de Blasio
Mayor

Mayor's Office of
Immigrant Affairs
Bitta Mostofi
Commissioner

October 8, 2019

Testimony of Director of Outreach and Organizing Nick Gulotta
NYC Mayor's Office of Immigrant Affairs

Before a hearing of the New York City Council Committees on Immigration and Mental Health, Disabilities and Addiction:

"Oversight - Addressing the Mental Health Needs of Immigrants in NYC"

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Thank you to Chair Menchaca, Chair Ayala, and the members of the Committees for calling this hearing. My name is Nick Gulotta and I am the Director of Outreach and Organizing for the Mayor's Office of Immigrant Affairs (MOIA). I am joined today by the Department of Health and Mental Hygiene (DOHMH), New York City Health + Hospitals, and the Mayor's Office of ThriveNYC.

The City is committed to a vision of a mental health system that works for everyone. Health care, including mental health care services, is a right that should be available to all, regardless of immigration status or ability to pay. This fundamental belief guides what MOIA and our partners do every day to connect immigrants, and New Yorkers more generally, to the mental health services they need.

These are services that are desperately needed. As a starting point, immigrants face unique stressors from their migration that can increase their risk of psychological harm.[1] And all New Yorkers, regardless of immigration status, face strains on mental health and may need to access mental health services. Add to this the heightened anti-immigrant actions and rhetoric of this federal government, and it is no surprise that we have heard from our immigrant communities that they experience toxic stress and live in an atmosphere of fear.

This testimony will give a brief overview of the mental health needs of immigrants and the work of MOIA to support and advise our agency partners in their provision of mental health services.

Mental health needs of immigrants

We know that immigrants face various barriers when it comes to accessing mental health services. These barriers include stigma,[2] lack of insurance,[3] language barriers,[4] and more. These are barriers that have existed before the Trump administration, but the Trump administration's policies have exacerbated the barriers to access and created additional mental health needs.

Unsurprisingly, studies show that hostile immigration policies, including increased and indiscriminate immigration enforcement,[5] harm the mental health of immigrants and can

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[1] American Psychological Association, *Immigration Policy: A Psychological Perspective* (summarizing studies that show the harms of fear imposed by hostile immigration policies), *available at* https://www.apa.org/advocacy/immigration/fact-sheet.pdf.

[2] Nadeem et al., (2007) "Does Stigma Keep Poor Young Immigrant and U.S.-Born Black and Latina Women From Seeking Mental Health Care?" Psychiatric Services, 58:12, 1547-1554, *available at* https://ps.psychiatryonline.org/doi/full/10.1176/ps.2007.58.12.1547?url_ver=Z39.88-2003&rfr_id=ori%3Arid%3Acrossref.org&rfr_dat=cr_pub%3Dpubmed&.

[3] Chen, et. al, "Estimating the Effects of Immigration Status on Mental Health Care Utilizations in the United States" (2011), *available at* https://link.springer.com/content/pdf/10.1007%2Fs10903-011-9445-x.pdf.

[4] Chung, (2010) "Changes in the Sociocultural Reality of Chinese Immigrants: Challenges and Opportunities in Help-Seeking Behaviour." International Journal of Social Psychiatry, 56:4, 436–447, *available at* https://doi.org/10.1177/0020764009105647.

[5] For more information about the increase in immigration enforcement in New York City, including an increase in the arrests of those immigrants with no criminal convictions, see our fact sheet, available at https://www1.nyc.gov/assets/immigrants/downloads/pdf/2019_01_moia_ice_enforcement_nyc_aor.pdf.

exacerbate existing stress and mental health conditions.[6] This federal administration has demonstrated clear disregard for how its actions affect the health of immigrant families; instead, it has implemented a series of policies that directly and indirectly harm immigrants' mental health. As just one example, despite the obvious and long-term harm of separating children from their families,[7] the Trump administration implemented a family separation policy at the border, while being unequipped to address the mental health consequences of this separation.[8] As another example, the Trump administration has sought to kill the Affordable Care Act, despite the clear benefits that the law has had on increasing insurance coverage and access to health care in New York City and across the U.S.

This situation has contributed to tremendous strain experienced by our immigrant community. In our conversations with community-based organizations (CBOs) that serve immigrants, we have heard that clients are suffering from heightened stress, depression, post-traumatic stress disorder, and other mental health conditions.

The City's response

As my colleague from DOHMH will testify, the City has made unprecedented investments into mental health services for New Yorkers. As the City's health care agencies, NYC Health + Hospitals and DOHMH are providing the crucial mental healthcare system to all New Yorkers, with ThriveNYC tackling the critical gaps in our mental healthcare system to ensure mental health for all New Yorkers. These investments have been coupled with policy and programmatic innovations that are aimed at reducing the barriers that I have mentioned. The work is ongoing, and the City is committed to continuing to identify and address barriers that different vulnerable populations face in accessing the care that they need.

Before I turn to how MOIA is involved in this work, I want to note that at a time when the federal government has displayed a naked indifference to the well-being of immigrants, the City has by contrast moved to guarantee health care, including mental health services, for immigrant New Yorkers. All patients are welcome at NYC Health + Hospitals, regardless of immigration status or ability to pay. Through NYC Health + Hospitals and the recently launched NYC Care program, we are ensuring that even those without insurance have access to the affordable health care they need. This includes access to behavioral health services, like psychiatry or substance use services.

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[6] American Psychological Association, *Immigration Policy: A Psychological Perspective* (summarizing studies that show the harms of fear imposed by hostile immigration policies), *available at* https://www.apa.org/advocacy/immigration/fact-sheet.pdf.

[7] Society for Research in Child Development, *The Science is Clear: Separating Families has Long-term Damaging Psychological and Health Consequences for Children, Families, and Communities* (2018) (summarizing the many studies that show that separation between children and parents, except in cases where there is evidence of maltreatment, is harmful to the development of children, families, and communities), *available at* https://www.srcd.org/sites/default/files/resources/FINAL_The%20Science%20is%20Clear_0.pdf.

[8] U.S. Department of Health and Human Services Office of Inspector General, *Care Provider Facilities Described Challenges Addressing Mental Health Needs of Children in HHS Custody* (2019) (finding that children had experienced significant trauma before coming into federal custody and that current supports were inadequate).

Turning to MOIA's role in this work, we serve primarily as support for the multi-agency efforts to care for the mental health of immigrant New Yorkers. As non-clinicians, we are concerned with three things: monitoring what needs and barriers arise in the community, sharing information about available mental health services when we conduct outreach, and supporting our City partners on immigrant-specific mental health issues or language needs.

As an example of the work we do to monitor needs, MOIA, alongside representatives of DOHMH and NYC Health + Hospitals, attended and contributed to the New York Immigration Coalition's Immigrant Behavioral Health Roundtable. During that roundtable, we were able to hear directly from advocates and immigrant-serving CBOs about the kinds of barriers that their clients were facing in accessing mental health services.

Our staff also shares information, in partnership with ThriveNYC, about the array of mental health services available in the City with immigrant community members on a daily basis. Over the past year, MOIA has been diligent about promoting City programs and services like NYC Well, which is offered in English, Spanish, Mandarin and Cantonese as well as with interpretation in over 200 languages, and partnering with ThriveNYC at community events and via social media to ensure immigrant New Yorkers are aware of the availability of free, confidential mental health support. The option to speak with trained counselors in over 200 languages has been especially emphasized, given our multilingual audience. Promotion of mental health support services increased in the wake of particular events that directly impacted New York City's immigrant communities, including but not limited to the initial reports of family separation in 2018, continued reports of deplorable conditions in detainment facilities on the U.S.-Mexico border, ICE raids and activity across the five boroughs in summer 2019, and the final publication of the "public charge" rule.

We have also worked to combat fear and unease during those times by providing KYRs presentations and answering community questions. All MOIA outreach staff have been trained on the mental health services available through ThriveNYC, and MOIA has additionally trained ThriveNYC staff and providers on outreach to immigrant communities. MOIA provides information about NYC Well in our agency One Pager that MOIA outreach staff diligently hand out at almost all events. In 2018 to 2019, MOIA's outreach teams conducted over 1,575 outreach events. During our rapid response campaigns for DACA, the Travel Ban, and TPS, we included messaging in one pagers that were handed out to thousands of impacted New Yorkers, encouraging anyone experiencing stress and the trauma caused by federal policies to call NYC Well. In addition, MOIA's outreach staff included messaging about this subject at all speaking engagements at houses of worship, schools, and at community meetings during these outreach campaigns.

Another example of how we incorporate mental health resources into the materials and programming we create is shown in MOIA's supplemental English language learning and conversation program, We Speak NYC. We produced an episode for learners called "Rafaela's Test," which highlights the story of an immigrant New Yorker's experience with stress and anxiety. The episode guides viewers through the character Rafaela's experience using NYC Well as a free resource for all New Yorkers. Class participants also receive workbooks that have

additional information on NYC Well. Through these conversation classes, we reach thousands of English Language Learners each year at community based organizations, houses of worship, schools, and libraries, introducing learners to information on how to access many of NYC's free resources.

MOIA also works with our partners across the administration to support immigrant specific issues. For example, during the family separation crisis, MOIA and our partners connected with service providers contracting with the federal government about the needs of children in their custody. As part of that work, we learned that there was a gap in bilingual child and adolescent psychiatry services for separated and unaccompanied children in federal custody in New York. We were able to work with NYC Health + Hospitals to provide additional supports for those providers, including consultations and access to outpatient services. Specifically, NYC Health + Hospitals embedded a child/adolescent psychiatrist who is providing consultation to the mental health professionals with the contracted providers. We've also implemented a system for facilitated referrals to the Bellevue child/adolescent outpatient psychiatry clinic, and NYC Health + Hospitals has launched a trauma-informed psychoeducational group with the providers that focuses on post-traumatic stress and coping skills.

MOIA also regularly works with the ThriveNYC community engagement team. We collaborate to share our services at resource fairs, community events, town halls, Thrive Talks, and beyond. MOIA has also supported dozens of impactful community events co-sponsored or organized primarily by the ThriveNYC outreach team. One example of this was a panel discussion about mental health with the Sikh community at the Sikh Cultural Society Gudwara in Richmond Hill in September 2016 that was attended by over 300 people where MOIA assisted with outreach and provided interpretation in Punjabi. Another event was in August 2018, when we co-organized a DREAMer Mental Health Workshop and Know Your Rights with ICE event with ThriveNYC and the Hispanic Federation. Each year, MOIA staff also participate in the Thrive NYC Weekend of Faith, which reaches thousands of New Yorkers including immigrant New Yorkers in all 5 boroughs.

Conclusion

Thank you again for calling this hearing and addressing the importance of mental health to the well-being of our immigrant communities. We look forward to working with the Council to realize our vision of a truly inclusive mental health system. I look forward to answering your questions.

Testimony

of

Myla Harrison, MD, MPH
Assistant Commissioner, Bureau of Mental Health, Division of Mental Hygiene
New York City Department of Health and Mental Hygiene

before the

New York City Council Committee on Mental Health, Disabilities and Addiction
jointly with the
New York City Council Committee on Immigration

on

Addressing the Mental Health Needs of Immigrants in New York City

October 8, 2019
City Hall, Committee Room
New York, NY

Good afternoon, Chairs Ayala and Menchaca, and members of the committees. I am Dr. Myla Harrison, Assistant Commissioner of the Bureau of Mental Health at the Department of Health and Mental Hygiene. On behalf of Dr. Barbot, thank you for the opportunity to testify today.

In New York City, we find that while overall rates of serious mental illness are similar for foreign-born and US-born New Yorkers, fewer foreign-born individuals with serious mental illness receive mental health treatment than US-born individuals. In addition, while most age groups of US-born New Yorkers report higher rates of depression than foreign born New Yorkers, this is not the case for seniors. The prevalence of depression is twice as high among foreign-born adults 65 and older than US-born New Yorkers.

My colleagues at MOIA have shared with you some of the unique mental health challenges that immigrants face. And we know that the process of immigrating to a new country and making a new life can be accompanied by trauma and subsequent psychological distress, anxiety, and depression. The Health Department's community mental health programs and services are open to all New Yorkers, regardless of immigration status or ability to pay. We also fund behavioral health providers and other community-based organizations that are mission-driven to serve immigrant communities. Let me tell you a little bit about our work.

The Connections to Care program (C2C), is a key initiative of the Mayor's Office of ThriveNYC that integrates mental health supports into the work of community-based organizations who provide social services to low-income populations, including workforce development, education, early childhood, and immigrant legal services. C2C leverages the position of CBOs as valuable members of the community in two key ways. First, it empowers providers to tailor behavioral health education and screening protocols to the unique cultural context and native languages of their communities. Second, these organizations receive funding to partner with local mental health providers to offer onsite clinical care. These partnerships remove financial and logistical barriers that many people face accessing care. C2C funds 14 CBOs across New York City, many of whom serve immigrant populations. Two of these, Voces Latinas and the Arab American Association of New York, serve immigrant communities as part of their core mission.

NYC Well, another ThriveNYC initiative, often serves as a touchpoint for New Yorkers to enter the behavioral health system. This phone, text, and online chat service operates 24/7, 365 days a year and is staffed with English, Spanish, Cantonese, and Mandarin speakers, with additional interpretation services available in more than 200 languages. NYC Well can refer callers to service providers and other CBOs with the cultural and linguistic competence to meet their individual needs. The NYC Well database includes more than 88 organizations who specialize in servicing immigrant communities, including LGBT immigrants, those experiencing domestic violence, those requiring legal services, and victims of human trafficking. NYC Well is

a confidential service staffed with crisis counselors and peers with lived mental health experience. Callers are never asked to disclose their immigration status. We have promoted NYC Well in fourteen languages via newspaper ads, brochures and posters as well as television promotions in English, Spanish, Cantonese, and Mandarin. Additionally, NYC Well has run two public campaigns targeted to Spanish, Cantonese, and Mandarin speakers to elicit community feedback and input.

Through Mental Health First Aid, another ThriveNYC initiative, the Health Department is educating New Yorkers about the signs and symptoms of mental illness, and steps they can take to support the mental health of others. These trainings are reaching communities throughout New York City, including immigrant communities. Thus far, this initiative has facilitated 298 trainings in non-English languages, including Spanish, Mandarin, Korean, Haitian Creole, and Bengali. Nearly 30% of the more than 133,000 individuals who have been trained report that they interact with immigrant communities daily. Thirty-one of the Mental Health First Aid training staff are bilingual or trilingual.

The Department also works to ensure that immigrant youth and families have access to culturally competent mental health resources. In 2018, in response to the family separation crisis, the Department partnered with other city agencies to provide training in trauma-informed care and technical assistance to the centers that housed these children in New York City. The Health Department's other youth- and family-oriented mental health services include the Family Resource Centers, which are free of charge, and the Early Childhood Mental Health Network of clinics, which work with families who may not have insurance. In particular, the Family Resource Center in Western Queens works with parents from a range of immigrant communities. In addition, the Early Childhood Mental Health Network includes University Settlement, which serves a large Mandarin and Cantonese speaking population.

Through ThriveNYC, the City has significantly enhanced school mental health services and support programs across the school system. As just one example, ThriveNYC announced that it will partner with the Department of Education (DOE) this school year to add 85 licensed social workers to provide direct clinical care and mental health services to students and schools at times of crisis. Thus far, fifty of these new social workers have been hired and some have been deployed. Beyond ThriveNYC, the Administration has worked to further expand mental health supports in schools. For the first time ever, the City now coordinates mental health supports centrally, ensuring that every student has access to mental health supports either on site at school or through referral to services in their surrounding community.

When crisis services are required, mobile crisis teams are available for all ages regardless of an individual's immigration status or ability to pay. Our Mobile Crisis Teams frequently serve immigrant communities using a total of eleven different languages. The Health Department also has community-based mobile treatment services such as Assertive Community Treatment,

Forensic Assertive Community Treatment, and Intensive Mobile Treatment, for people with serious mental illness who may have significant histories of trauma. Immigration status and ability to pay are not barriers to receiving care from a mobile treatment team.

The Department funds seven organizations to implement the Program to Encourage Active, Rewarding Lives for Seniors, or PEARLS. PEARLS is an evidence-based program for treating late-life depression. It serves homebound seniors and includes a focus on neighborhoods with high numbers of seniors who do not speak English. Many program staff are bilingual, including Spanish, Mandarin, Haitian-Creole, Yiddish, Hindi and Arabic speakers.

Thanks to generous funding from the City Council, the Department also provides services tailored to the unique needs of New York City's seniors through the City Council-funded Geriatric Mental Health Initiative. This Initiative provides screening to older adults for depression and substance use. Depending on the needs of the community, providers may also offer psychiatric evaluation, treatment, and case management. Several of the organizations funded through this Initiative define supporting immigrant communities as core to their mission, including the South Asian Council for Social Services, Grant Street Settlement, the Chinese American Planning Council, and the RAICES Spanish Speaking Elderly Council.

Also, thanks to generous funding from the City Council, the Department manages the Immigrant Health Initiative. This Initiative improves access to health insurance and care, addresses cultural and language barriers, and delivers resources and interventions to immigrant populations. Six of the funded organizations specialize in providing mental health support and services. Chinese Sunshine House and the South Asian Council for Social Services provide support for Asian communities. The Ackerman Institute for the Family's Latino Youth and Immigration Project, Mixteca Organization, and Montefiore's Terra Firma Clinic provide support to Latino communities.

The Health Department also contracts with CBOs to provide mental health support and recovery services in the communities where immigrants reside. For example, Hamilton Madison House provides mental health treatment and case management services for Asian adults. In addition to English, staff speak Cantonese, Mandarin, Korean, and Japanese. The H+H Elmhurst Hospital Lifelinks program provides structured socialization, supported employment, case management, and rehabilitation to build self-esteem and empowerment for recovery. Participants are primarily Spanish speaking immigrants.

As part of our work to better understand the needs of immigrant communities, we are in regular conversation with sister agencies and MOIA. We also consult external partners through our Community Services Board, which is made up of providers and stakeholders from the mental health community. This group provides feedback to the Department's planning work for the mental health care system. Its members surface concerns and experiences from the communities in which they work, including immigrant communities.

We also rely on the feedback of our partners in the City Council and members of the community like those here to testify today. I want to thank for your partnership and support in this important work. I am happy to take your questions.

HER JUSTICE
Shift the Power

FOR THE RECORD

Testimony: Susanna Saul, Managing Attorney (written only; will not be testifying in person)
Hearing: Oversight- Addressing the Mental Health Needs of Immigrants in NYC
Cohosted: Committee on Immigration and Committee on Mental Health, Disabilities and Addiction
Date: Tuesday, October 8, 2019

Her Justice is a nonprofit organization that takes a pro bono first approach to provide free legal services to women living in poverty in New York City. We train and mentor volunteer lawyers from the City's premiere law firms who enable our clients to access the legal system and obtain the justice they so deserve. We practice in the areas of family, matrimonial and immigration law. Our clients come from all five boroughs of New York City. Approximately 80% of our clients are domestic violence survivors and three-quarters of our clients are mothers. 70% of our clients were born abroad. Although we are primarily a legal services organization, we have a social work program that supports our clients with mental health and other issues that might prevent them from effectively participating in their legal cases. Most of the immigrant families we serve have experienced domestic violence. Her Justice has seen an increase in the mental health needs of our immigrant clients in the last two years due to the anti-immigrant policies, practices and rhetoric of the Trump Administration.

Since the Trump Administration took office, we have heard from several immigrant clients that they have increased levels of anxiety regarding their immigration applications and status in this country. One client expressed feeling as if these immigration changes would separate her from her US citizen child. Her fear was that her child would be "given" to US citizen parents while she would be deported to her home country. She feels that the Administration's immigration policies are meant to literally erase her from her child's life.

Anti-immigrant policies and messaging from the Federal government are causing our clients, who have long histories of trauma, to feel as if they have traded one abusive relationship for another. Their feelings of "hyper-vigilance" (a state of hyper alertness that can cause exhaustion and is related to anxiety and post-traumatic stress disorder) have increased. These individuals feel as if they are unable to relax or rest at all—not only because of potential harm by an abuser, but because of anti-immigrant messages from the Federal government and increased enforcement activity by ICE. Their perceived likelihood of being apprehended by ICE is high, even if the realistic probability is low. Families that have experienced domestic violence often also experience post-traumatic stress disorder. In this political climate, many families with mixed immigrant/ US citizen members who have experienced domestic violence also have the added layer of being afraid of removal of one or more members. For these families, the consequences of being apprehended by ICE is dire. These families are living in constant fear of

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being ripped apart and never seeing each other again. This increases their feelings of isolation, anxiety, and depression.

Families who are in this position, are unlikely to affirmatively reach out to a public hospital or medical clinic for help. They may be afraid that any public entity will report them to ICE. In order for the City to truly reach these families, it is essential to work with community based organizations who are trusted and respected in immigrant communities. The focus must be on developing accessible, appropriate messaging to counteract the paralyzing messages and information individuals are hearing from the Federal government. There must also be efforts to partner with media outlets in immigrant communities that can amplify positive and accurate messages about the rights of immigrants to access services in New York City without fear of ICE intervention. The City must be aware that trust is a key ingredient in this process, and it will be slow to build and take much effort.

If the City is committed to providing mental health services to immigrant communities, it should also undertake efforts to make sure that ICE enforcement will not interfere with those efforts. To do this, the City should review its policies and procedures regarding when and how ICE is allowed to access spaces where immigrants are receiving critical mental health services. Certain locations should clearly fall under the category of "Sensitive Locations" under current ICE policies. ICE should only be able to access these locations for enforcement actions under very specific and limited circumstances. Clear directions and protocols should be issued by the City regarding how and under what circumstances ICE is allowed inside the buildings to apprehend individuals. The personnel in charge of building facilities and those who operate day-to-day in these spaces should be trained on these protocols. Finally, these protocols and practices should be made public so that individuals understand their rights when accessing critical mental health services offered by the City.

Thank you very much for your consideration of these comments.

Asian American Federation

Testimony for New York City Council Oversight Hearing on Addressing the Mental Health Needs of Immigrants in NYC

Submitted to the New York City Council
Committee on Immigration and Mental Health, Disabilities, and Addiction
and Committee on Immigration
October 8, 2019

Thank you, Chair Diana Ayala and the Committee on Mental Health, Disabilities, and Addiction, as well as Chair Carlos Menchaca and the Committee on Immigration, for convening this hearing.

I am Joo Han, Deputy Director at the Asian American Federation (AAF). AAF's mission is to raise the influence and well-being of the pan-Asian American community through research, policy advocacy, public awareness, and organizational development. We represent a network of nearly 70 member and partner agencies that support our community through their work in health & human services, education, economic development, civic participation, and social justice.

I am here today to highlight the mental health needs of Asian New Yorkers, the fastest-growing population in the city. Asians comprise 15 percent of the city's residents, and 70 percent are immigrants. In addition to the stressful experience of immigration and acculturation, in recent years, the Trump administration's anti-immigrant policies, such as changes to the public charge rule, have compounded the mental health burden of an already marginalized population. As a result, an increasing number of Asian-serving community-based organizations are having to provide mental health services to Asian immigrants but can't meet the high demand due to lack of funding. Now more than ever, we need significant investment in Asian-led, Asian-serving organizations to provide linguistically and culturally competent mental health resources for vulnerable Asian New Yorkers.

AAF's 2017 report on *Overcoming Challenges to Mental Health Services for Asian New Yorkers* spotlighted that Asians are the only racial group in New York City for whom suicide was one of the top 10 leading causes of death from 1997-2015. They are also the least likely of racial groups to utilize mental health services due to deeply embedded cultural stigma, a lack of knowledge of resources, insurance restrictions, and a dearth of linguistically and culturally competent service providers.[1]

The immigrant experience of adapting to life in America, with its array of socioeconomic and acculturation challenges, was cited as one of the primary stressors causing mental health issues among Asian New Yorkers. When one considers that Asians have the highest poverty rate

[1] AAF 2017 *Overcoming Challenges to Mental Health Services for Asian New Yorkers*

among the city's major racial and ethnic groups, with 25 percent living in poverty, it is important to acknowledge that many are also facing a whole host of challenges stemming from poverty that impact their mental health.

