CITY COUNCIL
CITY OF NEW YORK

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TRANSCRIPT OF THE MINUTES

Of the

COMMITTEE ON IMMIGRATION JOINTLY
WITH COMMITTEE ON MENTAL HEALTH,
DISABILITIES, AND ADDICTION

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October 8, 2019
Start: 1:13 p.m.
Recess: 5:32 p.m.

HELD AT: Committee Room - City Hall

B E F O R E: CARLOS MENCHACA
Chairperson

Alicka Ampry-Samuel
Acting Chairperson

COUNCIL MEMBERS:
Margaret S. Chin
Mark Gjonaj
Francisco Moya
Daniel Dromm
I. Daneek Miller
Mathieu Eugene
Fernando Cabrera
Jimmy Van Bramer
Robert Holden
Diana Ayala

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

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

Dr. Myla Harrison, Assistant Commissioner of the Bureau of Mental Health
Department of Health and Mental Hygiene

Susan Herman, Director
Mayor's Office of Thrive NYC

Dr. Rebecca Lynn Walton
Health and Hospitals

Maribel Hernandez Rivera, District Director
Office of Alexandria Ocasio Cortez

Lorraine Andal [sp?], New York Resident

Denis Yu, Program Coordinator
Coalition for Asian-American Children and Families

Anna Lu, Second Generation Immigrant

Eshman Kahn, Second Generation Immigrant

Erica Huang, Second Generation Immigrant

Amy Doran, President and CEO
Coalition for Behavior Health

Linda Rodriguez, Senior Vice President
Child Center of New York

Dr. Jacklyn Delmont
Somos

Marisol Rueda, Mental Health Therapist
Sheltering Arms

Joo Han, Deputy Director
Asian-American Federation

Seongeun Chun, Manager of Health Policy
New York Immigration Coalition

Joy Luanphaxay, Assistant Executive Director of Behavioral Health
Hamilton Madison House

Nouf, Social Worker
Arab-America Association of New York

Rebecca Smith, Social Worker
Bronx Legal Services

Fatima Chumack [sp?], Social Worker
Bronx Legal Services

Zoe Jolie, Senior Social Worker
New York Immigrant Family Unity Project

Violeta Rivera, Social Worker
Bronx Defenders

Susan Kingsland, Social Worker
Legal Aide Society

Kelly Agnu Barrajas [sp?], Director of Refugee Resettlement
Catholic Charities

Bridgette Crawford, Legal Director
Immigration Equality

Morgan Sigel, Assistant Director of Case Coordination
Northern Manhattan Improvement Corporation

SERGEANT-AT-ARMS: This is the sound check for the joint committee hearing of the Committees on Immigration and the Committee on Mental Health being recorded by Israel Martinez. October 7th, 2019. Taking place City Hall Committee Room scheduled for 1 p.m. October 8th.

[gavel]

[background comment]

CHAIRPERSON MENCHACA: [speaking Spanish] everyone. My name is Carlos Menchaca. I'm the Chair of New York City's Council Committee on Immigration and today we have a very important committee hearing. This is a joint Committee hearing with Mental Health, Disabilities, and Addiction and we are conducting it really to focus on a very vulnerable population. Immigrant New Yorkers who are in need of mental health services and really trying to understand what the city of New York is doing and deeply connected with immigrant communities can tell us about how we can do better. And so really excited about that. Before we begin, I want to lead us in this world that we are in fact says to take opportunities like this and talk a little bit about mindfulness. And so, for a quick minute, I just want to ask you to, you know,

find your seat and a quick little breathing exercise that we can all do together. If it is available to you, fine years C. If you would like to close your eyes, go for it. If not, just look in front of you. We are going next day three breaths to gather and deep breaths into the valley and, while we are taking deep breaths, have something in your mind that could be positive and productive for you today to ground you. Just something as simple as I am here could be anonymous. Inhale. Exhale. Inhale. Exhale. Inhale. Exhale. Thank you. If at any point during this conversation, you feel like you need to go back to your breath, please do that. You can do that on your own. Mindfulness has been, and a very kind of scientific way, connected to reducing stress, creating focus, and better conversations and I'm hoping that the conversation today can get us to a more productive place. I want to thank the co-chair, Diana Ayala Council, member from Manhattan in the Bronx, who is not here today, but her unwavering commitment to the well-being of all New Yorkers and her express interest ensures that all of us think about mental health services in the best kind of way. That it has complete access, regardless of individual

status or religion or nation of origin, that every New Yorker has access. More than half of all New Yorkers are either foreign-born or children of immigrants. 1 million New Yorkers live in households with at least one undocumented individual and just over a quarter of these New Yorkers are US citizens. The population I have just described makes this a critical part of the city. The city Council, often in partnership with the mayors administration, has long fought to ensure that immigrant New Yorkers, and their daily lives, have access to the city's many services, whether through ID NYC, which provides access through governmental identification, or our language access log, which ensures that every individual can be served in their preferred language. It will not, as a surprise to you that we live in a scary time full of toxic stress, especially if you are foreign-born. Xenophobia was a key component of traps presidential campaign and remains the guiding principle for all anti-immigrant actions we have seen from this White House. And it started as an inauguration when he became president and continues today. This committee has documented many of these hateful policies as they impact our neighbors. We

have conducted oversight hearings on changes to temporary protected status, family separation, the exponential increases in ICE enforcement, and public charge. I want to bring the you very quickly-- I should say I want to bring you one story where I met with families and, if you remember, Sunset Park was targeted four times by ICE in the recent strands of attempts to deport our community members. And I talked directly with the family use. Then those are some of the more difficult conversations that I have had as the New Yorker, as the Council member. And it was very evident that the trauma that this family felt required some very specific resources and that is one family out of so many impacted. Not just that I'm not were behind that door that was knocked, but the entire building in the community of allies that were there. This stress is real and it is being felt everywhere. We also, sadly, live in a time where members of our own federal government, including our president, continue to make hateful and xenophobic statements. Imagine living in a country as an immigrant where your president equates immigrants with the drawings, with crime, and disease. Imagine living in a country as an immigrant when you are

president refers to immigrants as filth or as an infestation. These words have consequences in this language has been used to justify genocide and ethnic cleansing in the past. Today, hate groups and hate crimes are on the rise. This is our unfortunate and disturbing and dangerous reality and these persistent attacks have taken a toll on our communities. Uncertainty about the future and ever present threat of deportation are and imaginable strain on our families whose primary focus ought to be feeding, housing, clothing their families, and bringing joy to their allies. And now we have to tell our immigrant loved ones to also make emergency plans in the event that they are served a deportation removal. Our immigrant communities have always needed mental health services that are sensitive to the unique cultural language and experiential backgrounds represented. Today, we are facing what I believe to be a mental health crisis. Xenophobia and racism are not new, but sustained exposure to and I am a grant rhetoric and harassment coupled with active anti-immigrant policies and threats from the federal government have exacerbated in the mental health conditions of immigrant New Yorkers. I look forward

to today's hearing from this mayoral administration about the actions they are taking to ensure that free, safe, and culturally sensitive material-- summary. Culturally sensitive mental health services are being provided to our immigrant communities. With that, I want to thank our staff who put this whole hearing together and have been thinking about this for a while now. Our committee counsel Arbani Ujah [sp?], committee policy analyst Elizabeth Kronk, my chief of staff Lorena Lucero and communications direction Tony Chorido [sp?] and the mental health staff Sarah Leese [sp?] and Christy Dwyer. As you can tell, Chair Ayala is not here, but we have an incredible leader in the council that will be taking on the Mental Health, Disabilities, and Addiction Committee's role and I will pass it on to her now. Thank you.

COUNCIL MEMBER AMPRY-SAMUEL: Thank you. Good afternoon, everyone. I am Council member Alicka Ampry-Samuel and I am filling in today for Chair Diana Ayala, Chair for the Committee on Mental Health, Disabilities, and Addiction. I would like to thank my colleague, Council member Carlos Menchaca, Chair of the Committee on Immigration, for chairing

this important hearing and welcome to Committee members, Council member Holden. This afternoon, we are here to identify the challenges and explore possible solutions to learn how we may better meet the mental health needs of New York City's immigrant communities. As my colleague, Carlos Menchaca just noted, but we need to emphasize, more than half of all New Yorkers are either foreign-born or children of immigrants and at least 1 million New Yorkers live in a house sold within undocumented individual. Today, and migrant families are struggling to deal with anti-immigrant rhetoric, hate speak, fear mongering, and in some cases, threats of detention and deportation like never before. On any given day, between 10,020 8000 and migrant are detained by US Department of Homeland Security personnel. The daily stress and strain of simply being an immigrant in the United States today is, and in of itself, the traumatic event. For those who must indoor living within this climate of uncertainty, the emotional response to cope with what has, for some, big, life-threatening circumstance may include an overwhelming sense of fear, vulnerability, and helplessness. Without access to trusted professional mental health

services, individuals experiencing trauma and distress may leave emotional health and treated or may, in turn, turned to self-medicating in order to try to manage traumatic feelings. Self-destructive behaviors, including drinking, smoking, drug use, or overeating may put the individual at risk for serious illness says, including asthma, heart attack, stroke, obesity, and diabetes. Because chronic stress service-- because chronic stress serves to increase inflammation in the body, which is linked to cardiovascular and autoimmune disease, long-term problems may be exacerbated each time that trauma is triggered by a memory or even an event that serves to recall the original source of the stress. In short, if left untreated, mental health challenges such as trauma and posttraumatic stress disorder pose a serious threat for individual, physical, and emotional well-being in both the short and long term. This hearing will allow the committees and the public to learn what behavioral health services are readily available, accessible for immigrant residents so they can live safely and with dignity. I want to think the administration and the advocates here today for the commitment they have made to ensure immigrant

mental health is a priority and is assessable for all. I looked forward to the hearing and learning more about all of the work that is being done and the role that the city Council can play in supporting those efforts. I also want to thank my colleague, Carlos Menchaca, and his staff, as well as the Committee staff counsel Sarah Liss, policy analyst Christy Dwyer, financial analyst Lauren Hunt, you mentioned, for making this hearing possible. So, thank you so much and I look forward to the discussion.

CHAIRPERSON MENCHACA: Thank you. And we have our first panel, and the administration. We have Susan Herman, Dr. Myla Harrison, Rebecca Lynn Walton from NYC Health and Hospitals, and Mr. Nick Luda from the Mayor's Office of Immigrant Affairs. Is that right? Okay. Are there anyones-- Anyone else that is going to sit with you? No. Okay. Well, before we start, you're going to get sworn in. I just want to notice that--- or note my day partly confusion for not having the commissioner of the Mayor's Office of Immigrant Affairs here. I hope you can answer questions today and I think I am beyond disappointed, actually, that she is not here to be

able to represent the administration. These hearings are really focused to have direct conversations with leadership that have an impact on, not just the conversation within the city agency or the mayor's office, but all the connections that are connected to that leadership. So I just want to know for the record my disappointment. Okay. You will be sworn in.

LEGAL COUNSEL: Please raise your right hands. Do you affirm to tell the truth, the whole truth, and nothing but the truth in your testimony before this committee and to respond honestly to Council member questions?

MYLA HARRISON: Yes.

NICK GULOTTA: I do.

LEGAL COUNSEL: Thank you.

CHAIRPERSON MENCHACA: Thank you.

NICK GULOTTA: Thank you, Chair Menchaca, Chair Ayala, and 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. I am joined today by the Department of Health and Mental Hygiene, New York City Health and Hospitals, and the Mayor's

Office of Thrives NYC. The city is committed to a vision of mental health system that works for everyone. Health care, including the mental health care services, is a right and should be available regardless of immigration status or ability to pay. This fundamental believes that guides what MOIA and our partners to every day to connect immigrants and New Yorkers more generally to mental health services. These services are desperately needed. Add a starting point, immigrants face unique stressors from their migration can increase their risk of psychological harm in all New Yorkers, regardless of immigration status, face strains on mental health and may need to access mental health services. Add to this the high end anti-emigrant actions and rhetoric of this federal administration and it is no surprise that we 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 our provision of mental health services. We know that immigrants face various barriers when it comes to accessing mental health services. These

barriers include stigma, lack of insurance, language barriers, and more. These barriers that have-- These are barriers that have existed before the Trump administration, but the Trump administration's policies have exacerbated the barriers to access and created an additional mental health needs. Unsurprisingly, studies show that hostile immigration policies, including increased and indiscriminate immigration enforcement harm the mental health of immigrants and can exacerbate existing stress and mental health conditions. This federal administration has demonstrated a 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, the Trump administration has implemented a family separation policy at the border, while being unequipped to address the mental health consequences of this separation. As another example, the Trump administration has sought to kill the affordable care act, despite the clear benefits that this law had on

increasing insurance coverage and accessing healthcare in New York City and across the US. This situation is contributed to tremendous strain experienced by our immigrant community. In our conversations with community-based organizations that serve immigrants, we have heard that clients are suffering from heightened stress, depression, posttraumatic stress disorder, and other mental health conditions. As my colleagues from the Department of Health will testify, the city has made unprecedented investments into mental health services for New Yorkers. As the city health care agencies, New York City Health and Hospitals and DOHMH, are providing crucial mental health care system to all New Yorkers with The rise NYC tackling the critical gaps in our mental health care 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 in the city is committed to continuing to identify and address barriers that different vulnerable populations face in accessing care that they need. Before I turned to how MOIA is involved in this work,

I want to note that, at a time when the federal government has displayed a make it in difference to the well-being of immigrants, the city has, by contrast, moved to guarantee health care, including mental health care service says, for immigrant New Yorkers. All patients are well, New York City Health and Hospitals regardless of immigration status or ability to pay. Through New York City Health and Hospitals and the recently launched NYC Care program, we are insuring that even those without insurance have access to the affordable care that they need. This includes access to behavioral health services like psychiatry or substance abuse services. Turning to MOIA's role in this work, we served primarily as a support for the multi-agency efforts to care for them mental health of immigrant New Yorkers. As non-clinicians, we are concerned with three things. Monitoring then leaves the barriers that arise in the community, sharing information about available mental health services when we conduct outreach, and supporting partners on immigrants' specific mental health issues or language needs. As an example of the work we do to monitor needs, MOIA, alongside representatives of the Department of Health and the

New York City Health and Hospitals, attended and contributed to the New York immigration coalitions, immigrant behavioral health Roundtable. During that Roundtable, we were able to hear directly from advocates and immigrant-serving CBO's about the kinds of barriers that their clients were facing in accessing mental health services. Our staff also share information and partnership with Thrive NYC about the array of mental health services 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. NYC Well is offered in English, Spanish, Mandarin, and Cantonese, as well as with interpretation aided over 200 languages. We have also partnered with Thrive NYC at community events and via social media to ensure that immigrant New Yorkers are aware of the availability of free, confidential mental health support. Promotion of mental health support services increased in the wake of particular events that directly impact New York City's immigrant communities, including but not limited to the initial reports of families separation 2018, continued reports of deplorable conditions and attainment

facilities that the US-Mexico border, ICE raids and activity across the five boroughs in the summer of 2019 and the final publication of the public charge rule. We have also worked to combat fear and unease during those times by providing know your rights presentations and answering community questions. All MOIA outreach staff have been trained on mental health service is available through Thrive NYC and MOIA has additionally trained Thrive NYC staff 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 the 2019, MOIA's outreach teams conducted 1575 outreach events. During our rapid response campaigns for DACA, the travel ban, and TPS, we included messaging and one pagers that were handed out to thousands of impacted New Yorkers, encouraging everyone experiencing stress and 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

materials and programming that 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 stories of an immigrant New Yorkers 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 received workbooks that have additional information on NYC Well. Through these conversation classes, we have reached thousands of English-language learners each year at community-based organizations, houses of worship, schools, and libraries, introducing learners on how to access many of NYC's free resources. MOIA also works with our partners across the administration to support emigrant specific issues. For example, during the families 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 the New York City Health and Hospitals to provide additional supports for these providers, including consultations and access to outpatient services. Specifically, New York City Health and Hospitals embedded a child adolescent psychiatrist who is providing consultation to mental health professionals with the contracted providers. We have also implemented a system for facilitated referrals to the Bellevue Child Adolescent Outpatient Psychiatric Clinic and New York City Health and Hospitals has launched a trauma informed psychoeducational group with the providers that focuses on posttraumatic stress and coping skills. MOIA has also regularly worked with the Thrive NYC 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 cosponsored or organized primarily by the Thrive NYC outreach team. One example was a panel discussion about the mental health with the Sikh community at the Sikh Cultural Society Gurdwara 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 Right with ICE event with Thrive NYC and 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 five boroughs. Thank you, again, for calling this hearing in 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. Look forward to answering your questions. Thank you.

DR. MYLA HARRISON: Good afternoon, Chairs Ayala, Council member--

CHAIRPERSON MENCHACA: Can I pause just for a quick second?

DR. MYLA HARRISON: Oh, sorry.

CHAIRPERSON MENCHACA: We have also been joined by Council members and Immigration Committee members Council member Moya and Fernando Cabrera, Council member from the Bronx who is, I think part of the Mental Health Committee. And I also want to say

that we want to ionize that we have been joined today by representatives from Congresswoman Ocasio-Cortez's office who we will be hearing from out the next panel and we want to thank them for their leadership as early continue in this conversation.

DR. MYLA HARRISON: Good afternoon, Chairs Ayala, Council member Ampry-Samuel on her behalf, and Menchaca and members of the committee's. 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. Barbo, 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 received mental health treatment than US-born individuals. In addition, while most age groups of US-born New Yorkers report higher rates of depression then 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 our mission driven to serve immigrant communities. Let me tell you a little bit about our work. The Connections to Care program, C2C, is a care initiative of the Mayor's office of Thrive NYC that integrates mental health supports into the work of community-based organizations that provide social services to low income populations including workforce development, education, early childhood, and immigrant legal services. C2C leverages the position of the CBO's as valuable members and the community into 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 on-site clinical care. These partnerships remove financial and logistical barriers that many people face accessing care. C2C funds 14 community based organizations across New York City, many of whom serve immigrant populations. Two of the youth, Voces Latinas and the Arab American Association of New York serve immigrant communities as part of their core mission. NYC Well, another Thrive initiative often serves as a touch point for New Yorkers to enter the behavioral health system. This phone, text, and online chat service operates 24 seven 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 others CBO's with the cultural and linguistic competence to meet their individual needs. The NYC Well database includes more than 88 organizations who specialize in service saying immigrant communities, including LGBT immigrants, those experiencing domestic violence, those are requiring legal services and victims of human trafficking. NYC Oil 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 probe voted NYC Well in 14 languages by a newspaper ads, brochures, and posters, as well as television promotions in English, Spanish, Cantonese, and Mandarin. Additionally, NYC Well has a run two public campaigns targeted to the Chinese, Spanish, Cantonese-- sorry. And Mandarin speakers to elicit community feedback and input. Through mental health first aid, another Thrive NYC 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 and non-English languages, including Spanish, Mandarin, Korean, Haitian Creole, and been calling. Nearly 30 percent of the more than 133,000 individuals who have been trained report that they interact with immigrant communities daily. 31 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, and responds to the family separation crisis, the department partnered with other city agencies to provide training and trauma informed care and technical assistance to the centers that house the use children in New York City. The health department other youth and family oriented mental health services include the Family Resource Centers, which are free of charge, and the early childhood 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 Thrive NYC, the city has significantly enhanced school mental health services and support programs across the school system. As just one example, Thrive NYC announced that it will partner with the Department of Education this school year to add 85 licensed social workers to provide direct clinical care and mental health services to students in schools at times of crisis. Thus far, 50 of these new social workers

have been hired and some have been deployed beyond--some have been deployed. Beyond Thrive NYC, the administration has worked to further expand mental health supports and schools. For the first time ever, the city now coordinates mental health support centrally, ensuring that every student has access to mental health supports either on site at school or through a 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 11 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 the ability to pay are not barriers to receiving care from a mobile crisis team. The department finds 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's counsel 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, and treatment, and case management. Several of the organizations funded through this initiative to find supporting immigrant communities as core to their mission, including the South Asian Council for Social Services, Grant Street Settlement-- It should say Grand Street Settlement and the Chinese American Planning Council. And the [inaudible 00:33:20] Spanish speaking Elderly Council. Also, thanks to generous support 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 a 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, Latino youth and Immigration Project, [inaudible 00:33:55] organization, and Montefiore's Terra Firma Clinic provide support to Latino communities. The health department also contracts with CBO's 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 English, staff speak Cantonese, Mandarin, Korean, and Japanese. The Health and Hospitals Elmhurst Hospital Life Links 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 service concerns and experiences from the communities in which they work, including immigrant communities. We also rely on the feedback of our partners and the city Council and members of the community like those here to testify today. I want to thank you for your partnership and support in this important work. I am happy to take your questions.

