

June 21, 2023

New York City Council
Committee on Immigration
Committee on General Welfare

Dear Chairs Ayala and Hanif,

Thanks to you and the other members of the committees for the opportunity to provide written testimony in support of two of the bills being discussed by Members today, Intros. 1095 and 1084. Today's hearing is an important step forward towards providing some of our most vulnerable neighbors in New York City with much-needed assistance, and Intros. 1095 and 1084 are key pieces in pursuit of these critical efforts.

The McSilver Institute for Poverty Policy and Research at New York University is committed to creating new knowledge about the root causes of poverty, developing evidence-based interventions to address its consequences, and rapidly translating research findings into action through policy and practice.

A substantial portion of our work focuses on providing technical assistance to mental health and substance use care providers across New York State. The Institute operates a number of technical assistance centers (TACs) focused on specific practice areas and resource opportunities, from peer supportive services and clinical best practices to administrative capacity building.

In our capacity as a hub for mental health practices that most often are focused on a consumer base most in-need of services, we are acutely aware of many of the issues facing asylee, migrant, and refugee populations, which have grown significantly in recent months. We believe both Intros. 1095 and 1084 are excellent first steps towards addressing serious concerns about mental health in these populations, and are eager to work with the Council to offer our technical experience and insight as the body proceeds with both pieces of legislation.

From a mental-health standpoint, it is critical for practitioners to be well-versed in the specific trauma-informed care most relevant to the unique context experienced by this population. Many of the providers we work with, as well as clinicians on-staff at the Institute, can attest to the need for mental health services to address the trauma that migrants experience. Research and clinical experience identifies the serious risks associated

with unaddressed trauma such as acute and chronic health conditions, symptoms of mental illness, social dysfunction, and substance use.

The list of traumas and adversities that clients have expressed include, but are not limited to: experiences prior to migration (physical and sexual abuse, homophobia, extreme poverty, kidnappings, etc.), during the migration (human trafficking, rape, starvation, loss of loved ones, etc.), and after arriving in the United States (e.g., exploitation by predatory immigration lawyers, workplace exploitation, discrimination, transphobic violence, homelessness, food insecurity, etc.). Mental health professionals can attest to the short- and long-term effects of those exposures to health and mental health, while playing a critical role in providing compassionate, trauma-informed and culturally sensitive care to the migrant community.

Intro. 1095: *This bill would require the Mayor's Office of Community Health to have at least one mental health coordinator at any location where refugees and migrants receive services from the city.*

This legislation acknowledges the importance of attending to mental health needs within these groups, as well as the importance of having dedicated staff working to identify mental health needs among the population that can then be addressed through a referral to services.

Assigned staff from the Office of Community Health (OCH) must have a detailed understanding of the mental health/substance-abuse disorder system, including what services are available, and how to refer and connect individuals to those services. We believe coordinators need to be trained in trauma-informed care and in working specifically with migrants, through access to specialized training that helps them understand how best to work with these groups and ensure they have the tools and skills needed to succeed. This includes anti-oppressive practices and other forms of culturally responsive training that caters to the needs of this population. It also means more basic competencies, such as the need for coordinators to speak the native languages of those they are serving.

We would urge the Council to ensure that the coordinator role is clearly defined. At minimum, they should be expected to assess individual mental health needs and have the ability to effectively connect those individuals to resources. If there are additional expectations, we encourage the Council to clearly identify those. Additionally, coordinators should know they have good support and/or supervisory oversight of their efforts, which

are critical to both ensure expectations are being met and to help prevent burnout. Lastly, coordinators should have clear guidelines for what their roles do *not* include.

Critically, staffing levels need to be proportional to the size of the group being served. Need is potentially going to be high, and a single coordinator could easily be overwhelmed. We understand the limited resources OCH and other City offices and departments face, but without the ability to handle this need effectively, efforts have the potential to be wasted or counterproductive.

One note we would like to highlight for the Council is the persistent issue of too few accessible, quality, affordable mental health care service options in general, which will only be exacerbated by a surge of need. This remains an acute issue and we strongly encourage the Council to continue to look for opportunities to significantly build out the City's mental health care infrastructure. Given these issues, we also would ask the Council to consider alternative mental health approaches as discussions over Intro. 1095 continue, such as having mental health providers meet those in need where they are rather than referring them to outside help, as an immediate, if temporary, solution.

Intro 1084: *This bill would require the Department of Health and Mental Hygiene to develop a training on trauma informed care, determine who, of those serving refugees, asylees and migrants, should be offered the training, and offer it to them.*

This legislation centers the trauma too many migrants, asylees, and refugees have suffered prior to arriving in the United States, including during the migration process, as we noted above. It highlights the importance of staff having a full understanding of trauma and its impacts on individuals, as it relates to their current and future wellness, prior to working with members of these groups. Without proper training, staff can potentially re-traumatize or continue traumatization within these groups—even inadvertently, through implementation of existing policies and/or procedures that are not trauma informed—thereby lessening the likelihood of successful integration and individual wellness. Given this, we would ask the Council to consider moving from an offer of training to mandating such training for those doing this important work.

The importance of proper training goes beyond those working directly within these communities. We would urge the Council to encourage, if not legislate, that trauma-informed care training extend to the organizations providing services, including but not limited to the leadership of such groups. This training needs to include the thoughtful application of trauma-informed care principles to the day-to-day reality care

workers will likely face. Training alone is not enough. People often struggle to know what to do with the information they have learned without proper support or follow up. City support services from the Department of Health and Mental Hygiene and elsewhere can help integrate a constructive check-in process to ensure those doing the work with, and within, migrant communities are using trauma-informed approaches and may also be able to evaluate the impact.

Lastly, training should also be multifaceted and include important additional tools that are culturally responsive, anti-oppressive, and other critical perspectives important when interacting with immigrant populations.

In regards to both pieces of legislation, we feel it is important to emphasize that the trauma-informed care training for those working with such populations should especially focus on issues of re-traumatization and further traumatization based on the ways that laws and policies constantly shift to impact the population. Those on the ground should understand how such quick shifts can easily lead to deportation, dehumanization, and traumatization, and cause people to live in heightened states of chronic stress, fear, and anxiety while interacting with multiple systems. As we know, chronic stress over time can lead to negative impacts on health and wellness. Care Coordinators and others working to connect migrant populations to benefits and other resources need to be uniquely trained in order to work alongside a rapidly changing political landscape, including times when the public charge rule might suddenly change again.

We sincerely thank the Council for taking up these important pieces of legislation, and again extend an offer to help Members and staff however we can going forward.

Sincerely,
NYU McSilver Institute

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