Due to the Trump administration's strict immigration enforcement policies, the Asian community is now under a greater threat: according to a February 2019 report by the Comptroller's office, Asian immigrants are being disproportionately targeted for harsh immigration enforcement. Even though immigrants from China, Bangladesh, and India, combined, represent less than 20 percent of non-citizens in New York City, they comprise 40 percent of all defendants facing immigration detention and removal.[2] Families that face separation experience stress, anxiety, fear, and trauma.

Last year, AAF helped an undocumented Chinese father communicate with his attorney regarding legal representation for his undocumented wife, who was detained in Newark for six months. The father called us whenever he felt stressed, anxious, or depressed, especially as his three U.S.-born children were exhibiting emotional problems due to their mother never coming home. Our staff referred the family to a Mandarin-speaking clinician but had a difficult time convincing the father to seek treatment due to stigma and the lack of mental health services embedded in other social services to support the family during this traumatic time.

With the looming threat of changes to the public charge rule, the NYC Department of Social Services and Mayor's Office of Immigrant Affairs found that Asian non-citizens are disenrolling from SNAP at eight times the rate of Asian citizens[3] even though Asians are under-enrolled in public benefits to begin with. In the past year, AAF's member agencies have also reported a greater number of clients asking to be disenrolled from SNAP and Medicaid, citing fear, the possibility of deportation, and worry that they could harm their children's and grandchildren's future. South Asian seniors, for example, are choosing not to go to senior centers subsidized by Medicaid and forgoing critical health care because of this pervasive fear. These forced decisions - having to choose between essential needs – have a detrimental impact on the mental health of Asian immigrant families. Furthermore, Medicaid, which provides mental health and addiction treatment services for low-income immigrant families, has been vital to low-income families in accessing the care they need.

RECOMMENDATIONS

These alarming statistics and stories of vulnerable Asian immigrant families illustrate the need for significant investment in citywide mental health services tailored for the pan-Asian American community. We are thankful to Chair Ayala for making an initial investment in AAF's mental health program, which aims to build mental health service capacity for the Asian community.

We urge the City Council to address the chronic underfunding of Asian nonprofits on a greater scale and make an initial **investment of $1 million in Asian-led, Asian-serving nonprofit organizations to provide in-language, culturally competent mental health services**. Asian-

[2] *The Demographics of Detention: Immigration Enforcement in NYC Under Trump*
[3] https://www1.nyc.gov/assets/hra/downloads/pdf/Fact-Sheet-June-2019.pdf

led agencies providing services directly to Asians are in the best position to use funding most effectively. Currently, our member agencies are not able to provide vital mental health services due to a lack of funding to build the infrastructure for both clinical and non-clinical services that address the specific mental health challenges faced by Asian immigrants. This investment would support the following services:

- Increased capacity to provide **in-language, culturally competent clinical and non-clinical services** in both individual and group settings.
- Increased capacity to **integrate mental health resources in outreach efforts** responding to immigration policy changes.
- **Develop a training program for Asian-led organizations** using models of non-clinical service delivery that utilize existing services and programs.
- **Provide cultural competency trainings** for mainstream mental health service providers.
- **Create a network of mental health service providers serving Asian communities** to share resources and knowledge about best practices and services.
- **Develop a shared database of in-language, culturally competent mental health providers** serving the Asian community.

AAF is pleased to announce that we launched a pilot program this year in partnership with several of our member agencies to help reduce barriers to mental health services for Asian New Yorkers, but we will need greater support to meet the burgeoning need of the pan-Asian community. We look forward to working with the City to address the mental health service needs of Asian New Yorkers.

FOR THE RECORD

Testimony of the The Door – A Center of Alternatives, Inc.

On

Addressing the Mental Health Needs of Immigrants in NYC

Presented before:

Committee on Immigration
Committee on Mental Health, Disabilities, and Addiction

Presented by:

Suyana Handman, LMSW
Immigrant Youth Social Worker, Legal Services Center
The Door – A Center for Alternatives, Inc.

October 8, 2019

Good Afternoon, my name is Suyana Handman and I am a social worker in the Legal Services Center at The Door – A Center of Alternatives. I'd like to thank the members of the Committee on Immigration and the Committee on Mental Health, Disabilities, and Addiction for convening this joint hearing today.

We are here to discuss the mental health needs of immigrants in NYC, and to work on a plan to ensure these needs and the overall well-being of immigrants are met. The Door is on the front lines of this issue, providing civil legal services to young immigrants who are seeking legal status and legal defense in removal proceedings. Founded in 1972, The Door is a comprehensive youth development center that provides free social services to young people ages 12-21. In addition to legal services we also provide health care, counseling, workforce development, college counseling, ESL classes, arts and recreation, nutritious meals, and supportive housing for thousands of young people across the NYC area.

In my time working as a social worker in the Legal Services Center, I have seen firsthand the prevalence of mental health disorders and distress that permeate the lives of immigrant youth, their families and communities here in NYC. At the Legal Services Center I have worked with young immigrants who come from all over the world including Central America, West Africa, Caribbean, China, and South Asia. All of the immigrant youth that come to The Door have experienced and survived devastating and profoundly traumatic events in their lives. And not only must they find a way cope with their past traumas, they also are faced with acclimating to life here, which often times brings additional stressors into the young person life such as homelessness, feelings of isolation and disconnect, unemployment, poor access to education, acculturation to language, and involvement in immigration proceedings with long wait times. It is without question that these youth are suffering mental distress from multiple traumatic events and stressors in their lives – what we call in the field of social work – complex trauma.

Immigrant youth have little time and receive few resources to process and heal from the traumatic events in their home countries, the often times life threatening journey to the United States, and the stresses they face acclimating to life here. As a result, immigrant youth often are left to manage their traumas on their own, and as we know from research on youth development and trauma, youth will often turn to substance use and maladaptive behaviors as a means to cope with the distress of their trauma. This is something I see occur regularly in the lives of the young people I have come to work with. In screening immigrant youth using depression and post-traumatic stress inventory scales, young people are reporting high numbers on these scales indicating high rates of depression, anxiety, and PTSD. Youth report feeling alone, misunderstood, scared, numb, having flashbacks, engaging in self harming behavior, to name a few.

I'd like to share with you an excerpt of a young person's affidavit who I've worked with. He was only 13 years old at the time of his journey alone from El Salvador, fleeing from physical abuse by his parents and being targeted by gangs for being gay. He says about his life here in the United States now:

"It has been incredibly hard for me to be rejected from my family this way. I miss them terribly and feel so different from other people my age because I have been forced to take responsibility for my own life while I was still so young. I have been alone, on my own for so long, and have had to worry about meeting my basic needs on my own without the help of my parents. I wish that I could be a part of my family again. It makes me feel very sad and depressed when I think about how they treated me and how they do not accept me."

It is clear that the need for mental health services in the immigrant community in NYC is there. However, there are a number of barriers that they face that make seeking and engaging in mental health services difficult. The first barrier is simply access to these services. Many immigrant youth and adults do not have the ability to access health insurance and more often than not, cannot afford to pay out pocket for these services. Additionally, there are very few mental health providers in NYC that have different language abilities. Myself and colleagues at The Door have struggled with finding therapist who speak Spanish, let alone the many other languages that the young people we serve speak. I have yet to find a single therapist who speaks French. Too often when we call organizations, clinics, and hospitals we met with long waiting lists because there are only one or two therapists that speak another language. This is major deterrent for immigrants seeking mental health services. Imagine having to discuss some of the most sensitive and traumatic events in your life in a language you don't fully understand. This is not how we service those in need.

What we need to do is invest in these resources to address the mental health needs of immigrants in NYC. We need to provide more therapeutic services in different languages, which means funding more positions for bilingual therapists. It also means funding more low cost or free mental health services for immigrants.

In addition to issues of access to services, NYC lacks clinicians and mental professionals that have true understanding and cultural competency on the various issues that permeate immigrant communities. I have found that mental health professionals often times don't know what is going on in the countries immigrants are fleeing from let alone know that they migrated here to begin with. Going back to the same young person from El Salvador - I'll refer to him as young person A- He was recently hospitalized and prescribed antipsychotic medication for a mood disorder as he was exhibiting paranoid thinking. I was working with a psychiatrist to help assist this young person and in giving the psychiatrist some historical background information, I talked about how I felt this young person's paranoia and fear of something bad happening may not be so much a mood disorder but PTSD from the persecution, abuse and the trauma he suffered in his home county of El Salvador, to which the psychiatrist responded "Really, what's going on in El Salvador?". I was taken aback and then realized that that this psychiatrist not did not know about the political and social issues in El Salvador, so he did not connect this to the symptoms the young person was describing.

We talk about the need for cultural competency in the mental health field. Cultural competency isn't just speaking a person's language and having a non-judgmental

approach. Cultural competency is about educating ourselves on the events and circumstances of the person's life. It is not the job of these young people, of immigrants, to both share some of the deepest traumatic events in their lives while also educating a mental health professional on the very circumstance that led them to migrant in the first place. It is the responsibility of mental providers to educate themselves and each other to better provide comprehensive and competent services to communities in need. In order to do that, there must be investment in the service providers themselves. We must fund more comprehensive trainings for mental health professionals to serve immigrant communities. We must provide trainings on the hardships that immigrants face in their home countries and the psychological and psychosomatic symptoms that are common in these communities. We must also provide trainings on how to communicate and ask questions in a way that that creates a safe space and understanding for immigrants to express themselves. I think of another young person I've worked with who described feeling depressed as being "sick from sadness".

And finally, part of addressing the mental health needs of the immigrant community is providing psychoeducation on what mental health services are to educate and normalize mental health needs. In my work with immigrant youth I've found that there exists a serious stigma about seeking out help for mental health related issues. Young people often will say that there is nothing wrong with them, or that they can handle it on their own. To me this indicates a misunderstanding of what and why people receive mental health services. By partnering with schools, community groups, faith-based community centers, and medical providers, we can begin to spread more information about mental services and normalize seeking help.

Thank you, committee members for your unflagging efforts to address the mental health needs of immigrants in NYC, and thank you for the opportunity to testify before you today.

BROOKLYN DEFENDER SERVICES

TESTIMONY OF:

Zoe Joly – Senior Social Worker, Immigration Practice

BROOKLYN DEFENDER SERVICES

Presented before

The New York City Council Committees on Immigration and Mental Health, Disabilities and Addiction

Oversight Hearing on Addressing the Mental Health Needs of Immigrants in NYC

October 8, 2019

My name is Zoe Joly. I am a Senior Social Worker in the New York Immigrant Family Unity Project (NYIFUP) of the Immigration Practice at Brooklyn Defender Services (BDS). BDS provides multi-disciplinary and client-centered criminal, family, and immigration defense, as well as civil legal services, social work support and advocacy, for nearly 30,000 clients in Brooklyn every year. Since 2009, BDS has counseled, advised or represented more than 10,000 immigrant clients. I thank the City Council Committees on Immigration and Mental Health, Disabilities and Addiction, and in particular Chair Menchaca and Chair Ayala, for the opportunity to testify about the mental health needs of immigrants in New York City.

BDS is a local and national leader in working with, advocating for, and representing individuals with mental health needs. BDS' wraparound service model allows specialized staff to prioritize both the legal and psychosocial needs of clients. Social workers are integrated into each of BDS' immigration teams. This model prioritizes an interdisciplinary defense model that is sensitive to the unique biopsychosocial needs of immigrants clients, both in detention and the community, and provides extensive wrap-around services that meet the needs of these traditionally underserved clients in a comprehensive way. It is part of our mission to ensure that clients living with mental illness not only receive the best legal representation, but also the best care and treatment possible.

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Immigrant New Yorkers and Mental Health

As a provider of legal services for the low-income New Yorkers, we often meet our clients when they are in crisis and facing financial and emotional hardship. In the immigration practice, many of our clients have personal histories of complex trauma both in the United States and before they arrived in this country. Many have been exposed to violence and persecution in their home country before experiencing criminalization, detention and prosecution in the United States. Others, vulnerable upon arrival in this country, have faced abuse in the United States before suffering in detention. For even the most resilient, these experiences are toxic and dehumanizing. In detention, people struggle to access even the most basic mental health services, medication, and counseling. For those living with severe mental illness, these experiences may cause retraumatization and exacerbate mental health concerns.

As an immigration social worker, understanding trauma informs everything I do with and for my clients. Our team works diligently to help our clients navigate healthcare systems, access competent providers, and receive the treatment they need and deserve. Even with a team of advocates—including an attorney and a social worker—accessing care can be time-consuming and challenging. For immigrant New Yorkers without advocates and with limited resources, this process may seem impossible.

Recommendations

I. Ensure timely access to psychiatric care for people leaving immigration detention

Leaving detention is a precarious time for people, particularly those with severe mental illness, who have been ripped from their communities, detained for months, and then returned without connections to community support. Access to care has long been and remains a fundamental concern for our clients in city jails, state prisons, and immigration detention centers. As part of our representation, BDS' Jail Services and Reentry teams provide direct services and advocacy for our clients while they are incarcerated in New York City jails, returning from New York State Department of Corrections and Community Supervision (DOCCS) prisons upstate. However, the services that the City and State provide to people leaving City and State jails and prisons are typically not available to immigrants leaving detention.

New York City is obligated to provide discharge planning for people receiving mental health treatment or prescribed psychotropic medications in city jails, subject to the *Brad H.* Litigation and Settlement.[1] These individuals are also entitled to support following release from detention at Service Planning Assistance Network (SPAN) offices for 30 days following release. At the SPAN Centers, individuals are able to see a psychiatrist to receive psychiatric medication refills, apply for benefits including Medicaid, and receive support in connecting

[1] See the New York City Independent Budget Office Brief, https://ibo.nyc.ny.us/iboreports/looking-back-at-bradh-settlement-has-city-met-obligations-provide-mental-health-dischsrge-services-in-jails-51115.pdf

with outpatient mental health providers. Research suggests that the reentry support in the first 90 days after returning home from incarceration is paramount for future success.[2]

The Second Circuit Court of Appeals has determined that discharge planning, which often includes such services, is a critical component of in-custody care that is protected by the Fourteenth Amendment.[3] Nonetheless, these and other discharge services are not available to people leaving immigration detention. When released from immigration detention, the government typically provides people with a 10-12 day supply of medication *but not a prescription for a medication refill, a referral to an outpatient psychiatrist, or any documentation on their mental health treatment while detained or the presenting condition.*

This leaves people with few options for accessing care. They can enroll in an outpatient mental health clinic, which typically requires two intake interviews over a 6 week period before seeing a psychiatrist or doctor who can prescribe medication. This often means going without psychiatric medication for days or weeks while waiting to see a doctor. Typically, people choose to go to a City hospital emergency room for a psychiatric assessment. This places additional strain on overburdened City hospital system.

After release from detention, people are particularly vulnerable. They may be housing insecure or homeless, their lives and families have been disrupted, they often lack identification, all of which are compounded by the trauma of detention. This is the most important time for immigrant New Yorkers to be connected to comprehensive mental health services and care teams.

The City Council, in partnership with mental health and immigration expects, should develop and fund reentry programming, discharge services and case management to meet the mental health needs New Yorkers returning home from immigration detention. Case managers could meet with clients before release, develop post-release care plan, and provide follow up to ensure a connection to care. We believe this type of program would help create stability for our immigrant clients with severe mental illness, reduce reliance on emergency rooms, and create a safer, healthier community.

II. Train Insurance Navigators on enrolling immigrant New Yorkers

Many immigrant New Yorkers are eligible to enroll in health insurance through the Health Plan Marketplace, however they are routinely told by insurance navigators that they do not qualify for benefits simply because they are immigrants or do not have social security numbers. Other times, BDS clients have been interrogated by navigators about their immigration status and the basis for their employment authorization. In many of these cases, the navigators are simply uninformed about all of the complexities in immigration law. In the best cases, BDS diverts attorney and social worker resources away from other case matters to advocate with benefits navigators to ensure that our clients are allowed to apply for the benefits to which they are entitled. In the

[2] Marshall Clement, Matthew Schwarzfeld, and Michael Thompson, The National Summit on Justice Reinvestment and Public Safety: Addressing Recidivism, Crime and Corrections Spending, 2011, https://csgjusticecenter.org/wp-content/uploads/2012/08/JR_Summit_Report_Final.pdf
[3] *Charles v. Orange County*, 925 F.3d 73 (2d Cir. 2019).

worst cases, people are simply turned away, without health insurance or any sense of how to navigate the system.

The City must implement training for insurance navigators on completing applications with immigrants who are eligible for healthcare, like those with Permanently Residing Under Color of Law (PRUCOL) status.[4] This could simply entail informing navigators on how to override a specific part of the online application that requires the entry of a social security number. Many immigrant New Yorkers are already terrified to access benefits they are entitled to due to the misinformation about the federal Public Charge Rule.[5] When they are then given more misinformation by official health plan marketplace in-person assistors or navigators, our clients may be hesitant to seek the medical or mental health care they require. This issue could be easily remedied to ensure eligible immigrant New Yorkers can receive the care they need.

III. Expand access to insurance for immigrant New Yorkers

For many immigrant New Yorkers, lack of insurance is a barrier to accessing mental health care. Over 400,000 New York residents are ineligible for Medicaid, Medicare, or marketplace insurance because of their immigration status.[6] In the criminal legal system, access to insurance is often a requisite to completing mandated programming. Enrollment and success in mental health treatment programs is often the difference between avoiding immigration consequences of a criminal charge and potential deportation.

Many alternative-to-incarceration programs require that participants demonstrate an ability to pay for services, most often this is through health insurance.[7] Too often, a person's lack of

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[4] See the New York State Department of Health *Documentation Guide: Immigrant Eligibility for Health Coverage*, https://www.health.ny.gov/health_care/medicaid/publications/docs/gis/04ma003att1.pdf

[5] The Public Charge rule for inadmissibility changes the definition of who is barred from obtaining lawful permanent residence because they are deemed a "public charge." The new definition is someone who is likely to use public benefits for 12 months in a 36-month period in the aggregate. See Inadmissibility on Public Charge Grounds, 84 Fed. Reg. 41,292 (Aug. 14, 2019) (to be codified at 8 C.F.R. pts. 103, 212, 213, 214, 245, 248). The Rule, which was issued in its final form on August 14, 2019 and is scheduled to go into effect on October 15, 2019 barring federal court intervention, also expands the types of public benefits analyzed during an inadmissibility determination, effectively lowers the threshold that could trigger inadmissibility, and replaces the existing totality of the circumstances test with a complex and far-reaching weighted-factors scheme. Id. The rule targets low-income immigrant families and immigrants of color, and is intended to—and in BDS' experience has—instilled widespread fear in the immigrant community. By inducing disenrollment and discouraging enrollment in public benefits, the Public Charge rule negatively impacts the ability of immigrant and mixed-status families to maintain employment, stay healthy, achieve stability, and pursue their full potential as New Yorkers. See also Brooklyn Defender Services Testimony Presented Before the NYC Council Committee on Immigration, Sept. 3, 2019.

[6] Campaign for New York Health, From Coverage to Care: A People's Report on Healthcare in New York State, 2019, Available online https://d3n8a8pro7vhmx.cloudfront.net/pnhpnymetro/pages/7901/attachments/original/1558914810/FromCoveragetoCareNYS_Report.pdf?1558914810

[7] Relatedly, this past Friday President Trump issued a proclamation suspending the issuance of visas, with limited exceptions, unless a person seeking a visa can establish that they are covered by pre-approved health insurance or can otherwise pay for all medical costs. *See* Pres. Procl., Oct. 4, 2019, https://www.whitehouse.gov/presidential-actions/presidential-proclamation-suspension-entry-immigrants-will-financially-burden-united-states-healthcare-system/. The federal effort to limit immigration benefits for those who do not have access to health insurance renders state insurance program even more critical.

immigration status and therefore inability to enroll in health insurance is the only barrier in their ability to access these services. In some cases where our clients or their families have offered to pay cash for services, programs have still turned them away due to lack of insurance.

BDS commends the City Council for your support of the New York Health Act (S.3577/A.5248), which would establish health insurance for all New York State residents. We also recognize the need for high quality programming in the City now. We call on the Council, together with the Mayor, to continue to invest in and expand low- and no-cost health care programs that will grantee access quality, affordable health care for all City residents regardless of immigration status or ability to pay. BDS is optimistic about the launch of NYC Care in the Bronx, which aims to improve public healthcare access. BDS applauds the City's commitment to ensuring healthcare access for all and looks forward to the expansion of these services to Brooklyn.

IV. Fund culturally competent mental health programs to meet the unique needs of immigrants

Cultural competency is a major barrier to services for immigrants with mental health needs. For our young clients in particular, existing outpatient mental health programs are not equipped to address the extreme trauma and hardship faced by our clients. We represent many young people who arrived at the border as unaccompanied minors, were detained in Office of Refugee Resettlement custody until they "aged out," were transferred ICE custody, and were ultimately released into New York City. These young people have faced extraordinary hardship – from trauma in their home country that resulted in migration, to the migrant route, to immigration detention, to being alone in a new country with little or no support. Receiving mental health care has cultural barriers and stigma for many of our clients. For clients with complex trauma histories, the available low-cost mental health clinics do not have the competency or scope of services needed to treat our clients.

We urge the City to invest in mental health services that are designed for immigrants who have experienced hardship, trauma, or detention. These programs must be equipped to meet the needs of people who are newly being introduced to mental health care, to create a familiar, nonthreatening therapeutic environment for those who may be hesitant to engage in treatment. Such programs must employ trained clinicians who are fluent in multiple languages, including Spanish and indigenous languages of the Northern Triangle nations. We must not place the burden on the patient to educate the clinician about the realities of ICE detention, trauma, and family separation. To be a true Sanctuary City, New York must provide immigrant residents with comprehensive, trauma-informed care.

V. Expand mobile crisis units citywide and provide resources to make them a true alternative to police to reduce criminal justice exposure for people with severe mental illness

For too long, our City has relied on policing and jails to address issues of mental illness and substance abuse. Individuals experiencing a mental health crisis are more likely to be engaged

by police than medical providers.[8] Across the country, jails and prisons have become the largest provider of health care, including mental health care. New York City is no exception.

Families and caretakers of people living with mental illness often feel that they have nowhere to turn when their loved ones are in the midst of a mental health crisis. They recognize the reality calling 911 to report a mental health crisis will likely trigger a response by NYPD and potentially place their loved one in danger. Our clients and their families are fearful that, instead of a trained mental health provider or emergency medical technician, armed officers will respond to a call and that may lead to someone being shot by police.

Mobile crisis teams, which are an essential resource for New Yorkers, are often simply out of reach in a moment of crisis; a caller must decide if they can wait 48 hours for a crisis team to arrive. We would be better able to serve our clients if we could call for emergency mobile crisis services when our clients require acute mental health or psychiatric assessment or support. Unfortunately, in most cases our clients cannot wait two days for an intervention; this is particularly true for people experiencing homelessness or who must appear in court. BDS supports Public Advocate Jumaane Williams'[9] call for the expansion of the mobile crisis teams so that individuals can receive crisis intervention in real time, just as EMS responds to medical emergencies.

Conclusion

We thank the City Council for the continued attention to the needs of immigrant New Yorkers, including those living with mental illness. Thank you for considering my remarks today.

If you have any questions, please reach out to Nyasa Hickey, Director of Immigration Initiatives at nhickey@bds.org or 718-254-0700.

[8] National Alliance on Mental Illness, *Jailing people with mental illness,* 2019, Available online: https://www.nami.org/Learn-More/Mental-Health-Public-Policy/Jailing-People-with-Mental-Illness
[9] Jumaane Williams, Improving New York City's Responses to Individuals in Mental Health Crisis, 2019, https://advocate.nyc.gov/static/assets/OPA%20EDP%20REPORT%202019.pdf

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TESTIMONY BEFORE NEW YORK CITY COUNCIL'S COMMITTEEs ON IMMIGRATION AND MENTAL HEALTH, DISABILITIES AND ADDICTION

Presented on October 8, 2019

My name is Susan Kingsland and I am a Social Worker working as part of the Immigration Law Unit (ILU) at The Legal Aid Society (LAS). Throughout our more than 140-year history, LAS has been a tireless advocate for those least able to advocate for themselves in our city. Our vision is simple: we believe that no New Yorker should be denied their right to equal justice because of poverty. Combining the expertise gained from representing clients across diverse areas of law with the broader public policy perspective of an advocacy group, we lift up marginalized individuals to enable them to advance themselves and their families. Part direct legal services provider, part social justice defenders, we go beyond individual issues to effect change at a societal level.