CHAIRPERSON MENCHACA: Thank you. Those are the only two prepared statements? Is that right? Thank you for your testimony and we have-- The Chairs have some questions, but I just want to offer on the clock if we can get three minutes on the clock for any member questions now. Yeah? So, we'll go first with Council member Cabrera, then Moya. Do you have questions? You do? Actually, let's go first with Council member Holden. He was here first.

COUNCIL MEMBER HOLDEN: That's it works. Okay.

CHAIRPERSON MENCHACA: That's the power of the early bird. Go for it.

COUNCIL MEMBER HOLDEN: I thank you, Chair, for that. And I didn't know if I came in early, I can go first all the time. That's a great thing.

CHAIRPERSON MENCHACA: With me you will.

COUNCIL MEMBER HOLDEN: Even before the Chair. Thank you. This might also be a question for Thrive NYC's director Susan Herman. So, I don't know if you have-- Can we invite you to the panel?

CHAIRPERSON MENCHACA: Please introduce yourself on the record and we need to swear you and.

DIRECTOR HERMAN: My name is Susan Herman, and director of the Mayor's Office of Thrive NYC.

CHAIRPERSON MENCHACA: Thank you. Oh.

LEGAL COUNSEL: Do you affirm to tell the truth, the whole truth, and nothing but the truth in your testimony above for this committee and to respond honestly to Council member questions?

DIRECTOR HERMAN: I do.

LEGAL COUNSEL: Thank you.

COUNCIL MEMBER HOLDEN: I want to bring up the recent incident where four homeless men were killed by this individual, Randy Santos, who had certainly a number of red flags over the years. He had previously been accused in a string of violent assaults targeting random people. And that is kind of the sign. When somebody is targeting random people out of the blue and, in a men's shelter, he pummeled another 24-year-old resident of the shelter in the face. A year ago Santos choked a 55-year-old man and bit his breast. He left to cross an employment agency counter to attack the man. Four days later he was on a northbound Q train when he yelled out we need to stop it and punched a 33-year-old in the eye. He randomly spit on police and groped a 19-year-old and he even broke his grandmother's nose. Now, what is going on? And this is happening-- You know, yes. Killing four men, of course, is egregious and horrible, but these signs were here on this individual for years and he was in and out of the system so many times. And this is, again, happening all over the city. Random attacks. So, how does-- Does this come and red flag your agencies at all to say we need to step in and

Kendra's Law is important here to invoke? I know it has been invoked 2500 times in 2018, but may be should be 10,000 times because New Yorkers see this every day on the subways or at least out in public that just random attacks. So, how does the system-- how can the system catch these things in your agencies?

DR. MYLA HARRISON: So I'll start in, if needed, I will pass the mic over to Susan Herman, as well. So, the health department is responsible for the mental health services of New Yorkers and we work closely with Health and Hospitals are responsible for the public system. The public hospital system, as well. And, I think on the homeless issue, it's important to note a few things. That most people who are homeless do not have mental illness and for those who are homeless, we work closely with our colleagues and the Department of Homeless Service says if they need connections to mental health services and supports. And it's critical. I mean, this incident is horrific and, you know, truly terrible incident and I think we all need to get together to be able to talk about what happened and where we might be able to do better, for

sure. And I think those conversations are happening. And there are services available for New Yorkers who have mental health needs and um... You know, there are resources available and I think more can be done and I can pass over to Susan if she wants to comment further.

COUNCIL MEMBER HOLDEN: If I could just fol-- There are service avail--

CHAIRPERSON MENCHACA: Council member Holden, I wanted her to finish.

COUNCIL MEMBER HOLDEN: Well, I just wanted to follow up on her--

CHAIRPERSON MENCHACA: I know, but we-- so, part of this whole is to get everybody in. So, if Thrive NYC has-- And we will come back for a second round. If you have any other-- any other things to add?

DIRECTOR HERMAN: Well, what I would add besides that we are all horrified about what happened in Chinatown this weekend and that we are all looking at it and we well learned from this incident. I think you are aware of the fact that we can't talk about the specific services that this particular individual access because of social services law and

health law, but we can talk about what is available in shelters and one is available in terms of security that NYPD is now providing in shelters. We can talk about the mental health treatment that is now available in shelters. We can talk about the street outreach teams that now have clinicians as a part of those teams who can to clinical assessments on the street of people and you can talk about the vast array of services that the city offers for those seriously mentally ill. So, we can talk about it that way. We can talk about all the mobile treatment teams, the mobile crisis teams that the city runs, but we can't tell you what this particular individual has accessed.

CHAIRPERSON MENCHACA: Thank you for that. Council member Cabrera, you have three minutes.

COUNCIL MEMBER CABRERA: Thank you so much and thank you to the Chairs for allowing us to go first. I always admire when the Chair does that and you try and you are actually doing. So I appreciate that. And, while come. So, my question is more interacted-- let me just give you a little context. I used to work as a school counselor. A bilingual school counselor in the public schools.

Particularly in the Bronx. And I'm always shocked the fact that after all of these years, still to not have a mandate to have the school counselor in every single one of our elementary and middle schools. And the only reason we have it at the high school is because it is a federal mandate that goes all the way back to the days of our great president Kennedy. And so, are there any plans to make sure that every single one of our schools have a school, a full-time school counselor and then-- so they can address some of these means that many of our immigrants are going through in the New York City public school and, on top of that, to make it permanent, something that we don't have to wait for the federal government to enact because, if we are going to wait for the federal government, we will be waiting for a very long time like we have.

DR. MYLA HARRISON: Thank you so much for that question. In my testimony I gave, we did talk about the – and all resources that have been added to the schools and, at this point in time, every school has access either on site or through referrals to their community to mental health services and supports.

COUNCIL MEMBER CABRERA: Yeah. But the problem a man's-- and I hear you and I'm glad that we have something in place. The problem is that the referrals, that's after the-- we need somebody who is there all the time in our public schools. We really, really do. And we can't just rely on the spark counselors that are in the school and other CBO's. They are the front-lines. The school counselors work very closely with the-- you know, with the teachers. They are part of the fabric of the school and I think it is time-- and I'm appreciative that you have added, but--

DR. MYLA HARRISON: Well--

COUNCIL MEMBER CABRERA: We could do this and we could do it now.

DR. MYLA HARRISON: I think we share your concern that students have access to mental health care in that it be immediate. I would just want to underscore that the role of the 85 new social workers that you've helped create is to provide treatment in that critical period of time between a mental health need and a connection to care in the community. So, that was a gap in services that the Department of Education identified that sometimes it

takes longer that they would like to connect somebody to treatment in the community. Ongoing care, if that is needed, right? So, we are talking about actual treatment that these clinicians are providing until someone, if it is necessary, is connected to care in the community. That said a huge service that we are now providing.

COUNCIL MEMBER CABRERA: And again, thank you.

CHAIRPERSON MENCHACA: Thank you. Thank--

COUNCIL MEMBER CABRERA: I just wanted to say thank you.

CHAIRPERSON MENCHACA: And I just-- Thank you for clarifying that the 85 new social workers was a joint effort really led by the city Council.

DR. MYLA HARRISON: Yeah.

CHAIRPERSON MENCHACA: That was an important thing to let everybody know about them.

COUNCIL MEMBER CABRERA: And--

CHAIRPERSON MENCHACA: Council member Moya?

COUNCIL MEMBER CABRERA: Thank you.

CHAIRPERSON MENCHACA: Thank you.

COUNCIL MEMBER MOYA: Thank you, Chair. Just staying on the same topic, what is the number of social workers and school psychologists in New York City and are they evenly distributed amongst the schools?

DIRECTOR HERMAN: Office of school health-- I think we will have to get back to you on exact numbers. It's important to note that school mental health is delivered, and even mental health, is delivered in a number of different ways. There are the counselors, the guidance counselors. There are social workers, and then there are clinics in the school.

COUNCIL MEMBER MOYA: I got-- I got that.

DIRECTOR HERMAN: And their therapists in the school.

COUNCIL MEMBER MOYA: And I'm not trying to cut you off. I know I just have five minutes, but if we can get those numbers, that would be--

DIRECTOR HERMAN: We will get you those numbers.

COUNCIL MEMBER MOYA: really helpful to us.

DIRECTOR HERMAN: Yeah.

COUNCIL MEMBER MOYA: And do the schools with lower income levels and higher levels of diversity get priority? How is--

DIRECTOR HERMAN: Find out the criteria that the Office of School Health uses.

COUNCIL MEMBER MOYA: Okay. That would be helpful. And then, this is towards to MOIA. The other MOIA. We know that substance abuse is a huge part of mental health and, in communities like mine which is heavily immigrant communities, we've seen a massive uptake in the rates of addiction and alcoholism. Is MOIA tracking that information in immigrant communities?

NICK GULOTTA: Thank you for the question. So, if I'm understand, is MOIA-- us.

COUNCIL MEMBER MOYA: Are you tracking-- Yes.

NICK GULOTTA: Are we tracking the rates of substance use in immigrant communities--

COUNCIL MEMBER MOYA: Yeah.

NICK GULOTTA: And alcoholism. I'm going to actually defer-- I believe the Department

of Health actually has statistics on this, but I don't believe we are directly tracking that.

COUNCIL MEMBER MOYA: So, the reason why I say this is, in communities like mine where there's a lot of day laborers that are there, people congregate in communities, as we know, where they're more familiar. But now they are homeless and I've been working with breaking ground, who does tremendous work, to go out there and offer services. And while they are doing God's work, it takes about 100 touches and what they have told us, to actually get them to engage into substance abuse facilities or treatment. And that's a very long time. And so, why I am asking this is because in communities that have high rates of immigrants, higher rates of substance abuse, is the city tracking the is Sandman, what are we doing in those communities to bring in the resources there to help them?

DR. MYLA HARRISON: So, the Department of Health and Mental Hygiene has a number of ways of getting data and information about what's going on in the city as a whole. We do regular community health surveys every year where we ask about everything from physical health to mental health and substance use,

as well. And that is part of those questions, we also find out if somebody is US-born or foreign-born, which was some of the data that was in the testimony I gave. We can also find out about communities, but depending on how many responses we get, we may or may not be able to tell much other than a borough level unless we added up over years. Having said that, though, we have a Bureau of Alcohol Substance Use in the Division of Mental Hygiene where they put a lot of effort and energy into issues around substance use and, particularly, the opioid crisis right now. They are focusing where there are communities of high level of opioid overdoses and issues like that. And I think we can Back to you on is that there are specifically also looking at the immigrants, because I don't know that answer from a specific to be able to say yes or no on that. But I think, in general, we have access to information and data on a number of variables.

COUNCIL MEMBER MOYA: Great. Thank you. Thank you, Chair.

CHAIRPERSON MENCHACA: Thank you, Council member Moya. And, finally, three minutes for Council member Rodriguez.

COUNCIL MEMBER RODRIGUEZ: As a former teacher that I was at [inaudible 00:48:59] high school, a school that we created with Chancellor Fernandez to serve new coming students from Latin America, you know, I can say that, based on our experience, based on reality, no doubt that we have failed to the immigrant communities when it comes to connected with quality of service. It's not enough to have a guidance counselor to 500 students that we and the rest-- anyone who is middle-class to have a child in the school with the social worker that can see 25 students. So, I feel that under this current administration, I have no doubt that the mayor has and his first lady in his agenda and, therefore, the rest of the team, the commitment to close a gap, however, we will not close the gap even in our generation because this is about social class. This is about access to programs. This is about understanding that there is 1.2 million students in New York City and the Department of Education where we invest close to 30 billion dollars and 42 percent of those students are Latino and, from that number, half of those 42 percent, they are English language learners like myself. And it's not only about the

services that-- you know, when we go to a hearing, we get prepared and, if I would've been here [inaudible 00:50:24] everyone gets the services. The question here is what is the quality of the service? Why when a child goes to the hospital on emergency for mental health, they have to be waiting three months to see a doctor? So, what are we doing that keep track, you know, so that population, those who are working class-- the middle class and upper class, we will survive. We live paycheck to paycheck, but our children are enrolled with good services. So, [speaking foreign language]. So, how much more can we do to connect every immigrant child and their family to the service says? Quality service says with a good ratio that we can say they shouldn't be long waiting period of time for the family to be able to say, and just imagine you take your child to the mental health to emergency and it's not immediately follow up for the doctor to be able to say I can see that child in two weeks. So, what are we doing to address that waiting period of time?

NICK GULOTTA: So I will start and I think my colleagues can certainly and in other pieces. One thing that I mentioned in my testimony,

and it's a fantastic resource that received the support of the Council and I want to thank the Chair and the Council for supporting it is, We Speak NYC. Mayor's Office of Immigrant Affairs English as a second language program and, through that program, they rely on video resources to teach English language learners said about things like a mental health. So, one of the episodes that I had referenced in my testimony was specifically about a Latin X family who experiences both stress and anxiety and brings English-language learners to the process of hearing and accessing services like NYC Well. So, that is available. I believe we have something-- it's about 6000 immigrant New Yorkers who received that class last year through the We Speak NYC program. So, that is one service that is available for English language learners.

DR. MYLA HARRISON: I would add-- I brought my colleagues up from Health and Hospitals to talk about specific services when it comes to mental health. So, I would actually ask them to speak--

CHAIRPERSON MENCHACA: We're going to swear you in.

DR. REBECCA LYNN WALTON: I'm Dr. Rebecca Lynn Walton from New York City Health and Hospitals.

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

DR. REBECCA LYNN WALTON: I do.

LEGAL COUNSEL: Thank you.

DR. REBECCA LYNN WALTON: Okay. Thank you for your thoughtful question. You know, so, you know, I think the most important thing to talk about when we talk about Health and Hospitals is that we provide services-- we try to provide services wherever someone is going to go. So, it doesn't matter whether you are coming in our door for primary care or whether you're coming in our door for an acute medical needs. We try to provide behavioral health services, both mental health and substance use, recognizing that you don't-- there is no wrong door where you can enter the system in that you can provide care to-- we try our best to provide care in the language that people feel comfortable in, whether

it is through-- our staff speak over 14 languages in practice and that can be everyone from a doctor to a peer who can speak to someone. Then we also have language translation services for over 200 languages in addition to that.

COUNCIL MEMBER RODRIGUEZ: My question is--

CHAIRPERSON MENCHACA: Council member Rodriguez, we're going to stop there. Thank you so much. If you have any other items to-- on this question, please go ahead.

DIRECTOR HERMAN: Thank you. I would like to add that your question really points to a much larger issue that we all need to focus on, which is that, when New Yorkers need healthcare, need mental health care, emigrants, as well as all New Yorkers, they show up in lots of places. They don't necessarily show up in a clinic when they need mental health care. And so, when you look at what Thrive is about, which is trying to promote mental health for all New Yorkers, what we are trying to do-- we are not the mental health care system. We are not the social service system or the public safety system. We work in conjunction with all these agencies to

fill critical gaps. So, we look at your question and say, where else to people who need mental health care show up? They show up as crime victims and so we have victim advocates now in precincts that are trying to mitigate trauma and, if they have immigration issues, as well, or of that is exacerbating their trauma, they are referred to the appropriate places. They show up in community-based organizations that have missions like employment counseling in training or legal services because, clearly, somebody is succeeding or not succeeding in a program because of a mental health challenge. That's why we have connections to care. So that people that show up with these mental health challenges, including immigrants, get connected to the care they need. That's why we funded mental health care work in shelters. Because they may not show up in a clinic, but they may be in a shelter. And so, we need therapists in shelters. That's why we have funded the school work that we did, that we have just talked about. That's why we have NYC Well. Look at Family Justice Centers and you have immigrant women and men who are complaining about domestic violence. They have mental health issues. It's why

we have placed psychiatrists in Family Justice Centers and every borough in the city. So, people who have mental healthcare needs don't always show up in a clinic. They show up in different places. That's one of the things that Thrive is trying to do. Is fund people who might be harder to reach through traditional means.

CHAIRPERSON MENCHACA: Thank you for that. And that is going to get the conversation started here. And I'm going to hand it over to our Chair Alicka Ampry-Samuel. Thank you.

CHAIRPERSON AMPRY-SAMUEL: Thank you. So, this is a direct follow up. So, we know that everyone is like working really hard and you have-- it sounds like you have a really great referral system and everyone mentions NYC Well and then, we know that you are connecting families and individuals. But just trying to figure out what does that follow up actually look like. When you connect a family to services, what does that look like? And when Council member Rodriguez mentioned, you know, just looking at a child and you referred them to a psychiatrist or a clinician or a therapist or just a level of help and support, is there a way--- are we

following up or is those families and do we have any information at all related to if they are getting so that next appointment and is there any kind of barriers that are in place with the family that is not allowing them to get to that next level of care or the row for all. And that's, I think, we are also trying to get at. Because sometimes in this field, we have to hold folks hands. So, are we really holding their hand throughout each and every step? And explain that.

DR. MYLA HARRISON: So, that's a great question about the continuity across the system in New York City for anybody, whether it is a child or an adult or, you know, a loved one that you care about. And some of that is going to be dependent on what door that they walk through. Right? Where that responsibility might be. So, for instance, if you call NYC Well and you are either in crisis or you are asking for information or referral, NYC Well will either help make the connection for you to that appointment, if it is a mental health appointment, that might be the next step. They will stay on the phone, if you would like them to, to actually help you have that conversation. So, that is one option

of a service where they are going to help you not fall through the cracks of that first level of care, for instance. We have mobile crisis teams that go out that actually, NYC Well is also able to deploy. And the mobile crisis teams will go out and they will de-escalate if somebody is in a behavioral health crisis, for instance, and they will stay involved until the referral is made for a longer-term level of care. So, that's another example of a mental health service aware of the whole job is about where can we connect to you and how can we help that happen? Throughout New York City, we have care coordination. So, there are folks who qualify for a level of care coordination. And, through care coordinators, their job is to help connect people to the services that they need. So, again, it's another example of the system where we are working towards to helping those connections happen.

CHAIRPERSON AMPRY-SAMUEL: So, when you said the job is to make that coordination and that level of care and assistance, so it's their job, but do we know that they are actually doing that and following through? And the reason why I asked that question is because I'm thinking about, you know,

family who is in Christ says that in trauma and, you know, they are-- you know, where they are going to live tomorrow or what's going to happen with the family is so traumatic and they may be fearful of going outside or if we don't have enough folks in the schools, and, me being, the child is not going to school at the level they should or if the appointment is downtown and they may not have a Metro card to get downtown, but it may be on the paper back, when we made the connection and we hope they show up, but is there someone to say, you know, well, do you have a Metro card? And, you know, well, here is a Metro card. Then I am going to get to your house to make sure that you have the card because, expecting you to come to our office to pick up the card may be complicated and stressful within itself. So, how do we know that the person is doing their job because that's their job?

DR. MYLA HARRISON: So, again, a good question here asking about how to prevent people from falling through the cracks of the system. Because we are good at, you know, sending someone elsewhere because maybe that first front door isn't the right one or it's the first step for asking for help and

you still have to figure out where to go. And, I think what I'll-- I'm going to turn this over to Help and Hospitals because they probably have some good examples about how they do this within their own system. But one of the things that we need to, for instance, for our non-Medicaid coordination programs as we asked them to tell us about the connections take care. We ask them to tell us how well that they are doing in terms of making those connections. But I have a feeling that callings will have some additional examples for that.

DR. REBECCA LYNN WALTON: Yeah. And I think you're speaking-- there's the data side, but there's also the workflow side. And so, when you are talking about case management, you know, as a social worker I could say that any time I was working with the patient, I would be going over that caseload with my supervisor every weekend talking about, you know, what were the barrier-- how many people got to treatment? What were the barriers? What did you do to address those barriers? Dealing with it in a number of ways. Not only does your supervisor have access to data for how you are doing on paper, but you also are having those targeted conversations on a

weekly or-- I don't know the frequency for this model, but I know that I was doing it weekly so that I could ensure that I was trying to come up with, well, you know, if you offered to have it at your office, but they didn't make it to your office, what could you say to them at the next session so that you-- how can do to a phone call or what can you do for additional outrage?

DIRECTOR HERMAN: Chime in and say that, increasingly, Thrive programs are check-- either providing this service themselves so they are not referring you elsewhere, they are providing this service themselves, or they are referring you to specialize service and the following up to see if you made the first appointment. So, increasingly, we are gathering that.

CHAIRPERSON AMPRY-SAMUEL: Thank you. Has DOHMH produced guidance or best practices around cultural sensitivity for discussing mental health with different foreign-born populations?

DR. MYLA HARRISON: So, I think there's a number of ways to answer that question. So, again, the Department of Health and Mental Hygiene is really responsible for the mental health service system and

is available to all immigrants regardless of their language spoken or their ability to pay for their immigration status. In terms of responsibility, we, as a city, are responsible for culturally and linguistically competent care and hold all of our providers responsible for that, as well. It is sort of-- you can't do care without thinking about that. That is been something that we are really hold-- I'm not speaking clearly. Sorry. That we feels strongly about.

CHAIRPERSON AMPRY-SAMUEL: Okay. So, the work that you do, do you feel that it is at a level where you are able to go out and provide like just, you know, organizations and, you know, maybe even other cities who are doing this work and having to deal with a similar issues that we face because we know that this is not just New York City. The climate that we are in now, it's across the entire country. Have you produced so level of guidance that you feel are best practices that can be shared or, if not, do you feel that there are others cities that have, you know, something that you may want to adopt here and are looking at that level of research and--

DR. MYLA HARRISON: That's a good question. I think, at this point, from how to deal with the mental health community, the different immigrant communities that are out there, that we haven't let guidance together, but we have our community services board that helps contribute to how we frame this up from a planning perspective. So, every year we are required to report up to those stayed on the things that we think we need to do better and the community services board weighs in on that. Those are folks from the communities, various communities, and people with lived experience, peers, as well, and may help guide us on what we should be also kind of holding ourselves accountable to, as well.

NICK GULOTTA: Just to add to that, from MOIA, we coordinate the cities fraction coalition of cities across the country, dedicated to a number of immigration principles. Right? One of the things that we have time is shared our rapid response activities. You know, for example, on the ICE raids that took place this summer where we worked when many of your office is on and the type of culturally competent outreach we did following up

with families. And a key part of our outreach is to make sure that immigrant New Yorkers know about the mental health services that are available to them, like NYC Well, regardless of immigration status. So, we have share sort of the best practices that we have with other sort of outreach teams across the country in response to those federal policies.

CHAIRPERSON AMPRY-SAMUEL: Thank you. And thank you for chiming in because I was going to ask you to briefly discuss that and I know you are going to talk about that, too. And what research-- This is for DOHMH. What research have you conducted on mental health needs of specific subsets within the immigrant population, either by language or ethnicity or nation of origin? Like can the level of actual research that you are conducting?

DR. MYLA HARRISON: At this point, as I mentioned earlier, the Health Department has a number of ways to get information on what is going on on a community level through our community health surveys. And, at this point, as I noted, that we know about people who are foreign-born or US-born in general, when it comes to depression, those sorts of rates that we have, we have not delved induce specific

immigrant populations which is, I think, what you are asking. So, that we have not yet begun to do.

CHAIRPERSON AMPRY-SAMUEL: Do you think that it would be helpful and, so, can we be helpful in how? Because I think that that is a critical piece of it because, just listening to the testimony and just listening to some of the responses, they are-- you know, you do what you do.

DR. MYLA HARRISON: Uh-hm.

CHAIRPERSON AMPRY-SAMUEL: And this is all new for a lot of people and just trying to figure out the best way to be able to address so many concerns while we are in it. And, of course, research is a big piece of it, and being able to receive data and figuring out what is missing so that the Council can be helpful. And even advocates can also be helpful so we can all work together.

DR. MYLA HARRISON: Yeah. That's a great idea. We need to take into account what the various organizations tell us and inform us about, but I would be happy to have follow-up conversations on this topic, specifically. Yeah.

CHAIRPERSON MENCHACA: I'll follow up really quickly and ask how do you do that outreach

and how do you plug into that kind of feedback loop from organizations? Is that an institutionalized effort or does that just happen when you get a call from someone?

DR. MYLA HARRISON: So, I think it some of both, but I had mentioned our community services board, which is an organization that we have where we are meeting with a group of stakeholders that include, as I said, peers and folks from the mental health services community. There are also folks from the substance use provider organization in the developmental disabilities organizations, as well. And they feed us and put it from their own experiences and their own communities and or what they are hearing from whether it is patients and people they are serving and their organizations, as well. So, there is a system we have of doing that. We meet with them regularly and we ask them for input and can get guidance from them, as well. We have something that we are wondering more about.

CHAIRPERSON MENCHACA: Is that information that you can share with us as far as who is there since it's an institutional space that you have-- that you are conducting and--

DR. MYLA HARRISON: Absolutely.

CHAIRPERSON MENCHACA: And then the second question is how-- because this is an immigrant-- this is a joint effort with the immigration committee, how are you implementing focus around immigrant communities, English-language learners and this population that we are trying to focus on here within this institutional feedback space you just talked about.

DR. MYLA HARRISON: Yes. Do you want--

DIRECTOR HERMAN: Yeah. I'd like to just add to say that our focus at Drive is to make sure that people who have a particular mental health care burden who are particularly vulnerable to mental health challenges are served and that historically underserved communities are served. So, there is a real intersection right there often with my grandson immigrant communities. Most of our programs have connections with community-based organizations who do train their staff regularly. So, we are not just relying on Safe Horizon, for instance, that offers the crime victim assistance program. We're asking Safe Horizon to invite in community-based organizations to train their staff to make sure that

they understand the needs and concerns of their communities. And I could go through that with all of our programs. That is standard operating procedure. It is certainly true that all of our services are free. We don't turn anyone away. We offer our services in all languages. Everybody has access to the language line, but it is a priority for our programs that the staff themselves are also bilingual and, in many cases, multilingual. So, we're building it into the work that we're doing.

CHAIRPERSON MENCHACA: Thank you for that. I think what we are-- we are going to continue through our prepared questions, but I think the point that I want to make here and really kind of building on on the list of questions here is there is no doubt that the city of New York, because it's legally required for unit to this, so this is kind of a legal mandate for you to have full access no way that doesn't discriminate. What we are saying is that access point is open, but there needs to be a way to bridge that gap of understanding for people to, as you very eloquently signed, that people are showing up in a lot of different places, not just a clinic at a hospital, and they might not even be asking for

mental health services. And that's where the training and that's part of a very important kind of distinction to the roles that the city plays and the CBO team and the folks on the ground really kind of build branch. So, I think, that's what we are trying to get to is so we can be as open's we can, but are people walking through that door? And that is not enough just to be open. We have to really think about and we're going to be listening to panels and some of the questions are going to bring in some of the questions and ideas and feedback from CBO's that have yet to kind of see some of that work happen. And that's where we are going to want to plug in my strategy-- we are going to plug in the holes to the strategy as we see them so we can just be better. And I don't know if you want to-- It's not a questions. It's just a statement. But that's a lot we are try-- We're going to get to the bottom of that in these questions. And the Chair just asked a little bit about the conducting of the mental health needs and specific subsets away then immigrant population. Can you commit to conduct the research and report back? Is that something that you can commit to doing that research and then reporting

back? DOHMH produce to the guidance on best practices around cultural sensitivity for discussing mental health issues with different foreign-born populations, can you commit to prepare that guidance and disseminate that and report back?

DIRECTOR HERMAN: So, what I can commit to is having further conversations with you on what you think you're-- you know, what you are hoping for so that we can really make something meaningful out of the next steps. That's what I think--

CHAIRPERSON MENCHACA: Okay. So what I heard was that we are going to sit down and we're going to talk a little bit about what information we are looking for. Are we specific in what we want? I think we are specific in what we want, but we can sit down and talk.

DIRECTOR HERMAN: I think so.

CHAIRPERSON MENCHACA: But you are committing to, once we have set that standard of understanding of information that we are looking for, that you will, in whatever reporting or whatever research, report that back to the community and to the world?

DIRECTOR HERMAN: I mean, I think we have to talk about what some of the limitations my day. So that's why I don't want to come in to reporting [inaudible 01:14:49]--

CHAIRPERSON MENCHACA: [interposing] Okay. And is there like legal--

DIRECTOR HERMAN: And so that's part of the conversation is what our limitations of information we might already have. What do we have with our colleagues already and another places? So I think I--

CHAIRPERSON MENCHACA: And are those legal limitations that we are talking about?

DIRECTOR HERMAN: No. I don't think I am thinking legal. I think I am thinking true logistic issues.

CHAIRPERSON MENCHACA: Logistic. Okay.

DIRECTOR HERMAN: Like--

CHAIRPERSON MENCHACA: Like you might not be doing the research on some things so you can't--

DIRECTOR HERMAN: Correct.

CHAIRPERSON MENCHACA: report back.

DIRECTOR HERMAN: Or we might not have enough-- If we are, the data might not be able to say what you would hope it to say.

CHAIRPERSON MENCHACA: Okay. That's fair.

DIRECTOR HERMAN: So, those are the conversations, I think, that are worth--

CHAIRPERSON MENCHACA: Okay.

DIRECTOR HERMAN: having, for sure.

CHAIRPERSON MENCHACA: Great. And to the world, we will come back to you all when we get it, but I think that it is going to be important to-- or I should say this was just very important for us to commit to sitting down and doing the research and reporting back to the community as we do a lot of things. Like getting ready for the next budget season, create new legislation, and whatnot. So, I think that is really important. This is now-- Let's shift over to the Mayor's Office of Immigrant Affairs and think a little bit about the public facing staff and I do want to just commend you, Nick, specifically in your team for that work that you did in our communities as we saw some of that immigration enforcement have been in our neighborhood and say on behalf of of-- and thank you on behalf of the

community and our staff that was really, really important work. Would you describe your outreach staff as public facing? Is that something that-- is that how you understand it, as well?

NICK GULOTTA: Thank you for the question. Also, I want to say that we could into that work without your support and your partnership. The outreach staff at the Mayor's Office of Immigrant Affairs, MOIA, we speak 17 languages combined. We do outreach and all of those languages. Public facing and working with communities every day and also, just one thing as a follow-up to a previous question you asked, we work very closely with the Thrive NYC outreach team men, as somebody who directs an outreach team for administration, I wanted to say that, you know, truly, they are second to none when it comes to cultural competency, the type of proactive programming that they do to reach immigrant communities. You know, whatever is happening in the news, whatever federal policies we are battling on a day-to-day basis in immigrant communities, they are working with MOIA support to make sure to provide proactive services. So, absolutely public facing. Yeah.

CHAIRPERSON MENCHACA: Thank you for that. And the kind of next set of questions are really about the training. I think both of you alluded to the sense of training that is out there and is the is forward facing, public facing staff trained in mental health first-aid?

NICK GULOTTA: We have trained our entire staff that MOIA in mental health first-aid. Certainly, when new folks come on then people leave, you know, there arts high's we will have to do additional training, but we've certainly done mental health first-aid trainings and, also, we have been trained by the Thrive NYC outreach team make sure that we are delivering appropriate talking points on mental health that were delivering-- we are including their services whenever we are speaking the communities. And, conversely, we have also met with their team many times to make sure they are including our services, whether it is Action NYC, or other services in their outreach.

CHAIRPERSON MENCHACA: And are there any other trainings-- so these are two trainings that you have mentioned. The mental health first aid and kind of Thrive NYC. Is that like general-- are

there any other things that are being offered to the outreach staff? Pertaining to mental health. We'll just kind of stick there.

NICK GULOTTA: Sure. Yeah. It's a good question. I think that we-- our level of collaboration is really just a day to day exchange with the Thrive NYC outreach team. So, you know, every single day--- every community, as you all know, has unique needs, right? So, there will be a discussion about mental health with the LGBTQIA folks in Brighton Beach, Russian-speaking communities, right? And we want to roundtable there and there may be-- there might be individuals sort of points for cultural sensitivity or resources that the community is asking for. And we will certainly work with the Prize team and conversely they will work with us on an ongoing basis to reach those folks.

CHAIRPERSON MENCHACA: Thank you for that. And really the kind of next question is have you, director, experienced members of your staff using and utilizing that training on the ground and can you give us a few examples of where they were able to use that and direct some on or whatever the outcome was,

can you give us a sense of what that looks like for your team?

NICK GULOTTA: Absolutely. So, certainly during the arrest bonds to ICE raids, this past summer my team made many referrals to community members, on the ground, talk to about the trauma that they were experiencing. They were directing them to NYC Well. I would also say that in, you know-- ways center cultural competency and meeting the community at in all of our-- where they are at, rather, in all of our outreach events and our team is made up of people from immigrant communities who are also are impacted with these policies. So, one example I want to share is one of the folks on my team I spoke with, actually, the day said it was okay that I use this story. He is a dreamer and he said that, during the ICE raids, when he was following up the news that ICE was at a building, you were going there to speak with the families. Of course this conjured stress and trauma for him and he used NYC Well. In doing this work, you know, it's constant. It is a rapid response. We all, ourselves, rely on NYC Well.

CHAIRPERSON MENCHACA: Thank you for sharing that. And I think this is part of the

texture of the collaboration that we are trying to understand and the kind of outreach that is happening right now through the Mayor's office and the team. And I think it is just an important thing to tease out as we look forward to expansions or additions.

DIRECTOR HERMAN: I would like to just make one clarifying point, which is, I think, sometimes people tend to think NYC Well is purely information and referral. There is a huge percentage of the people who call NYC Well who are getting what they need through that phone call or the texting or that chatting. They are getting supportive counseling on the phone in the moment and, for many, that's all they needed. We certainly refer to long-term services and care, but for many people, to be talked down from an elevated state, an escalated state, to calm and to talk through what is going on in, may be, be referred to an action center, if it is legal services that you need, or be referred to the therapist, is that is what you need, but that phone call itself--

CHAIRPERSON MENCHACA: Uh-hm.

DIRECTOR HERMAN: This isn't our statement. This is the people who contact NYC Well

say. That that contact is, in many cases, exactly what they needed.

CHAIRPERSON MENCHACA: And I think that's the-- It sounds like that's where the system is working, right? Where you have-- And really, maybe, we can do focus and context to the ICE raids that are happening. The ICE raids are where we are seeing some of the highest crisis and feelings and trauma happen. And so what we are trying to understand the news, is your team is being trained to do this to first-aid mental health first-aid and you're talking about a lot of cultural competency end really how many-- where are those points the most productive and is that a system wide productivity or is that really just MOIA's team? And really how far are we addressing the cultural stigma around mental health? That's just general for anyone. And then the mental health issues and the trauma with the symptoms and identifying the symptoms and then the immigration component. So, how was this happening and where is that happening and is that across the system or is it really just Nick's team that is out there that does that work? You're saying 311 and Wellness is where

that is happening. So, give us a sense about where that is.

DIRECTOR HERMAN: It's happening across--

CHAIRPERSON MENCHACA: The competency across--

DIRECTOR HERMAN: all of the Thrive programs. It's Thrive Programs whether it's-- you're a crime victim advocate are you are a therapist and a senior center or you're working in a shelter. You are getting trained by community-based organizations who can give you their perspective about what their constituents are going through. So, you are getting training in mental health then you are getting training in cultural competency.

CHAIRPERSON MENCHACA: Well, okay. I'm don't know if I'm asking the question in the best way. And let's move over to a question about MOIA. Do you want to offer another--

NICK GULOTTA: Yeah. Just one more thing I would offer up. So, certainly, you know, we take pride in our outreach team at MOIA and I think you for the compliments. I do want to say that, you know, Susan had mentioned, and the-- across Thrive programs that is true, but I will say that in my

direct experience with the Thrives NYC outreach team, I think that is another area where that same level-- I know that's another area where that same level of cultural competency, as well as meeting the community where they are out really guides their work. I would also add that many of the outreach teams across the administration our partners that we rely on and work with all the time whether it is the Mayor's Community Affairs Unit staff, the Public Engagement Unit. We've definitely had mental health first aid trainings available to us that-- and everyone at different times has taken them. So it's, you know, an ongoing process to get trained and to make sure all your staff throughout the entire administration our trains, but, certainly, and the mayor's office, it's-- with outreach teams, it's extremely common and where that is true. And we work with our partners across other mayor's office is to ensure that that is the case.

CHAIRPERSON MENCHACA: Okay. And just to drill it down one more time, how does the content of this training address cultural stigma or varying mental health definitions or symptom descriptions and identification?

DR. MYLA HARRISON: I think that is the content of the mental health first-aid training itself, if I am understanding your question. We can offer mental health first-aid training to you all if you have not taken it because I think you will see what folks are experiencing, but that is--

CHAIRPERSON MENCHACA: I'm down.

DR. MYLA HARRISON: that is exactly what that is. So, it's a full day training and it helps people understand, you know, recognizing signs and symptoms of mental illness and when to know when you might want-- need to refer and also how to talk to folks about it and see these issues that you might know anyway and maybe just haven't labeled it as such.

CHAIRPERSON MENCHACA: Well, I haven't taken it and our Chair here has and so I will-- I commit publicly to taking it.

DR. MYLA HARRISON: We'll sign you up.

CHAIRPERSON MENCHACA: I'll talk to Mike Chief of Staff to schedule it. Everyone should take it. But I will do it. Okay. Last question on this kind of content and the context of ICE raids and the outreach staff, how much of a collaboration did MOIA

have in developing the content of the mental health first aid training and materials? How much did MOIA help in creating and developing the mental-- the mental health first-aid training?

DIRECTOR HERMAN: So the--

CHAIRPERSON MENCHACA: Did MOIA have anything to do with your--

DIRECTOR HERMAN: Mental health first-aid training is a nationally certified curriculum and to the extent that we get input-- So, they were not involved in the creation of it, but to the extent that we get input it from trainees, from MOIA, from anybody else, we've given that input to the national council and, in fact, they are coming out with a new version in January that we think will be responsible to exactly what you are talking about. A little bit more culturally sensitive and appropriate. So--

CHAIRPERSON MENCHACA: Looking forward to that.

NICK GULOTTA: And also chose to speak to the way in which some of the outreach engagements around mental health first-aid are structured and sort of some of the things that I think would be relevant here, I think a lot of the outreach

engagements, whether they are for taxi workers, whether they are folks who are victims of the Muslim band, the travel ban, I have worked with the Thrive NYC outreach team on a number of those occasions when they have brought in different community members and really tailored those engagements through outreach and third discussions ahead of time to make sure that it was relevant for them. So, that work is ongoing. Not to speak to the curriculum itself, but to speak to sort of the larger conversations that are being had in those spaces.

CHAIRPERSON MENCHACA: Got it.

NICK GULOTTA: Thrive talks and other things.

CHAIRPERSON MENCHACA: Thank--

DIRECTOR HERMAN: We go out jointly all the time. And that--

CHAIRPERSON MENCHACA: Yeah. That's what we kind of wanted to tease out here, so think you first heard of walking through that.

DIRECTOR HERMAN: [inaudible 01:28:40]

CHAIRPERSON MENCHACA: Okay. Awesome. And just make sure that you pull the mic closer to you so we can hear.

DIRECTOR HERMAN: And we go out jointly with MOIA and the Human Rights Commission on a regular basis. So, we draw on the expertise of the other office or agency.

CHAIRPERSON MENCHACA: Great. Thank you for that. Is the topic of mental health among immigrant New Yorkers been discussed by the MOIA taskforce? So MOIA has a task force and has that been a topic in that body? If so, when?

NICK GULOTTA: Yeah. So we have an interagency task force that we share. This subject hasn't come up, although, it is definitely something I can speak to my folks back at the office on and see that it does in a future meeting. We share a resources strategies quite frequently. So, in terms of outreach-- and I've presented, for example, this task force meetings on outreach and, certainly, I think there are lessons learned in those spaces, but we haven't done and the entire me being specifically on this subject, so that is something that we can talk about doing.

CHAIRPERSON MENCHACA: Yeah. I'm very curious about specific claim mental health. So, I hear that you are talking about outrage, but--

NICK GULOTTA: Yeah.

CHAIRPERSON MENCHACA: very specifically when did that topic become part of the conversation in the MOIA task force?

NICK GULOTTA: There hasn't been a specific meeting just on mental health. That's sort of one part of the equation, the interagency task force. We communicate with our agency partners, for example, in-- I'm handed a note. The next meeting is in November and we can certainly make sure it's on the agenda. I will say that we do communicate regularly with our interagency partners. For example, when-- right before they announced ICE raids this summer, we asked that all of our partners share information with their lists with their CBO contacts, with their community members, members, and folks who are receiving services from those agencies, including information about action NYC, NYC Well, etc. So, we work with them to get the word out about these programs, which always includes NYC Well.

CHAIRPERSON MENCHACA: Awesome. And just to clarify, then next meeting is in November and is mental health the topic at hand?

NICK GULOTTA: We haven't decided on the specific topic yet, but we can bring it back to the task force and we will let you know.

CHAIRPERSON MENCHACA: Thank you. You mentioned We Speak New York. Is the intent of teach English language learners-- sorry. Let me start over. You mentioned We Speak. Is the intent to teach English language learners about the basics of mental health or to help English language learners have a mental health vocabulary?