Our Immigration team provides legal representation to vulnerable New Yorkers seeking relief for themselves and their families. We assist those in detention and fighting unlawful deportations, and represent low-income individuals in gaining and maintaining lawful status. Combining this representation with affirmative litigation work, we strive to ensure that families are able to stay together and stabilize their living situations. In the most recent fiscal year, our Immigration team assisted in over 5,000 individual legal matters benefiting over 15,000 New Yorkers citywide. In just the last 12 months, we helped secure the rights of over 6,600 New Yorkers between the ages of 18-21 years old to regularize their immigration status; participated in litigation challenging the implementation of Video Teleconferencing (VTC) in immigration hearings violating immigrant New Yorkers' right to due process; and

represented families and children separated at the southern border. Our breadth of experience provides us with unique insights into the challenges and difficulties facing our immigrant communities across New York and we are on the frontline of efforts to defend our city against an overtly hostile federal administration.

We welcome this opportunity to present testimony on the urgent mental health needs of immigrant New Yorkers who are often among our city's most vulnerable populations while simultaneously often severely disconnected from mental health services.

The Mental Health Needs of Immigrant New Yorkers

Immigrant New Yorkers frequently have a range of complex, intersecting mental health needs that can pose significant challenges to their everyday life and ability to successfully transition to living in a new country. Many of our clients – whether trafficking survivors, domestic violence survivors, or others -- have significant mental health issues stemming from significant trauma histories or having to flee extremely difficult and hostile situations. These are then exacerbated by the immigration legal process itself, with, in some instances, the trauma of being forced to flee danger and violence in their country of origin being supplanted by the stress of having to navigate a complex and opaque bureaucratic legal system in a language not their own.

The process for applying for immigration relief is extremely complicated and can often be lengthy, leaving immigrant New Yorkers stuck in a state of limbo and instability for periods of up to several years. The process itself can cause individuals who are often already

extremely vulnerable to experience severe Post-traumatic stress disorder (PTSD), anxiety and chronic stress as they wait for the resolution of their immigration case – all while the specter of their application being denied and the consequent possibility deportation loom large. The ripple effects from our clients experiencing mental health issues can be sizeable, with the impacts often spreading far beyond the individual concerned to also include other members of their family. Many of our clients are members of 'mixed-status' families, where their children or spouse may have U.S. Citizenship or otherwise not be facing the same immigration legal difficulties. The possibility of family separation compounds the stress and impact on their mental health. Our clients are often primary caregivers and are relied upon by multiple family members, such that one family member's legal difficulties can result in anxiety and stress for the entire family.

The below case story for one of our clients provides an example of the mental health needs experienced by some of our clients:

J is a young client who is in the early stages of his immigration legal case. He suffered trauma in his home country, and during his migration to the US. J is a native Spanish speaker, and does not speak English. In my work with J, he has begun to open up about his life and how he is managing, and he shared that he had a prior suicide attempt when he was younger.

J had previously been insured on Child Health Plus, a NY state insurance program, but then aged-out of the program after turning 19 years old. Presently, J is in need of mental health treatment, due to not only his trauma history, but also the recent death of his newborn child. J needs ongoing trauma-informed therapy and possibly medication. J is reticent to go to a hospital to address his trauma as he is overwhelmed and self-conscious about the stigma associated with accessing mental health treatment. J's complex trauma needs could be managed with culturally-appropriate services, in Spanish, in a community-based setting where J resides. Without active health insurance, J has fewer options, and there are long waiting periods to access the appropriate services in his community.

Expanding Access to Mental Health Services For Immigrant Communities

We are extremely grateful for the sizeable expansion of immigration legal services supported by the City in response to the activities of the Trump Administration. At the same time, legal services are only one component of the broader continuum of care that immigrant New Yorkers must be able to access in order to ensure success with not only their legal representation but also with their wider transition to living in New York.

Immigrant New Yorkers experience several barriers to accessing mental health services. Some of our clients lack sufficient immigration status to obtain public health insurance, and lack the resources to obtain private health insurance, and are therefore very limited in the mental health services they are able to access. While many clients are able to eventually access health insurance once their immigration case has been filed, there is still a service gap while they file their application and then wait for their enrollment in Medicaid to be approved. This gap often leaves immigrant New Yorkers with no other option than accessing emergency mental health services on an inconsistent and ad hoc basis. In addition to the significantly higher costs incurred than accessing routine and preventative care in the community, accessing emergency services also results in the lack of an integrated approach which is central to the comprehensive model of care that is the best practice for treating most mental health issues.

Where there are some mental health services that immigrant New Yorkers are able to access, these are often extremely limited in scope and availability. Service provision is often vastly outstripped by demand and not located in areas easily accessible to our clients; many

of our clients are unable to travel far due to the expense of transportation and competing priorities such as getting their children to school or childcare needs. Many providers are also not culturally competent, and there is a significant lack of services provided in languages other than English, especially in Spanish. Further, there is a particular need for specialized services for victims of trafficking, domestic violence, or individuals who have other trauma histories. Services for these populations are often offered strictly on a short-term basis and provide only extremely limited connections to essential psychiatric services.

Mental health is at the center of a wide variety of health issues, and also plays a central role in an individual's ability to successfully participate in their local communities. The lack of appropriate mental health services for immigrant communities is a significant public health issue for our city and one which we must solve if we hope to be truly supportive of the most vulnerable members of our communities. As we continue to expand legal services for immigrant New Yorkers, it is vital that mental health services be placed at the center of the wider supportive services our immigrant communities are able to access.

Ensuring New York Lives Up To Its Promise For All New Yorkers

Historically, New York has been the entry point for millions of immigrants to the U.S. and we are proud that we continue to welcome immigrant communities. In what has always been an international city built around the diversity fostered by a thriving immigrant community, this role speaks to central New York values of inclusion and equal opportunity.

It is a matter of fundamental justice that there be parity of access to vital mental health services for all New Yorkers, regardless of their backgrounds or immigration status. Expanding access to vital mental health services for immigrant New Yorkers is central to strengthening our communities and ensuring that our city continues to be a place where all are able to participate and prosper. We look forward to continuing to work together closely with the City to ensure that we remain responsive to the needs of our clients and our city's most marginalized communities.

Respectfully submitted,

Susan Kingsland

The Bronx Defenders | Redefining public defense

New York City Council
Joint Hearing: Committee on Immigration and
Committee on Mental Health, Disabilities, and Addiction

Re: Oversight- Addressing the Mental Health Needs of Immigrants in NYC
October 8th, 2019
Written Testimony of The Bronx Defenders
By Violeta Rivera, LMSW, Immigration Social Worker

Chairs Menchaca and Ayala, my name is Violeta Rivera and I am a social worker in the Immigration Practice at The Bronx Defenders. The Bronx Defenders ("BxD") has provided innovative, holistic, and client-centered criminal defense, family defense, immigration representation, civil legal services, social work support, and other advocacy to indigent people in the Bronx for more than 20 years. Our staff of close to 400 represents approximately 22,000 people every year and reaches thousands more through community outreach. The primary goal of our model is to provide high-quality legal representation; address the underlying issues that drive people into the various legal systems; and mitigate the devastating impact of that system involvement, such as deportation, eviction, loss of employment and public benefits, or family separation and dissolution. Our team-based structure is designed to provide seamless access to multiple advocates and services to meet our clients' legal and related needs.

I. Introduction

I first want to thank you both, along with the rest of the committee, for taking the time to listen to this testimony today. As an immigrant New Yorker who was raised in a low-income community, and as someone who works exclusively with immigrant New Yorkers, I am uniquely positioned to speak to the barriers to accessing mental health care services that immigrant New Yorkers face. In my capacity as a BxD social worker, I work with attorneys who represent individuals who are facing deportation and may be struggling with mental health, substance abuse, trauma, and domestic and community violence. As members of holistic defense teams, my social work colleagues and I assess our clients' needs, provide referrals to community-based service providers to meet those needs, engage in ongoing case management and offer supportive counseling to

clients as they navigate their legal cases and complex social service systems. I am very familiar with the consequences that the lack of access to appropriate services has on individuals, families, and communities. I also see firsthand how federal immigration enforcement affects the mental health, physical health, and financial wellbeing of the individuals who are targeted, as well as their family members and the gaps for addressing these impacts in our current healthcare networks.

- We see a plethora of barriers to accessing mental health services that immigrant New Yorkers face, and, in particular, barriers facing immigrant communities of color that are economically marginalized and disproportionately impacted by intersecting legal systems.
- Our clients have complex mental health needs that are exacerbated by the detention and deportation processes.
- We propose an additional measure the city can take in funding the creation of a re-entry center to provide much-needed wrap-around support for New Yorkers returning from immigration detention.

II. Immigrant New Yorkers face unique barriers to accessing mental health care, substance abuse treatment, and culturally competent treatment services broadly

When we discuss access to mental health care for immigrant New Yorkers, we are addressing the needs of people with a range of migration stories and immigration statuses, people at different levels of risk for detention and/or deportation, and people with varied experiences with the criminal legal, child welfare, and immigration systems. We are also addressing people recently released from detention by Immigration and Customs Enforcement (ICE) and the family members of those New Yorkers who remain detained. Given the dynamic composition of immigrant households in our city, we are likely to find people who are differently situated across those categories within the same home. As such, we must think expansively and consider the mental health needs impacting immigrant *families*, not just individuals.

A. Accessing mental health and substance abuse treatment is extremely difficult for people ineligible for insurance

Access to mental health and substance abuse treatment remains largely predicated on access to health insurance, particularly for people who cannot afford the high out-of-pocket costs of these services in private practice settings. As such, immigrants who are ineligible for insurance through an employer or a publicly funded healthcare plan face significant financial barriers to accessing these vital health care services. Many of our clients at BxD are in the position of being ineligible for insurance and cannot afford private practice rates, leaving hospital emergency rooms (ER) or clinics that offer sliding scale fees as their means to accessing mental health or substance abuse treatment services. Since ER settings are not positioned to provide ongoing treatment and sliding fee scales do not guarantee true affordability, lack of access to health insurance remains a

substantial barrier to accessing treatment. While there are some providers in the city that are funded to provide these types of treatment services at no cost, these options are few in number and often have very specific admission criteria linked to their funding streams that further limits the scope of who is able to access services there. We applaud the provision of no-cost services while noting that there are not sufficient no-cost mental health or substance abuse services available to meet the demand that we see regularly in our work.

As a social worker in the Bronx, I find myself referring uninsured clients to a select number of programs that offer low or no cost services. Unfortunately since these settings are few and far between, these referrals often involve sending clients to treatment locations far from where they work and live. This puts people in the position of having to navigate long travel distances in order to access necessary care. Many of our clients have difficulties navigating the stress of long trips via public transportation due to their trauma symptoms — the very symptoms for which they are seeking treatment — and/or are unable to afford the costs of transportation to attend the services.

The reasons delineated above speak to some of the barriers facing clients who seek outpatient substance abuse treatment. The obstacles are even greater for clients who seek inpatient or residential treatment services as their necessary and desired level of care. While state-funded Addictions Treatment Centers are an available resource for 28-day inpatient rehabilitation regardless of insurance status, their capacity for admissions is limited — especially for people who require treatment services in Spanish — and there are no affordable options for long term residential treatment for the uninsured as HRA benefits eligibility in addition to insurance coverage are requisite for admission to residential treatment.

B. Immigrant New Yorkers face additional logistical barriers to accessing care

In addition to the barriers to care listed above, numerous logistical barriers to care also impact immigrant New Yorkers. Limited scheduling options at treatment programs make it difficult for those whose work schedules conflict with daytime programming to access services. Due to the sectors of economy that many immigrants work in and the inflexibility of their work schedules not having the ability to take off work or to pass up on last minute opportunities for work serves as a barrier to attending treatment. Often times, families are eager to start services like therapy but are conflicted because they do not have childcare in place to be able to attend and feel comfortable enough to engage while in treatment.

C. There is a lack of high quality and culturally competent services due to limited support and training for providers

As part of my role, I spend a lot of time assisting our clients with accessing services to meet their needs and navigating complex social service systems. In doing so, I have consistently seen the need for greater support and training for providers to deliver trauma-informed treatment with a

specific focus on the needs of immigrant communities. The lack of adequate training and support for these services is an additional barrier to access to care as the relevance and quality of care may be lacking even when people are able to navigate the insurance-related, financial, and logistical barriers to accessing care. Our clients have faced a myriad of traumatic events and, as a result, operate with different types of survival strategies. Mental health providers are often dismissive of the trauma symptoms our clients exhibit and thus are not assessing for trauma and stress-related disorders. In our experience, providers often do not assess for the ways that trauma shows up in immigrant communities, misinterpreting clients' trauma responses as disengagement. We also find that there are a few culturally competent couples and family therapy clinics with expertise in working with families facing the unique stressors immigrants endure, including those related to federal immigration enforcement.

Additionally, there is a lack of Spanish-speaking therapists making it difficult to provide quality treatment for many NYC immigrants who seek services in Spanish. The few providers who do have the capacity to provide treatment in Spanish have long waitlists and are incentivised to push people through and out of treatment to make space for others. There is also a lack of support groups for many immigrant families. Support groups can offer the opportunity to share lived experiences with community members who may have had similar experiences. This is true for our clients in detention and out in the community.

D. The barriers to mental health and substance abuse treatment facing immigrant New Yorkers have consequences that extend across multiple legal systems

Barriers to accessing mental health and substance abuse treatment have implications across multiple legal systems in addition to the implications of contributing to unmet medical needs. As such, addressing barriers to these types of treatment is not only a task of importance in the provision of healthcare services, it is a task directly linked to the work of rolling back the criminalization of mental illness and addiction and reducing unnecessary family separation via the child welfare system and as a result of deportations.

Lack of access to treatment services limits opportunities for immigrants to be diverted from the criminal legal system via treatment alternatives to incarceration and puts additional impediments in the way of immigrant parents navigating Family Court ordered treatment in order to be reunified with their children. While the city has made concerted efforts recently to divert people into treatment options in criminal court, that momentum will leave behind immigrant New Yorkers if access to care issues cannot be more sufficiently addressed.

As we see the immigration system using criminal legal and family court system contact increasingly broadly as ways to effectuate deportations, the limited options for navigating those

systems that are exacerbated by lack of access to treatment services has truly disastrous consequences for families and communities throughout the city.

III. Federal immigration enforcement presents a unique set of mental health concerns and challenges for immigrant families

In addition to the important issues related to access to care laid out above, any inquiry into the mental health needs of immigrant families must take into account the ways that federal immigration enforcement negatively impacts the mental health of immigrant New Yorkers at various points along the spectrum of the detention and deportation process.

A. Pre-detainment

It should not be surprising to the members of the City Council that in this political climate many immigrants live in fear. Living in fear is traumatic. It's bad for mental health outcomes, and addressing the circumstances that contribute to the fear immigrant families face every day is an important step in addressing the mental health needs of immigrant New Yorkers. The fear of immigration enforcement is experienced by all types of immigrants, ranging from recently arrived immigrants, many of whom have fled persecution or torture in their country of origin, to immigrants who have lived in the United States for as long as they can remember. It's a fear that's shared by US citizen children in mixed-status homes and a fear that culminates in even higher levels of distress once a family has come in contact with ICE.

In addition to the fear of being taken from the community, or having a loved one taken away by ICE, our clients also speak of the pressure to be perfect, to avoid ICE contact but also in order to be accepted or seen as a "worthy" immigrant. Clients have expressed sentiments like, "I forgot this isn't my country, I'm not allowed to make mistakes here". Living with the pressure that making a mistake could impact their immigration status and result in the separation of their families is burdensome. That pressure can have a lasting impact on the mental health of many immigrants and entire affect many families. The pressure not to "fail" can serve as a disincentive for people to apply for resources like public benefits for fear of being seen as a burden rather than a contributor and the resulting resource deprivation can have lasting impact on the entire family.

B. During detention and the pendency of deportation case

As a social worker with New York Immigrant Family Unity Project at BxD, I work predominantly with people who are detained and in removal proceedings. Most of my clients are immigrant men of color and many have had prior experiences with the criminal legal and/or family court systems that have made them increasingly vulnerable to deportation. The incarceration of male immigrants

has lasting impacts on the entire family, especially low-income families of color. These impacts come in the form of the financial damage done when a primary wage earner is detained and the family bonds tested when a loved one is detained, to name a few.

In general, when a member of a family is detained, parents are left to decide if they want to traumatize their children by visiting the family member. In many cases, undocumented family members who would want to visit their detained family member don't do so out of fear of triggering enforcement against themselves by showing up at a jail where their loved one is detained. This is also true when deciding whether or not to provide support to loved ones during court appearances.

When family members do make the decision that it is safe for them to attend a loved-one's court appearance, the hearing is often a traumatic experience for the family members as well as the person in proceedings. I have witnessed children, mothers, spouses, cousins, and other family members become overwhelmed to the point of emotionally decompensating while in court supporting their family members. I have witnessed the Immigration Judges presiding over court proceedings berate my clients' family members for their extreme, but incredibly natural, reactions and order them out of the courtroom due to the "disruption" to the process. Sometimes these experiences cause families to choose not to attend future hearings. During immigration court proceedings, our clients' entire lives are on trial and a lot of highly sensitive information is shared. In some cases, our clients actually do not want their families in court during the hearing due to the amount of trauma that would be revealed as a result of their testimony. Some prefer to endure proceedings alone because they have not disclosed information that would be at issue in the hearing, like their sexual orientation, to their family members. The dynamics involved in making choices about who is present and who is not present during immigration court appearances can cause ripple effects in families that can impact the family relationships even long after the case is done.

For our clients and community members who are detained during their deportation proceedings, detention centers offer little, or no, mental health or substance abuse treatment services to those incarcerated there, even when there is a clear medical need for it. Furthermore, the detention experience inflicts new traumas on people who are incarcerated there *at the same time* that the process of moving through their immigration case requires revisiting old traumas. For example, many of our clients have been tortured, raped, assaulted prior to, or during, their migration to the US and have to relive those experiences during their case prep without access to treatment, while separated from their family and community supports. Other clients struggle with feelings of shame or guilt about the circumstances that brought them into detention with few resources to work through those powerful, and at times debilitating, feelings. All of those experiences and unearthed trauma responses come home with our clients when detention ends and are a part of what we mean when we talk about the mental health needs of immigrant New Yorkers.

C. Post-detainment

The detention and deportation processes have stark and negative impact on the mental health of immigrant families long after detention ends and cases are resolved. Local detention centers provide very little assistance with connecting to community-based care for those returning home, despite the traumas those released take with them from the detained environment and regardless of any care people may have been receiving while detained.

Regarding continued access to ongoing treatment, when people are released to their community in New York either on bond during proceedings or at the resolution of their case, they do not get meaningful discharge planning from the detention facility and are often released without any medication at all or with an insufficient supply medication. People in this position are almost always released without any follow up information about where they can get refills or connection to ongoing care.

When people return home to their communities in New York on bond, the fear of pending deportation hangs very heavily over them and over their family members which is an extended traumatic experience for the whole family. When people return home after being granted relief from deportation the process of finding a "new normal" within their family is often slow. Our clients have had to revisit every bit of past pain, every prior trauma, every regret and every mistake they have to put on their immigration defense, a process that often has ripple effects for the entire family for long after proceedings finish. For our clients with children, there is also a wave of readjustment that children must undergo when their parent returns home that includes working through the trauma of the initial separation and learning how to move past the fear that their parents could be stripped from them again.

When people don't get to return home, their families are left with holes in their homes and hearts that don't ever get repaired but that can, and should, be more thoroughly addressed through the supportive services and mental health networks in the city.

IV. Conclusion

The barriers to treatment services for immigrant New Yorkers are numerous, and the negative impact that ICE enforcement has on the mental health and wellness of immigrant communities is profound. We, along with our clients, appreciate the many strategies that the City Council is currently pursuing to address these issues, including funding the New York Immigrant Family Unification Project, and piloting the NYC Care program in the Bronx. We urge you to continue your efforts to expand access to mental health and substance abuse treatment services broadly,

keeping the specific needs of immigrant New Yorkers in mind, and to continue pushing back against the presence of ICE in our communities and courts, and we have one additional ask of you today.

We see the lack of services for people returning from immigration detention and for families who have a loved one detained by ICE as a particularly gaping hole in the mental health care network, and believe that the Council should fund the creation of a re-entry center to provide much-needed wrap-around support for someone returning from detention.

- This center should include medical, psychiatric and therapeutic providers. If a referral is needed for a specialist, the center should work with local hospitals who can provide such service.
- The center should offer support groups for their members.
- Providers should be able to speak Spanish and have access to language lines for immigrants who speak other languages.
- Providers should be trained on trauma and family therapy modalities with an expertise on immigrant stressors.
- The center should provide child care and be in an accessible location.
- It should house HRA benefits personnel who are knowledgeable about the eligibility for benefits for immigrants with different immigration statuses.

We believe that the creation of such a resource would drastically improve the re-entry process for immigrant New Yorkers returning to their communities after being detained, and would mediate some of the undeniable harm caused to our clients and their families throughout the duration of removal proceedings.

Thank you for your time and attention to this important matter.

NORTHERN MANHATTAN IMPROVEMENT CORPORATION

(NMIC)

TESTIMONY

In support of

Addressing the Mental Health Needs of Immigrants in NYC

PRESENTED BEFORE:

THE NEW YORK CITY COUNCIL

COMMITTEE ON IMMIGRATION

October 8, 2019

PRESENTED BY:

Morgan Siegel, LMHC

Assistant Director of Case Coordination

NORTHERN MANHATTAN IMPROVEMENT CORPORATION (NMIC)

Good afternoon Chair and council members. My name is Morgan Siegel and I am the Assistant Director of Case Coordination at Northern Manhattan Improvement Corporation (hereafter, "NMIC"). I am a licensed therapist and supervisor of the mental health services that provide counseling services to hundreds of immigrants in our community-based organization yearly. On behalf of NMIC, we thank you for inviting us to present our views on the resolution calling for Addressing the Mental Health Needs of Immigrants in New York City.

NMIC is a community-based settlement house founded in 1979. We have grown into a leading multi-service agency with a staff of over 150 persons, serving all of New York City. Our mission is to serve as a catalyst for positive change in the lives of the people in our community on their paths to secure and prosperous futures. Our legal, organizing, and advocacy services include immigration legal services, housing court representation/eviction prevention, and counseling for immigrant communities. Our education and career services provide the community with the additional tools necessary to build secure and prosperous futures. We also offer weatherization services to improve the housing stock in Upper Manhattan. NMIC does not charge any fees for services and serves low income and indigent persons and families. NMIC's nine story building is ideally situated in the heart of Washington Heights where the large immigrant and mostly Spanish speaking populations in these communities can easily access the broad range of services available.

NMIC is currently providing mental health services in an approach that is supportive, culturally competent, and inclusive to immigrant New Yorkers. The mental health program at NMIC provides services including individual counseling, group counseling, referrals, and psychoeducation, all provided in Spanish and English. The mental health program offers

supportive counseling services at no cost and asks for no documentation when coming to an intake appointment and subsequent counseling sessions. Our culturally and linguistically responsive approach allows for access to care that is provided in a community-based organization where the client is receiving services for a range of needs. This structure removes barriers that many immigrant New Yorkers face, including lack of medical insurance, costly payment plans, and inability to access state-issued identification.

Culture affirming therapy is essential in diverse immigrant populations to validate diverse narratives in counseling sessions, which improves access and reduces health care disparities among minority populations. Conversely, lack of cultural competence has been associated with misdiagnoses, underutilization of services, mistrust of healthcare and healthcare professionals, and poor health outcomes in minority populations (Suite, La Bril, Primm, & Harrison-Ross, 2007).

NMIC's mental health services provide counseling support to many newly arrived immigrants in our community. Mrs. J, a thirty-five-year-old Dominican woman struggling with serious mental health issues arrived in Washington Heights eighteen days prior to her first visit to NMIC. She sought assistance and guidance from our employment services who referred her to our C2C program as she exhibited signs of severe depression and anxiety including crying during her interview with a career counselor. Mrs. J was struggling with many of the emotional issues newly arrived immigrants often suffer through alone while also dealing with untreated mental health issues. Leaving behind her family and support structure, she dealt with the culture shock and acculturation issues that come with adjusting to a new country and language.