NICK GULOTTA: That's a great question. So, the We Speak episode and no workbooks that accompany that are used in costs is all around the city, senior centers, libraries, etc. really they-- You know, in the film itself, Rafaela's Test, we follow Rafaela through her experience. She is referred by a clinician to speak to NYC Well. She does that. You know, their issues and stigma that are addressed in the episode. There is shoes, you know, that I think certainly build on vocabulary. I have looked at the workbook pretty extensively and certainly, it-- vocabulary building around mental health, that is something that is focused-- there is a focus in that workbook. We worked with Thrive

pretty extensively in creating this content, so, you know, I would say all of the above.

CHAIRPERSON MENCHACA: Thank you. Good June 12 immigration hearing, the immigrant justice court mentioned that the city ought to invest in community mental health clinics. What engagement has MOIA had with community mental health clinics? If your colleague wants to be on the panel, he can be on the panel.

NICK GULOTTA: So, I don't think that I can speak to this today, but we can certainly get back to you on it.

CHAIRPERSON MENCHACA: Yeah. We will follow up on that. Let's talk a little bit about the work with Action NYC and the partnership with Health and Hospitals and Action NYC. What are the most common interactions between these two bodies?

NICK GULOTTA: What are the most common interactions between-- if I'm understanding the question--

CHAIRPERSON MENCHACA: Action NYC and Health and Hospitals.

NICK GULOTTA: Health and Hospitals. So, we certainly make our services available to

anyone receiving care in the NYC Health and Hospitals. Referrals are made regularly. There are other specific referrals that they are given and are around immigration legal assistance that are sometimes more relevant to their situation I don't know if-- I defer to my colleague to speak to those.

DR. REBECCA LYNN WALTON: Could use a little more about which contacts you mean in? Trying to figure out exactly--

CHAIRPERSON MENCHACA: Well, mental health.

DR. REBECCA LYNN WALTON: Yeah.

CHAIRPERSON MENCHACA: Let's start there.

DR. REBECCA LYNN WALTON: So, I would say we partner with MOIA and a variety of city partner agencies on getting people into care and do you mean specifically are they supposed to come to us? I'm just trying to get a better understanding.

CHAIRPERSON MENCHACA: So, Action NYC is in two locations, correct? So, how are you collaborating? Can you talk a little bit about what that looks like and-- I just want to leave it open to see where you are focused--

DR. REBECCA LYNN WALTON: Yeah.

CHAIRPERSON MENCHACA: in terms of energy, assistance, collaboration, priorities.

DR. REBECCA LYNN WALTON: Yeah. So things happen on two levels at all times whenever we are working with other agencies. So, they will have leadership and sort of what's the best-- Yeah. Sure. Sorry. Usually I'm too loud. So, we generally do things that to levels at all times. So, there is the leadership, how are things working, what is the passage way, what's the protocol, what legal constraints are there? Quiet information can we share so that people can get enough information as someone is coming in to determine where they should go, but they also have the on the ground folks. If I'm sitting at the desk at Lincoln Hospital, I need to know the person who is sitting at the desk at the other agency, as well, so that it is Rebecca talking to Jenny and then whoever it is. And then also that I am guided by the larger decisions at the top for wide information can be shared and what services to offer, as well.

CHAIRPERSON MENCHACA: So, this sounds more like triage. Is that right?

DR. REBECCA LYNN WALTON: No. I would say that happens for all referrals. There could be anything from if someone is being referred for acute needs. Say some wine is a maze school and they disclose to the guidance counselor that they are feeling suicidal or something like that or they have been through a crisis. Then, yes. We would hope that we could do triage with the school to get the information you need in order to determine where the person needs to go for services. But there is also the ongoing and calmly, could be something less acute where a guidance counselor says, you know, I don't know which facilities in the neighborhood are accepting patients or what services they have. So then there could be a phone call that happens then. Got it. So, I'm being told that Action NYC-- Yeah. And I'm going to get back to you with a little more concrete information about that, as well.

NICK GULOTTA: And I went to follow up, if I can.

CHAIRPERSON MENCHACA: Okay.

NICK GULOTTA: Council member, so, just to give an example of when I think that collaboration and that you are really speaking to took place, you

know, obviously, we work with diverse immigrant communities across the city. There was an incident this summer. A car accident. My outreach team reached out to, my folks, who are directly impacted from this community, from the [inaudible 01:36:50] community. The folks who were injured were people who also had immigration needs. Urgent emigration needs. Folks who had come to the border. And, you know, having an Action NYC partner actually at Lincoln Hospital in the Bronx was extremely helpful in that case. So, I just want to offer that up as one example from our work where I think that that sort of collaboration unfolded, if that is what you are speaking to. Yeah.

CHAIRPERSON MENCHACA: Well, there is incredible value here and I think this is a joint effort to bring more Action NYC energy and comics and referral an opportunity for engagement at hospitals, right? So you're at two different locations and so we want to get a sense of what is happening with that and, so, thank you. That does kind of speak to the flavor. What types of cases are coming out Action NYC engagement healthcare settings? So, is there an understanding of what kind of cases come out? Are

you tracking the kind of cases that are coming out of that?

NICK GULOTTA: So, we definitely track those cases. I don't have that information with me. I can certainly get back to you, thought. We will follow up.

CHAIRPERSON MENCHACA: Again, this is why we want the commissioner here, no offense to you. I think you have been incredible. And this is why I am disappointed. I had no idea that she was going to be here. Let's talk a little bit about the H & H facilities that have Action NYC in-house. What are the operations of Action NYC? What are the types of services? I mean, we're kind of hitting the services and that is what is pointing to the cases that can answer that question right now. But, can you give us a sense about what that is?

NICK GULOTTA: don't have the full list in front of me. If there are specifics in terms of like operating hours that you are looking for, what are the-- what are the sort of--

CHAIRPERSON MENCHACA: Yeah. For Action NYC, what are the hours of operation? Are there hours of operation?

NICK GULOTTA: Absolutely. So, generally speaking, Action NYC, Monday through Friday 9 to 6 p.m.

CHAIRPERSON MENCHACA: At the hospitals? The two sites?

NICK GULOTTA: That is a very good question. I am going to get back to you, though, a hotline, overall, operated by Catholic charities is available during times. So, certainly, if someone calls the hotline, whether they are at any H & H site or anywhere in the city, they will be able to speak to someone during those times.

CHAIRPERSON MENCHACA: and, again, I get the access point. What we are trying to get to is Action NYC, within the hospitals, that's aware of a different kind of magic happens and this is what we are trying to understand here. But I guess we will follow up later. On October 4th, 2009, Health and Hospitals announced that the healthcare access program, NYC Care, had enrolled more than 5000 New Yorkers in the Bronx since the program launched on August 1st. Out of the 5000 New Yorkers enrolled, how many are immigrants and is the mental healthcare offered to individuals with NYC Care? Are primary

care physicians trained to recognize mental health needs and refer patients to available services? Does anyone know?

DR. REBECCA LYNN WALTON: I think this is my-- So, NYC Health and Hospitals estimates that 50 percent-- for over 50 percent, actually, of our patient population-- I think 1 million people in turn our doors last year and we estimate that over 50 percent or over 500,000 of them identify as either foreign-born or English-- have limited English proficiency. We don't track immigration status because of our mission to provide care regardless of status or ability to pay. And also because we want to protect our patients whenever possible. So, I would say NYC Care is-- has the same mission. It's under the same umbrella and so we are always going to be trying to identify with the needs of people coming through the door are, what language they need to be served in, and then also, I mean, for context, we ask questions like when I am treating someone, are they going back-and-forth between this country and another? Because that can have an effect on treatment planning. So, that is the context of

questions we ask that is part of treatment that we need to know about rather than status.

CHAIRPERSON MENCHACA: And that is all embedded in NYC Care?

DR. REBECCA LYNN WALTON: So, NYC Care provides access to all Health and Hospital services right now in the Bronx and then it is going to be rolled out in the Brooklyn, Staten Island, and to all five boroughs, so it's not so much that you just to get NYC Care services. It's that you then get access to all Health and Hospital services.

CHAIRPERSON MENCHACA: Got it. Okay. And the physicians-- the primary care physicians are trained to recognize mental health needs and they have that access point to the referrals, you are saying?

DR. REBECCA LYNN WALTON: So, we make mental health first aid training available through Thrive, actually, to all of our employees and more than that we provide screening, as well, where they are trying to recognize signs of depression. We also do public education with patients and community members on stigma and actually it is part of our Healing NYC initiative and opioid and overdose

prevention, so we try to include anti-stigma training in that and we're trying to identify other areas to cover, as well and immigration would be a great topic to include in that, as well.

CHAIRPERSON MENCHACA: And so, maybe more specifically, the patients that we are seeing connect to, you're saying, 50 percent have some kind of potential immigration background, foreign born, etc. the Health and H-- H & H facilities. Do they, as they enter H & H facilities, have access to ongoing mental health services regardless of immigration status?

DR. REBECCA LYNN WALTON: Absolutely.

CHAIRPERSON MENCHACA: Is there any fallout? Is there any like cliff to their service?

DR. REBECCA LYNN WALTON: I would say we work every day to get rid of any cliffs that we identify. So, they--

CHAIRPERSON MENCHACA: Okay. Can you explain maybe some--

DR. REBECCA LYNN WALTON: Yeah.

CHAIRPERSON MENCHACA: that you had to get rid of? Give us a sense about that roadmap for

someone who-- the folks we are talking about at the hearing today.

DR. REBECCA LYNN WALTON: I think it's important to actually talk about people that we were able to keep in that historically wouldn't have prior to current administration and current programs we have. So, we provide, for example, opioid-based-- outpatient based opioid treatment now. Medication assisted treatment in primary care offices throughout our system. And so, someone who may be coming in for their one primary care visit per year, there are some question through a screener or a conversation they have with a clinician, maybe, they are struggling with opioids or maybe they even had a recent overdose and the doctor may notice that a your record and, as a result of that, they then would stay in the system and stay in care and be at-- and have access to treatment they wouldn't have had prior to that.

CHAIRPERSON MENCHACA: so, it sounds like, yes. They would have access to a kind of long term care--

DR. REBECCA LYNN WALTON: Absolutely.

CHAIRPERSON MENCHACA: program--

DR. REBECCA LYNN WALTON: Yes.

CHAIRPERSON MENCHACA: that is focused on mental health services and you are going to be working really hard to remove any barriers across the way.

DR. REBECCA LYNN WALTON: Every single day. Yeah.

CHAIRPERSON MENCHACA: That's the intention. Okay. Last question and then I am going to hand it over to the chair, again, for any follow-ups. NYC Care-- do you do outreach to immigrant communities and encourage them for regular preventative primary care such as flu shots and vaccinations and is fact NYC Care or is that Action NYC? Is that MOIA? Is that--

NICK GULOTTA: That's a good question.

CHAIRPERSON MENCHACA: Thrive?

NICK GULOTTA: Yeah. So, I think this is a great example of sort of our interagency collaboration on this subject. In the rollout of NYC Care, MOIA has played an advisory role, particularly when it came to outreach. And so, the five organizations who, ultimately, were selected to do outreach for NYC Care in the Bronx, Micong [sp?], Bronx Works, Emerald Aisle Immigration Center,

Northwest Bronx Clergy Council, and Sati Etu [sp?], You know, are all immigrants serving CBO's, right? And so, between their work and the work of my team, which has played a supplemental role in the initial outreach in the Bronx, folks get referrals, certainly, two other services that they need. So, just to give you an example of that collaboration, when my team was on the ground talking about public charge, you know, we will mention that NYC Care does not trigger public charge and that, you know, immigrant community members should receive access-- should go get enrolled in and NYC Care. We have an amazing team at MOIA who works at NYC Care outreach and they continue that work to this day and will be for the rollout into Brooklyn and Staten Island, as well.

CHAIRPERSON MENCHACA: And thank you for mentioning that. It reminds me of an article that I read this morning about seniors. Senior populations, senior immigrants dropping out of perfectly okay programs and what are you doing to kind of combat that disenrollment from senior immigrants?

NICK GULOTTA: That's a great question. I will start and I think, if there any data pieces my

colleagues want to weigh in on, that would be helpful. Certainly, I think, from MOIA's end, we do outreach every single day to reach New Yorkers broadly about public charge. Since the rule, the final rule, was made public in August and two today, on the ground we have folks who are doing presentation, speaking food pantries, at senior centers. Folks who are making announcements at houses of worship each weekend and on Fridays. A lot of this work--

CHAIRPERSON MENCHACA: When did you begin not outreach?

NICK GULOTTA: So, though week that the rule-- So, we had been doing that before the final rule was made public in August and we had been doing that role--- we've been doing that work ever since. So--

CHAIRPERSON MENCHACA: And so is there a tribute to that work in a positive way. Have you seen any outcomes in that outreach?

NICK GULOTTA: Certainly. I think the greatest way to combat fear is by providing real information to empower communities and that is what we have done with that work. So, you know, there

been many community events that I have attended, direct outreach that we have done. Both had grocery stores and immigrant communities, including in Sunset Park with partnering with your office and beyond and also, you know, at senior centers certainly and food pantries where people have told us, you know, I was going to stop coming here. I was going to stop using my benefits. In this work is actually-- this interaction, this explanation of the policy has prevented me from doing that. So, hearing that level of feedback from the community members that we work with every single day has informed that, certainly.

CHAIRPERSON MENCHACA: And you were really kind of speaking to the method, which I really appreciate the method, since I am seeing in on the ground, which is great. What I'm looking for is state of that shows the trends reverse saying you have, in fact, they are. And so, that's what I am looking for. Stayed up. Do you have data across the board for folks to-- that are disenrolling, enrolling, or pausing or stopping that disenrollment for immigrant seniors across the board?

NICK GULOTTA: One thing that I will point to-- certainly the DSS has data, particularly

around SNAP disenrollment that we can share with you. They are not here today. I don't want to speak for them, but that is data that we have made available and we can definitely get it to you.

CHAIRPERSON MENCHACA: Okay. Chair?

CHAIRPERSON AMPRY-SAMUEL: After all of the testimony that we've been hearing, I'm really anxious to hear from the advocates and the community-based organizations today hear all the great work. And, I guess, you know, like my questions will be answered by the folks that are really doing work. So, my last question is just really clarification. Mental health first aid training-- and I know we mentioned like a level of cultural competency. And so we will see that in January. Like a change in the training that is being offered and more specific to--

DIRECTOR HERMAN: Okay. The training itself, the way the training is delivered, we've done a lot to make sure that it is delivered in a culturally competent way. And, in fact, we offer training for particular populations already. You can take it in this language or that language. You can say that you would like a training for people who are LGBTQ and sort of a lens into that population by--

you know, through this training. You can say that you are a veteran. It's only the curriculum, the actual manual that I was talking about that, given the feedback that the national Council is gotten, we're going to see a new version of that actual manual that every participant gets at the end of it.

CHAIRPERSON AMPRY-SAMUEL: Okay. Okay. Thank you.

CHAIRPERSON MENCHACA: I have a few last opportunities to bring some voices into this conversation that are going to be testifying later and there are some good recommendations and some of their testimony that I just want to throw out. See if you have any reactions to. One of them is to ensure timely access to psychiatric care for people leaving immigration detention. That currently is not necessarily something that is a focus and this is coming from BDS, the Brooklyn Defender Services. I think it's a great recommendation. Any comments to that? Ensuring timely access to psychiatric care for people leaving immigration detention. And if you have been in those spaces, they are tough. They are tough spaces, especially for families that are experiencing it, sometimes, together. How could you

do that? Is that something that would be good to talk through?

DR. MYLA HARRISON: So, I believe there are organizations who would be well placed to do that and I think that through some of the initiatives that are existing, it would be worth making those connections. So, for instance, the immigrant health initiative may be a good place to start to work with folks who already are getting the resources and already also have mental health services as part of what they are getting resources to do. I think it is something, you know, clearly, you know-- you know, anyone who is into attention who is experiencing whatever got them here that might have been traumatic before they came to this country, whatever additional traumas that they are exposed to just in the aspects of having to, you know, go through that, I think, is they would like additional resources, you know, absolutely. It seems like something--

CHAIRPERSON MENCHACA: It sounds like you are open to it and we should sit down and think about that. A lot of our initiative funding is going to neighborhood organizations, CBO's, that are working in neighborhoods. We don't have anything like the

direct kind of focus on folks that are just to leaving immigration detention and I think that's the-- it's a different question. It's a different program and but it sounds like you are open to some of that and we need to have some organizations that would probably be very well poised to take that one.

DR. MYLA HARRISON: Absolutely.

CHAIRPERSON MENCHACA: That's great. We will--

DR. MYLA HARRISON: Just to add--

CHAIRPERSON MENCHACA: Sure.

DR. MYLA HARRISON: You know, high risk situations, we ought to pay attention to. Right? So, that's a high-risk situation, right? It's one of those-- it's a time when, if people need help, we ought to be--

CHAIRPERSON MENCHACA: Right.

DR. MYLA HARRISON: figuring that out.

CHAIRPERSON MENCHACA: We agree. We agree. To train insurance navigators on enrolling immigrant New Yorkers, has that been something that you all have discussed in terms of back to access to healthcare as a whole, but really getting navigators

trained on immigrant New Yorkers-- on enrolling immigrant New Yorkers?

NICK GULOTTA: I can start and my colleagues can jump in. We have certainly worked a lot with Get Covered NYC who plays an incredible outrage rule in enrolling people in healthcare options. I would say one week ago they presented to my team and we presented to them. And that's an ongoing collaboration. The Mayor's executive order 40 requiring that all agencies play a role in, whenever there are touch points with New Yorkers to encourage them to enroll in health insurance, so that's certainly something that we are working on and would be interested to hear other thoughts on and how we can scale it.

CHAIRPERSON MENCHACA: Thank you for that. And last question. We have a lot of conversations in this committee and I'm glad we are doing a joint committee about cultural competency. A lot of folks tend to think about cultural competency as the same as language access and they are not. So, I kind of want to get a sense from all of you about how you define cultural competency as a whole, separate and

apart from language access. And maybe this is to you both here on kind of Thrive and DOHMH.

DR. MYLA HARRISON: So, it's a great question that you're asking in terms of how do I define it and I think it's broader than how do I or the Health department defines it. We work with many, many organizations out in the community who work with various aspects of all the cultural issues for the folks that come through their doors. Then, you know, just at the highest level being able to meet anybody's means no matter what their cultural background is as critical for cultural competency. So, it's not just that you have cultural competency for one shoe around a specific Latino population. It really has to be the ability to manage anyone who comes through your doors regardless of which culture hat they are wearing. And that is something that-- we work with hundreds and hundreds of organizations and so, a lot of times we are holding organizations that are out there that have to do this work-- actually, they're holding themselves accountable to the a lot of times. So, as the health department who is-- you know, we're managing a lot of contracted programs, we have a responsibility to see if they are

doing that. But, again, organizations themselves are really critical components to it. I means a lot of organizations in my testimony that we work with and they are, you know, out there on the ground and they are the ones that to-- you know, they are truly a, mold of the people that they are serve the end we want to see that happening.

NICK GULOTTA: Sure. Just to add maybe one or two points in how, I think, we sort of center and see cultural competency and were, I think that we could do this work without nonprofits in the advocacy organizations, the community organizations that are in this room and beyond. We just couldn't. And even though our outreach team, like I said, speak 17 languages, come from immigrant backgrounds and communities from across the city, we truly couldn't do this work alone. So, working very closely with them, I think that's a great point. I will say that, you know, folks, when it comes to cultural competency, being aware of-- being sort of trauma informed, understanding where people are coming from, meaning them where they are at whether it's, you know, purely on language or religion, from the experience they have had speaking to working

conditions, speaking to class backgrounds-- all those things are important in outreach and we definitely try to censor those experiences in all of our work and I know that that is also true for Thrive.

CHAIRPERSON MENCHACA: And can Thrive, Ms. Herman, can you answer that question, as well?

DIRECTOR HERMAN: No. That's all right. She just-- She was ready to-- Go ahead, Rebecca.

DR. REBECCA LYNN WALTON: So, at Health and Hospitals, we see it as more of a conversation that starts when you enter the door. And so we offer-- and starting with your onboarding training, you are having access to cultural responsivity trainings and it continues on through your years. We have an office-- we have a standing committee for diversity-- sorry. I wanted to get the order of the words right. Equity, diversity, and inclusion and we have a director of that office, as well, that reviews all of the curriculum we are getting seeing where can you pe-- even if you're doing how to approach epic? Can we include it in that training, as well? Our electronic health record. And so we are trying to have it as material throughout all of

our training throughout all of our conversations throughout all of our departments, as well.

DIRECTOR HERMAN: I would just add, I think I and maybe others did, as well, but I certainly wanted to add to the conversation because we are proud of the fact that we are trying to recruit bi and multi-lingual people. I wasn't in any way saying that that's it. That that's all there is. But that's a part of it. Language access is a part of it and the-- there's not much that I would add to what everybody else has said except to say that serving people where they are, understanding that everybody comes in the door with a different background and a different culture, then adding to that a trauma informed lens is what Thrive is all about. Understand that, if you want to provide mental health for all New Yorkers, you have to understand where people are, so it's not just getting it in different locations, as I was stressing before. It's working with community-based organizations to make sure that you are familiar with the neighborhood where you are, you are familiar with the culture that you are serving, and our programs are all engaged in that kind of collaboration with local community-based

organizations, including our own community engagement team that is prioritizing working with the most honorable New Yorkers, including immigrants.

CHAIRPERSON MENCHACA: Thank you. Thank you for that and thank you for everyone engaging in that class because I think this is something that we struggle with, as well. And in this opportunity that we have created here in this open dialogue about mental health services, we know that there are many challenges in having communities access these services and that, for any community, pick one that is an immigrant community, they are going to understand mental health in a very specific way and what we are saying is how do we start there and really kind of burying their lands and their understanding to this conversation and that we often, sometimes-- especially when we think about immigrant communities and services that we create, we often take a passive understanding of this work that, as long as we have all the doors open and we have cultural competency use, that we can just sit and wait for people to come. If you build it, they will come kind of mentality and that's just not how it is going to happen, especially with mental health. It

has so many barriers for any human, period. This is part of the massive challenge to mental health. So, we want to ensure that we drive the point home that this is not just about being ready for someone to come in, but that we are really building that bridge and relationship with communities so that they can feel actively pursued by their community organizations and government to be welcomed and that is what we are trying to figure out here in this conversation. And so, we're going to hear from others about what that might look like and I hope that your staff can stay here and listen to some of those ideas because we are going to be following up. Then this is just the beginning of a long conversation with all of you and I really-- we thank you for being here. Okay. We're going to move on to our second panel. And we have with us today from the Office of the Congress member Ocasio-Cortez, Lorraine, and Office of Congress member Ocasio-Cortez, Maribel Hernandez Rivera. The floor is yours.

MARIBEL HERNANDEZ RIVERA: All right. Good afternoon, everyone. My name is Maribel Hernandez Rivera and I am the district director for

Congresswoman Alexandria Ocasio-Cortez. In this role, I oversee all of the constituent services that are done by her office. We serve constituents in New York's 14th 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 having to leave NY 14. You can go from a Tibetan [inaudible 02:03:03] restaurant to an Uruguayan bakery to an Indian Samosa shop all within one mile of each other. But it's also this diversity that means that our constituents experience the consequences of this frustrations call and inhumane immigration policies on a daily basis. Of almost 600 cases opened in our office, the vast majority of our casework is immigration related. Day in and day out our office helps constituents navigate the maze that is the immigration system. Day in and day out we work 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 have been detained and in danger of being removed by immigration and customs enforcement. In fact, that's how we met the A family. When 19-year-old Lorraine and 13-year-old Scarlet came to our office seeking help for their father. Their father, Mr. A, has been in the country since 1990. He has three US citizen children. He is had no interaction with the criminal justice system. He has been granted permission that were and has been employed at the same job for over 20 years, yet, on July 30th, 2019, Mr. A's life was upended. On that date, as he had been doing for years, Mr. A when to his ICE check-in. But, unlike the multiple number of times he had diligently attended his ICE check-in and had been able to go home 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 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 that plane. On August 2nd, 2019, Lorraine and Scarlett made the journey from their home in the Bronx to our office in Jackson Heights to seek help for their father. I still remember the look on their faces as they were accounted with their father and their family had been through. I remember the desperation of not knowing what to do. Children should not have to go through this. They said 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 Gilman 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 means of immigrant communities is very important, so is providing the 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. This fear of having your family destroyed. The fear of having to move to a country where your spouse was born, but he lived more than 20 years ago in a country that has become one of the most dangerous countries in the world. My husband, Gidel Contreras [sp?], has been in the country for more than 20 years. He has a 13-year-old US citizen daughter and a US citizen wife, yet he faces the possibility of being removed to Honduras because this administration announced the termination of temporary protected status for under this effective January 5th, 2020. Since then, I've 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, since she learned about her father's situation, my 13-year-old stepdaughter has been experiencing panic attacks and has had a hard time concentrating in school as he often thinks about the possibility of her father being deported. And, 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 of grains 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 Menchaca and Chair Ayala and the members of the committees for having invited us to testify and I commend you for looking at the services needed by the immigrant community in a holistic way. I now turn it to Lorraine to share with us her and her family's experience.

LORRAINE ANDAL: Good afternoon. My name is Lorraine Andal. I am the daughter of Mr. A. My family and I are constituents for New York's 14th

congressional district. These past two months have been the hardest time of my life. My father was taken into ICE custody on July 30th, 2019. There been a lot of decisions that I had to make it 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 out around 4 p.m., 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. Is been there numerous times and nothing ever happened to him. It was around 7 p.m. when I started getting worried. My dad was supposed to send me money so I could buy books for my fall semester classes, but it never went through. His phone was on, but he wasn't answering. By 9 p.m., no one heard from my father. I was hyperventilating. I was in fear. I started thinking may be ICE as my father or maybe he got her going home. I sat down coming up with the most outrageous things that could've 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 the bus to New York City. The whole ride I was in contact with his previous lawyer asking how they could help my father. They 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 New York City and going on websites searching up questions like can you be released from ICE custody without a lawyer? You have the right to refuse deportation as an immigrant. I searched up these things and I had no knowledge about them. I never thought I would be in that type of situation. The following morning at 10 a.m., I received an unknown number call, but I had a feeling it was connected to my father. I answer 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. Say he has no family and his country of origin and that he was going to be by himself with nothing. He said that I should contact his lawyer and informed them of the situation. The man said he didn't have much time and that they would put my dad on a plane soon. The man told me to calm my dad down and tell him it was best 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 around 4 o'clock in the morning, they took him out of the jail and told him they were going to court. At this 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 to more people in the room screaming, come here. You are 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 US Representative Alexandria Ocasio-Cortez. My younger sister and I traveled there and, when we arrived, I was nervous. I'm not a big social person. Thankfully, they listened then immediately begin to help us. We were connected with immigration attorneys who took my dad's case free of charge and, with the help of everyone, my father was released on bond on September 30th. I have watched the people I love suffer. I have seen my strongest person I know at his weakest. I have high hopes to that, in a matter of minutes I'm at the lowest point. I had bottled out my feelings so my family could remain calm. I have tortured my mind every day with horrible things that could possibly happen though my father. I have jeopardized my education and make sure my family is doing well. I have seen my father where an orange jumpsuit and talked to him through a glass. I have watched my little sister cry while talking about forwards 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 is not the same. He's timid. Seeing my father like this is traumatizing.

CHAIRPERSON MENCHACA: Lorraine, thank you so much for being here today and for telling your story. I can't imagine and you're telling us and we are hearing it, the trauma that you have experienced today and the incredible courage and bravery that you had in this step-by-step moment. And, as a committee, I think we're very committed to ensuring that your voice is heard in that we take this and we do something about it. And I hope that you just heard a conversation that we had with the Mayor's Office and the city agencies, that we are trying to figure this out. And so I hope you feel that that commitment is there, but probably the most important commitment is that-- the one that you made today to come and speak your truth and I just want to say thank you for doing that. It's not easy and it's not something that we want anyone to ever have two experience, let alone come back and read tell that story. And so I hope that you can feel that we are hearing that in a very real way. You have an incredible team around you. I know them really well.

From Sarah and Maribel, we go way back and you are surrounded by incredible angels and every New Yorker should have access to that. And so I think you for that testimony. I don't know if you want to say anything.

CHAIRPERSON AMPRY-SAMUEL: Thank you for your strength and sharing what you're going through that you should not be going through. You should be a normal college student worried about books and, you know, if you are going to get an A on your next class. That's what you should be focused on. You shouldn't be focused on, you know, this bird in now of having to deal with these big institutions to protect your family. That's crazy. And, you know, like Council member Menchaca just said, you are surrounded by some strong women and strong people and strong advocates and we are here with you. And, you know, wish you all the best and success and we pray for your family.

LORRAINE ANDAL: Thank you.

CHAIRPERSON MENCHACA: And I have a question for Maribel and really the district office work and just thank you so much for sharing with the sweat, I think, every Council member here knows that

so many of-- especially the districts that have high immigrant populations, foreign-born, that, when they come into the office, so much happens before that moment where they come in to government and so much work has to happen for there to be a sense of trust in connection. What are you thinking about in terms of-- not thinking about. What are all the services that you are using out of the district offices to refer people to in terms of mental health services right now? Like what do you have access to at this point?

MARIBEL HERNANDEZ RIVERA: Thank you for the question. I think the main thing-- and, you know, we listed to the previous panel. One of the things where we are very lucky is that we are very well aware of the services that the city provides. And that is something that I take this position that we hold as a big responsibility to make sure that we are creating that branch. You know, when you are in Lorraine, because she had heard of the Congresswoman, she came to our office. And, often enough, we are not the ones who can provide the services, but we can definitely make that connection. So, when Lorraine came to our office and I knew that the first thing

that she needed was immigration legal services and, in my previous life I intend immigration legal services for the city, I was able to make that connection. In terms of mental health services, one of the things that we are limited, as federal officers, as we cannot make referrals directly to nonprofits, but we can make referrals directly to city services. And so, we have been in conversation with Thrive. And we have spoken of them and then we plan to do a training for our constituents to make sure that we have that connection. And I say that for Thrive. I say that for Action NYC. One of the things that I feel, again, very lucky to be able to do, I now speak to other Congressional offices and, in fact, in the case of Lorraine's father, we wrote a congressional delegation letter. And it wasn't just our office. We reach out to many other congressional offices and said, okay. Let's put support behind this family because they need it. And they came through. And so, I do the same thing. I go back to the offices and we have regular meetings when I say, just so you know, these are the services that the city has. I have put many of them, in fact, in touch with MOIA and those connections are happening really

well. And what I can tell you, and is very amazing to be able to say, we have this resource. And even though the federal government and is not providing it, we know that New York City is and let us tell you how you can connect. In the other thing that has also been very helpful for us, even though the services that the city provides, is language access. I 100 percent agree that cultural competence and language access are not the same thing, but, often enough, and constituent services, the first step is even being able to communicate. And, again, unfortunately, at the federal level, that language access is not there whereas, at the city level in New York City, having access to 200 languages is huge. So, all that to say that we take very seriously this idea of being a bridge between us and the constituents. Us and the services we provide, the more me on that. Us and the services that are available to everybody here.

CHAIRPERSON MENCHACA: Thank you for that and that overview, again, points to a kind of multi-prong approach, but also a bridge that has been developed where government can play a positive role and, maybe, one question to Lorraine-- and you don't

have to answer this, but it's important that we know that there is a sense of trust that you had with the Congress member and that something kind of made you say, let's go there. And that's important because that's what we are trying to figure out how to maintain. It is a sense of trust between government and its people. And, can you talk a little bit about how that trust-- how did that become something within you? How did you be, and trust-- how do you trust-- how was trust created between you and the Congress member? Is there any way that you can kind of talk about that in mind what makes you trust Congress member Ocasio-Cortez?

LORRAINE ANDAL: Well, basically what made me trust them was that, when we first went into the office, they sat there and listened. They listened to the whole thing. They listened to everything and then that's when they began asking questions. So, I knew that I could trust them because they were like really quick with it. And they called our previous lawyer and they talked to them and they asked if they could get papers. So, everything was just moving along quickly and swiftly, so I knew like we are in good hands because of how

diligently they are working and how cautiously they are going about it. So, I knew like we could trust them. And, from then on, everything is just falling into place and they really helped us.

CHAIRPERSON MENCHACA: Thank you for sharing that. I think that just points to the-- the work itself speaks for itself and so, thank you for sharing that and I hope people are listening right now. That there is work to be done and work is happening in that that alone is a kind of game changer for folks and that we are trying our best and that we are doing what we can and that we have successful cases where people are reunited. And it's not always that case. And that's just real. We know that every fight that we have in immigration court in the services that we provide don't always end in a good place where there is movement and the moves where trauma takes a different turn. And so, every one of those cases have a family behind them and that is where I'm really thankful that you are here to talk about that because that's where we need to bring in services, not just legal in education and other things. It's about mental health services, as well.

So people can heal and move forward and so you can go back to your life and be the best you you can be. So thank you.

LORRAINE ANDAL: Thank you.

CHAIRPERSON MENCHACA: Thank you for your time. We're going-- did you have a question? We're going to move on to the next panel. And this is the Asian American Student Advocacy Project, Esham Kahn, Sofie Zu, Anna Lu, Denis Yu. From the Coalition of Asian American Children and Families and Erica Huang, also from the Asian American Student Advocacy Project. Thank you for being here today.

DENIS YU: Good afternoon. First, thank you, Chair Menchaca. Also Chair Ayala, the committees and also Council member Ampry-Samuel for holding this hearing today. My name is Denis Yu. I am from the Coalition for Asian American Children and Families, CACF. I am the program coordinator of our youth leadership program, the Asian American Student Advocacy Project who we have represented here today and I just wanted to provide some context of what CACF does. We are the nation's only pan- Asian children and families advocacy organization. We unite and fight for and fight with the APA community.

The Asian Pacific American community, which is a very diverse set of communities. We represent over 15 percent of the New York City population that is approximately 1.3 million people. And we are finding the harmful effects of stereotypes. That's just the model minority myth. The perpetual foreigner, every day. And we're trying to build our community to advocate for themselves, further communities. We trained social justice leaders starting from very young, tend to that. And I just want to go over a few statistics, if you don't mind. So, the APA community, as I said, is very diverse. We come from over 100 regions of origin. We speak over 40 languages and dial likes and a majority of our community is foreign-born at 85 percent. But almost half, 42 percent, of those households are linguistically isolated, which means that no one over the age of 14 and any given household speaks English proficiently. And this is the highest rate of any group in the city. Over 25 percent of APA's continue to live in poverty. And this is the highest rate of poverty. We have the highest poverty gap amongst all racial and ethnic groups in the city. And so, when you consider these economic barriers that we face and

the lack of the language accessible and culturally competent services, especially when it comes to mental health, you can really start to see how this impacts our community on a deep level. I heard today-- we talked a lot about cultural competency and what that means and it's more than just speaking the language is in understanding the culture, but understanding that we, in America, operate under a Western model of mental health and that does not apply to many of our communities. And so, in order to really illustrate the need for these services--- they are language accessible. There culturally competent, and just accessible overall, especially for some of our most vulnerable populations, our youth and also our seniors, we have invited some of our youth representative today to testify. For many of them, this is their first time testifying at city Council. So, I will turn it over to our panel.

CHAIRPERSON MENCHACA: If the red light is on, you are good to go. Just bring it closer to you. And welcome. Thank you for being here today.

ANNA LU: Good afternoon. My name is Anna Lu and I am a junior in high school. I want to thank the committee Chairs Menchaca and Samuel, as

well as the committee on immigration and the 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 US for over 20 years. The American dream is what drew my parents to the US, just like it has for many others. But from the very beginning of my parents' relationship with the US, the promise of prosperity is only ever been for those who meet expectations. Meeting the requirements for a green card granted my parents the privilege of coming to the US and finding work. The American dream, which reinforces the myth of meritocracy and the idea of working hard in order to succeed and belong is 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. It appears that I often compare how little sleep we get each night and often, at least one person in these conversations like these all have gotten absolutely no sleep the previous night. And the few students who do prioritize their sleep will get teased about it. We always joke about

our authoritarian parents and their expectations for us to go to the most selective universities, but we avoid talking about the constant internal pressures we feel to succeed and make our parents' struggles and sacrifices worthwhile. But more than anything, resignation to being trapped by all of the expectations put on as 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 environments that are less toxic than 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. Thank you.

CHAIRPERSON MENCHACA: Thank you. Thank you for that.

ESHMAN KAHN: Hello. Oh. Hello. Okay. Pleasure to meet you all. My name is Eshman Kahn. I would like to thank the Chairs Samuel and Menchaca, as well, as well as those on behalf of the committee on immigration and mental health, disabilities, and addiction. My family immigrated here through the lottery system. I was raised with great schooling, great housing, and especially great opportunities to thrive, but I had not considered the mental, physical, and social struggles by family had to go through in order to provide that for me and my siblings. One day, my father decided to tell me about how and why we immigrated here. He spoke of a dream he had of seeing his children succeed, however, in order to fulfill that dream, both he and my mother had to work twice as hard in order to achieve that for us. They felt immense pressure to leave behind their own culture and assimilate to one that continues to see them as foreigners, which only contributed to their poor mental health. My father only told about his depression to me and my brother. My mother had not disclosed her depression to anyone other than my father, which he relayed to us. My parents had no one to talk to about their struggles.

This, in combination with the hope for us to live a better life, especially placed-- eventually please stand immense pressure on us not only to succeed, but also provide the critical emotional moment for our parents. I used to think my father hated me. Whenever I said something good or I thought I said something good, he would just sit there [inaudible 02:33:07]. I felt as though like whatever I thought was success meant nothing to him and so I even considered should I even try. But after the [inaudible 02:33:21] talk about his depression to both me and my brother, I realize how lucky I was to have a father who was that vulnerable to even talk about his mental issues to us. I even wonder if there would be more people like me who have immigrant parents, that there would be too impersonal with their feelings to not disclose them. 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 immigrated here can and will be happy and reach their full potential. Thank you.

CHAIRPERSON MENCHACA: Thank you for your testimony. And, yeah. Bring it closer to you. There you go.

ERICA HUANG: Hello. My name is Erica Huang and I am a sophomore at Stuyvesant High School, one of the cities eight specialized high schools. I would like to thank the committee Chair Samuel and Chair Menchaca, as well as the committee on immigration and committee on mental health, disability, and addiction for giving attention to such an important issue within the immigrant community. I come from the school with extraordinary resources. As a freshman, I remember being completely amazed that 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 means them. Many of these students being immigrants. Through my freshman year, the counseling department was successful in two ways. The first way was in weekly mandatory workshops that took up one class period. These workshops explored various topics such as stress, race, 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. And 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 that you don't not get the 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 feared 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 mattered. With that being said, do you think that all students in need of help will just skip through that door into the welcoming arms for a school counselor? I know for a fact that this is not

true because I have seen good friends deteriorate from mental health issues and they, to this day, have still not seen their guidance counselor once. As my school is a specialized high school with great privilege, it by no means is a holistic reflection, however, the fact that even as school which appears to have everything is still so lacking in one of the most important aspects of youth, ultimately reflects a larger problem across the city. Every day, 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. Thank you.

CHAIRPERSON MENCHACA: Thank you.

SOPHIE ZU: Good afternoon. My name is Sophie Zu and I am a high school junior. I would like to deeply think the Chairs of council members Samuel and Menchaca and Ayala, 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 Chinese immigrants in 2003, like many of my peers here. Growing up, I noticed how my parents had a survivalist mentality to work hard and

camouflaged to their surroundings. Because I was subconsciously influenced by their struggles, I am posed 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. This product of the model minority mindset is dangerous because it tells Asian Pacific American 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 situation, I was a lucky outlier that have two parents who are familiar enough with the English language tend not be discouraged by language barriers and asking for treatment at local counseling centers. 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, barbershops, Laundromats, and community centers to provide immigrant families with the information and encourage they need to seek help. Having more interpreters in various service jobs such as staff and call centers 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 you feel more comfortable in an educational setting to speak out about their needs and stresses. Welcoming more informal dialogue about immigration, race, and mental health in all NYC schools will naturally break down barriers in sharing experiences and collectively raising cultural awareness. Through these actions, I hope we will all be one step closer to making mental health service more transparent, valuable, and accessible to immigrant communities. Thank you.

CHAIRPERSON MENCHACA: Thank you to this panel. Thank you. Interview brought a very connected to your own experience testimony and spoke very eloquently about how you feel the need for more services. And also about what we can do matter from making it more transparent and removing those

barriers. Also, just to understand that, as children of immigrants, you are experiencing your own trauma and the things that you have to navigate within your family are not easy. And so, what tools can you bring to have those conversations with your parents about their trauma? So, that puts a lot of pressure on all of you and I get that, too. That was, in a lot of ways, my experiences, as well. In the first time I ever talked about or got access to mental health services was in college. And you are in high school. And so, something is working here and this is through your organization that you are able to kind of understand that, take control of it, and be in front of a government body to ask for more and ask for better. You have city agencies in the room. Is MOIA in the room? Can you raise your hand if MOIA is in the room? Thank you. DOHMH, are you here? Raise your hand. Okay. Good to know. Who else to and we invite? Is Thrive NYC here? Thrive NYC? Great. What other city agencies are here? Health and Hospitals? First aid? Awesome. Okay. Great. So you have agencies here that just heard your testimony and we are going to be following up with them to figure out how we can take some of those ideas and

implement them. Do you have any questions or comments?