Mrs. J was connected to one of NMIC's trained mental health counselors allowing her to access the support necessary to deal with the emotional and psychological toll her immigration

journey had taken on her. Mrs. J was able to share symptoms of her severe depression and anxiety that impacted her overall functioning including difficulty getting out of bed, difficulty concentrating, recurrent negative thoughts, lack of motivation and lack of energy. These psychological impacts affected her physical health as she was unable to take care of her basic needs, including tasks we often take for granted, such as bathing and eating regular meals. Through counseling, she was able to alleviate the symptoms of her serious mental health issues. This allowed her to focus on learning basic coping skills which normalized her experience and provided her the ability to better navigate her transition to a new country. With the stabilization our C2C counseling program provided, Mrs. J was enrolled in NMIC's ESOL classes, she signed up for the mobile food pantry NMIC manages in cooperation with the West Side Campaign Against Hunger, and is taking the necessary steps to improve her mental and physical health.

Mrs. J's story is not unique among members of our immigrant communities. Based on validated screening instruments for anxiety and depression—GAD7 and PHQ9—33% of community members we screened are identified with serious mental health needs. Seventy-eight percent of these individuals are immigrants experiencing services in a new language and forced to navigate services that are foreign and often complex. It is common to experience symptoms of depression, anxiety, and stressors related to immigration trauma, acculturation, culture shock, marginalization, oppression, fear of deportation, and toxic stress. Untreated, these symptoms can often result in decompensation, suicidal thoughts, and psychosis. Proper funding for mental health counseling in immigrant communities will allow organizations like NMIC to continue providing these crucial services for people like Mrs. J while seriously reducing the need for emergency health care and simultaneously supporting their positive integration into the fabric of our city.

NMIC's mental health programming is funded from a five-year grant from the Mayor's Fund through ThriveNYC ending in 2021. The program, Connections to Care (hereafter, "C2C"), receives its funding through this initiative; however, it is insufficient to truly address the mental health crisis immigrants in New York City face. When an undocumented immigrant arrives to NMIC, our goal is to provide culturally responsive services with no wait time, no language barriers, and no gaps in service. For the C2C program to provide culturally competent services to our immigrant communities at this scale, we must have stable funding streams to support our most vulnerable populations. With impending funding gaps, it is imperative to address now what will happen with all the immigrant mental health needs in our communities.

Given the volume of immigrant mental health services NMIC provides, we are in a unique position to understand their value. Our request from the City Council is for an ongoing investment in culturally competent mental health services in local, community-based nonprofits who are often the first stop for vulnerable people in our immigrant communities. Funding these crucial services will stabilize our immigrant communities and provide the emotional tools to allow them to be productive and self-sufficient, thereby reducing the demand for emergency services and saving the City millions of dollars while also generating new tax revenue as they make purchases, join the workforce, and start businesses.

Once again, thank you for the opportunity to testify.

Suite, D. H., La Bril, R., Primm, A., & Harrison-Ross, P. (2007). Beyond misdiagnosis, misunderstanding and mistrust: relevance of the historical perspective in the medical and mental health treatment of people of color. *Journal of the National Medical Association*, *99*(8), 879.

CATHOLIC CHARITIES
ARCHDIOCESE OF NEW YORK

PROVIDING HELP CREATING HOPE

100+ YEARS

NEW YORK CITY COUNCIL
COMMITTEE ON IMMIGRATION & COMMITTEE ON MENTAL HEALTH, DISABILITIES & ADDICTION

OVERSIGHT- ADDRESSING THE MENTAL HEALTH NEEDS OF IMMIGRANTS IN NYC

TESTIMONY OF IMMGRANT AND REFUGEE SERVICES
CATHOLIC CHARITIES COMMUNITY SERVICES
ARCHDIOCESE OF NEW YORK

October 8, 2019

Good afternoon, Honorable Chairperson and committee members. My name is C. Mario Russell and I am the Director of Immigrant and Refugee Services for Catholic Charities Community Services, Archdiocese of New York. This testimony is offered on behalf of the agency's Division of Immigrant and Refugee Services.

We first wish to thank you for the opportunity to testify about the mental health needs of immigrants and to offer recommendations to help ensure that this vulnerable population is connected to critical support services. Catholic Charities' position in New York City and its service community as a provider of multi-faceted and broad range of support – from case management, to legal, to ESL, to youth services, to housing, to food assistance, and more – provides us with a unique perspective and point of reference on the question about the mental health needs of immigrants. To bring the point into focus: the need for trauma-informed mental health services – both of a formal and an informal nature – is critical and urgent today.

I. AGENCY BACKGROUND

Since 1949, Catholic Charities Community Services (CCCS) has been the direct service provider of The Catholic Charities of the Archdiocese of New York, serving over 150,000 individuals annually. CCCS provides high quality human services to all New Yorkers in need, including: information and referral on immigration and social service needs; immigration legal services; refugee resettlement; ESOL classes; case management services to help people resolve financial, emotional and family issues; eviction and homelessness prevention services; relief from hunger through a network of

emergency food programs; employment readiness training, placement and support; specialized assistance to the blind and visually impaired; after-school and youth employment programs; and supported housing for adults with severe mental conditions. CCCS' program sites span Manhattan, the Bronx, and Staten Island, as well as Westchester, Putnam, Dutchess, Rockland, Orange, Sullivan and Ulster counties.

CCCS is committed to welcoming New York's immigrants—including families seeking to reunify, children, refugees, the undocumented, and workers. Our Division of Immigrant and Refugee Services reaches more than 60,000 individuals across New York City and the Lower Hudson Valley each year, including approximately 1,000 refugees who are assisted with their resettlement and integration needs; over 7,000 unaccompanied children who are transferred to federal custodial shelters in the New York City area; 1,000 immigrants who obtain English and cultural instruction from our International Center; and more than 5,000 documented and undocumented immigrants who obtain advice and legal assistance ranging from basic assistance with eligibility and application/interview preparation, to more complex legal representation in the administrative and federal court system, in such areas as asylum, visas for victims of serious crimes and trafficking, special immigrant juvenile visas for children, and removal defense. In addition, our three hotlines (one NYC-focused, one statewide and one national in scope) connected with and provided advice and assistance to over 65,000 people each year.

II. MENTAL HEALTH NEEDS OF IMMIGRANTS

Our Division serves immigrants who have sought or are seeking humanitarian relief, including asylees, victims of crime and trafficking, survivors of domestic violence, and children who faced parental abandonment/neglect.

For these immigrants, trauma experienced in their home country is compounded by an often treacherous journey. Once in the United States, immigrants struggle to integrate into their new communities with limited resources and, since the 2017 presidential inauguration, immigrant families have faced unusually difficult circumstances, with sustained, targeted, and unlawful attacks on multiple fronts, mounting dramatically in intensity. Increasingly, fear grips the community as one report after another about indiscriminate enforcement action forces people to worry that they or their loved ones might be next. Every day, immigrant communities are bombarded with news about ICE raids, confusing changes in laws and procedures, and vitriol and hate crimes against people in their neighborhoods. Reports after the El Paso shooting confirmed that the shooter targeted Latinos and that many victims were fearful of seeking medical help in local hospitals. Clients have expressed to our staff that they are fearful of leaving their homes, bringing their children to school, and seeking assistance for basic needs.

On that subject, a few notable data points to share:

- Immigrant families that avoid routine activities out of fear of immigration enforcement are more than three times more likely to experience psychological distress than immigrant families who didn't avoid the same activities, according to a recent study by the Urban Institute.[1]

[1] https://www.urban.org/sites/default/files/publication/100626/2019.07.22_immigrants_avoiding_activities_final_v2_1.pdf

- In addition to causing psychological distress, experts say anti-immigration policies and rhetoric negatively impact undocumented immigrants access to physical and mental health services.[2]

Among these vulnerable immigrants we see the profound need for trauma-informed mental health services – both of a formal and an informal nature. In addition to the impact on our clients' well-being, access to mental health services is critical for the success of many immigrants' legal cases. The evaluations by mental health professionals provide support immigrants in their legal cases. CCCS attorneys work with many more cases than can be served by the current network of mental health providers.

III. OBSTACLES TO CARE

Lack of health insurance, cultural stigma, and the lack of culturally and linguistically competent services inhibit immigrants' access to mental health care. Even when case management staff work with clients to overcome the stigma of accessing care, they are stymied by the lack of available services – even in a common language like Spanish.

Additionally, families are often afraid of accessing services for fear of "outing" their undocumented family members.[3] In 2017, Silva Mathema, senior policy analyst at the Center for American Progress, found that approximately 16 million families lived in mixed status homes (i.e., some family members may have temporary or permanent immigration status while others are undocumented).[4] These stressors add to what recently arrived immigrants are already experiencing with their desire to successfully integrate and access community supports. Acculturative stress contributes to higher rates of depression, emotional instability, and feeling withdrawn from the receiving community. Researchers have found that "the[se] sociopolitical challenges and institutional and cultural barriers influence the acculturation experiences of immigrant youth and have negative implications for acculturative stress and mental health outcomes."[5]

IV. CURRENT CCCS PROGRAMS

A few words about Catholic Charities' unique experience on this question and our recent work to find solutions and responses, which we wish to share and offer as beginning points for further discussions:

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2 https://www.ncbi.nlm.nih.gov/m/pubmed/24375382/

3 Lovato, K. (January 01, 2019). Forced separations: A qualitative examination of how Latino/a adolescents cope with parental deportation. *Children and Youth Services Review, 98,* 42-50. See also, Watson, T. (2014). Inside the Refrigerator: Immigration Enforcement and Chilling Effects in Medicaid Participation. AMERICAN ECONOMIC JOURNAL ECONOMIC POLICY, (3), 313. Retrieved from http://search.ebscohost.com.proxy.library.nyu.edu/login.aspx?direct=true&db=edsbl&AN=RN359092281&site=eds-live

4 Mathema, S. (2017). Keeping families together. Why all Americans should care about what happens to unauthorized immigrants. Retrieved from https://www.americanprogress. org/issues/immigration/reports/2017/03/16/428335/keeping-families-together/

5 Selcuk R. Sirin PhD, Esther Sin MA, Clare Clingain BS and Lauren Rogers-Sirin PhD Pediatric Clinics of North America, 2019-06-01, Volume 66, Issue 3, Pages 641-653

The Parish Counseling Network. Developed by Catholic Charities of Orange, Sullivan and Ulster, the Parish Counseling Network provides access to short term professional counseling at convenient locations throughout the Archdiocese of New York. The Network offers access to more than 120 licensed mental health professionals to help parishioners through issues and crises that can be successfully improved by short-term therapy, such as marital problems, parenting, eldercare, job loss or bereavement. Counselors are experienced with an array of difficulties and diverse clientele. Many practitioners are bilingual in Spanish and English.

This short term solution however, does not ensure continued access to individual, family, and group treatment modalities. Additionally, as many of the clients served by Catholic Charities are in removal proceedings, it is important that the mental health professionals who complete evaluations for these clients can also be available to testify in court. Only a handful of mental health professionals are available for such evaluations.

Terra Firma. Terra Firma is a Medical Legal Partnership that was co-founded in September 2013 by CCCS and Montefiore to address the specific identified needs of Unaccompanied Immigrant Children living in the Greater New York Area. Through the co-location of services within the program framework, immigrant families are able to access multiple services through varying points of entry. TF's approach is child-centered, geographically located near their target population, and provides an opportunity for physicians and mental health providers to work closely with legal service providers to ensure the best outcomes for clients. The TF model provides for culturally and linguistically-sensitive, and trauma-informed services that are free to the participants. The program has a set of short and long term outcomes with the idea that immigrant families and youth will be able to successfully integrate into their new communities, access available mental health services, and achieve legal status. The TF model has been successful and it is replicable and scalable.

V. RECOMMENDATIONS

1. Developing a network for access to short term professional counseling support. As indicated in our PCN model, access to competent, linguistically qualified, and licensed mental health professionals will help individuals and families through a variety of issues and crises, including adjustment, generalized and specific anxieties, marital problems, parenting, eldercare, job loss or bereavement or more.

2. Given that a substantial number of clients benefit from including a mental health evaluation affidavit with their petition for legal relief, CCCS recommends that more resources be allocated to supporting the outreach efforts to mental health professionals and coordiantion with attorneys;

3. The success of Terra Firma shows that co-location of services is effective in assisting in integration, mental health treatment and assistance in seeking legal status. CCCS therefore, recommends replication of the Terra Firma model of medical legal sponsorships to adults by co-location of services within the program framework.

4. CCCS has seen that children and families who participate in informal phycosocial supports benefit in terms of their ability to integrate, form positive relationships, and access

community resources. These non-clinical services have included providing clients with creative arts workshops, field trips to NYC cultural institutions, integrative English programming, exercise and recreation activities, and playtime with puppies. Non-therapeutic activities have been found to promote the ability for immigrants, "to express themselves in whichever language they preferr, including non-verbal communication... reinforce their sense of autonomy, promote culturally meaningful self-expression, and support transcultural exchange."[6]

5. Finally, CCCS recommends strategies to empower communities to support each other in these difficult times. For example, CCCS is actively exploring funding options to facilitate the addition of Licensed Social Workers to our staff. Our initial pilot is rooted in the emerging field of peer counseling, as we would develop peer-led support groups, supervised by the LSWs. Such peer support groups could begin to bridge the gap, as a creative first step in accessing care. Stigma can be overcome as support groups create spaces for immigrant communities to discuss the issues they face and see they are not alone. Participants feel part of a larger community and see that there are supports and resources available to them. Because these groups are co-led by members of the community, the recurring issue among mixed status or undocumented immigrants of fear of exposure or discovery of each person's status is mitigated.[7] In addition, these support groups can be held in locations within the community where participants already feel safe and protected, such as in churches or other social service agencies.

We thank the New York City Council for your leadership and support of immigrant communities in these turbulent times.

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[6] Bennouna, C., Khauli, N., Basir, M., Allaf, C., Wessells, M., & Stark, L. (October 01, 2019). School-based programs for Supporting the mental health and psychosocial wellbeing of adolescent forced migrants in high-income countries: A scoping review. *Social Science & Medicine, 239.*

[7] Scranton, A., Afifi, T., Afifi, W., & Gangi, K. (2016). Networks of Passing: Experiences of Undocumented Latin American Immigrants' Identity Negotiation. Journal of Intercultural Communication Research, 45(6), 449–469. https://doi-org.proxy.library.nyu.edu/10.1080/17475759.2016.1217913

IMMIGRATION EQUALITY

National Headquarters
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Immigration Equality Testimony
Addressing the Mental Health Needs of Immigrants in NYC
October 8, 2019

Thank you for the opportunity to testify today. My name is Bridget Crawford, and I am the Legal Director of Immigration Equality, the leading LGBTQ immigrant rights organization in the country. Since 1994, Immigration Equality has advocated for and represented thousands of LGBTQ and HIV-positive immigrants seeking freedom from persecution. We are headquartered in New York City, and more than half of our clients are proud to be New Yorkers.

Immigration Equality works with queer asylum seekers from around the world who have fled horrific violence and persecution based on their sexual orientation, gender identity, and HIV status. They often arrive in the United States traumatized by torture in their countries of origin only to be subjected to human rights violations *in this country* as they await the protection they are entitled to. We are talking about some of the most resilient people in this world, but refugees cannot survive on resilience alone.

If you have spent a lifetime hiding your identity to stay safe, the process of applying for asylum can be an excruciating leap of faith, and the threat of deportation is a constant oppressive burden. The daily challenges of maintaining basic necessities like housing, food, and employment in New York only exacerbate feelings of isolation and hopelessness. For these reasons, City-sponsored mental health services for LGBTQ asylum seekers are crucial.

As you may know, the process of applying for asylum necessarily digs up some of the worst experiences a person has ever known. To explain to a judge why it's not safe for you to go home requires that you delve into memories long ago suppressed. While Immigration Equality attorneys are experts in the law, we have no capacity to cope with the mental health consequences this human rights process can create. In addition, acclimation to a new nation, away from home, away from family and friends, away from the only social safety net someone has ever known, can seem an impossible obstacle to overcome. Many of the people we represent are living in abject despair. We owe it to these newcomers to provide them with basic mental healthcare. It is a life-affirming and a life-saving necessity.

Being new to New York offers a wealth of opportunity. At the same time, many of our clients face monetary, language, and cultural barriers that prevent them from accessing care. As refugees, they struggle to pay even sliding scale fees, and most of them are not fluent in English. Additionally, mental health services are often stigmatized abroad, or have been weaponized through practices like

IMMIGRATIONEQUALITY

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conversion therapy. Despite these challenges, there is a tremendous desire for mental health services that are both accessible and culturally competent for LGBTQ immigrants.

For asylum seekers who are able to access these kinds of mental health services, the results can be life-changing. One of Immigration Equality's clients is a transgender woman from Guyana. Let's call her Diane. As a child, Diane was beaten and abused by her family for her perceived femininity, and as an adult she was stabbed walking down the street. Diane always knew she was "different," but it wasn't until she came to the United States in 2014 and received counseling through the LGBT Center that she came to realize was a transgender woman. Diane says that in Guyana, she had never even heard of the concept. Accepting her gender identity and receiving counseling to help manage her trauma have been liberating for Diane. We helped her win asylum in 2018 and she loves her life in New York City. This legal/health partnership works! And Diane's is just one of hundreds of stories I could tell you. They are stories of tragedy and of vindication. They are stories of strength and perseverance, and of remarkable aching need.

All refugees in New York deserve the chance at a new beginning. This is the secret of the success of our city. Immigration Equality is here to ensure that LGBTQ asylum seekers have their day in court. We call upon the city council to partner with us by providing access to social services, including culturally competent mental health. Together, we will pave a pathway to the future. Thank you.

SHELTERING
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Children and Family Services

Embracing Hope *and* Building Futures *for* Generations

Testimony Delivered by Marisol Rueda
Mental Health Therapist and Seen & Heard Clinician at Sheltering Arms
Prepared for the New York City Council
Committee on Mental Health, Disabilities, and Addiction
Jointly with the Committee on Immigration
Oversight Hearing – *Addressing the Mental Health Needs of Immigrants in NYC*
October 8th, 2019

Good Afternoon, my name is Marisol Rueda, I am a Mental Health Therapist and Seen & Heard Clinician at Sheltering Arms. Thank you, Chairs Ayala and Menchaca, for the opportunity to testify before you today.

About Sheltering Arms

Sheltering Arms is one of the City's largest providers of education, youth development, and community and family well-being programs for the Bronx, Manhattan, Brooklyn, and Queens. We serve more than 15,000 children, youth, and families each year, including nearly 700 through our three article 31-licensed mental health clinics in Southeast Queens. We're excited to announce that we have expanded our mental health services to the South Bronx, where we cut the ribbon on our newest clinic just this morning. This clinic will allow us to better serve the hundreds of children and families, including many immigrant families who we are already serving in this community through early childhood, afterschool, foster care, and preventive services.

All four of our clinics specialize in serving children ages 0-5 through our Seen & Heard program which uses the evidence-based Child-Parent Psychotherapy (CPP) model. This program helps young children process trauma they have experienced, and equips caregivers with the skills they need to rebuild and restore the child's overall sense of safety, attachment, and trust, while also processing their own experience with the trauma.

Mental Health Needs of Immigrant Families

Immigrant families have so many layers of trauma: from the reason they immigrated from their home country, to the physical and emotional isolation many encounter in a new country, to fear of deportation and the trauma of transitioning into a new culture with a new language. Despite all of these needs, immigrant families face a variety of barriers to accessing mental health care, from stigma against "mental health", to lack of insurance, to a lack of capacity in the system to serve non-English speaking clients.

Barriers to Accessing Mental Health Care

Insurance: Our Seen & Heard program is supported in large part by the City Council's Children Under Five discretionary funding, paired with private funds. These funding streams allow us to serve children and caregivers who do not have insurance, or who have insurance that we do not accept. This freedom removes a key barrier that often prevents immigrant families from receiving mental health services. However, there we do not have enough capacity to meet the demand for our services, and have a waitlist of nearly 30 families waiting to receive services through Seen & Heard.

Stigma: Many of the clients we work with who are immigrants come from cultures where mental health is not valued, appreciated, or understood in the way it has come to be in the US. Parents are hesitant to accept this type of help for themselves, even if they have faced significant trauma. However, we have found that parents are willing to accept help for their children when the child has faced significant trauma. Treating the child as the client has become a unique entry point into mental health care for many parents' whose stigma against mental health services would ordinarily prevent them from participating in therapy. Being able to serve the child is a key to supporting the parents. When we normalize care for the child, we are then often able to begin addressing the trauma that the parents have experienced, too, when framed as supporting the child's health.

Because we have this opportunity to reach parents through supporting mental health of children, we do a lot of outreach to parents through the schools. We build partnerships with local elementary and middle schools, and host parent groups at convenient times, creating a safe, open space for parents to take a small step toward care.

Language: We have also found that, for Spanish-speaking clients, parents are more willing to engage in services when we frame it as "emotional health" in Spanish, rather than "mental health". The difference between these phrases in Spanish is significant, and points to the importance of having therapists who speak the client's native language fluently, and who understand the culture the client is coming from. It's these small shifts that can help break down barriers and reduce the stigma associated with receiving care.

However, finding therapists who are fluent in Spanish or other languages is a real challenge for us, and the sector as a whole. Five of our 11 Seen & Heard therapists (including supervisors who carry a small caseload) are Spanish-speaking, but our waitlists regularly have families waiting for months to be seen by Spanish-speaking therapist. In the moment someone is reaching out for help, if they are turned down it discourages them from continuing to identify services.

Sometimes clients on the waitlist are returning clients who trust us, and are reaching out for help after something new has happened in their lives. This has happened at least three times for me, and the returning client ended up having to wait 2-3 months until my schedule opened up. We do try to offer ongoing parent groups that they can attend until the schedule opens up.

Impact of Seen & Heard Services

A mother and child were referred to me from a domestic violence shelter in Far Rockaway. The mother and father were undocumented immigrants from El Salvador, but their 2-year-old child was born here. In addition to the domestic violence, the child had experienced sexual abuse by her father. The father had used the mother's undocumented status to prevent her from reporting the abuse, but ACS became involved after the mother decided to reach out for help. She was blamed for not speaking up about the sexual abuse sooner, putting the child in harm's way. But the mom was afraid that if she did report, the father would have her deported and she would have to leave her child here with the father alone. The mother has only a 5th-grade education, and has struggled to learn English. The case worker at the shelter did not speak Spanish, so I often had to step in to help the mother complete all of her paperwork.

As I began working with the child and the mother in collateral sessions, the mother began to realize that she had been in multiple abusive relationships throughout her life. She began to see the pattern, and the impact it was having on her own life, as well as her daughter's life. While the mother was receiving services, she tried to work it out with the father again. Another incident of domestic abuse occurred, and the child was removed from her care. The mother disengaged from services with me for three months while she kept up with all of the requirements set forth by ACS. She completed all of the requirements, and her child was returned to her care. The mother then came back to the clinic to begin services again on her own terms. The most recent domestic violence experience, combined with the foundation we had set in the first round of counseling, opened her eyes to see that she needed help. The mother and child continue to receive therapy, to process the trauma they experienced, and to find their own strength. The mother is now in the process of getting her U-type visa, due to her experience with domestic violence; she is working and supporting her daughter, who is now 4-years-old and enrolled in pre-k. The daughter is fully bi-lingual and has a beautiful, strong relationship with her mother.

By removing barriers to receiving care, we were able to provide this mother and child critical support when they needed it most. If the mother had not been able to access care, due to lack of insurance or language and cultural barriers, it's not clear where she or her daughter would be. Low-barrier services are critical to ensuring that children and families can access services when they need it the most.

Request for Increased and Baselined Funding

We ask that the City Council push to increase and baseline the funding provided to support the current City Council Mental Health Initiatives as part of its annual discretionary funding. The programs supported by these funds are critical to the health and well-being of our city's families and children.

Thank you for the opportunity to testify before you today. I am happy to answer any questions you may have.