CHAIRPERSON AMPRY-SAMUEL: Thank you so much. As I sit here, you know, I just get, you know, overwhelmed with emotions because you are just so brave and I am just thinking back to when I was in high school and what I was able to say and got to say and I know I've suffered in silence until college. So, thank you so much and we are here for you.

CHAIRPERSON MENCHACA: Now, we have your testimony and we're putting this all into this one mega report about today's hearing. Is there anything that you are in the administration speak to-- I don't know if you were here when they were speaking in terms of the back and forth. We were talking a lot about cultural competency. We were talking about language access. You are demanding for more of the in a very real way that speak to your truth and you are very specific relationship to mental health services. And is there anything you want to tell us a little bit about? Anything that you have heard in this room so far that has either inspired you or that you felt like we really need to do this? Beyond what

your testimony already speaks to. Anything that kind of pops out?

ERICA HUANG: So, just building on the earlier idea of cultural competency, I remember there is this discussion about what it could be defined as, so I would personally suggest a potential definition the that you would understand-- you would have people trained to understand these specific, unique challenges pertaining to the various different minority and immigrant-- amine, youth of like minority and immigrant backgrounds and what challenges they are facing so that it is not just a language barrier. It's more of just understanding what struggles they may face because of the background that they are from and how to, therefore, tackle those situations.

CHAIRPERSON MENCHACA: Well said. Well said. And I hope that, again, you are hearing them-- they are here. They are listening to you and I think that is where we need to drive towards. And we're going to do that. And I hope you can hold us accountable. This is not the last time that we will sit down in a room and talk about things. So, thank you. Thank you for that. We asked to the top level

administration representatives to answer that question and you did it incredibly-- you did it with incredible eloquence. So thank you for that. Anyone else has anything to add to this conversation in terms of focus area? This isn't the last time, but, you know, it's an opportunity.

DENIS YU: I would also like to just add end of this conversation this idea of mental health stigma. I think what some folks don't really talk about so much is, in this immigration experience, you are facing the mental health stigma and continues to exist in America, but also that of your home country. And I don't think that that is always considered when we talk about mental health services. I don't think that how mental health is understood and presented in our immigrant population as well understand, as well. In out, that depression would not look the same to other folks and, if we are not aware of the variation and how we understand depression so many different communities, we are not able to effectively help those folks. A lot of what we do is involved in the education system because we work with youth. I wanted just quickly share my own experience with mental health and school. When I was in high school,

I was told by-- I confided in a school counselor that I was dealing with certain issues at that time and I was told that that was coming from my Asian shame. And it was not. And I was suggested to seek external services, but that was it. Then I went to a relatively well resourced school in the city and we actually have a lot of our youth who are not here today. They have written testimonies to be submitted if you would allow it. But I do want also highlight some of their experiences just to make sure that they are heard. We have one individual who, as a young child, had her hijab pulled off and that was never resolved correctly the way it should have been and that was a very traumatic experience for her. We have folks who are continuing to battle identity issues and counselors are taught how to guide them through school and how to apply for college instead of navigating the issues that come with adolescent development. Most of our youth did not know that this calls have school social workers and frequently are not able to access their school counselors because they only are able to see students during lunch periods and those school counselors are not there during lunch periods. And so, not only are

they experiencing academic difficulties due to these barriers sometimes, but the resources that should be there at school at the very fundamental level are not there. And if you add on to that this layer of this lack of cultural competency and lack of language accessibility for our [inaudible 02:47:49] students, you are not reaching an incredible percentage of this very vulnerable population. So, I just want to put that out there, especially for the engines is in the room who are listening. Thank you.

CHAIRPERSON MENCHACA: Thank you for doing that. And I want to, again, say thank you to all of you for being here today, for taking time to speak with us. And the committees are going to be doing the work to really come back to you all with a larger conversation about moving this forward in a better way. We do have a lot of work to do with the API community, and that is real, too. When we think about immigration committee work and really any immigration program that has been an area of challenge for the city and what we are trying to do and trying to figure out how to make that happen, which is why you are here in speaking to us about the importance of this. And so, our commitment is to

make that real. And so I hope we can continue this dialogue with all of you and, again, thank you for your courage, your bravery. For bringing your stories to light and we will keep the conversation going. Thank you. Our next panel we have the Coalition for Behavioral Health. Amy Doran. Linda Rodriguez, the Child Center of New York. Mental Health Services for Immigrant Families, Marisol Rueda. Dr. Jacklyn Delmont, Somos Healthcare New York. Hi, everyone. Thank you so much for being here and I hope you are as inspired as I am from the previous panel and the work that we have ahead of us together. Please start where you are. Left or right? Just introduce yourself, as well, for the record. And make sure that the light is red.

AMY DORAN: I'm very techy. I am Amy Doran, president and CEO for the Coalition for Behavioral Health. I want to thank Chair Menchaca and Chair Ayala for convening a hearing on this very important issue giving the coalition and the opportunity to test five. Thank you. The coalition represents over 100 not-for-profit behavioral--

CHAIRPERSON MENCHACA: [interposing] Can you bring the might close to the amount just a little bit?

AMY DORAN: How is that? Better? Let's try. The Coalition--

CHAIRPERSON MENCHACA: That's it.

AMY DORAN: represents over 100 member agencies who collectively serve more than 400,000 New Yorkers annually. Our member agencies are not-for-profit organizations throughout New York City and greater New York metropolitan area providing behavioral health services. We use the term behavioral health because mental health and substance use services must work together. Individuals with a mental health issue have very high rates of a co-occurring substance use disorder and the individuals with a substance use disorder have very high rates of mental health issues. New York is a city of immigrants in our community based agency providers help these individuals every day to live healthy and well lives. The American Psychological Association finds that stressors involved in the immigration experience can cause or exacerbate mental health difficulties and we know that to be true. And it is

worse for undocumented immigrants, people who experience family separation, pressure from immigration authorities, fear of deportation. There is stigma and immigrant communities towards seeking care. Just two percent of Asian Americans mentioned symptoms of depression compared to 13 percent nationally, despite higher rates of depression among Asian Americans. For our community behavioral health providers, many serve many of my friends from all over the world. There are two barriers, two important barriers, however, for our providers and serving this population. One is the lack of multilingual and culturally competent workforce that can serve competently all of these immigrant groups. Issues for Latin X, research finds lower access to treatment for Latinos in part because of lack of enough Spanish-speaking providers. Our workforce, in general, is in crisis. We have seen 42 percent turnover in 20 percent vacancy in New York City and many of our member agencies and we are trying to do something about that. That is significant and that is for the entire workforce. All of our member agencies have challenges recruiting and retaining staff that speak multiple languages. Many of the

staff we train and then they leave for higher-paying jobs and other places. The second barrier for our providers, although many serve many immigrant groups, is that they have higher rates of uninsurance. And noncitizens in New York City are 2.5 times more likely to be uninsured than citizens. 64 percent of undocumented immigrants are uninsured and the public charge rule will make this worse, as documented immigrants choose to, unfortunately, drop Medicaid out of fear that using Medicaid well make them ineligible for citizenship at a later date. This underfunding leaves our providers without the financial ability to provide compensated care, although I will tell you that men need to. Men need to not ask who is of immigrant status and who is not, but they serve all groups of people. Some of our agencies have special contracts with the city, DOHMH, to provide certain services to different groups and we would like that to expand. Many of our agencies really treat anybody on insured at a loss to the program. Just 43 percent of our members have any funding to provide services to undocumented immigrants and city funding fills the gaps. And, actually thanks to your support, the city Council's

mental health initiatives are an important source of funding to serve immigrants. Then we think the Council for their support for the use of initiatives and really encourage continued and increased support. Others city funding sources, particularly programs that explicitly provide funding regardless of immigration status are also key, such as New York City Department for the aging's funding for senior centers. Some city programs exclude our member agencies and make it harder for individuals to access care. For example, New York City Care, targeted for the Health and Hospitals Corporation, is a very important program to connect individuals to care, but that initiative does not pertain to the community providers and, if it did, I would think that our providers could open their doors even more for immigrant populations.

CHAIRPERSON MENCHACA: Can you expand on just that one point? The connection to the Health and Hospitals for NYC Care--

AMY DORAN: Right.

CHAIRPERSON MENCHACA: and it not connecting to the--

AMY DORAN: So, the New York City--

CHAIRPERSON MENCHACA: like the CBO clinical?

AMY DORAN: So the New York City Care initiative pertains to getting access to Health and Hospital--

CHAIRPERSON MENCHACA: Right.

AMY DORAN: But that initiative, from what we understand, does not pertain to community-based providers and, if it did, it could help community providers open their doors even more.

CHAIRPERSON MENCHACA: Hm. Okay. We're going to come back to that.

AMY DORAN: Okay. We encourage the Counsel to explore how New York City Care could be used to fund services for immigrants that community mental health and [inaudible 02:56:42] use clinics. We think this would be a significant action to help close the gap for services for immigrants. We also think that a trained workforce, increasingly trained, culturally competent-- we discussed about before-- is just so important. And we would like-- The Coalition for Behavioral Health already provides significant training on trauma. We have had a grand from City Council on court involved a youth and we

would love to have additional support to expand our training so that we make sure it is culturally competent, culturally sensitive to all groups of immigrants. And that would be used to train the workforce in many of our agencies. So that-- we thank you for this opportunity to testify. We invite you to come to the coalition, meet many of our member agencies, here the work they are doing throughout New York, and helping many, many immigrant groups. Thank you.

CHAIRPERSON MENCHACA: And I will take you up on that invitation. Thank you. I'll take you up on that invitation.

AMY DORAN: We will follow up with you, too.

CHAIRPERSON MENCHACA: Thank you.

AMY DORAN: Thank you.

LINDA RODRIGUEZ: Good afternoon. My name is Linda Rodriguez. I am the senior vice president of behavioral health at the Child Center of New York, 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 and Chair Menchaca, and the committee members for convening this hearing and for the opportunity to speak. The Child Center has the 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 care. Inpatient care, emergency room visits, and out of home placements on family separation can be avoided by offering care to parents. Untreated, 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 return on investment is huge. It's people not in emergency rooms, not in crisis, and breaking cycles of trauma, abuse, and poverty that otherwise can continue for generations. It is true for all children, but children of undocumented immigrants face special challenges. First, with the impending public charge rule and the anti-immigration 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 parents that are zero paying clients, but this does not help us remain a financially stable and sustainable organization. Another high, but necessary cost vital to meeting the mental health needs of immigrants is outreach. And we have heard a lot today about the importance of outreach and, for us I think it is critical because the thread of all of our services really is emotional-- social emotional wellness of individuals. And that really starts with relationships. And so, those outreach efforts become so critical in our work because it is those relationships and they need to be sustained. So, it's not just that one workshop or that, you know, one visit to, you know, the local barbershop or to the local bodega. It's those continued relationships. It's becoming in bedded within the community and having the community know and trust you, yet, outreach is one of the services that is not

billable services. And so, many of those efforts go on funded. We are very fortunate that we have received the support of the city Council for some of our outreach programs, especially our Asian outreach program, and that is really helped us in terms of outreaching within schools, as well as outreach with another community-based organizations to really make sure that families not only know that we are there, but that they trust us. Because, as you said earlier, we can have the best services in the community, but if people don't know or don't trust, then those services go unutilized. And so, a lot of what we focus on is making sure that we are sustaining those relationships and communities. We rely on the help of the city Council to help us find these services and thousands of immigrants would slip through the cracks on shore and unable to get help that they so desperately needed. We provide, through our Asian outreach program, highly trained bilingual and bicultural therapists and the program breaks down language barriers and stigma to reach thousands of Asian immigrants with mental health and substance abuse services. It's successful because we make and we hire qualified multilingual and cultural staff a

priority and our staff come from the same cultures and, indeed, the same communities as the people we seek to serve. Without that peace, building trust would be difficult and impossible. Unfortunately, our ability to retain such staff has been a significant problem, exacerbated by current funding structures. When we hire linguistically and culturally competent individuals, we invest heavily on their development and training and, just when we have done so, many times they leave us. We lose them to hospitals, to the Department of Education, to the Department of Health who can sometimes offer them more enticing packages then we can and, many times, it seems to be like we are running a farm team in baseball. We really look at partnering with schools, developing internship programs where students do their internships with us that will then lead to employment within our programs, but it is very difficult sometimes to retain them after their first initial years. But without our taking the first steps, a vast portion of immigrant families would not be coming to hospitals or anywhere to get 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 that we can continue outreach, retain culturally competent staff, and offers services from an organization immigrants have come to trust. It would ease the burden of serving underserved and uninsured zero paying populations and it would help us maintain financial stability so that we can be here in the future serving one of the most vulnerable populations in the city. Thank you for taking the time.

CHAIRPERSON MENCHACA: Thank you.

DR. JACKLYN DELMONT: Good afternoon. [Speaking foreign language] Thank you for the opportunity to address the committee on mental health, disabilities, and addiction jointly with the committee on immigration. And thank you to the committee Chairs, and Diana Ayala and Carlos Menchaca, for the opportunity to address both committees today. Finally, a special thanks to the health committee's Chair, Mark Levine, for his unwavering support. My name is Dr. Jacklyn Delmont. I am a Venezuelan physician. I have been a primary care physician for almost 30 years. My dad was Haitian and my mom Venezuelan. Trained in Venezuela

and retrained in the Bronx. So, I think I know a little bit about cultural sensitivity. And I'm here today to submit testimony on behalf of Somos. It's a network of almost 2500 multilingual physicians in the Bronx, Queens, Manhattan, and Brooklyn, as well as the South Shore of Long Island who have unified to ensure that 1 million Medicaid recipients receive high quality culturally competent health care. The majority of our independent physicians, because these are small business owners mostly in the city of New York, except almost exclusively Medicaid. Somos was founded in 2015 by Dr. Ramon Talaj [sp?] out of a burgeoning need to better serve disadvantaged communities across New York City. Somos has worked to advance health care reform because we are committed to offering the poorest Medicaid patients comprehensive medical care at a manageable cost. Furthermore, Somos has reduced preventable emergency room visits for patients with behavioral health diagnoses by 12 percent. According to a study in 2015 conducted by Mayor DeBlasio's office, at least one in five New Yorkers experience a mental health disorder in any given year. Here in our city we are not only in the midst of the mental health crisis,

but we are also experiencing the growing immigrant population. New York City is home to 3.1 million immigrants, many of whom are living in poverty. Despite the impact of mental illness on homelessness, economic productivity, and healthcare costs, it remains significantly underfunded. Last year, Somos launched the first of its kind study The State of Latino Health in New York City. This study surveyed not only 1000 Latino physicians-- I guess this is the most unique portion of the study, as well as Latino patients seeking to better understand how, after decades of efforts, decide to bring health care to underserved Latinos, persistent disparities remain. We found that only one third of Latinos in New York City find mental health services to be easily accessible. I think that is also valid for the physician's side. High rates of mental illness within the immigrant communities proves a need for additional resources. For example, in 2017, half of Latina girls nationwide experienced depression and over one in five contemplated suicide due to the unique challenges that plague their community. 55 percent of Latina girls fear a friend or family deportation and 24 percent were harassed due to their

nationality with increased anti-immigrant rhetoric. In parallel, 40 percent of elderly Asian immigrants in New York City reported experiencing depression. These numbers are a stark reminder that immigrants are in dire need for great support-- for greater support to overcome the emotional stressors that come with separation from one's country of origin, family members, and cultural traditions. In response to the tens and thousands of unaccompanied minors who have settled in New York, we launched the Somos Tu Familia initiative which is part of a larger statewide effort to provide comprehensive healthcare as well as social and legal services to undocumented families. Through this program, Somos created a core compassionate care team to conduct several screenings, including physical health, behavioral health, and Medicaid eligibility prescreening and then works in collaboration with families to develop a service plan. Somos' integrated approach ensures that undocumented, unaccompanied, or separated minors and their immediate families or sponsors can access healthcare and other supporting services at no cost. These services are critical to the rehabilitation of unaccompanied minors and their families who are

struggling with irreversible trauma and can only be met with-- not only quality-- sorry. And can only be met with not only quality care, but culturally competent care. Clearly, we all need to work together to do more to adequately address the mental health needs of our immigrant families. At Somos, our focus is on increasing accessibility to linguistically competent services, supporting research to immigrant's healthcare needs and raising awareness on the importance of mental health in immigrant communities. The first step is to match patients with doctors that live in the neighborhood, speak their language, and are a part of the community because language and a lack of cultural understanding can function as major barriers to health care access. Linguistic and culturally competent mental health services are essential because they need to find mental health in a way that is digestible to individuals who are still grappling with the concept of mental health. They also integrate trusted community-based sources and services such as local churches or religious leaders using more preventative and proactive methods that can address their mental health needs at a core. Moreover, we invest in

community education by developing more effective outreach strategies that can disseminate information to the public and by providing community workshops and events that can discuss mental health, offer alternative therapy classes, and potentially reduce its stigma. And, actually, just like we check blood pressure and other vital signs, part of our screenings is performing depression screening on all of our patients. We are extremely encouraged that the New York City Council is taking the issue of mental health in immigrant communities seriously and holding this important hearing today. We woke up many new efforts to work together with all of you in your districts across the city. The community is only as healthy as its access to healthcare. We urge the city to consider the recommendations discussed throughout this hearing by all the panelists to help bridge the healthcare gap and create a stronger, healthier immigrant community here in New York City. We would be honored to partner with the city on this mission. Thank you again for giving the opportunity to speak publicly today.

MARISOL RUEDA: Good afternoon. My name is Marisol Rueda. I'm actually a mental health

therapist and a [inaudible 03:12:28] clinician and Sheltering Arms and I want to thank you, Council member Ampry-Samuel and Chair Menchaca, for the opportunity to testify here today about Sheltering Arms. Sheltering Arms is one of the city's largest providers of education. We are already serving youth development and community and family wellbeing programs for the Bronx, Manhattan, Brooklyn, and Queens. We are serving more than 15,000 children, youth, and families each year including nearly 700 through our three article 31 licensed mental health clinics in the Southeast Queens. We are excited to announce that we actually expanded our mental health services to the South Bronx where we [inaudible 03:13:04] for our newest clinic earlier this morning and actually met Council member Ayala who was there-- Chair Ayala was there this morning during the ceremony. This clinic would allow us to do 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 our preventive services. All four of our clinics specialize in serving children under the ages of five through our

[inaudible 03:13:31] program which uses the evidence based child [inaudible 03:13:33] and psychotherapy model. This program helps young children process trauma that 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 we are processing their own experience with a trauma. As far as for the need that we have seen generally with the families that we are already serving, you have already heard and know about the trauma that many immigrant families have faced and continue to experience. So I will focus on some more of the barriers to accessing care that our [inaudible 03:14:04] program helps to overcome and it's something that we already listening to is like all the barriers that we're dealing with. Insurance or eliminating the stigma of mental health and the language [inaudible 03:14:13] more cultural competencies. As far as insurance, our [inaudible 03:14:17] program is supported in large part by the City Council 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 families or immigrant families from pursuing mental health services, however, we do not have enough capacity to meet the demand of our services and we have a waiting list of nearly 30 families to receive services through our [inaudible 03:14:48] program. As part of eliminating the stigma, many of our clients that we work with who are immigrants come from cultures where mental health is not value or appreciated or even understood in the way that is has to be understood here in the US. Parents are hesitant to accept this type of help for themselves, even though they have faced significant trauma. However, we have found that parents are willing to accept their health for their children when the child has faced significant trauma themselves. Being able to serve the child is the key to supporting the parents. When it comes to the 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, [speaking foreign language], rather than mental health. The difference between those phrases in Spanish is significant and points to the importance

of having therapist to speak the client's native language flow and who understand the culture of the client is coming from. It's a small shaft that we can now break down barriers and reduce the stigma associated with receiving care. However, finding therapist 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 and heard therapists, including myself and some supervisors who carry a small caseload are Spanish speaking, but our weight lists regularly have families waiting for months to be seen by a Spanish speaking therapist. Mother and-- I'm going to share a little bit of the testimony of one of the families that I have served myself. I'm keeping them [inaudible 03:16:13] because of HIPPA. A mother and the child that were referred to me from a domestic violence shelter in Far Rockaway. The mother and father were undocumented immigrants from El Salvador and, at this time, the child, my client, was to and she was actually born here in the US. In addition to the layers of trauma that include domestic violence, child had experienced sexual abuse by her actual biological father. The father had abused the mother,

as well and he had taken advantage of her undocumented status to prevent the mom from reporting the abuse to ACS because the moment that ACS came involved after the mother finally decided to reach out for help, she was blamed for not having sought help before. The mom was afraid that if she had reported that this previously, the father would have deported her and she would have to leave for a child behind with the father alone. The mother has only a fifth grade education and has struggled to learn English. The case worker at the show did not speak Spanish, so I often to step in to help then complete all the paperwork. As I began working with the child and the mother and collateral sessions, 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 has been having on her life and, as well, on her daughter's life. While the mother was receiving services, she tried to work it out with the father again and, unfortunately, there was another domestic violence situation and the child was removed from her care. The mother disengaged from services with me while she kept up with all the requirements for ACS. She completed all the

requirements and her child was returned to her care. The mother then came back to our clinic on her own volition. She was not referred by any other agency. She came back to us and she initiated services again under her own terms. The most recent domestic violence experience, combined with the foundation of the therapy that we had already established before opened her eyes to see that she needed help. The mother and the child continued to receive therapy to process a trauma they had experienced and to find their own strength. The mother is now in the process of getting her [inaudible 03:18:21] visa due to her experience with domestic violence and she's working and supporting her daughter who is now four years old and is enrolled in pre-k. The daughter is fully bilingual 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 the 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 and we ask the city Council to push to increase on baseline funding provided to support the care and City Council and mental health initiatives as part of the 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 and I am happy to answer any questions that you may have.

CHAIRPERSON MENCHACA: Thank you for that testimony and really think you across the board for your thorough understanding of where we need to go and also the celebration of the work that we have done thus far, be it with funding. Clearly we need to do more on funding. Baseline meaning is an important part of that. This is not a budget hearing, but, hopefully, you will see this, out in the budget conversations with the office-- with the mayor's office and all the city agencies. Both Chair Ayala and I are on the budget negotiating team and the use are aware of the conversations happen. Then we wanted take the results of this hearing and your testimony and really build out a plan that force is a real serious conversation about funding. But it's

not just about funding, right? This is about how we implement the programs. And a lot of you spoke to that work that you are doing already in terms of how we can get more people in front of others and really kind of create these neighborhood bays access points. I will note that, on the 31st, this committee-- not my committee, but the health committee-- is that the health committee? Is hearing the bill Intro 1668 that really-- and this is Council member Levine and-- just Levine and others and I'm on that-- and a lot of us are on this bill, but he is leaving this conversation about really creating a multiple access point for NYC Care and really bringing this to everybody. We are committed to that and that is going to require a lot of free thinking about how the current NYC Care program works and expanding it to CBO's and creating the use kind of medical homes and districts. And so, we want you to know that we are hearing that in a very real way. I think that you have all been very clear about how we can make this better, so thank you for that. And what I want to do now is, because we have four more panels, just say thank you, again, for your testimony and we are going to keep conversations going with all of you and what

we want to do is really expose the opportunities through different methods, bringing the hard work that you are doing, but also maybe some op-eds and ways that we can talk about that is to begin to remove the stigma that we know is very real. But the only thing that can really remove that stigma is for people to tell their stories so that people can hear it from wherever they are. Whatever kind of cultural identity they are, they can kind of speak that truth to power and that has just been impacting me very much of this whole time. So, think you. Thank you. And I know we have four more panels, so what we're going to do is we are going to put a clock on the testimony for three minutes and we kind of already been-- well, actually, let me give your names so you can, in. Joo Han from the Asian American Federation. Joy Luanphaxay. I'm not reading the all-- from Hamilton Madison house. The Arab American Association of New York, Nouf. Aldamani. Seongeun Chun from New York immigration coalition. Thank you for your patience on this and we are going to put a clock. We set a baseline for the discussion and kind of different themes like cultural competency, funding. And so what I would like for you to do, if

you can do it-- and we're going to take your testimony and I promise you we are going to analyze that, is to figure out a way to focus on the larger questions about how we can kind of point to holes in the system and what your response is to fixing that with solutions and what those solutions might be. And that way we can kind of move the conversation that way, if you can. And, if not, we will listen to your testimony, as well. Who would like to start?

JOO HAN: I will start.

CHAIRPERSON MENCHACA: Okay.

JOO HAN: Is this on? Thank you, Chair Menchaca, and the committee on immigration, as well as Chair Ayala and the committee on mental health, disabilities, and addiction for convening this hearing today. I am Joo Han. I'm deputy director at the Asian American Federation. Our mission is to raise the influence and well-being of the pan- Asian community through research, policy advocacy, public awareness, and organizational development. We represent a network of about 70 member groups that support our community through their work in Health and Human Services, education, economic development, civic participation, and social justice. We are here

today to highlight the mental health needs of Asian New Yorkers, the fastest growing population in New York 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, the Trump administrations anti-immigrant policies have compounded the mental health burden of Asian immigrants. Now, more than ever, we need a significant investment in Asian led Asians serving organizations to provide linguistically and culturally competent mental health resources for all Asians. In 2017, the federation really is a mental health report which grew out of our work of several years doing community education around the increase in bullying of Asian American youth, particularly among Muslim youth and a one year research with about 30 Asians serving community-based organizations and that report highlighted in that Asians are the only racial group in New York City for which suicide is one of the top 10 leading causes of death. They are also the least likely of racial groups to utilize mental health services due to deeply embedded cultural stigma, a lack of knowledge, insurance restrictions, and a shortage of the Asian service

providers. The immigrant experience of adapting to life in America, with its many socioeconomic and acculturation challenges was cited as one of the primary stressors causing mental health issues among Asian New Yorkers. As Asians have the highest poverty rate in New York City with 25 percent living in poverty, many also phase a myriad of challenges stemming from poverty that impact their mental health. Under this administration, the Asian community is now under greater threat. According to the comptrollers February 2019 report, Asian immigrants are being disproportionately targeted for harsh immigration enforcement, even though immigrants from China, India, and Bangladesh combines represent less than 20 percent of noncitizens in the city, they provide 40 percent of all defendants facing immigration detention and removal. Families that phase separation and experience stress, anxiety, fear, and trauma. Last year, the federation helped an undocumented Chinese father communicate with his attorney about his possible recourse for his undocumented wife who is being detained in Newark. The father called us whenever he felt stressed or anxious or depressed, especially as his three US-born

children were experiencing-- exhibiting emotional problems due to the mother's absence. But when we referred him to mental health services, he declined to seek support due to stigma and other factors impacting access to mental health services. With the looming threat of changes to the public charge rule, Asian noncitizens are just enrolling from SNAP at eight times the rate of Asian citizens. Our member agencies have also reported that an increasing number of their clients are asking to be disenrolled from SNAP and Medicaid citing fear and the possibility of deportation. South Asian seniors, for example, are choosing not to go to senior centers subsidized by Medicaid and forgoing critical health care because of this fear. These decisions, having to choose between essential needs, are having a detrimental impact on the mental health of Asian families. We are asking the city council to address a chronic underfunding of Asian nonprofits on a greater scale and make an initial investment of 1 million dollars in Asian nonprofits to provide in language cultural competent mental health services and we than Chair Ayala for making an initial investment in the federation's mental health program. This investment would allow

us to increase capacity for in language and culturally competent mental health services in individual and group settings, develop a training program from Asian organizations using models of nonclinical care that utilize existing services and programs, provide culturally competency trainings for mainstream mental health service providers and create a network and database of mental health service providers serving Asian communities. The federation launched a pilot program this year in partnership with our member organizations to reduce barriers to mental health services, but we need to need greater support from the Council to meet the burgeoning need of the community and we look forward to working with the city to address these needs of Asian New Yorkers.

CHAIRPERSON MENCHACA: Thank you for that. And one I just want to quickly understand-- the investment of the 1 million dollars would be a new allocation for next year's budget for this larger package of services that you have outlined? Okay. Great. Thank you. Thank you for that. And, again, I want to see if I can ask for kind of the recommendations forward for the change and-- yeah. Thank you.

SEONGEUN CHUN: Could afternoon. My name is Seongeun Chun and I am the manager of health policy at the New York Immigration Coalition. Thank you to committee Chairs Carlos Menchaca and Diana Ayala for calling this hearing. At the NYIC, we began hearing about the mental health 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 access to behavioral health services for immigrants. We have a comprehensive report coming out at the end of this month and I am excited to share with you some of our top recommendations with you today. Closing gaps in quality and access to behavioral health services requires a diverse culturally responsive workforce. This can be accomplished by supporting efforts to increase behavioral health professional opportunities in high need immigrant communities. It is also important to ensure that the full breadth of behavioral health services is accessible to all New York City residents by including 13 million in the fiscal year 2021 budget to extend connections to care

and expand the program to more immigrant serving, immigrant led CBO's to support bidirectional CBO clinical provider collaborations. A robust behavioral health services requires more financial resources while equitably distributing existing funds which can be done by fully funding uninsured care programs such as NYC Care and counsel initiatives like immigrant health initiatives and access health NYC. Finally, creating a pathway to improve access to receiving culturally competent behavioral health services that immigrants are made to feel comfortable and welcome can be done by expanding citywide campaigns, making mental health first-aid training available and more languages, and convene the citywide faith-based task force. None of the recommendations described here individually resolve all access barriers, however, is New York City follows through on the recommendations in partnership with community-based organizations, service providers, and emigrant communities, we can meaningfully improve access to behavioral healthcare. We look forward to discussing with the Council and more detail in the coming weeks. Thank you.

CHAIRPERSON MENCHACA: Thank you. And I'm really looking forward to the report. I know we have been anticipating that and so, thank you so much for the work. I think it is going to show us a lot of different paths forward in terms of not just funding, but the kind of work that we need to do to bring CBO's together with city agencies, Health and Hospitals, etc. Can you talk a little bit just really quick about the task force--

SEONGEUN CHUN: Uh-hm.

CHAIRPERSON MENCHACA: and what that looks like just for a second?

SEONGEUN CHUN: Right. We hear, you know, in many of the communities that we work with through our member organizations that religious leaders play a critical role in their community. And so we would like to-- Our recommendation is to convene faith leaders from different communities to have a task force who can sort of make active recommendations based on sort of the needs of their own immigrant communities.

CHAIRPERSON MENCHACA: And does this exist anywhere else? It sounds very new and very-- and I'm not talking about like the faith-based. I think

there are a lot of circles around faith-based convening's, but what you are really bringing together is faith-based and behavioral health for immigrant communities.

SEONGEUN CHUN: Right.

CHAIRPERSON MENCHACA: Does that exist anywhere else in the city?

SEONGEUN CHUN: I believe it does not exist-- yeah-- currently. So this is why we are recommending it. From what we have heard through the work of our member organizations.

CHAIRPERSON MENCHACA: Got it. So this is new.

SEONGEUN CHUN: Yes.

CHAIRPERSON MENCHACA: Okay. I think it's brilliant. Okay. Thank you.

JOY LUANPHAXAY: Hello. My name is Joy Luanphaxay. I am the assistant executive director of behavior health at Hamilton Madison House. In the interests of the time and the panelist, I will just go through my recommendations.

CHAIRPERSON MENCHACA: Yes. Let's do it.

JOY LUANPHAXAY: Okay. And then you can just read my testimony, as well. Okay. So, 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 service into the treatment of care. This includes support groups, mentorship, legal aid, and benefits counseling and then increase access to mental health services by funding organizations that has the ability to linguistically train and educate providers in other languages. And, lastly, support organizations and coalitions to further develop partnerships and programming to distribute mental health resources and services for the immigrant community.

CHAIRPERSON MENCHACA: Wonderful. And my question to you is one of the things that we have been talking about in terms of cultural competency and language access. Can you talk a little bit of about how you separate that from, essentially, just

saying, hey, mental health service provider person, can you speak this language and something else? Which I think we are trying to find something else.

JOY LUANPHAXAY: So, in addition to the direct services that we provide in the language that we provide, we provide other forms of therapy. We actually encourage well care and like teaching them tai chi. Teaching them different ways to work on their symptoms instead of just medication management and just therapy. So, we integrate an Eastern approach, as well.

CHAIRPERSON MENCHACA: Got it. Okay. Thank you.

NOUF: Good afternoon. My name is Nouf and I'm the social worker from Arab American Association of New York. Thank you for holding this committee hearing and for giving us the chance to be heard. Since I started working at the Arab American Association of New York back in 2017, I have noticed a lack of services, resources, and support available and immigrants in terms of mental health and disability services. These are services that are vital to individuals and their families on so many levels related to social determinants of health and

well-being of these communities. The Arab community in New York continues to be underserved in many aspects related to health and mental health services [inaudible 03:34:39] charge political climate in the United States 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 systemic discrimination. Most of my clients I have been seeing are living in constant fear and anxiety due to the US immigration policy. The district policies have impacted a few of my patients who have seriously contemplated suicide as an escape from not being able to help their families or themselves. They [inaudible 03:35:16] feeling stuck. Going back home can mean death, starvation, [inaudible 03:35:21] and not much of a bright future and staying in the US under constant fear and not being with their families and not being able no work or provide for their children cause them to fall into despair, depression, and negative thinking. However, through our initiative through C2C, it has been possible for us to provide urban access to individuals to come and talk about their fears and

connect them to services that can help them and their families. The collaboration has made and also possible for the staff at AAA NY to be trained in mental health first aid, motivational interviewing, psychoeducation, and screening. One of the many [inaudible 03:36:03] things C2C helped us do is to address the stigma associated with health seeking behavior connected to mental health. This has allowed us to have conversations and then individual, group, and community level. We have worked closely with the community by providing them with psychoeducation, committees, and workshops about know your rights, access to health, mental health, and stress management. We have also heard feedback from our clients who have shared with us that the increased feeling of security and safety with the services we provide for them. And I can confidently say that since AAA NY collaborated with C2C, we have started seeing more people trained and have their own clients with mental health struggles. We have started seeing more clients accepting the idea of receiving therapies and more people are getting over the stigma of mental illness. Which is why we need such programs to keep running with more funds and

support so we can reach a larger number of the community. Thank you.

CHAIRPERSON MENCHACA: Thank you for that. And I want to return to part of the testimony that was given by the Department of Health about the Connections to Care program. And I think you kind of gave an overview of AAA NY's work in the neighborhood. But I want to specifically talk about Connections to Care program. I don't know if you can talk a little bit about that. Just very specifically, though, about how they're bring your organization, as an example, to serve the community to the core mission. How is that program working?

NOUF: So, through C2C, we have been able to train our staff, the newcoming staffs, to mental health first aid, motivational interviewing, and even screening. Now we have our other department at the Association which is like immigration department to screen the client, as well, for [inaudible 03:37:54] and the [inaudible 03:37:56] which is for depression and anxiety. So that gave us more access to clients which are not being seen by only mental health department, but also by the immigration. So we can reach them even if they didn't come to the

Association for mental health services in the first place. Also--

CHAIRPERSON MENCHACA: And that's just-- Interrupt really quick. That's the Connections to Care? That's-- Okay.

NOUF: Exactly. Yeah. So through Connections to Care, we have been able to train immigration staff to screen clients for [inaudible 03:38:28].

CHAIRPERSON MENCHACA: And I guess my question-- it sounds like it's working really well in terms of the training. You're getting trained in all these different ways on the staff side for the organization. Do you feel like the cultural competency is coming from the agency itself, from the Connections to Care program, or are you embedding that cultural competency as your organization?

NOUF: Again, as many of the people here in this room, cultural competency is really more of just the language. It's the background of these people and I feel like the Arab community has really different culture and they have to come here and to adopt a new culture and to a new land and to new tradition. So I think C2C also helped us to simple

the language or normalize the language of mental health so we can talk to our clients with like avoiding any clinical terms while we are providing these services for them.

CHAIRPERSON MENCHACA: And is that-- again, is that coming from the program training or is all of that kind of cultural competency coming from within the program itself or is that something that you're bringing to the table in terms of the way that you are translating it into your work with community members?

NOUF: I would say both. Since we're running our workshops through C2C, but also we are the one who are running these workshops and we are the ones who are with the community. We are the one who are involved with their culture, so I--

CHAIRPERSON MENCHACA: Right.

NOUF: I would say it's coming from both of us.

CHAIRPERSON MENCHACA: Okay. That's fair. Okay. I think this is it. Thank you. We're going to be in touch and this is the beginning of a longer conversation and I know we have a lot of budget stuff that we want to do, so thank you. Okay. Next panel.

We have with us today the Bronx Defenders, Violeta Rivera. Zoe Jolie. Senior staff social worker at NYIFU. At the Brooklyn Defender Services Rebecca Smith and Fatima Chamuck, the Brooklyn Legal Services, and Susan Kingsland from the Legal Aide Society. Let's get our lawyer super heroes here in front of us. Okay. Who would like to begin? Okay. On this side?

REBECCA SMITH: Okay. Great. Thank you. Good afternoon. Our names are Fatima Chumack and Rebecca Smith and we are social workers at Bronx Legal Services, an office of legal services NYC. Thank you very much to the committee and the council for the opportunity to testify regarding the mental health needs of immigrants in New York City.

FATIMA CHUMACK: Given our experience working with low income immigrant communities in the Bronx, we have found that our clients, both uninsured and insured individuals, and counter barriers such as long wait times and tedious intake procedures, inaccessible location, abysmal language access and culturally insensitive 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 percent of undocumented immigrants in New York City have health insurance. This is not an issue specific to our clients or the Bronx.

CHAIRPERSON MENCHACA: Can you repeat that one more time? 52 percent--

FATIMA CHUMACK: Sure. 52.9 percent of undocumented immigrants in New York City have health insurance, so this is not an issue specific to our clientele or the Bronx.

REBECCA SMITH: An equitable access to mental health services is a universal issue, obviously, Mount applies to all New Yorkers across all the boroughs, however, immigrant communities are particularly vulnerable to experiencing trauma in their own countries, gender-based violence, feelings of loss and displacement, trauma and migration, family separation-- I could really go on, obviously. These experiences culminate in symptoms and often result in depression, anxiety, posttraumatic stress disorder, just to name a few. Emigrant New Yorkers often have a greater need for mental health services and, yet, the combination of barriers and stigma

across issues of mental health often leaves many went out valuable services. So, to further shed light on the use disparities, we are just going to briefly share the stories of two brave individuals that we represent at Bronx Legal Services.

FATIMA CHAMUCK: So, Mrs. N was born in Bangladesh, is an English language learner, and have 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 physical disability. We worked for months with Mrs. N to find the therapist who speaks Bangla and takes her health insurance. Ultimately, we were only able to find a provider nearly 2 hours from her house by train. Due to the commute, she has yet to connect with a stable mental health provider.

REBECCA SMITH: Another example or more successful example of providing mental health services. Mrs. G., a garifuna asylum seeker from Honduras, arrived in New York last summer after spending over three months into tension and being separated from her child at the border. When Mrs. G was reunited with her son, he didn't recognize her. He started regressing developmentally and could no

longer use the bathroom. Both child and mother started exhibiting symptoms indicative of PTSD. With help of culturally responsive and free-- free-- free long-term mental health services at Montefiore, Mrs. G and her son are now working to overcome their trauma symptoms through child parent psychotherapy.

FATIMA CHAMUCK: So, based on the needs assessments of our clients, as well as the experiences of our colleagues across different boroughs and agencies, we would like to offer the following policy recommendations. We would like to recommend to conduct per borough neighborhood specific community health assessments in order to center emigrant voices. Invest funding and resources to existing local CBO's and partnerships so that they may increase their staffing of local mental health professionals. Expand programming to provide low or no cost mental health services to undocumented, uninsured, or under insured people with specific attention particularly focused on marginalized immigrant groups such as LGBTQIA individuals. Increased funding for language access and culturally specific resources for hard-to-reach communities. By expanding access to services, we also hope to break

down some of the stigma that exists and utilizing mental health providers.

REBECCA SMITH: So thank you for the opportunity to testify and sorry for going over.

CHAIRPERSON MENCHACA: Yeah. Thank you for that.