The Coalition for Behavioral Health

New York City Council Testimony

Committee on Immigration and Committee on Mental Health, Disabilities and Addiction

October 8, 2019

Hello, I'm Amy Dorin, President & CEO of The Coalition for Behavioral Health. I want to thank Chair Menchaca and Chair Ayala for convening a hearing on this very important issue and giving The Coalition the opportunity to testify. The Coalition represents over 100 member agencies who collectively serve more than 400,000 New Yorkers annually. New York is a city of immigrants, and our providers help these individuals every day to live healthy and well lives.

Immigrants have helped to shape this country and NYC through the years. The experience of being an immigrant creates both strengths and challenges for individuals. The American Psychological Association finds that "stresses involved in the immigration experience can cause or exacerbate mental health difficulties." This is particularly true for undocumented immigrants, who often experience substantial trauma as part of their immigration process, including pressure from immigration authorities, family separation, and ongoing fear. Additionally, research finds there are higher rates of stigma in some immigrant communities than in the general population, making immigrants less likely to seek out the care they need. For example, just two percent of Asian Americans will mention symptoms of depression to their doctor, compared to the national average of thirteen percent. This is despite the fact that Asian

Americans experience depressive symptoms at higher rates than white Americans and that they are the only racial group in NYC for whom suicide is a leading cause of death.[1]

There are two barriers behavioral health providers consistently identify that make it more challenging to serve the needs of immigrant communities. The first is the lack of a multilingual and culturally competent workforce. The behavioral health workforce is in crisis – agencies in New York City have a staff turnover rate of 42% and a vacancy rate of 20%.[2] This means that all individuals seeking care will face longer wait times and challenges accessing the care they need quickly. These challenges are amplified when it comes to providing services in multiple languages. In a recent survey to our membership, 100% of responding agencies reported it was a challenge to recruit and retain staff that speak multiple languages. We routinely hear from our members that job postings requiring a second language stay open longer and are harder to fill.

The second barrier is the higher rates of this population being uninsured. New York City's non-citizen population is 2.5x more likely to be uninsured than the citizen population.[3] Undocumented immigrants have a 63.9% rate of being uninsured, in large part because they are not eligible for Medicaid, Medicare or government subsidies to purchase insurance on the health care marketplace.[4] The climate of fear created by the current federal administration and the Department of Homeland Security Immigration and Customs Enforcement (ICE) investigations are amplifying this challenge. In particular, the proposed public charge rule will lead to a substantial decrease in Medicaid enrollment among documented immigrants, who fear they will

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[1] Asian American Federation. Overcoming Challenges to Mental Health Services for Asian New Yorkers. October 2017.

[2] Mental Health Association of New York State. Survey Results from Behavioral Health Agencies Highlight High Turnover Rates and Vacancy Rates Across New York State. January 9, 2019. https://mhanys.org/mh-update-1-9-19-survey-results-from-behavioral-health-agencies-highlight-high-turnover-rates-and-vacancy-rates-across-new-york-state/

[3] Mayor's Task Force on Immigrant Health Care Access. Improving Immigrant Access to Health Care in New York City. https://www1.nyc.gov/assets/cidi/downloads/pdfs/immigrant_health_task_force_report.pdf

[4] Ibid.

be unable to gain citizenship at a future date for using Medicaid now. Even if the rule does not go through, the fear created by this proposal is expected to live on and further decrease insurance rates among immigrant communities.

Because of the chronic underfunding of behavioral health, our members do not have the financial ability to provide uncompensated care, including care to those without insurance. A recent survey of our membership found that just 43% have any funding to provide services to undocumented immigrants. This funding does not cover all services or programs: agencies reported that they would have funding in one or two programs but would be unable to serve undocumented individuals in other programs. For example, some agencies have funding to serve children but do not have funding to serve their families and caregivers. State funding covers a portion of the gap for some programs but is insufficient to serve the full population and does not provide funding for certain programs. Despite financial stressors in our member agencies, many do extend services to undocumented individuals and sustain the losses.

There are concrete actions the City can take, and in some cases is already taking, to improve the ability of mental health providers to better serve immigrant communities. The City Council's Mental Health Initiatives are an important source of funding for members to serve those that do not have insurance. For many members, this is the only funding they receive to serve uninsured and undocumented individuals. We thank the Council for the support they have provided through this funding and encourage continued and increased support in the coming years.

Additional city programs also support community-based services for immigrants. For example, the Department of Youth and Community Development's Comprehensive Services for Immigrant Families provides funding to some of our members to help immigrants access

healthcare, housing and other services. Senior center programs funded by the Department for the Aging help our members serve older New Yorkers with behavioral health challenges, as DFTA services are available to any New Yorker, regardless of immigration status.

Unfortunately, some city programs exclude community providers and limit the potential of these programs to increase access to behavioral health services. NYC Care is an important program to help individuals connect to care. Because the program only includes the Health + Hospitals network, however, it will fail to reach its potential. Many communities do not have an H+H facility. Additionally, community providers, because they are part of the community and often run by community members, have a greater ability to identify the needs of residents in their community. Our providers are responsive to their community – one member, for example, started a Polish-language program after working with the community to identify their needs. This engagement resulted in an expansion of services to a community that was not previously able to access mental health services, and with collaboration with the local community that built trust and helped individuals feel comfortable seeking services. We encourage the Council to explore how NYC Care could be used to fund services for immigrants at community mental health and substance use clinics. We think this would be a significant action to solve the gap in care for this community.

Funding for care, however, is only part of the problem. Without a trained workforce, individuals will quickly disengage from care that does not meet their linguistic and cultural needs. We encourage the City to provide funding for training and technical assistance providers that will work with mental health agencies to increase their cultural competency and ability to serve immigrants. The City Council already provides training funds through the Mental Health Initiatives for other populations, including court-involved youth. We would encourage the City

Council to provide training funding specifically to increase cultural competency. The funding should allow for mental health trainers to work directly with immigrant-led organizations for these trainings to have the greatest efficacy.

Thank you for the opportunity to testify.

Amy Dorin

President & CEO

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Testimony of Linda Rodriguez, The Child Center of NY

My name is Linda Rodriguez. I am Senior Vice President of Behavioral Health at The Child Center of NY, an agency that serves 35,000 New Yorkers each year. Through mental health clinics, early childhood education centers, and youth development programs, our mission is to strengthen children and families to build healthy, successful lives.

Thank you, Chair Ayala, Chair Menchaca, and Committee members for convening this hearing and for the opportunity to speak.

The Child Center has a unique perspective as an agency that focuses on children, but serves whole families, since doing so is essential to securing better outcomes and diversion from higher levels of services: In-patient care and emergency room visits, out-of-home placements and family separation, can be avoided by offering care to parents.

Untreated and unsupported parents lead to unhealthy children—and all children have the fundamental right to be cared for. A child's success really does depend on the total wellness of the family. If a parent is struggling with addiction, for example, we cannot serve only the child and expect a successful outcome.

The ROI is huge: It's people not in the emergency room, not in crisis, and breaking cycles of trauma, abuse, and poverty that otherwise can continue for generations.

This is true for all children—but children of undocumented immigrants face special challenges. First, with the impending public charge rule, and the anti-immigrant climate, families are intensely fearful to seek out services, no matter how vital—even when their children are legal citizens.

Second, undocumented individuals aren't eligible for Medicaid or other government-subsidized insurance. Of course, we would never deny a parent because of an inability to pay. We have many zero-pay clients. But this does not help us remain a financially stable organization.

Another high but necessary cost vital to meeting the mental health needs of immigrants is outreach.

There is still tremendous stigma attached to mental health in a lot of cultures. Accessing, or even talking about, mental health treatment is not the norm in our clients' home countries.

Outreach is the only way to counter this. Many, if not most, immigrant families will never get to the treatment stage without it. Yet outreach and education are not billable services. We cannot bill Medicaid for the outreach it took to get that client in the door.

That is why we rely on your help to fund it. If we were forced to rely only on billable services, we simply couldn't do it. Thousands of immigrants would slip through the cracks, unsure and unable to get the help they so desperately need.

But thanks in large part to this very committee, our outreach is strong in immigrant communities.

For example, our Asian Outreach Program: With highly trained bilingual and bicultural therapists, the Program breaks down language barriers and stigma to reach thousands of Asian immigrant families with mental health and substance abuse services.

It is successful because we make hiring qualified multilingual and culturally competent staff a priority. Our staff come from the same cultures, and indeed the same communities, as the people we seek to serve. Without that piece, building trust would be difficult to impossible.

Unfortunately, our ability to retain such a staff has been a significant problem exacerbated by current funding structures.

When we hire linguistically and culturally competent individuals, we invest heavily in their development and training. Just when we've done so—they leave us. We lose them to hospitals, the Department of Health, or the DOE who can offer more enticing packages. It's like we're running a farm team in baseball.

But without our taking the first step, a vast proportion of immigrant families would not be coming to hospitals, or anywhere, to get the services they need. Because of our outreach, we have become a trusted organization in the communities we serve. We are therefore the ones they trust for treatment.

More funding will ensure we can continue outreach, retain culturally competent staff, and offer services from an organization immigrants have come to trust. It would ease the burden of serving uninsured, zero-pay populations. And it would help us maintain financial stability so that we can be here into the future, serving one of the most vulnerable populations in this city.

Thank you.

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The New York Immigration Coalition
Addressing the Mental Health Needs of Immigrants in NYC
Joint Hearing of the Committees on Immigration and Mental Health, Disabilities and Addiction

Seongeun Chun, MPH

October 8, 2019

Good Afternoon. My name is Seongeun Chun and I am the Senior Manager of Health Policy at the New York Immigration Coalition (NYIC). Thank you to Committee Chairs Carlos Menchaca and Diana Ayala for calling this hearing and for the opportunity to testify before the committee.

The NYIC is an advocacy and policy umbrella organization for more than 200 multi-ethnic, multi-racial, and multi-sector groups across the state working with immigrants and refugees. Our members serve communities that speak more than 65 languages and dialects. The NYIC Health Collaborative brings together immigrant-serving organizations from the frontlines of the battle to improve health access.

Addressing the mental health needs of immigrants in NYC

I'm here today to talk about the growing mental health needs of immigrants in New York City. Stress from perceived threats and trauma from policy impacts of the Trump administration have precipitated a behavioral health crisis among immigrants. This crisis has further strained a behavioral health infrastructure that already provided inconsistent and inadequate care to immigrant New Yorkers. At the NYIC we began hearing about the increased impact of the anti-immigrant environment created by the Trump administration as soon as it took office. As a result, we undertook a year-long roundtable process with stakeholders from around the city and state to develop a policy agenda to improve medium- and long-term access to behavioral health services for immigrant New Yorkers. We are in the final stages of developing this agenda and I am excited to share some of our recommendations with you today. Given time limitations, I will briefly mention our topline recommendations and look forward to discussing with the Council in more detail in the coming weeks.

New York City (NYC) and New York State (NYS) have at times responded to federal attacks on immigrant families by enacting local and state laws to protect families, including limiting police collaboration with Immigration and Customs Enforcement (ICE). The state and city have also affirmed the key role of immigrants in New York's social and economic fabric by investing in immigration legal services, access to higher education for undocumented New Yorkers, and access to health care services. Billions of dollars in delivery redesign resources flow into health care organizations to better integrate mental and physical health services. Despite the wealth of training and expertise, it is often very difficult to get needed mental health care services. The full

range of services available in NYC is sharply constrained for patients who depend on publicly-financed insurance, and even more for uninsured patients. Getting an appointment with a therapist can take months, and finding a psychiatrist or someone who provides a specific type of therapy or service can be prohibitively difficult. The frequent need for services in languages other than English further complicates access. Even when those services are available and affordable, community members may believe that they do not exist, will be unavailable to them, or will bring immigration enforcement-related consequences.

We want to underscore the fact that closing gaps in quality and access to behavioral health services requires a diverse, culturally responsive workforce. We ask the City to consider the following recommendations aiming to increase immigrant New Yorkers' access to behavioral health services by broadening, deepening, and further diversifying the population of people providing these services:

- **Support efforts to increase behavioral health professional opportunities in high-need immigrant communities.** The Mental Health Service Corps (MHSC) contributes to the principle that people from immigrant communities can most effectively provide behavioral health interventions in their communities. However, low recruitment and retention of MHSC staff with appropriate cultural responsiveness and language ability have been cited by DOHMH as a barrier to the program's success. CBOs have expressed similar concerns. Measures should be taken to recruit and retain MHSC members with appropriate competencies, including immigrant New Yorkers who are themselves members of the communities they aim to serve. There has been limited evaluation to date of the impact of the MHSC, as was highlighted during ThriveNYC's preliminary hearings on the FY2020 city budget. Officials may ultimately be persuaded to increase MHSC funding if research is carried out demonstrating the effectiveness of the program's interventions on factors such as increased provider diversity, patient satisfaction and mental health outcomes.

In addition to having a culturally diverse workforce, it is also important to ensure that the full breadth of behavioral health services is accessible to all NYC residents. The success of medical-legal partnerships like Terra Firma and LegalHealth's hospital-based services provide potential models for co-locating behavioral health services or linkages in settings where immigrants seek legal services, take classes, and enroll in benefits. Another potential model to leverage the expertise of CBOs through programs such as the Connections to Care program, which pairs CBOs and clinical service providers to "address the needs of participants along a chain of care, and improve mental health and social service outcomes for low-income participants," which can be addressed by:

- **Include $13 million in the FY2021 Executive Budget to extend Connections to Care and expand the program to more immigrant-serving and immigrant-led CBOs.** More CBOs should be given the opportunity to offer mental health services by through co-located services, supervision, staff training and technical assistance. C2C has been financed with support from private funding through the Mayor's Fund. Based on conversations with immigrant-serving organizations that participate in it, we conclude it has been a critical means to expand and destigmatize mental health services among hard-to-reach immigrant communities. It should

be part of the Mayor's Executive Budget, with an expansion to new sites whose primary missing is to serve immigrant communities, with administrative and design adaptations.

- **The funding freed up from this move could support a new program of bi-directional CBO-clinical provider collaborations to support welcoming, comfortable, culturally humble services in both types of settings.** We propose a funding mechanism to incentivize the incorporation of CBO expertise into services across NYC. CBOs need clinical services, supervision, and expertise to participate in mental health service provision. Behavioral health clinics can benefit from CBO expertise and work in providing culturally humble social services to low-income, racially and ethnically diverse, immigrant or LEP populations. A funding initiative that incentivizes a broad range of partnerships between mental health service providers and CBOs with expertise in particular immigrant communities would be ideal for the Mayor's Fund, especially if the City commits to funding C2C through the Executive budget.
- **Sustain and build the capacity of New York City schools' Mental Health Continuum in 100 schools that serve immigrant students.** As part of the FY2020 budget, the city allocated $36.4 million for 250 new or newly-baselined social workers for high-needs schools. This included funding that was reallocated from ThriveNYC to create a new unit of 85 licensed clinical social workers to better support students facing crises and to reduce the need for school staff to call emergency services. It also included $14.8 million for 115 new (non-Thrive) social workers, as well and allocations for "Bridging the Gap" social workers to work with children living in the shelter system. This is a good first step, but more work remains to be done to guarantee the Mental Health Continuum so students who need the most help receive direct mental health supports to stay in school. Monitoring implementation of these hires to ensure that these commitments translate into interventions reaching immigrant students remains a top priority.

A robust behavioral health services requires the capacity of the behavioral health care delivery system to inject more financial resources into it while more equitably distributing existing funding. Some of our proposals create new revenue streams; others build upon existing programs at the municipal, state, and federal levels designed to facilitate access to care for immigrant, uninsured, and low-income communities:

- **Fully fund uninsured care programs.** The NYC Care program is a promising model of coordinated direct access to care for uninsured New Yorkers, about half of whom are undocumented immigrants. There is seed funding for the program this year but a more significant investment and a broader network of providers is needed to truly meet the ambitious mission of the program. The program's components that go beyond the existing standard of care at H+H – navigation and coordination assistance through a primary care home assignment, a membership card and dedicated customer service line, increased pharmacy accessibility, expansion of the collaborative care model across all H+H sites, and a clear welcoming message that encourages uninsured New Yorkers to seek care on an ongoing and preventive basis through membership in a branded program – are encouraging. However, as the program ramps up and is fully implemented across the city with the goal of guaranteeing improved access to care for all of the city's 600,000 uninsured residents, and in the absence of the coverage expansions we have described previously, the currently planned $100 million investment will quickly become insufficient. The city has outlined a commitment to establish the initiative through outreach and education, a dedicated customer service line, and hiring of

additional clinical staff. These components alone will likely need significantly more funding, particularly dedicated to specialty care areas with severe access problems such as mental health and substance use services.

NYC Care should also be sufficiently funded to extend its reach beyond H+H and incorporate FQHCs outside H+H's Gotham Health network that serve uninsured and low-income immigrant New Yorkers across the city. FQHCs have an increasing focus on incorporating behavioral health services into their original primary care missions and will continue to provide care to immigrants across NYC, New York State, and the country. The ActionHealthNYC pilot clearly demonstrated the integral role that community health centers play in health access and continuity of care, and improving linkages between community health centers and H+H must continue to be a priority in efforts to improve access to care for uninsured New Yorkers, particularly for FQHC patients in need of more intensive behavioral health care that H+H can provide. Meaningful incorporation of FQHCs into NYC Care requires funding a common information-sharing platform and payments to primary care homes to support care coordination and navigation efforts that facilitate referrals between FQHCs and H+H, as the ActionHealthNYC pilot demonstrated.

- **Sustain and enhance municipal funding streams that support existing clinical service sites and other CBOs such as the Immigrant Health Initiative, Access Health NYC, and the Mental Health Services for Vulnerable Populations initiatives.** The New York City Council funded several mental health initiatives in FY2020, the most recent year for which information was available for this report. The Mental Health Services for Vulnerable Populations initiative included $2.32 million to support 20 CBOs and advocacy networks. While immigrants are specifically highlighted as a population of interest for the initiative overall, enhanced funding would allow more of the programs funded by the initiative to target immigrant communities as their priority. The Council also funded Access Health NYC at $2.5 million in FY2020, to support 36 organizations to conduct outreach and education on health care access options and rights in historically underserved communities. The initiative helps to create and disseminate linguistically appropriate educational materials that increase awareness about existing services, including behavioral health options. The initiative should be sustained in future years and enhancements considered to support efforts to increase knowledge, awareness and destigmatization of behavioral health services.

  Among the Council's immigration initiatives is the Immigrant Health Initiative (IHI), funded at $2 million in FY2020 to support "programs that focus on decreasing health disparities among foreign-born New Yorkers by focusing on the following three goals: improving access to health care; addressing cultural and language barriers; and targeting resources and interventions. Additionally, funding will support mental health services for vulnerable immigrant New Yorkers." Six of the funded organizations, representing $385,000 of the total initiative, focus their projects on mental health. IHI represents an important investment in the health of immigrant communities and should continue to be funded moving forward with enhancements in overall financing designed to incorporate additional organizations with a mission to improve access to behavioral health services in immigrant communities.

While these initiatives and future enhancements are important investments, they are relatively small in the broader context of behavioral health services access and in no way address the need to more fundamentally restructure and underwrite major investments in coverage and access that City Council initiatives do not have the capacity to accomplish.

In addition, it is of utmost importance to create a pathway to improve access to receiving culturally competent behavioral health services that immigrant community members are made to feel comfortable, welcome, and confident in seeking the services available to them. New York State Office of Mental Health has worked to increase the cultural responsiveness of its services to better understand and meet the needs of all New Yorkers; however, more can be done to promote innovations and lift up community-based expertise to make immigrant New Yorkers more comfortable in seeking services such as:

- **Expand citywide campaigns that increase recognition of behavioral health concerns and availability of services.** Sustained campaigns with welcoming messages that acknowledge behavioral health concerns and highlight the availability of services are necessary to counteract the unprecedented levels of fear and anxiety caused by the Trump administration's persistent attacks on immigrant children and families. In addition to increased funding for existing campaigns, NYC should expand campaigns in non-English language media in an effort to encourage immigrant communities to seek mental health services without fear of eligibility or immigration enforcement activity.
- **Make Mental Health First Aid training available in more languages and in more places.** DOHMH offers free, eight-hour MHFA training provided every week in every borough. The training is regularly conducted in English, Mandarin and Spanish. DOHMH should provide MHFA in other top languages spoken in NYC, including French, Arabic, Korean and Haitian Creole. Additionally, DOHMH should seek more opportunities to support provision of MHFA training in more settings like Muslims Thrive, a local community-based organization that has provided MHFA training at Masajid Islamic Centers and at Islamic schools in an effort to combat cultural and religious barriers to seeking mental health services in NYC's Muslim communities.
- **Convene a coordinated citywide faith-based task force on behavioral health for immigrant communities.** Religious providers are an important source of informal mental health support and may be a conduit for referrals and a promising partner for collaborations with formal service systems. We recommend creating an interagency government community task force comprised of religious leaders, behavioral health specialists, and government agencies to help raise awareness about behavioral health challenges in immigrant communities. The role of the task force would be to guide decision-making about policy and programming and enhance access and quality of culturally and linguistically competent behavioral health services in immigrant communities.
- **Support an NYC community mental health interpreter bank.** Mental health is rooted in culture and language. Conversations about thoughts and feelings that are translated through telephonic interpretation may delete nuance and edit out clues to the patient's path to wellness. Although some facilities provide therapy in Spanish, availability of behavioral health services in other languages is limited. As a result, the need for culturally and linguistically responsive mental health services far exceeds the available number of bilingual and bicultural mental health professionals. Cultural and linguistic barriers impact the ability of people to

identify and access behavioral health services. The shortage of trained bilingual and bicultural mental health professionals makes it extremely challenging for many LEP New Yorkers to obtain referrals and timely, appropriate services. We propose that the City provide funding to a community-based nonprofit organization to establish a Community Mental Health Interpreter Bank. Potential interpreters will be recruited, trained and dispatched to mental health providers where there is a lack of language capacity.

None of the recommendations described here individually resolve all access barriers, and all of them are part of a larger fight toward equity, justice, and human dignity that require policy changes beyond the health care service delivery system that is the focus of this report. However, if NYC follow through on the recommendations can be considered in partnership with community-based organizations, service providers, and immigrant communities, we can meaningfully improve access to behavioral health care.

Thank you for the opportunity to share this testimony today.

October 8th, 2019
Committee on Immigration &
The Committee on Mental Health, Disabilities and Addiction
New York City Council

Legal Services NYC
DEMAND JUSTICE

Testimony Re: Addressing the Mental Health Needs of Immigrants in NYC

Our names are Fatema Chamak and Rebecca Smith, and we are Social Workers at Bronx Legal Services, an office of Legal Services NYC ("LSNYC"). Legal Services NYC is the largest provider of free civil legal services in the country, with offices in all five boroughs serving over 80,000 New Yorkers annually. Thank you to the Committee and the Council for this opportunity to testify regarding the mental health needs of immigrants in New York City.

We work within the Family and Immigrant Unit, providing social work support to immigrant communities in the Bronx, throughout the duration of their legal cases. The majority of the individuals we work with are survivors of violent crimes, both in the US and abroad, have experienced some form of acute or life-long trauma and are overwhelmingly best served in another language other than English. We serve communities who have called New York their home for twenty years and others who arrived only months ago.

As social workers, we are tasked with performing comprehensive needs assessments. One of the most prevalent and urgent needs that we see amongst our non-citizen clients is the need for comprehensive, affordable, culturally responsive, and linguistically appropriate mental health services. Unfortunately for our clients, the barriers to receiving these mental health services in New York are enormous.

Given our experience working with low-income immigrant communities in the Bronx, we have found that our clients, both uninsured and insured individuals, encounter barriers such as long wait periods, tedious intake procedures, inaccessible locations, abysmal language access, and culturally incompetent services. Given the great demand for mental health services, many providers are only able to offer short-term counseling or psychotherapy, and are often short-staffed and inadequately funded. Furthermore, approximately only 52.9% of undocumented immigrants in New York City have health insurance. This is not an issue specific to our clients or the Bronx.