ZOE JOLIE: Good afternoon. My name is Zoe Jolie. I am a senior social worker in the New York Immigrant Family Unity, NYIFU, Project of the immigration practice at Brooklyn Defender Services. And thank you to the city council, Chair Menchaca, Chair Ayala, for this opportunity to testify. It is been a privilege to reflect on my own practice with my clients in preparing for this. So I'm just going to very narrowly talk about our three recommendations based on our social work practice. One, when people are receiving mental health treatment at immigration detention, they are rarely released with more than two weeks' worth of psychotropic medication, is that they are being appropriately prescribed medication. This creates an immediate crisis of care upon leaving the attention, as individuals struggled to access appropriate psychiatric evaluation and treatment in a timely manner. Inevitably, people run out of

medication before they are able to schedule an appointment with a psychiatrist. So, the city Council, in partnership with mental health and immigration experts should develop and fund reentry programming, discharge services, and case management to meet the mental health needs of New Yorkers returning home from immigration detention. Second point many of our clients and many immigrant New Yorkers are eligible to enroll in means tested health insurance through the New York state of health marketplace. However, we routinely work with people who have had their applications denied or processed incorrectly because their insurance navigator thought they could not enroll because they did not have a Social Security number. This is false. This creates a barrier to accessing mental health and medical treatment. So, we believe that the city must implement training for insurance navigators on completing applications with immigrants who are eligible for healthcare, like those individuals who are considered PRUCL, permanently residing under color of law. 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. We know they can do that because we have seen them do that when we go with our clients to appointments and navigators. And, finally, are social workers provide support to an increasing number of young immigrant clients with significant mental health needs. There is an urgent need for mental health services for youth that is responsive to the extreme hardships that these young people have faced and cognizant of the struggle to acclimate to life in New York City with limited or no family or community support. And which is delivered by clinicians in Spanish and indigenous languages of the northern triangle country is. So, we are urging the city to invest in the increased mental health services that are designed for immigrants who have experienced hardship, trauma, or detention. And thank you again for your continued support.

CHAIRPERSON MENCHACA: Thank you. And I had already read your testimony before and brought it up to the--

ZOE JOLIE: Thank you.

CHAIRPERSON MENCHACA: administration panel and what did you think about their answer and what-- any response or any ability for me to

continue to support the-- because, essentially, what they said was, will sit down and talk to you about it we've been range of-- it was unclear a little bit. Not legal parameters, but other parameters and data that they are pulling together on some of the other issues around attention. Immigration detention and insurance navigators, but--

ZOE JOLIE: I didn't hear a specific commitment to addressing this immediate issue with psychiatric treatment and that, I think-- it's actually quite limited and it's just a simple-- it's a math issue, basically, though we have people who are coming out with not enough medication and are going to be--

CHAIRPERSON MENCHACA: Yeah.

ZOE JOLIE: on the brink of, you know, withdrawal or coming off of really important medication and the need access right away. And it is putting the burden on the city hospital system when we have to-- that's the only option I get someone psychiatric care.

CHAIRPERSON MENCHACA: Got it. Well, these are all great ideas and we want to work with

you and all of you the kind of move that forward. So, thank you for that.

ZOE JOLIE: Thank you.

CHAIRPERSON MENCHACA: And it's a real hole that we need to fill with resources, recoordination. And thank you.

ZOE JOLIE: Thank you.

VIOLETA RIVERA: Okay. Good afternoon. Thank you for the opportunity to testify before you today. My name is Violeta Rivera and I am a social worker in the immigration practice at the Bronx Defenders. Immigrant New Yorkers face unique barriers to accessing culturally competent mental health care and substance abuse treatment. The many barriers to treatment include an eligibility for health insurance, Limited scheduling options for working families, a lack of child care while in treatment, lack of treatment near where people live or work with in the community. The event when people are able to access treatment, there is a lack of high quality and culturally competent services due to limited support and training for providers. In addition to the barriers to accessing care, immigrant New Yorkers face a unique set of mental health

concerns and challenges due to the impact of federal immigration enforcement in our communities. It should not be surprising to the members of city can't solve that, in this political climate, many immigrants live in fear, weeks, and it self is traumatic. When people aren't attained, they experiences of detention causes harm to that person and leaves a lasting impression on the family, especially children when they are separated from a parent or caregiver. Detention centers offer little or no treatment services to New Yorkers jailed there even when there is a clear medical need for it. Funding the New York immigrant family unification project and piloting the New York City Care program in the Bronx are important first steps. We urge you to continue your efforts to expand access to mental health and substance abuse treatment service broadly, keeping the specific needs of immigrant New Yorkers in mind and to continue pushing back against the presence of ICE and our communities and courts. We see about a lack of services for people returning from immigration detention and for families who have a love towards attained by ICE as a particularly gaping hole in the mental health care network and

believe that the Council should fund the creation of a reentry center to provide much-needed wraparound support for someone returning from detention. This center should include medical, psychiatric, therapeutic providers, as well as coordination with local hospitals for specialty services. The center should offer support groups for their members. Providers should be able to speak Spanish and have access to language lines. 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 showed how does HRA benefits personnel who are knowledgeable about the eligibility of benefits for immigrants with different immigration status is. We believe that the creation of such resource would drastically improve the reentry process for immigrant New Yorkers returning to their community after being detained and would mediate some of the undeniable arms cause to the families-- to our clients and their families throughout the duration of the removal proceedings. Thank you for the opportunity to provide this testimony today.

CHAIRPERSON MENCHACA: Thank you. So, clearly, you are all working together to offer these recommendations. I'm so thankful for that. Let's just pause there actually. Let's get the last piece of testimony and then I'll come back.

SUSAN KINGSLAND: Hi. Good afternoon. My name is Susan Kingsland and I am a social worker working as part of the Immigration Law Unit at the Legal Aid Society. Throughout more than 140 years, legal aid has been a tireless advocate for those least able to advocate for themselves in the city. I'm going to shorten some of the testimony so I can fit it under that time, hopefully. 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. Immigrant New Yorkers frequently have a range of complex and intersecting mental health needs that can pose significant challenges to their everyday life and ability to successfully transition the 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 the fully extremely difficult and hostile situations. These are then exacerbated by the immigration legal process itself with, in some instances, the trauma 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 and the language not their own. The process for applying for immigration relief is extremely complicated. It can often be lengthy, leaving immigrant New Yorkers stuck in a state of limbo and an ability and instability for periods of up to several years. The process itself can cause individuals who are often already extremely vulnerable, and to experience some type of PTSD, posttraumatic stress disorder, anxiety, chronic stress as they wait for the resolution of their immigration case. All the while, the specter of the application being denied in the constant possibility of deportation looming large. These ripple effects from our clients experiencing mental health issues can be sizable, with 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 US citizenship or otherwise not be used facing the same 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 members legal difficulties can result in anxiety and stress for the entire family. The Veloke [sp?] story from one of our clients provides an example of the mental health needs experienced by our clients. Jay is a young client in the early stages of his immigration legal case. He suffered trauma in his home country and during his migration to the US. He is a native Spanish speaker and does not speak English. In my work with Jay, he has begun to open up about his life and how he is managing and he has shared that he had a prior suicide attempt when he was younger. He was previously insured in Child Health Plus, a New York State insurance program, but then aged out of the program after turning 19. Presently, Jay is in need of mental health treatment due to not only his trauma history, but also the recent death of his newborn

child. Jay means ongoing trauma informed therapy and possibly medication. He is reticent to go to a hospital to address the trauma as he is overwhelmed and self-conscious about the stigma associated with accessing mental health treatment. Jay's complex trauma needs could be managed with culturally appropriate services in Spanish in a community-based setting where Jay resides. Without active health insurance, Jay has fewer options and there are long waiting periods to access the appropriate services in his community. So I will leave it there.

CHAIRPERSON MENCHACA: Thank you. And we have your testimony. We're going to review it.

SUSAN KINGSLAND: Yes.

CHAIRPERSON MENCHACA: And just thank you for all the client stories that have really, not just illustrated the need for mental health services, but the way that they are able to and not able to access those. The non-continuation of service, be it someone who is in detention that only has a two week supply of medicine and/or aging out of programs. These are all pieces that need to get fixed and this is part of why we wanted to have this hearing and this is why Chair Ayala and I are really committed to

engaging this and a very, very thoughtful way, that burying those stories into this conversation. Again, clearly, you are working together and we want to just command that work because, as a whole, when you think about it, something like NYIFU, for example, it's not just about legal services. And this is what I am realizing. That we have been putting a lot of focus on legal services and education, but the mental health and healthcare, the wellness component, is as important as any one of those pieces. And that's just the reality of it. And now we've got work to do there. So, I'm committing to that in a big way. Thank you for the work that you are doing and we know that you are carrying a lot, as well, so I hope that you are taking care of yourselves in this work as we all move through it with, you know, is much ability and compassion as possible. So, thank you.

UNIDENTIFIED: Thank you.

CHAIRPERSON MENCHACA: Okay. Our next panel is Catholic Charities of New York, Kelly Agnu Barrajas, Bridgette Crawford, Immigration Equality. GNHC, Brian Romero. Cianna Henmen, The Door. Thank you for your patience. And this will be our last panel with the last two folks if they are in the

room. Morgan Sigel, Northern Manhattan Improvement Corp. and Greg Waltman, G One Quantum. If you are here, come on up. Yes. Is there anyone else here who signed up and your name was not called? Okay. Any last chance for signing up to speak? Okay. Great. Let's get you all to the table. Thank you all so much. And who would like to begin? Would you like to begin? Thank you.

KELLY AGNU BARRAJAS: Good afternoon. I am Kelly Agnu Barrajas with Catholic Charities. I'm the director of refugee resettlement, but I'm presenting this testimony on behalf of our division of immigrant and refugee services. I don't want to go into many of the barriers and the needs that were covered by many of our colleagues in the today, but I did want to highlight two special kind of programs and models that we have been working on that we think might be of interest to the Council. One is a model called the Parrish Counseling Network which was actually developed by our colleagues just north of the city, Catholic Charities Orange Sullivan and Oster. And the Parish Counseling Network provides access to short term professional counseling at different locations throughout our service area. The

network offers access to more than 120 licensed mental health professionals to help folks that are going through a crisis that can be kind of addressed by short-term therapy such as marital problems, parenting, elder care, job loss, bereavement period and the counselors are experienced with there's mental health professionals and their-- many are bilingual and so we found this to be a model that we think could be replicable. It's a short term solution. It does need to be resourced. Essentially, we've been working on it on kind of a shoestring. So I think it's important--

CHAIRPERSON MENCHACA: Do you have a sense of what that would cost in New York City?

KELLY AGNU BARRAJAS: I don't have that with me now.

CHAIRPERSON MENCHACA: Let's work on that just so we can have a sense of what that is.

KELLY AGNU BARRAJAS: But I will go back with my colleagues and build that out. I think it's important, especially with clients that are in removal proceedings, that they have access to evaluations done by mental health professionals. We have seen that also as a gap. We're working on,

basically, a pro bono network of trying to match asylum attorneys with mental professionals that would be able to do short-term evaluation and create an affidavit that could bolster their application for asylum. The process for petitioning for asylum in Spain, more and more difficult, so we think it is really a key way to encourage those applications along and the help that process. So, we have, actually, that in place, but, again, it's really done as a side project of a few people's responsibilities. The other program, which you may already be familiar with is called Terra Firma, which is a medical legal partnership that we founded along with Montefiore in 2013. We're really proud of this program serves unaccompanied immigrant kids living in New York City. It's based in the Bronx, so it does primarily serve Bronx residents, but I personally have sent kids there from as far away as the Rockaway because I think it is so good and there's such a lack of other services that are appropriate for them where they live. And I think, like some of the colleagues mentioned earlier, it is based on relationships. It's based on that trust that one provider has with another provider of, when I pass the baton, when I

make this referral, it's a warm referral and I know that that client will be taken care of. Sorry. And to echo many of the things that folks mentioned on linguistically and culturally sensitive services, we think that is so key. So, in short, on some of our recommendations, we would like to see more attention and some ideas for building out some of these models that are in existence and that we think are scalable and replicable. Let's see if there's anything else I wanted to mention here-- just in short, one of the things that I think is also key to mention is that there are many non-clinical services that we think are absolutely essential in terms of dealing with mental health needs of the immigrant community. These are as simple as just building on immigrants communities own resilience. Wanting to become more integrated into the community, taking kids on field trips. Doing some of these things that seem very fluffy and nice to have are actually really important in building this sense of community here and connections with other people and other New Yorkers. Thank you.

CHAIRPERSON MENCHACA: Thank you for mentioning that. That while this isn't just

clinical, but can be nonclinical and it's an array of services that a family will need to be healthy. Thank you. Make sure the light is on and--

BRIDGETTE CRAWFORD: Got it.

CHAIRPERSON MENCHACA: There you go.

BRIDGETTE CRAWFORD: Can you hear me?

CHAIRPERSON MENCHACA: Thank you.

BRIDGETTE CRAWFORD: Thank you for the opportunity to testify today. My name is Bridgette Crawford. I am the legal director at Immigration Equality. I'm going to try to not reiterate all of things that my colleagues have said. Immigration Equality works with queer asylum seekers from around the world who have fled pretty horrific violence and persecution based on their sexual orientation, gender identity, and HIV status. If you have spent a lifetime of 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 and, as you likely know, the process of applying for asylum necessarily digs up some of the worst experiences a person has ever known. And to explain to a judge why it's not safe for you to go home requires that you delve into

memories that were long ago suppressed. While immigration equality attorneys are experts in the law, we have no capacity to cope with the mental health consequences that this human rights process can create and, to reiterate what you said, one of the things that we find challenging is the fact that a lot of our clients need a mental health assessment for the merits of their claim and there is not a robust and-- there's not a robust system in place that enables us to connect clients with these services. And so that would be a tremendous help, I think, to the legal services providers. I think, in addition, one of the biggest challenges to legal services providers-- and I know that you have heard a lot from social workers and, I think, actually pursuing the claims of our clients, the mental health difficulties that they face are actually impediments to us as lawyers doing our job. You know, I could go on with example after example, but, you know, things as simple as preparing an affidavit. Sometimes, clients are triggered-- clients don't show up with appointments with their pro bono attorneys, although they have incredibly strong claims, because they are so traumatized. And we are not able to consistently

put them in touch with service providers that are free that can be access quickly. And so we've had clients that have given up on really strong claims because they couldn't deal with the mental health aspects and challenges. You know, I think many of our clients face monetary language, cultural barriers that prevent them from accessing this care. As refugees, they struggle pay even sliding scale fees. Most are not fluent in English. Additionally, especially for our clients, mental services are often stigmatized or been weapon I used through practices like conversion therapy. Despite these challenges, there is a tremendous desire for these health services and I feel-- just a note on cultural competency. I feel like that is such a difficult thing. Even in the LGBTQ community, the experiences of a transgender woman from Honduras versus a gay man from Saudi Arabia, versus a lesbian from Russia, these are very, very, very different people with very different needs and I feel like it's sort of easy to sort of check a box saying, oh, LGBTQ competency. But it's not that simple. So, I feel like a really-- feel like things necessary discussion to be had around what that means. And then I think we have

seen clients who, as difficult as it is to access this kind of care, we have seen incredible success stories like clients that have come from countries may be aware the concept of being transgender is not something that they ever knew anything about. Have come here, have access mental health services through the LGBT Center, through the door, through other service providers and are now living a full life. Have had a successful asylum claim. And that is what we hope for for all of our clients. So, to the extent that we can provide them access and partner with you on that, that would be incredible.

CHAIRPERSON MENCHACA: thank you for that testimony. And I think what is important here is highlighting two things. One, a kind of intersectional work that needs to happen with multiple identities that someone with emigration needs and mental health needs and legal means and, etc., etc. come together. And something that I asked the-- think it was a previous panel. I forget which panel it was, about we are going to go back to the administration. When we think about cultural competency is where does that get developed and who gets to own that and is one-- is there really-- are

we supposed to put all this on the city? Maybe the city needs to be culturally competent. And then we have the organizations on the ground and we have the lawyers on the social workers and Mike, who gets to claim that accountability? Who do we need to hold accountable for cultural competency? And is it multiple groups of people that need to be part of the cultural competent response? In different people hold different pieces of it. So, I have learned a lot already and so, thank you for that. And the other piece is, you know, we spoke a lot about folks leaving the system and making sure that we have a plan for them. If they leave detention with a, you know, psychiatric need, that we-- but you're also talking about pre and during the service that is offered through the organizations to make it better. So I think that's an important thing. That wellness, mental health and wellness, is important for the case itself. And so, thank you for that. That's important to also note as we move forward to build out a strategy. Thank you.

MORGAN SIGEL: Good afternoon, Chair and Council members. My name is Morgan Sigel and I am the assistant director of case coordination at

Northern Manhattan Improvement Corporation, but I do want to highlight that I also have-- In our organization we also have the Connections to the Care program. I have heard it kind of spoken about and, over the past several years, I have had the honor to run it. So, if there is any additional clarifying questions, I would love to talk more about that, as well. I am a licensed therapist and the 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 people in our community on their paths to secure and prosperous futures. Our legal services, organizing, and advocacy services include immigration legal services, housing court representation, and eviction prevention, and counseling for immigrant communities.

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 a large immigrant and mostly Spanish-speaking population in these communities can easily assess the broad range of services available. NMIC is currently providing mental health services in approach that is supportive, culturally competent, and inclusive to immigrant New Yorkers. The mental health program at NMIC provide services including individual counseling, group counseling, referrals, and psychoeducation all provided in Spanish and English. The mental health program offers supportive counseling at 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 the community where the client is receiving services for a range of other 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. Lack of cultural

competence has been associated with misdiagnosis, underutilization of services, mistrust in healthcare, and mistrusted healthcare professionals which lead to poor health outcomes for many minority populations. NMIC's mental health services provide counseling services to many newly arrived immigrants in our community. I want to provide an example of one client. Her name was Ms. J, is what I'll say. Oh. I'm so sorry. I ran out of time.

CHAIRPERSON MENCHACA: That's all right. You can finish. Absolutely.

MORGAN SIGEL: Can I talk about Ms. J?

CHAIRPERSON MENCHACA: Yes. Please. I want to hear it.

MORGAN SIGEL: Okay. Thank you so much. So, Ms. J is a 35 year old Dominican woman who is struggling with serious mental health issues when she arrived to Washington Heights 18 days prior to her intake appointment. She sought assistance and guidance from our employment services, which is why she arrived to NMIC and she was referred to our C2C program because she exhibited signs of severe depression and anxiety, including crying during her intake with her career counselor. Ms. J was

struggling with many of the emotional issues newly arrived immigrants often suffer through alone while 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. Ms. J was connected to one of NMIC's mental health counselors, allowing her to access the support necessary to deal with the emotional and psychological toll of her immigration journey. Ms. J was able to share her symptoms severe depression and anxiety that impacted her overall functioning, including difficulties getting out of bed, difficult to use 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 that we often take for granted like bathing and eating meals. Through counseling, she was able to alleviate the symptoms of her serious mental illness. This allowed her to focus on basic coping skills which normalized her experience and provided her the ability to better navigate her

transition to a new country. I know I'm way over. I'm so sorry.

CHAIRPERSON MENCHACA: Thank you for that and I think we're-- I think this is the last panel, right? So we're-- thank you for your testimony and staying connected to this conversation. I think what all of you presented were things that are happening right now. Things that need to be made better. Everything from the network that you mentioned from Catholic Charities and to Terra Firma that is working with unaccompanied minors and, essentially, there's so much good work here and we want to celebrate that and, clearly, people are getting reached. The question is how do we amplify this in a way that an institution, like the city of New York, can be better. And so we want to keep working with you to figure that out. A lot of it is going to be funding and we get that, too. But we are already putting a lot of funding, so how do we make that better? And, again, I just hope that, especially anyone that is working with immigrant communities, especially within the more highly vulnerable community members with the multiple intersection of identity like LGBTQ communities, that you take care of yourselves, as

well. And so I just hope that you're doing that and that that culture is embedded into the work that we do every day. I know we do that here at the city council to ensure that we're health so that we can keep doing the good work. Thank you. The Chair and I-- Chair Ayala and I are part of the BNT, the budget negotiating team, and this is where we have these larger conversations about where we need to shift resources. And so we are hoping that you all can join us in that effort to really shift the conversation within the city council itself to build out a plan that's resourced. Well resources, I should say. So, help us do that and as we move forward-- this is not the last time we're going to have this conversation. We're going to work with the administration to build this out and figure it out because, if we can solve this, the access to all the other things that we've been building, legal services, education, all those things become even more able to be connected. And we can build the programs, but they won't come-- as it says, you know, build it and they will come. That doesn't work here and we need to make sure that people are healthy and feeling good so they can access all the resources

that we are putting so much funding towards. That's how it works. This is about a holistic approach, rather than peace mill underfunded and not community lead, which is what I heard as well. Communities can really express themselves and how they need what they need. And thank you for your work. Okay. I think this is it for this hearing which is ending at 5:32 p.m. today. And we are now adjourned.

[gavel]

[background comments]

C E R T I F I C A T E

World Wide Dictation certifies that the foregoing transcript is a true and accurate record of the proceedings. We further certify that there is no relation to any of the parties to this action by blood or marriage, and that there is interest in the outcome of this matter.

Date October 23, 2019