Inequitable access to mental health services is a universal issue that applies to all New Yorkers across the five boroughs. However, immigrant communities are particularly vulnerable to experiencing trauma in their home country, gender-based violence, feelings of loss and displacement, trauma in migration, family separation, poverty & relocation, and racism & xenophobia. These experiences often culminate in symptoms associated with depression, anxiety and post-traumatic stress disorder, to name a few. Immigrant New Yorkers often have a greater need for mental health services, and yet a combination of barriers to access and stigma around issues of mental health, often leaves many without valuable services. To further shed light on these disparities in mental health access, we would like to share the stories of two individuals that we represent:

Mrs. N was born in Bangladesh, is an English language learner, and has been a US citizen for over 10 years. Mrs. N is a survivor of domestic violence, suffers from acute PTSD as a result and is limited by a physical disability. We worked for months to find Mrs. N a therapist who speaks Bangla and takes her insurance. Ultimately, we were only able to find a provider nearly two hours from her house by train. Due the commute, she has yet to connect with a stable mental health provider.

Mrs. G, a Garifuna asylum seeker from Honduras, arrived in New York last summer after spending over three months in detention, and was separated from her two year old son at the border. When Mrs. G was reunited with her son, he did not recognize her. He began regressing developmentally and no longer knew how to use the bathroom. Both mother and child exhibited symptoms indicative of PSTD and depression. With the help of culturally responsive and free mental health services at Montefiore, Mrs. G and her son are working to overcome their trauma symptoms through child-parent psychotherapy.

Based on the needs assessments of our clients, as well as the experiences of our colleagues across different boroughs and agencies, and feedback from the Bronx Immigration Partnership, we would like to offer the following policy recommendations:

First and foremost, we believe that the conversation and policy should center immigrant voices, and thus we urge the council to conduct borough and neighborhood specific community health assessments. We recommend the city council invest funding and resources to existing local CBOs and partnerships, so that they may increase their staffing of local mental health professionals. Programs should be expanded that provide low- or no cost mental health services to undocumented and uninsured or underinsured people, with specific attention focused on particularly marginalized immigrant groups, such as LGBTQ individuals. Increased funding should also be allocated specifically to language access and culturally specific resources to hard-to-reach communities. By expanding access to services, we also hope to break down some of the stigma that exists in utilizing mental health providers.

Thank you again for giving us the opportunity to testify. These are just a few of our recommendations but we hope this conversation continues and that it continues to include and center the voices of immigrant New Yorkers. Legal Services NYC looks forward to working with you to ensure that New York City is able to best support our immigrant communities.

Respectfully,

Fatema Chamak, MSW and Rebecca Smith, LMSW
Social Workers, Family and Immigration Unit
Bronx Legal Services
Legal Services NYC

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Committee on Immigration jointly with the Committee on Mental Health, Disabilities and Addiction

"Oversight - Addressing the Mental Health Needs of Immigrants in NYC"

Joy Luangphaxay, LMSW
Assistant Executive Director of Behavioral Health
October 8, 2019

Good Afternoon- my name is Joy Luangphaxay. I am the Assistant Executive Director at Hamilton-Madison House. We are a non-profit settlement house located in the Lower East Side. We are also the largest outpatient behavioral health provider for Asian Americans on the East coast. Currently, we operate five mental health clinics, a Personalized Recovery Oriented Services program, and a Supportive Housing program for individuals with severe mental health issues in two locations, in Manhattan and Queens. Our staff are all bilingual and we provide services for the Chinese, Korean, Japanese, Cambodian, and Vietnamese community.

In the last decade, Asian Americans continued to be the one of the fastest growing population in the New York metropolitan area. Approximately, 70% of Asians in New York City are immigrants. Currently, in Hamilton-Madison House behavioral health programs, including our mental health and addiction services, 80% of our program clients identify as first generation immigrants and report acculturation challenges as a contributing factor to their mental health symptoms. In their intake, 30% of the clients report it is their first time seeking mental health services and only sought treatment as it was affecting their ability to work, sleep, or manage tasks in their daily life. They also reported not being aware of any preventative services or resources until they received treatment at HMH. One of our new admitted client had been hospitalized three times over the course of twelve months due to severe depression with suicide ideation. He reported the delay in seeking services was due to limited knowledge of services or finding providers that speak the Japanese language. In 2018, HMH conducted an analysis of program trends, 20% of the HMH's charts reviewed indicated an increase of mental health symptoms due to anxiety over financials, affordable housing and potential employment loss due to their uncertainty on immigration status. The findings concluded that clients are not receiving mental health services until a crisis occurs and/or recommended by external factors (i.e., court ordered, ACS, PCP, etc.). Also, clients are not able to seek social services in their native language, therefore avoiding preventative measures and increasing mental health symptoms.

Hamilton-Madison House would like to recommend the following solutions to help immigrant communities overcome the barriers in accessing services.

- Due to the stigma of mental health services in the Asian community, please make resources available in various languages. Invest in preventative programs with education tools and a cultural lens to reframe mental health care as a necessity.

- Increase capacity and funding for mental health providers to integrate additional support services into the treatment of care. This can include support groups, mentorship, legal aid, benefits counseling.
- Increase access to mental health services by funding organizations that have the ability to linguistically train and educate providers in other languages.
- Support organizations and Coalitions to further develop partnerships and programming to distribute mental health resources and services for the immigrant community.

We are strongly urging the Committee on Immigration and the Committee on Mental Health, Disabilities and Addiction to not forget about the immigrant population and address these growing issues by allocating the appropriate funding to increase mental health resources and services to the Asian community.

I am Nouf Aldahmani, Social worker at Arab Ameican Association of New York. Our mission at AAANY is to support and empower the Arab immigrant and Arab American community by providing services to help them adjust to their new home and become active members of society. our aim is for families to achieve the ultimate goals of independence, productivity and stability.

Since I started working at the Arab American Association of New York, AAANY as a AAANY'S Social worker in 2017. I have noticed the lack of services, resources, and support available to immigrants in terms of mental health and disability services. These are services that are vital to individuals and their families on many levels related to social determinants of health and wellbeing of these communities. , which I believe they're one of the most Members from these communities who have a population that needs support since they have escaped their homelands, because of wars, the low quality of life, political insecurity, persecution, and the scarcity of adequate health care systems. Most of the clients we serve at AAANY are recent immigrants who've escaped wars and are dealing with trauma and stressors resulting in a new land with strict immigration policies. Some have reported feeling targeted and unwanted, which has had a negative correlation to their mental health and overall level of motivation. The constant fear of being separated from family and being at risk of deportation at any moment is a reality that many of our community members have come to experience on a daily basis. All of these anticipated shifts and changes in immigration policies have a tremendous impact on the community overall, documented and undocumented.

The Arab community in New York continues to be underserved in many aspects related to health and mental health services. The negatively charged political climate in the USA towards Arabs and Muslims, have made it even more challenging for members of the community to access the already limited services available to them, this is due to the fear of Public Charge and potential systematic discrimination. Most of the clients I've been seeing area living in constant fear and anxiety, due to the US immigration policy. This has also impacted individuals' ability and

an individual, group, and community level. We have worked closely with the community by providing them with psychoeducational community events and workshops about Know Your Right, Access To Health, Mental Health, and Stress Management. In addition, we share information about free medical and mental health services in the community. We also support our clients with job readiness, ESOL classes, resume building and even at times being able to secure funds for certain educational programs, through a program called "Zakat fund." We started working with our clients and families from a holistic approach, which has been helpful to the community.

Clients have shared that there is an increase in the feeling of security and safety, with the services we provide. I can confidently say since AAANY collaboration with C2C we have started seeing more people trained in handling clients with mental health struggles, we have started seeing more clients accepting the idea of coming to therapies, more people are getting over the stigma of mental illness. Which is why we need such program keeps running with more fund and support so we can reach a larger number of the community.

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October 8th, 2019

Testimony of Anna Lu, Asian American Student Advocacy Project (ASAP) Youth Leader
The Coalition for Asian American Children and Families (CACF)

Good Afternoon! My name is Anna Lu, and I am a junior in high school. I want to thank the Committee Chairs Ayala and Menchaca, as well as the Committee on Immigration and Committee on Mental Health, Disabilities, and Addiction for holding this hearing today.

I have lived in New York City my whole life, but my parents are both Chinese immigrants who have lived in the U.S. for over twenty years. The "American Dream" drew my parents to the U.S., like it has for many others. But from the very beginning of my parents' relationship with the U.S., the promise of prosperity had only ever been for those who meet expectations. Meeting the requirements for a green card granted my parents the privilege of coming to the U.S. and finding work. The "American Dream," which reinforces the myth of meritocracy and the idea of working hard in order to succeed and belong, has been ingrained into my parents and, by extension, me as well.

Going to an academically rigorous school mostly populated with immigrant students, I have noticed a certain culture within our school community. My peers and I often compare how little sleep we get each night (often at least one person in conversations like these will have gotten absolutely no sleep the previous night), and the few students who do prioritize sleep will get teased about it. We always joke about our authoritarian parents and their expectations for us to mold ourselves into ideal candidates for the most selective universities, but we do not talk about the constant internal pressures we feel to succeed and make our parents' struggles and sacrifices worthwhile. But more than anything, our resignation to being trapped by all the expectations put on us is what defines our culture. Despite all the expectations from our parents, the media and ourselves, it is the expectation for us to just be okay with all of it that is the most harmful.

Immigrants and the children of immigrants, like me, share unique struggles that are almost always ignored and dismissed, and the lack of discussion and aid to address these traumas are unhealthy. We need to acknowledge that, despite perceived successes, this kind of culture is destructive and we need to create less toxic environments that are toxic for the mental health of young immigrants. We need to strengthen New York City policies to address the mental health needs of the immigrants who make up the majority of the city.

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Testimony of Ishmam Khan, Asian American Student Advocacy Project (ASAP) Youth Leader
The Coalition for Asian American Children and Families (CACF)

My family immigrated here through the lottery system. I was raised with great schooling, great housing, and especially great opportunities to thrive. But I did not consider the mental, physical, and social struggles my family had to go through to provide that for me and my siblings.

One day my father decided to tell me about how we immigrated here. He spoke of a dream he had of seeing his children succeed. And in order to do that, they had to work twice as hard to provide for us. They felt immense pressure to leave behind their own culture and assimilate to one that continues to see them as foreigners, which contributed to their poor mental health. He only told me and my brother about his depression. My parents had no one to talk to about their struggles. This, in combination with the hope for us to live a better life, eventually placed an immense pressure on us to not only succeed but also to provide that critical emotional support for our parents.

If there were not so many overlooked gaps between the needs of immigrants like my parents and the resources they are able to access, then immigrant families like mine would be more equipped to thrive in the US. We need language-accessible and culturally-competent services to ensure that those who immigrate here can be happy and reach their full potential.

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Testimony of Denis Yu, Program Coordinator
The Coalition for Asian American Children and Families (CACF)

Good Afternoon, Chair Ayala, Chair Menchaca, and members of the Committee on Immigration and the Committee on Mental Health, Disabilities, and Addiction. Thank you for the opportunity to testify today on the issue of immigrant mental health in NYC.

For over 30 years, CACF has been the nation's only pan-Asian children and families' advocacy organization and leads the fight for improved and equitable policies, systems, funding, and services to support those in need. The Asian Pacific American (APA) population comprises over 15% of New York City, over 1.3 million people. Yet, the needs of the APA community are consistently overlooked, misunderstood, and uncounted. We are constantly fighting the harmful impacts of the model minority myth, which prevents our needs from being recognized and understood. Our communities, as well as the organizations that serve the community, too often lack the resources to provide critical services to the most marginalized APAs. Working with almost 50 member organizations across the City to identify and speak out on the many common challenges our community faces, CACF is building a community too powerful to ignore.

One of the many common challenges our community faces is access to mental health care due to economic barriers, and the lack of language-accessible and culturally-competent services. Consider:

- Over 85% of the APA community is foreign-born
- 42% of households speaking Asian and Pacific Island languages are linguistically isolated (no one above the age of 14 is proficient in English in a given household), the highest rate for any group in the City
- According to the latest report from the Mayor's Office of Economic Opportunity, over 25% of APAs continue to live in poverty, the highest rate of poverty among all racial/ethnic groups

All of these compounding factors illustrate the need for linguistically and culturally responsive services, in addition to improved access to knowledge and information that can lead to true community health and well-being. Furthermore, the perception of mental illness as a weakness and source of shame and burden to the family creates additional barriers to accessing mental health services. The protection of the family takes precedence and many individuals with mental health illnesses would oftentimes conceal and internalize their symptoms to avoid being rejected

by their families or communities.

CACF for the past 15 years has organized a city-wide youth leadership program, the Asian American Student Advocacy Project (ASAP), that trains citywide APA public high school youth from various backgrounds and neighborhoods to address and advocate for the many issues that APA youth see and face. Today, our youth leaders will illustrate the critical need for mental health services for the most vulnerable of New York City residents, our immigrant youth.

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Testimony of Erica Huang, Asian American Student Advocacy Project (ASAP) Youth Leader
The Coalition for Asian American Children and Families (CACF)

Hello, my name is Erica Huang, and I am a sophomore at Stuyvesant High School, one of the city's eight specialized high schools. I would like to thank the Committee Chair Ayala and Chair Menchaca, as well as the Committee on Immigration and Committee on Mental Health, Disabilities, and Addiction for giving attention to such an important issue within the immigrant community.

I come from a school with extraordinary resources. As a freshman, I remember being completely amazed at everything it has to offer— but soon I realized that there is a huge hole within my academic paradise; mental health services are not effectively reaching everyone that needs them, many of these students being immigrants.

During my freshman year, the counseling department was accessible in two ways. The first way was through weekly mandatory workshops that took up one class period. These workshops explored various topics, such as stress, race, and sexual harassment. I remember that in one workshop about consent, classmates laughed and made rape jokes. That was a very quiet session, which I contributed to because I did not feel comfortable speaking up within that space. This was not just a one-time instance. Workshops were taken as jokes.

The second way was through individual meetings between school counselors and students, which are student-initiated. That means: **you do not get that support unless you explicitly want to.** Within my family, I am a second generation immigrant, meaning my parents came here with practically nothing, but somehow made it. Having gone through the struggles of immigrant life, their view of America is not all sunshine and rainbows. Because of the generational gap, they fear difficulties in my life, such as racism and discrimination—even more than I do. Growing up, I was the one telling *them* that everything would be fine, so how could I burden them with *my* trivial problems? I have learned to carry the weight of my issues on my own; at some point, I was in denial that I even had issues, or at least real ones that matter. With that being said, do you think that all students in need of help will just skip through that door into the welcoming arms of our school counselor? I know for a fact that that is not true because I have seen good friends deteriorate from mental health issues, and they, to this day, have still not seen their counselor once.

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As my school is a specialized high school with great privilege, it by no means is a holistic reflection. However, the fact that even a school --which appears to have everything -- is lacking in one of the most important aspects of youth ultimately reflects a larger problem across the city. Everyday, students are suffering from this indifference. We need to make sure that mental health and counseling services reach them. We need to let them know that they are not invisible.

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Testimony of Sophie Xu, Asian American Student Advocacy Project (ASAP) Youth Leader
The Coalition for Asian American Children and Families (CACF)

Good afternoon. My name is Sophie Xu, and I am a high school junior. I would like to deeply thank the Chairs of Council members Ayala and Menchaca, as well as the members of the Committee on Immigration and the Committee on Mental Health, Disabilities, and Addiction for holding this necessary hearing.

I myself was born in New York City to two Chinese immigrants in 2003. Growing up, I noticed how my parents had a survivalist mentality to work hard and camouflage to their surroundings. Because I was subconsciously influenced by their struggles, I imposed stress on myself to fulfill academic pressures and "survive" in my own way. Indeed, I developed social anxiety from the constant burden of being enslaved to my image at school — too shy to show my real flaws, I had trouble interacting comfortably with almost anyone.

The model minority mindset is dangerous because it tells APA youth like myself that staying silent in times of distress is a sign of strength. We are playing into the cultural myth if society thinks we are fine when we are not. We never have the privilege to stay silent when it comes to oppression, especially its hidden forms.

For my case, I was a lucky outlier to have two parents who are familiar enough with the English language to not be discouraged by language barriers in asking for treatment at a local counseling center. Our reality should not be that many immigrants and immigrant youth do not even know that mental health services exist, much less how to access them.

This is why I find it important to have translated flyers and pamphlets in community hubs such as grocery stores, barber shops, laundromats, and community centers to provide immigrant families with the information and courage they need to seek help. Having more interpreters in various service jobs, such as staff in a call center, would increase the efficiency in receiving immigrants' concerns. In schools that have mainly immigrant and minority populations, staffing more multilingual counselors and culturally-aware workers will help youth feel more comfortable in an educational setting to speak out about their needs and stresses. Welcoming more informal conversation about immigration, race, and mental health in all NYC schools will naturally break down barriers in sharing experiences and collectively raising cultural awareness.

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Through these actions, I hope we will all be one step closer to making mental health services more transparent, valuable, and accessible to immigrant communities. Thank you.

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Testimony of Sophia Fan, Asian American Student Advocacy Project (ASAP) Youth Leader
The Coalition for Asian American Children and Families (CACF)

Good afternoon, my name is Sophia Fan. I am a senior at the Brooklyn Latin school. I would like to thank Chairs Ayala and Menchaca and the Committee on Immigration and the Committee on Mental Health, Disabilities, and Addiction for holding a joint hearing on the mental health needs of NYC immigrants.

Amongst immigrant households, stigmatized beliefs towards mental health can create a disconnect between parents and children. For example, a senior had shared that he never felt he could share details about his mental state with his parents because he knew they would not understand. He grew up in a first generation immigrant Bangladesh family and his parents expected him to graduate school with high honors and go to a prestigious college. On the outside, he had good grades, was on a sports team, and was well liked by teachers and his peers. But he did not have someone he could confide in because he thought no one experienced the same emotional and mental turmoil he faced.

Healthy mental health discussion has never been a heavily reinforced part of school as well. Students are used to saying things like "I want to kill myself" or "I'm depressed" on a daily basis. My friend reasoned that this was a stress relieving attitude that students have adopted as a byproduct of how stressful school was. She said students found it easier to joke about their mental state then to properly address it. In reality, academically rigorous schools create an environment that promotes competition rather than a collaborative and mentally safe environments for students. Students and teachers are not adequately taught the proper way to approach mental health discussions until an event demanding for post-care occurs.

The inability to talk about mental health at home because of cultural stigmas compounded with schools not adequately allowing for mental health discussion ultimately decreases the number of students who actually seek mental health resources and services. I believe there should be more awareness on mental health and that mental health services should become much more widely accessible in NYC public schools. This would open up future discussions on how to destigmatize mental health within immigrant homes and in our society at large. Thank you for

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this opportunity to testify and I hope that further steps can be taken to improve the discussion of mental health.

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Testimony of Asma Mubarez, Asian American Student Advocacy Project (ASAP) Youth Leader
The Coalition for Asian American Children and Families (CACF)

Good afternoon! My name is Asma Mubarez, I am a junior at The Young Women's Leadership School of East Harlem. I would like to thank Chair Ayala and Chair Menchaca The Committee on Immigration and the Committee on Mental Health, Disabilities, and Addiction for holding this very important and much needed hearing on mental health needs of NYC immigrants.

I am a Muslim who was born in Ibb, Yemen. My family and I came to the U.S a year after I was born in 2003. In mid-October 2012, the year I started fourth grade and I decided I was going to wear the Hijab, two boys came behind me and yanked off my hijab during science class in front of everyone. Out of humiliation I ran out of class into the girls bathroom where I cried until a friend came in holding my hijab-the piece of cloth I was overflowing with happiness to wear to be able to finally wear. My science teacher did not take the situation as seriously as she should have because she thought we were all just fooling around; even if I did not tell her the situation, a red flag should have still went up.The Hijab later become the reason I never wanted to be seen with my family, the reason I started to take my hijab off every morning I kissed my mom goodbye to go to school, the reason I cried myself to sleep most nights of my childhood. I am not the only person that had to go through this, A study conducted by the Council on American Islamic Relations school bullying report showed that out of 1,000 Muslim students aged 11-18, 36% of hijab wearing girls have had their hijabs offensively touched or pulled. I am also not the only person who suffered mentally because of bullying, nearly 20% of those bullied as a kid had mental health problems that needed medical treatment as a teen or young adult.

Parental engagement is key when dealing with these issues, but when most of the parents of these kids do not speak English or have limited English proficiency it becomes hard to get these bullying programs to become effective. Schools should also be equipped with better tools and techniques in engaging immigrant parents in bullying programs and PTA meetings. If my parents were given translated pamphlets or memos, it would have been a lot more effective for them to spot signs of potential bullying at home and do something about it. It is important that teachers understand the cultural background of their students to better prevent further cases of bullying. For instance, in my case, if my teacher had some sort of background knowledge about my religion and how much my hijab meant to me then some sort of action could have been taken by her in order to prevent similar situations from occurring.

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Thank you again for this opportunity to testify and we look forward to working with the city council on improving mental health needs of NYC immigrants and students.

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Testimony of Cynthia Ye, Asian American Student Advocacy Project (ASAP) Youth Leader
The Coalition for Asian American Children and Families (CACF)

Good Afternoon. My name is Cynthia Ye, and I am a freshman in high school. I would like to thank Chairs Ayala and Menchaca, the Committee on Immigration, and the Committee on Mental Health, Disabilities, and Addiction for holding a joint hearing on the mental health needs of NYC immigrants.

Growing up, healthy discussions on mental health were nonexistent for me and instead, it was a sign of weakness and shamed upon. I remember my parents making a joke out of mental health as young I was a pre-teen. They would say, "Do you have a mental illness?" and "Do you need to see a psychiatrist?" in a harsh and mocking tone. I did not know how to talk about mental health with my family and coped with it on my own. It was my 13th birthday. My mom yelled at me for no reason and I just had a mental breakdown. I acknowledge and thank her for working hard to give me a better life. But the pressure she puts on me and the pressure I had on myself to do well was overwhelming. I felt like I was obligated to compete against my sister and to fulfill the expectations of my parents. However, as a result of this experience, I acknowledged the fact that I have internalized the stigma behind mental health and the effects it had on myself. There are times when my peers and I have suffered from mental health conditions but because of the stigma behind it, it is left unsaid. But one way to start is through the education system.

Over the years, I realized that mental health services in school are not promoted very well. All my school counselor said is, "If you have any issues, stop by my office." And this can be really tough for students to navigate around. For example, I am a freshman and I do not even know where my guidance counselor's office is. However, our guidance counselor plays an important role in our well being and yet we were not formally introduced to her during the start of the school year. Furthermore, many students do not know who is their social workers in the school despite the fact that they are primary responsible for our mental health and that is an issue. If this was promoted well at schools then many students will get the support they need but since this is not, we are uninformed.

When I cannot navigate mine mental health services in my school, it will be even harder to access for young immigrants. Many immigrants have limited English proficiency and therefore language accessibility plays a role as well. Coming to a new environment is extremely difficult and we should ensure that they get all the support they need. When my cousin immigrated to

America as a pre-teen, he did not know English at all. His school did not provide much help as an ELL student. He experienced many difficulties with communicating with his classmates and teachers due to his limited English. Instead, he kept silent and did not say much during school. When young immigrants do not get the language access needed, they are unable to access mental health services in school and many other academic resources as well.

Mental health needs of NYC immigrants should be addressed. We should be able to access mental health services in schools consistently and open up the discussion of mental health that impacts our daily lives.

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FOR THE RECORD

New York City Council – Joint Hearing with Committee on Immigration and Committee on Mental Health, Disabilities, and Addiction
Oversight Hearing – Mental Health of Immigrants in New York City
October 8th, 2019

Testimony of Maggie Liu, Asian American Student Advocacy Project (ASAP) Youth Leader
The Coalition for Asian American Children and Families (CACF)

Good afternoon. My name is Maggie Liu and I am a senior at Stuyvesant High School. I would like to thank the Committee on Immigration and the Committee on Mental Health, Disabilities, and Addiction for hosting this hearing.

My parents and I are first generation immigrants. They moved to New York City from their home in Guangdong, China when I was one. They settled in and built a life for themselves. One of their greatest joys was the day I got into Stuyvesant High School, which is considered the top public school in the city. Getting into a top school is considered the epitome of success, and it was a confirmation to them that my future would be bright and promising. I was overjoyed as well, though I was also anxious about the challenging courses I was about to face.

My high school is notorious for being a high pressure environment. People competed to get into the hardest classes, get the highest grades, and do the most extracurriculars. Everyone there has a nonstop drive to succeed, and I was no different. In junior year, my mental and physical health reached an all time low. I struggled to keep up with my schoolwork while also maintaining my extracurriculars. I found myself pulling all nighters weekly to get my homework done and to study for all my tests. This lifestyle was not sustainable for me. Around the end of school, during finals, I would have breakdowns everyday before I went to school. I struggled to find the will to keep going to school, especially when all the testing and homework felt overwhelming.

My parents tried their best, but I did not see them as a resource to go to for help. Though they knew I was struggling, they could not grasp the full depths of it. When I refused to go to school, they thought I was simply trying to avoid a test that I had neglected to study for. I did not feel that I could talk to them because I thought I was burdening them by sharing my emotions. Where they grew up, China, rankings and test scores are seen as measures of success, and doing well in school brings pride to the whole family. I kept getting good grades, but while I was actually struggling, I could not reveal it because they were so proud that I seemed to be thriving at a good school. The truth would have ruined the image of the smart daughter that they bragged to their friends about.

I am so grateful that I had friends and adults that I could go to that helped me through my period of dark times, but I cannot help but wonder about how my parents would have helped if I could

talk to them about my mental health. Parents are a crucial resource to youth with mental health problems, as they can be the first to recognize their children are struggling and help them seek professional help. By increasing awareness and educating immigrants on mental health problems, parents of first generation children can be more involved in helping maintain or improve mental health.

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Testimony of Danielle Zhong, Asian American Student Advocacy Project (ASAP) Youth Leader
The Coalition for Asian American Children and Families (CACF)

My name is Danielle Zhong, and I am in my senior year of high school. I would like to thank the Chair Ayala, Chair Menchaca, the Committee on Immigration, and the Committee on Mental Health, Disabilities, and Addiction for holding this hearing.

Walking through the hallways, I regularly overhear students talk about how they want to kill themselves or joke about being depressed. In fact, I have personally joked about having an eating disorder before. Students at my school have mental health concerns, but have chosen to cope with them this way because of a lack of access to mental health services.

But in a school with over 3,000 students, where there are 12 school counselors, 1 social worker, and a 1 semester health class, or other schools with even less staff and no health classes, *how* can any student take mental health seriously?

My school's counselors only require students to meet with them once per year. As a result, I have always felt less inclined to visit my counselor because I know how many students she has to look after and I have never felt comfortable sharing my mental health issues with someone who I only see once per year.

In addition, I did not know my school had a social worker until my junior year. I learned from a friend that it was actually the social worker's job to listen to students' mental and emotional issues, rather than the school counselors.

That year, I also took a mandatory health class. Of course, the health curriculum has to cover a wide range of issues. However, for mental health, we only watched a documentary, filled out a worksheet, received a list of suicide hotline numbers, and then moved onto the next unit.

For an immigrant, all of the above problems may exist and can be aggravated by language barriers. Often, immigrants arrive and struggle with English. I remember in elementary school when a new French student, Alexis, came and could only communicate through limited English, body motions, and a French-English dictionary. However, mental health is not something that can be communicated through any of those. Translating their mental health concerns into a different language with so many nuances is a task daunting enough to entirely avoid going to a

social worker or any kind of mental health service that is not provided in their first language. If the message to immigrant students is that their mental health state is not important because there is no one who can understand them, they might never want to confront their mental health even if they learn to be proficient in English because of the exclusion they have come to associate with all mental health services.

We need school counselors who are not only qualified and culturally-competent, but also able to establish a connection with each student so that they are comfortable talking to their counselor. Students need to learn about what mental health is, how to practice it, and the resources available to them within and outside of school so that we can be happy, healthy, thriving individuals. If we continue to ignore or joke about mental health illness, we will start to use joking about it as a coping mechanism. In other words, as we continue to grow, confronting mental health complications and restabilizing ourselves into a happy and healthy state will become increasingly difficult.

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Testimony of Kimberly Ann Delacruz Castro, Asian American Student Advocacy Project (ASAP) Youth Leader
The Coalition for Asian American Children and Families (CACF)

Hi, my name is Kimberly Ann Delacruz Castro, a sophomore attending Metropolitan Expeditionary Learning School (MELS). First and foremost, I would like to thank Chairman Ayala and Chairman Menchaca. I would also like to thank The Committee on Immigration and The Committee on Mental Health, Disabilities, and Addiction for holding this joint hearing on the mental health needs that should be addressed in NYC immigrants' lives.

I grew up in a small area in Elmhurst, Queens, a suburban area mainly comprised of a variety of first-generation, 1.5 generation, and second generation immigrants. Being a second-generation Filipino, I made many Asian-Pacific American (APA) friends immediately, but because of the immense amount of pressure from my family members and high expectations from my teachers, I would be compared to my friends and had to deal with the struggles of trying to be the absolute best. A majority of my friends were going through the same high expectations. Since I did not want to overwhelm them even more with my own problems, I had kept quiet for a long time which made the whole situation a lot worse.

I am an Asian American all wrapped up in a small body. I am not a robot who can compute and identify the answer to any math problem shoved in my face. Stereotypes, especially minority stereotypes, are a main cause, out of many, towards the increase of bullying and depression. I was taken advantage of in my younger years for tests, homework, and classwork and it truly gave me a different perspective to the word "trust". I stopped trusting people so easily and isolated myself from being social, but I knew if I did not handle the problem face to face, then it will keep haunting me on my journey to adulthood. Mental health illnesses need to be addressed properly and that means excessive measures need to be executed. This means not only providing programs or extra help for students but also holding workshops for their parents to help these children to handle the issue at home too. This issue has not been taken seriously over the past years and others often neglect the hardships, bullying from ethnicity-based stereotypes, "bad" religion etiquettes, and any harassment of any form, that not only APAs, but also the rest of the US population and the rest of the world are dealing with. Remember that phrase, "Think before you speak" well "actions speak louder than words" seems more than effective.

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Lack of mental health help is inconsiderate towards the majority of people who desperately needs the support. It is important that we help our community with their problems. Assumptions, stereotypes, etc. leads to a decrease in mental health which can lead to an increase in depression. Think about these causes, implement more free programs for the immigrants, but most of all, support and hear their issues. Often times, it is best just to listen. Thank you so much for your time in this hearing and the opportunity to express my thoughts about this neglected issue and I greatly encourage more implementation towards helping the immigrants with their mental health issues.

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Testimony of Gyalek Chonjor, Asian American Student Advocacy Project (ASAP) Youth Leader
The Coalition for Asian American Children and Families (CACF)

Good afternoon. I am Gyalek Chonjor, a senior at Manhattan Hunter Science High School. I would like to thank Committee Chairs Ayala and Menchaca, and the Committee on Immigration and Committee on Mental Health, Disabilities, and Addiction for holding this hearing.

As a first generation immigrant, the topic of mental health is all too real for me. I was born in Tibet and lived some of my youth in Dharamshala, India. At the age of ten, my mother and I, like many others seeking to live the American Dream, immigrated to the United States. From personal experience, I can say how much of an intimidating journey it was and even more of a difficult experience to acclimate myself to the culture and social norms here. My parents would work long hours and I often found myself going to school alone, doing homework alone, and spending time alone. Granted, I lived and went to school in an area of Queens that housed many Tibetans like me, but the situation at home and school were drastically different from what I had known and experienced prior to my move. It was even more difficult for my mother as she went out to find work by herself, getting lost on the train, being late to interviews, and simply being thrust into an alien world and having to fend for herself and her family. Although my mother and I never made it obvious as to what we were experiencing, we both knew how draining, frustrating and even demoralizing it was to start over in a new country. Compared to the sacrifices made to come here, the lack of support and services specifically allocated to new coming immigrants often led us to question whether we made the right decision. Due to this my mother often kept quiet when she felt stressed or overwhelmed, and over time I subconsciously began emulating her.

I have noticed that my mother and I still have moments of hesitation because we are not comfortable with sharing something that might seem to burden others. This silence between a parent and child can be detrimental as the communication gap widens and so does the isolation between them. It is crucial that immigrants within New York feel supported when they are vulnerable. They need to be provided with proper mental health services and counselors who will understand that some immigrants might not initially feel comfortable discussing such issues due to cultural values that they bring from their home countries. Opening up discussions about mental health to immigrants plays a vital role in not only how well they function within society or contribute to the community, but also how a healthy parent-child relationship is sustained.

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Testimony of Kevin Wang, Asian American Student Advocacy Project (ASAP) Youth Leader
The Coalition for Asian American Children and Families (CACF)

Good afternoon! I would like to thank Chairs Ayala and Menchaca with the Committee on Immigration and the Committee on Mental Health, Disabilities, and Addiction for hosting this hearing. My name is Kevin Wang and I am a freshman at Stuyvesant High School. At my school, a culture of stress and anxiety, developed through the desire for academic excellence, has plagued the students there for decades. One student has described it as,"You cannot just be the best; you need to be better than everyone else."

I will admit that I had many doubts about whether or not I could survive in such a demanding environment. When school started, these thoughts came into fruition. Even though I spent only four weeks at the school thus far, all the freshmen and I already know the type of intellectual standard that is expected of us. The teachers had already set a high standard for all their assignments. My own counselor acknowledged how taxing the desire for perfection exists and emphasized the priority of communication when it becomes overwhelming.

For many of the students, this burden of tension builds up and overwhelms them. Depression is so prevalent at Stuyvesant that many students joke about it as a means of coping with their strenuous environment. Many students have also admitted to thoughts of suicide or even attempted as a result of academic stress.

For immigrants, it is easy to see how they can be caught up in a similar system of mental health issues. I am a second-generation immigrant myself. Starting from the second grade, my mother sent me to prep so that I had an advantage in my education. She did this because she viewed education as a means of becoming a success in this country. Despite her good intentions, my childhood was a demanding series of her wishes to be the best, whether it is academically, musically, or skillfully.

For many immigrant families who leave their native countries and sacrifice so much in exchange for "better" opportunities here, mental health is often overlooked, compromised, and unaddressed. This is why it is essential to inform immigrant families about existing mental health services that they can and should utilize, or alternatives available to them. We should also improve these services to be more language-accessible and culturally-competent. Thank you for this opportunity to testify.

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Testimony of Avalina Law, Asian American Student Advocacy Project (ASAP) Youth Leader
The Coalition for Asian American Children and Families (CACF)

Good afternoon. My name is Avalina Law and I am a senior at Manhattan Hunter Science High School. I would like to thank Committee Chair Diana Ayala, Committee Chair Carlos Menchaca, the Committee on Immigration and the Committee on Mental Health, Disabilities and Addictions for holding this hearing.

When I was in middle school, my anxiety was at its peak. I was stressed about my identity as a Chinese American, starting high school, and managing the stressors that come with school life. Meanwhile, I knew I could not turn towards my parents. They were not informed on what mental health is and the importance of speaking about it; as a result, they never asked about my own mental health. In fact, they spent many years telling me to stop crying because it was unnecessary and made the family less fortunate. Then, when they started piling all their expectations for me to excel in my extracurriculars and academics, I had no idea how to cope with the immense stress.

My fidgeting habit only grew and I began losing sleep when I was twelve; I began wondering if something was wrong with me because of that. I started to internalize my experiences as a way to cope and I adopted my mother's beliefs on the stigma of mental health, which was that speaking to children about feelings made them weaker and more dependent on their parents. She treated the topic of mental health as if it were a forbidden topic. If I spoke about mental health or even put mental health into the conversation, something was wrong with me.

Although my mom's authoritarian-like parenting methods resulted in academic improvement and skills with piano, art, swimming, and some martial arts all at once, those accomplishments are incapable of replacing her lack of emotional support. In her mind, skills led to success, which then lends itself to happiness. Even though I currently have people I can turn to, at times, I feel moments of doubt--of whether my problems hold any value, or whether I am rational for feeling a certain way. Internalizing my issues had a harmful effect on my behavior and my thoughts. But discussion on mental health is a necessity and it is important that parents understand the gravity of these conversations in order to provide the emotional support their children.

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Testimony of Nada Alnagar, Asian American Student Advocacy Project (ASAP) Youth Leader
The Coalition for Asian American Children and Families (CACF)

Good afternoon. My name is Nada Alnagar and I am a senior at Brooklyn Technical High School. I would like to thank the Committee on Immigration and Committee on Mental Health, Disabilities, and Addiction for holding this very important hearing.

I attend a high school with a very high number of first-generation and second-generation students, many of us coming from cultures where mental health is stigmatized or misunderstood. This means that, often, it is hard to talk about mental health at home and, even though we are expected to be able to confide in school staff, those resources are barely visible.

My school, despite being one of the most well-resourced schools in the city, has not made us feel comfortable asking for help. As students, we're told to see a school counselor when we need a schedule change, our transcripts printed, or to go over college lists. I also found out that our school had social workers a month ago when I looked through the website and found a contact list of all student support resources at my school. I wondered why such a crucial list was never given to incoming freshmen or sent out regularly for students who forgot about it.

So, as students at one of the most competitive schools in the city, we learn how to cope with stresses from school on our own. Without the guidance and support from schools, many of these coping mechanisms are unhealthy. It is common for people to joke about their grades giving them depression, making it hard to hear those who genuinely struggle with those issues. Many students stay up to do schoolwork, skip meals, and relieve stress through drug use, which happens as close as around the corner of my school. Yet, I have never seen anyone intervene to explain why these behaviors are not healthy.

As young immigrants who already come from homes where mental health might be stigmatized, we rely on schools as one of our greatest sources of support through our school life and the stressors that come with it. That is why it is important that schools are able to create environments that allow for that through accessible and culturally-competent services. We also need schools to make mental health resources more visible and more emphasized. Most importantly, we need schools to take responsibility for the well-being of all students so students can build healthy habits that will help them thrive long after they graduate.

Testimony for New York City Council Hearing on Mental Health Needs of Immigrants

Submitted to the New York City Council Committee on Mental Health, Disabilities, and Addiction

October 8, 2019

Thank you, Chair Diana Ayala and the Committee on Mental Health, Disabilities, and Addiction, as well as Chair Carlos Menchaca and the Committee on Immigration, for convening this hearing. I am Jo Park, Clinic Director at Korean Community Services of Metropolitan New York, Inc. Mental Health Clinic.

KCS Mental Health Clinic is the first New York State-licensed outpatient mental health clinic operated by a Korean nonprofit organization. Our licensed professionals have been providing culturally and linguistically competent mental health services in Korean and English since November 2015. For most of our older clients with severe mental illnesses, KCS Mental Health Clinic is their only option, as we provide in-language psychotherapy and medication management services, and accept all clients regardless of their inability to pay for services.

According to the Asian American Federation's 2017 report, *Overcoming Challenges to Mental Health Services for Asian New Yorkers,* Asian Americans are the least likely of groups to report, seek, and receive medical help for depressive symptoms due to a lack of knowledge, cultural stigma, insurance limits, and a dearth of linguistically and culturally competent service providers (Abe-Kim et al, 2007). Moreover, the United States national mortality records show that suicide rates among Korean Americans nearly doubled from 2003 to 2012, surpassing those of all other Asian subgroups (Kung et al., 2016).

The Asian American Federation's 2015 report on *Analysis of City Government Funding to Social Service Organizations Serving the Asian American Community in New York City* then showed that the Asian community only received 0.2 percent of contract dollars issued by the New York City Department of Health and Mental Hygiene from 2002 to 2014. Combating the stigma around mental illness and the need for services is not unique to the Asian community – it impacts all communities. However, the lack of investment in the Asian community impacts the nonprofit community's ability to do outreach and provide culturally competent mental health education and services that could address some of the challenges identified in AAF's report.

Recruiting and retaining talent with cultural and linguistic skills remains our biggest challenge. KCS is a small community-based organization, and we are not able to compete with the competitive salaries of hospitals and larger organizations. We were already struggling to recruit talent with the cultural and linguistic skills from a limited pool, and now, we are in a dire situation because we recently lost two full-time Korean clinicians in July and August. To compound this situation, our last full-time clinician resigned in October because she was able to receive better pay elsewhere. We are now dealing with a crisis where we have clients who are not able to receive much needed psychotherapy and medication because we do not have staff to provide these services. We were able to refer our English-speaking clients to other clinics, but our Korean-speaking clients – who comprise most of our clientele – are now having to wait to receive services until we can recruit a Korean-speaking clinician.

According to *The Demographics of Detention: Immigration Enforcement in NYC Under Trump* report by the Office of the New York City Comptroller Scott M. Stringer in February 2019, there are 23,519 Korean non-citizens living in New York City. These individuals and families continue to struggle with finding a pathway to citizenship while figuring out how to secure basics needs such as food and shelter. Through KCS's Immigration Department and Mental Health Clinic, we have seen how this is all taking a toll on their physical and mental health. We are seeing a surge in clients who require mental health services, and we simply do not have the bandwidth to provide these services. We have had a waiting list for clients, and now, without enough Korean-speaking clinicians, the clients who were served are decompensating and those on the waitlist are not able to receive services.

We ask the City Council to invest at the community level – in community-based organizations like KCS, which are providing vital services in languages to Asian immigrant communities. We would welcome the opportunity to collaborate to address the challenges that our community is facing around the growing need for mental health services and how to build capacity and create sustainable solutions. More funding support would allow us to hire staff to better meet the demand for services.

We look forward to working with City Council and the Committee on Mental Health, Disabilities, and Addiction to address these needs. Thank you for the opportunity to testify.

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New York City Council
Committee on Mental Health, Disabilities, and Addiction
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October 8, 2019
Written Testimony of the Office of Congresswoman Alexandria Ocasio-Cortez
by Maribel Hernández Rivera

Good afternoon, my name is Maribel Hernández Rivera and I am the District Director for the Office of Congresswoman Alexandria Ocasio-Cortez. In this role, I oversee all the constituent work that is done by our office. We serve constituents of New York's 14th Congressional District, which covers parts of Queens and parts of the Bronx. Our district is quite diverse with almost half of our constituents being foreign born. It is this diversity that makes our district stronger. When you walk the streets of Jackson Heights, for example, you can feel that you are traveling the world without ever leaving NY-14. You can go from a Tibetan momo restaurant to an Uruguayan bakery to an Indian samosa shop, all within one mile of each other.

This diversity also means that our constituents experience the consequences of this administration's cruel and inhumane immigration policies on a daily basis. Of almost 600 cases opened, the vast majority of our casework is immigration related. Day in and day out, our office helps constituents navigate through the maze that is the immigration system and day in and day out we work hard to help keep families together. We help people when they have already applied for a benefit but have not heard back from the United States Citizenship and Immigration Services, when their loved ones have applied for a visa and have not received a decision from the Department of State, or when their families come to us in desperation because their loved one has been detained and is in danger of being removed by Immigration and Customs Enforcement.

In fact, that is how we met the A family, when nineteen-year-old Lorraine A,. who is seated by my side, came to our office with her thirteen-year-old sister seeking help for their father. Their father, Mr. A, has been in the country since 1990, has three U.S.-citizen children, has had no interaction with the criminal justice system, has been granted permission to work, and has been employed at the same job for over twenty years. Yet, on July 30, 2019, Mr. A's life was upended. On that date, as he had been doing for years, Mr. A went to his ICE check-in. But unlike the multiple number of the times he had diligently attended his ICE check-in and had been able to go back to his family, this time, without any advance notice or warning, he was detained and told he would be deported. Mr. A was taken to a jail in New Jersey and thereafter to the airport.

When Mr. A pleaded with ICE not to be deported explaining that he had always been compliant with ICE check-ins, that he had not even had a chance to hug and kiss his children goodbye, that he and his family had been given no prior notice or warning that he would be taken, ICE called Lorraine. ICE asked Lorraine to consent to her dad's deportation. She refused. ICE attempted to force Mr. A to be deported but he fought for his rights and did not get on the plane.

On August 2, 2019, Lorraine and Scarlette made the journey from their home in the Bronx to our Jackson Heights office to seek help for their father. I still remember the look on their faces as they recounted what their father and their family had been through. I remember their desperation at not knowing what to do. Children should not have to go through this. They should not receive a call from ICE asking consent to deport their father. They should not have to bear the burden of finding a solution. But more often than not they do because they were born here, because they help their families navigate the system.

I'm happy to report that thanks to his legal team, including Sarah Gillman from the Rapid Defense Network who is seated at the table with us, Mr. A has been released from immigration custody and is back with his family as his legal proceedings move forward. And yet, the trauma that the family has gone through cannot be erased. Thus, while addressing the legal needs of immigrant communities is important, so is providing support to address their mental health needs.

You will shortly hear from Lorraine about how this experience has affected her and her family. But I can tell you from personal experience how difficult it is to deal with the fear of having your loved one taken away from you, the fear of having your family destroyed, the fear of having to move to a country where your spouse was born but that he left more than twenty years ago and a country that has become one of the most dangerous countries in the world. My husband, Giddel Contreras, has been in the country for more than twenty years, he has a thirteen-year-old U.S.-citizen daughter and a U.S.-citizen wife. Yet, he faces the possibility of being removed to Honduras because this administration announced the termination of Temporary Protected Status for Hondurans effective January 5, 2020. Since then, I have had nightmares where I dream that my family is in Honduras and has been taken hostage by the gangs for ransom and that we are about to be executed. This is not a far-fetched story given that three of my husband's family members have been brutally killed with no accountability. I wake up in the middle of the night shaking and sweating. And since she learned about her father's situation, my thirteen-year-old

stepdaughter has begun experiencing panic attacks and has had a hard time concentrating in school as she often thinks of the possibility of her father being deported. Yet, lucky for us, we have access to mental health services. Since the announcement of the termination of TPS, I have been going to a therapist on a regular basis. But that is a privilege many immigrants do not have. Mental health services are not easily accessible. They are expensive, not always culturally competent, and not often understood in immigrant communities.

I thank Chair Ayala and members of the committee for having invited us to testify and commend you for looking holistically at the services needed by the immigrant community. I now turn it to Lorraine to share with us her and her family's experience.

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Written Testimony of the Office of Congresswoman Alexandria Ocasio-Cortez
by Lorraine A.

Good afternoon, my name is Lorraine A. I am the daughter of Mr. A. These past two months have been the hardest time of my life. My father was taken into ICE custody on July 30, 2019. There have been a lot of decisions that I have had to make in a very short period of time but it had to be done for my father's sake. The day my father was taken, my mom called me at around 4pm but she didn't say much. She just said: "your dad is still not home." I was not worried even when my mom said he had gone to his appointment at the immigration office. He's been there numerous times but nothing ever happened to him. It was around 7pm when I started getting worried. My dad was supposed to send me money so I could buy my books for my fall semester classes but it never went through, his phone was on but he wasn't answering.

By 9pm, no one had heard from my father. I was hyperventilating. I was in fear. I started thinking maybe ICE had my father or maybe he got hurt going home. I sat down coming up with the most outrageous things that could have happened to my father until I received a collect call from him. When I heard him say his name, I immediately lost all control of my body. I heard my father sobbing for the first time in my life. He was speaking extremely fast. He was scared and uncomfortable. I said, "I love you" countless times because I thought I would never see him again.

The following morning, I left school, Buffalo State College, and got on a bus to NYC. The whole ride, I was in contact with his previous lawyers asking how they could help my father. They both expressed their sympathy towards my family but told me that we had to go to federal court and that they couldn't be the ones to do so. I then began calling immigration lawyers with offices in NYC and going on websites searching up questions like: "Can you be released from ICE custody without a lawyer? Do you have the right to refuse deportation as an immigrant?" I searched up things I had no knowledge about. I never thought we'd be in that type of situation.

The following morning, at around 10am, I received an unknown number call but I had a feeling it was connected to my father. I answered the phone and a man proceeded to call out my name

saying: “Hello Lorraine, I have your father here with me.” I asked the man on the other line what was going on and he said that they were at the airport with my father and he refused to get on a plane. While the man was talking, I could hear my father frantically begging the man not to put him on a plane. I asked the man if I could speak to my father and the man said: “I will put him on speakerphone.” My father briefly reminded me that they were trying to put him on a plane. He began to tell me that he was scared, that he had no money, that he has no family in his country of origin, that he was going to be by himself with nothing. He said that I should contact his lawyer and inform him of the situation. The man said we didn’t have much time and that they would put my dad on the plane soon. The man told me to calm my dad down and tell him it was best if he got on the plane. My dad kept saying he was not getting on the plane. He was not leaving his kids. I asked my dad how did this happen. My father said that at around 4 o’clock in the morning they took him out of the jail and told him they were going to court. At that point, the man took the phone and said: “hey what are you saying over there.” The man then told me that they had to go. All I heard was my dad saying: “please, please don’t do this to me.” The last thing I heard was about two more people in the room screaming: “come here, you’re getting on the plane.” I then heard a loud bang and the phone cut off.

That night I sat with my family and brainstormed people we could contact to see if they could help us. We came up with the idea to go to Queens to the office of U.S. Representative Alexandria Ocasio-Cortez. My younger sister and I traveled there and when we arrived I got nervous. I’m not a big social person. Thankfully, Maribel Hernández Rivera, the district director, along with Ms. Mabel, a caseworker and field representative, listened to me talk about the situation we were in and immediately began to help us. We were connected with immigration attorneys Mr. Gregory Copeland and Ms. Sarah Gilman. With the help of everyone, my father was released on bond on September 30.

I have watched the people I love suffer. I have seen the strongest person I know at his weakest. I have high hopes then in a matter of minutes I’m at my lowest point. I have bottled up all my feelings so my family can remain calm. I have tortured my mind everyday with horrible things that could possibly happen to my father. I have jeopardized my education to make sure my family is doing well. I have seen my father wear an orange jumpsuit and talk to him through a glass. I have watched my little sister cry while talking about sports to our father. I have watched my mom lose so much weight because she is sorrowful. When I look at my dad it’s like looking at a child whose parents forgot to get them from after school. He’s not the same. He’s timid. Seeing my father like this is traumatizing.

TESTIMONY OF:

Zoe Joly – Senior Social Worker, Immigration Practice

BROOKLYN DEFENDER SERVICES

Presented before

The New York City Council Committees on Immigration and Mental Health, Disabilities and Addiction

Oversight Hearing on Addressing the Mental Health Needs of Immigrants in NYC

October 8, 2019

My name is Zoe Joly. I am a Senior Social Worker in the New York Immigrant Family Unity Project (NYIFUP) of the Immigration Practice at Brooklyn Defender Services (BDS). BDS provides multi-disciplinary and client-centered criminal, family, and immigration defense, as well as civil legal services, social work support and advocacy, for nearly 30,000 clients in Brooklyn every year. Since 2009, BDS has counseled, advised or represented more than 10,000 immigrant clients. I thank the City Council Committees on Immigration and Mental Health, Disabilities and Addiction, and in particular Chair Menchaca and Chair Ayala, for the opportunity to testify about the mental health needs of immigrants in New York City.

BDS is a local and national leader in working with, advocating for, and representing individuals with mental health needs. BDS' wraparound service model allows specialized staff to prioritize both the legal and psychosocial needs of clients. Social workers are integrated into each of BDS' immigration teams. This model prioritizes an interdisciplinary defense model that is sensitive to the unique biopsychosocial needs of immigrants clients, both in detention and the community, and provides extensive wrap-around services that meet the needs of these traditionally underserved clients in a comprehensive way. It is part of our mission to ensure that clients living with mental illness not only receive the best legal representation, but also the best care and treatment possible.

Lisa Schreibersdorf
Executive Director

177 Livingston Street, 7th Floor
Brooklyn New York 11201

T (718) 254-0700
F (718) 254-0897

www.bds.org
@BklynDefender

Immigrant New Yorkers and Mental Health

As a provider of legal services for the low-income New Yorkers, we often meet our clients when they are in crisis and facing financial and emotional hardship. In the immigration practice, many of our clients have personal histories of complex trauma both in the United States and before they arrived in this country. Many have been exposed to violence and persecution in their home country before experiencing criminalization, detention and prosecution in the United States. Others, vulnerable upon arrival in this country, have faced abuse in the United States before suffering in detention. For even the most resilient, these experiences are toxic and dehumanizing. In detention, people struggle to access even the most basic mental health services, medication, and counseling. For those living with severe mental illness, these experiences may cause retraumatization and exacerbate mental health concerns.

As an immigration social worker, understanding trauma informs everything I do with and for my clients. Our team works diligently to help our clients navigate healthcare systems, access competent providers, and receive the treatment they need and deserve. Even with a team of advocates—including an attorney and a social worker—accessing care can be time-consuming and challenging. For immigrant New Yorkers without advocates and with limited resources, this process may seem impossible.

Recommendations

I. Ensure timely access to psychiatric care for people leaving immigration detention

Leaving detention is a precarious time for people, particularly those with severe mental illness, who have been ripped from their communities, detained for months, and then returned without connections to community support. Access to care has long been and remains a fundamental concern for our clients in city jails, state prisons, and immigration detention centers. As part of our representation, BDS' Jail Services and Reentry teams provide direct services and advocacy for our clients while they are incarcerated in New York City jails, returning from New York State Department of Corrections and Community Supervision (DOCCS) prisons upstate. However, the services that the City and State provide to people leaving City and State jails and prisons are typically not available to immigrants leaving detention.

New York City is obligated to provide discharge planning for people receiving mental health treatment or prescribed psychotropic medications in city jails, subject to the *Brad H.* Litigation and Settlement.[1] These individuals are also entitled to support following release from detention at Service Planning Assistance Network (SPAN) offices for 30 days following release. At the SPAN Centers, individuals are able to see a psychiatrist to receive psychiatric medication refills, apply for benefits including Medicaid, and receive support in connecting

[1] See the New York City Independent Budget Office Brief, https://ibo.nyc.ny.us/iboreports/looking-back-at-bradh-settlement-has-city-met-obligations-provide-mental-health-dischsrge-services-in-jails-51115.pdf

with outpatient mental health providers. Research suggests that the reentry support in the first 90 days after returning home from incarceration is paramount for future success.[2]

The Second Circuit Court of Appeals has determined that discharge planning, which often includes such services, is a critical component of in-custody care that is protected by the Fourteenth Amendment.[3] Nonetheless, these and other discharge services are not available to people leaving immigration detention. When released from immigration detention, the government typically provides people with a 10-12 day supply of medication *but not a prescription for a medication refill, a referral to an outpatient psychiatrist, or any documentation on their mental health treatment while detained or the presenting condition.*

This leaves people with few options for accessing care. They can enroll in an outpatient mental health clinic, which typically requires two intake interviews over a 6 week period before seeing a psychiatrist or doctor who can prescribe medication. This often means going without psychiatric medication for days or weeks while waiting to see a doctor. Typically, people choose to go to a City hospital emergency room for a psychiatric assessment. This places additional strain on overburdened City hospital system.

After release from detention, people are particularly vulnerable. They may be housing insecure or homeless, their lives and families have been disrupted, they often lack identification, all of which are compounded by the trauma of detention. This is the most important time for immigrant New Yorkers to be connected to comprehensive mental health services and care teams.

The City Council, in partnership with mental health and immigration expects, should develop and fund reentry programming, discharge services and case management to meet the mental health needs New Yorkers returning home from immigration detention. Case managers could meet with clients before release, develop post-release care plan, and provide follow up to ensure a connection to care. We believe this type of program would help create stability for our immigrant clients with severe mental illness, reduce reliance on emergency rooms, and create a safer, healthier community.

II. Train Insurance Navigators on enrolling immigrant New Yorkers

Many immigrant New Yorkers are eligible to enroll in health insurance through the Health Plan Marketplace, however they are routinely told by insurance navigators that they do not qualify for benefits simply because they are immigrants or do not have social security numbers. Other times, BDS clients have been interrogated by navigators about their immigration status and the basis for their employment authorization. In many of these cases, the navigators are simply uninformed about all of the complexities in immigration law. In the best cases, BDS diverts attorney and social worker resources away from other case matters to advocate with benefits navigators to ensure that our clients are allowed to apply for the benefits to which they are entitled. In the

[2] Marshall Clement, Matthew Schwarzfeld, and Michael Thompson, The National Summit on Justice Reinvestment and Public Safety: Addressing Recidivism, Crime and Corrections Spending, 2011, https://csgjusticecenter.org/wp-content/uploads/2012/08/JR_Summit_Report_Final.pdf
[3] *Charles v. Orange County*, 925 F.3d 73 (2d Cir. 2019).

worst cases, people are simply turned away, without health insurance or any sense of how to navigate the system.

The City must implement training for insurance navigators on completing applications with immigrants who are eligible for healthcare, like those with Permanently Residing Under Color of Law (PRUCOL) status.[4] This could simply entail informing navigators on how to override a specific part of the online application that requires the entry of a social security number. Many immigrant New Yorkers are already terrified to access benefits they are entitled to due to the misinformation about the federal Public Charge Rule.[5] When they are then given more misinformation by official health plan marketplace in-person assistors or navigators, our clients may be hesitant to seek the medical or mental health care they require. This issue could be easily remedied to ensure eligible immigrant New Yorkers can receive the care they need.

III. Expand access to insurance for immigrant New Yorkers

For many immigrant New Yorkers, lack of insurance is a barrier to accessing mental health care. Over 400,000 New York residents are ineligible for Medicaid, Medicare, or marketplace insurance because of their immigration status.[6] In the criminal legal system, access to insurance is often a requisite to completing mandated programming. Enrollment and success in mental health treatment programs is often the difference between avoiding immigration consequences of a criminal charge and potential deportation.

Many alternative-to-incarceration programs require that participants demonstrate an ability to pay for services, most often this is through health insurance.[7] Too often, a person's lack of

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[4] See the New York State Department of Health *Documentation Guide: Immigrant Eligibility for Health Coverage*, https://www.health.ny.gov/health_care/medicaid/publications/docs/gis/04ma003att1.pdf

[5] The Public Charge rule for inadmissibility changes the definition of who is barred from obtaining lawful permanent residence because they are deemed a "public charge." The new definition is someone who is likely to use public benefits for 12 months in a 36-month period in the aggregate. See Inadmissibility on Public Charge Grounds, 84 Fed. Reg. 41,292 (Aug. 14, 2019) (to be codified at 8 C.F.R. pts. 103, 212, 213, 214, 245, 248). The Rule, which was issued in its final form on August 14, 2019 and is scheduled to go into effect on October 15, 2019 barring federal court intervention, also expands the types of public benefits analyzed during an inadmissibility determination, effectively lowers the threshold that could trigger inadmissibility, and replaces the existing totality of the circumstances test with a complex and far-reaching weighted-factors scheme. Id. The rule targets low-income immigrant families and immigrants of color, and is intended to—and in BDS' experience has—instilled widespread fear in the immigrant community. By inducing disenrollment and discouraging enrollment in public benefits, the Public Charge rule negatively impacts the ability of immigrant and mixed-status families to maintain employment, stay healthy, achieve stability, and pursue their full potential as New Yorkers. See also Brooklyn Defender Services Testimony Presented Before the NYC Council Committee on Immigration, Sept. 3, 2019.

[6] Campaign for New York Health, From Coverage to Care: A People's Report on Healthcare in New York State, 2019, Available online https://d3n8a8pro7vhmx.cloudfront.net/pnhpnymetro/pages/7901/attachments/original/1558914810/FromCoveragetoCareNYS_Report.pdf?1558914810

[7] Relatedly, this past Friday President Trump issued a proclamation suspending the issuance of visas, with limited exceptions, unless a person seeking a visa can establish that they are covered by pre-approved health insurance or can otherwise pay for all medical costs. *See* Pres. Procl., Oct. 4, 2019, https://www.whitehouse.gov/presidential-actions/presidential-proclamation-suspension-entry-immigrants-will-financially-burden-united-states-healthcare-system/. The federal effort to limit immigration benefits for those who do not have access to health insurance renders state insurance program even more critical.

immigration status and therefore inability to enroll in health insurance is the only barrier in their ability to access these services. In some cases where our clients or their families have offered to pay cash for services, programs have still turned them away due to lack of insurance.

BDS commends the City Council for your support of the New York Health Act (S.3577/A.5248), which would establish health insurance for all New York State residents. We also recognize the need for high quality programming in the City now. We call on the Council, together with the Mayor, to continue to invest in and expand low- and no-cost health care programs that will grantee access quality, affordable health care for all City residents regardless of immigration status or ability to pay. BDS is optimistic about the launch of NYC Care in the Bronx, which aims to improve public healthcare access. BDS applauds the City's commitment to ensuring healthcare access for all and looks forward to the expansion of these services to Brooklyn.

IV. Fund culturally competent mental health programs to meet the unique needs of immigrants

Cultural competency is a major barrier to services for immigrants with mental health needs. For our young clients in particular, existing outpatient mental health programs are not equipped to address the extreme trauma and hardship faced by our clients. We represent many young people who arrived at the border as unaccompanied minors, were detained in Office of Refugee Resettlement custody until they "aged out," were transferred ICE custody, and were ultimately released into New York City. These young people have faced extraordinary hardship – from trauma in their home country that resulted in migration, to the migrant route, to immigration detention, to being alone in a new country with little or no support. Receiving mental health care has cultural barriers and stigma for many of our clients. For clients with complex trauma histories, the available low-cost mental health clinics do not have the competency or scope of services needed to treat our clients.

We urge the City to invest in mental health services that are designed for immigrants who have experienced hardship, trauma, or detention. These programs must be equipped to meet the needs of people who are newly being introduced to mental health care, to create a familiar, nonthreatening therapeutic environment for those who may be hesitant to engage in treatment. Such programs must employ trained clinicians who are fluent in multiple languages, including Spanish and indigenous languages of the Northern Triangle nations. We must not place the burden on the patient to educate the clinician about the realities of ICE detention, trauma, and family separation. To be a true Sanctuary City, New York must provide immigrant residents with comprehensive, trauma-informed care.

V. Expand mobile crisis units citywide and provide resources to make them a true alternative to police to reduce criminal justice exposure for people with severe mental illness

For too long, our City has relied on policing and jails to address issues of mental illness and substance abuse. Individuals experiencing a mental health crisis are more likely to be engaged

by police than medical providers.[8] Across the country, jails and prisons have become the largest provider of health care, including mental health care. New York City is no exception.

Families and caretakers of people living with mental illness often feel that they have nowhere to turn when their loved ones are in the midst of a mental health crisis. They recognize the reality calling 911 to report a mental health crisis will likely trigger a response by NYPD and potentially place their loved one in danger. Our clients and their families are fearful that, instead of a trained mental health provider or emergency medical technician, armed officers will respond to a call and that may lead to someone being shot by police.

Mobile crisis teams, which are an essential resource for New Yorkers, are often simply out of reach in a moment of crisis; a caller must decide if they can wait 48 hours for a crisis team to arrive. We would be better able to serve our clients if we could call for emergency mobile crisis services when our clients require acute mental health or psychiatric assessment or support. Unfortunately, in most cases our clients cannot wait two days for an intervention; this is particularly true for people experiencing homelessness or who must appear in court. BDS supports Public Advocate Jumaane Williams'[9] call for the expansion of the mobile crisis teams so that individuals can receive crisis intervention in real time, just as EMS responds to medical emergencies.

Conclusion

We thank the City Council for the continued attention to the needs of immigrant New Yorkers, including those living with mental illness. Thank you for considering my remarks today.

If you have any questions, please reach out to Nyasa Hickey, Director of Immigration Initiatives at nhickey@bds.org or 718-254-0700.

[8] National Alliance on Mental Illness, *Jailing people with mental illness*, 2019, Available online: https://www.nami.org/Learn-More/Mental-Health-Public-Policy/Jailing-People-with-Mental-Illness
[9] Jumaane Williams, Improving New York City's Responses to Individuals in Mental Health Crisis, 2019, https://advocate.nyc.gov/static/assets/OPA%20EDP%20REPORT%202019.pdf

THE COUNCIL
THE CITY OF NEW YORK

Appearance Card

I intend to appear and speak on Int. No. _____ Res. No. _____

☑ in favor ☐ in opposition

Date: 10/8/19

(PLEASE PRINT)

Name: Morgan-Sieger

Address: 45 Wadsworth

I represent: Northern Manhattan Improvement Corporation

Address: _____

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Date: _____

(PLEASE PRINT)

Name: Greg Waltmen

Address: _____

I represent: G-One-Quantum

Address: (Solar Wall App)

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Appearance Card

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☐ in favor ☐ in opposition

Date: 10/8/19

(PLEASE PRINT)

Name: Marisol Rueda

Address: _____

I represent: Sheltering Arms

Address: Mental Health Services for immigrant families

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Date: _____

(PLEASE PRINT)

Name: Violeta Rivera

Address: _____

I represent: The Bronx Defenders

Address: _____

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Appearance Card

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☑ in favor ☐ in opposition

Date: _____

(PLEASE PRINT)

Name: Nouf Aldahmani

Address: 711 5th Ave

I represent: Arab American association of NY

Address: _____

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Appearance Card

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☐ in favor ☐ in opposition

Date: 10/8/19

(PLEASE PRINT)

Name: Joo Han

Address: 120 Wall St, 9th Fl, NY, NY 10005

I represent: Asian American Federation

Address: "

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☐ in favor ☐ in opposition

Date: 10/18/19

(PLEASE PRINT)

Name: Amy Dorin

Address: 123 William, Suite 1901, New York, NY 10038

I represent: The Coalition for Behavioral Health

Address: _____

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Appearance Card

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☐ in favor ☐ in opposition

Date: 10/18

(PLEASE PRINT)

Name: Susan Herman

Address: 253 Broadway

I represent: NYCLU

Address: _____

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Appearance Card

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☐ in favor ☐ in opposition

Date: _____

(PLEASE PRINT)

Name: Dr. Myla Harrison

Address: Assistant Commissioner

I represent: DOHMH

Address: _____

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☐ in favor ☐ in opposition

Date: 10/8/19

(PLEASE PRINT)

Name: Nick Gyloffa

Address: 253 Broadway, 14th Fl

I represent: NYC Mayor's Office of Immigrant Affairs

Address: _____

ASAP Student Leader

THE COUNCIL
THE CITY OF NEW YORK

Appearance Card

I intend to appear and speak on Int. No. _____ Res. No. _____

☐ in favor ☐ in opposition

Date: 10-08-19

(PLEASE PRINT)

Name: Ishmam Khan

Address: _____

I represent: Asian-American Student Advocacy Project

Address: _____

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THE CITY OF NEW YORK

Appearance Card

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☐ in favor ☐ in opposition

Date: October 8, 2019

(PLEASE PRINT)

Name: Rebecca Lynn-Walton

Address: _____

I represent: N.Y.C. Health + Hospitals

Address: _____

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ASAP Student Leader

THE COUNCIL
THE CITY OF NEW YORK

Appearance Card

I intend to appear and speak on Int. No. _____ Res. No. _____

☐ in favor ☐ in opposition

Date: 10-08-19

(PLEASE PRINT)

Name: Sophie Xu

Address: _____

I represent: Asian American Student Advocacy Project

Address: _____

ASAP Student Leader

THE COUNCIL
THE CITY OF NEW YORK

Appearance Card

I intend to appear and speak on Int. No. _____ Res. No. _____

☐ in favor ☐ in opposition

Date: 10-08-19

(PLEASE PRINT)

Name: Anna Lu

Address: _____

I represent: Asian-American Student Advocacy Project

Address: _____

ASAP student Leader

THE COUNCIL
THE CITY OF NEW YORK

Appearance Card

I intend to appear and speak on Int. No. _____ Res. No. _____

☐ in favor ☐ in opposition

Date: 10-08-19

(PLEASE PRINT)

Name: Denis Yu

Address: 50 Broad St NY, NY

I represent: Coalition For Asian American Children & Families

Address: _____

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ASAP Student Leader

THE COUNCIL
THE CITY OF NEW YORK

Appearance Card

I intend to appear and speak on Int. No. _____ Res. No. _____

☐ in favor ☐ in opposition

Date: 10-08-19

(PLEASE PRINT)

Name: Erica Huang

Address: _____

I represent: Asian-American Student Advocacy Project

Address: _____

THE COUNCIL
THE CITY OF NEW YORK

Appearance Card

I intend to appear and speak on Int. No. _____ Res. No. _____

☒ in favor ☐ in opposition

Date: 10/8/19

(PLEASE PRINT)

Name: Suyana Handman

Address: 121 Avenue of the Americas

I represent: The Door - A Center for alternatives inc

Address: 121 - Avenue of the Americas

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Appearance Card

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☐ in favor ☐ in opposition

Date: _____

(PLEASE PRINT)

Name: Seongeun Chun

Address: _____

I represent: New York Immigration Coalition

Address: _____

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☐ in favor ☐ in opposition

Date: 10/8/19

(PLEASE PRINT)

Name: Bridget Crawford

Address: 40 Exchange Place, NYC 10005

I represent: Immigration Equality

Address:

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☐ in favor ☐ in opposition

Date: 10/8/2019

(PLEASE PRINT)

Name: Rebecca Smith and Fatema Chamak

Address: 349 E 149 St. Bronx NY. 10451

I represent: Bronx Legal Services.

Address:

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Appearance Card

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☐ in favor ☐ in opposition

Date: 10/8/19

(PLEASE PRINT)

Name: Kelly Agnew-Barajas

Address: 80 Maiden Ln, 14th Fl NY NY 10038

I represent: Catholic Charities Arch of NY

Address: 1011 First Ave., 6th Fl NY. NY 10022

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Appearance Card

I intend to appear and speak on Int. No. _____ Res. No. _____

☐ in favor ☐ in opposition

Date: _____

(PLEASE PRINT)

Name: Zoe Joly, Senior Staff Social Worker, NYIFUP

Address: _____

I represent: Brooklyn Defender Services

Address: 177 Livingston Street, Brooklyn

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Appearance Card

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☐ in favor ☐ in opposition

Date: 10/8/2019

(PLEASE PRINT)

Name: Maribel Hernandez Rivera

Address: _____

I represent: Office of Congresswoman Ocasio-Cortez

Address: _____

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Appearance Card

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☐ in favor ☐ in opposition

Date: 10/8/2019

(PLEASE PRINT)

Name: Lorraine A.

Address: _____

I represent: Office of Congresswoman Ocasio-Cortez

Address: _____

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Appearance Card

I intend to appear and speak on Int. No. _____ Res. No. _____

☐ in favor ☐ in opposition

Date: 10-8-2019

(PLEASE PRINT)

Name: Amy Dorini

Address: _____

I represent: Coalition for Behavorial Health

Address: 198 William Street

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Appearance Card

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☐ in favor ☐ in opposition

Date: 10/8/19

(PLEASE PRINT)

Name: Linda Rodriguez

Address: 46-10 61st Street

I represent: The Child Center of NY

Address: 118-35 Queens Blvd

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Appearance Card

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☐ in favor ☐ in opposition

Date: _____

(PLEASE PRINT)

Name: Boian Romero

Address: _____

I represent: GMHC

Address: _____

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☐ in favor ☐ in opposition

Date: 10/8/2019

(PLEASE PRINT)

Name: SUSAN Kingsland

Address: 199 Water Street NY, NY 10038

I represent: Legal Aid Society

Address: 199 Water St 3rd FL NYC 10038

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☐ in favor ☐ in opposition

Date: _____

(PLEASE PRINT)

Name: MORGAN SIEGEL

Address: _____

I represent: NORTHERN MANHATTAN IMPROVEMENT CORP.

Address: _____

Please complete this card and return to the Sergeant-at-Arms

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THE CITY OF NEW YORK

Appearance Card

I intend to appear and speak on Int. No. _____ Res. No. _____

☐ in favor ☐ in opposition

Date: October 8, 2019

(PLEASE PRINT)

Name: Dr. Jacqueline Delmont

Address: 519 8th Ave, 14th Floor

I represent: SOMOS Healthcare NY

Address: 519 8th Ave., 14th Floor

Please complete this card and return to the Sergeant-at-Arms

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THE CITY OF NEW YORK

Appearance Card

I intend to appear and speak on Int. No. _____ Res. No. _____

☐ in favor ☐ in opposition

Date: _____

(PLEASE PRINT)

Name: Joy Luangphacy

Address: 253 South St

I represent: Hamilton-Madison House

Address: 283 Sutton Street

Please complete this card and return to the Sergeant-at-Arms