

Testimony of  
Coalition for the Homeless  
and  
The Legal Aid Society  
before the Committees on Immigration,  
of the New York City Council  
on  
Oversight – Addressing the Mental Health Needs of  
Immigrants in New York City  
submitted by  
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## Introduction

The Legal Aid Society (“LAS”) and the Coalition for the Homeless (“Coalition”) jointly welcome this opportunity to testify before the New York City Council Committee on Immigration regarding the mental health needs of immigrant New Yorkers. We thank Chair Avilés and the Committee on Immigration for offering the opportunity to highlight some of the critical issues in this area.

LAS is built on one simple but powerful belief: that no New Yorker should be denied the right to equal justice. We want to remain a beacon of hope for New Yorkers who feel neglected, regardless of who they are, where they come from, or how they identify. From our start nearly 150 years ago, our growth has mirrored that of the city we serve. Today, we are proud to be one of the largest and most influential social justice law firms in New York City and nation-wide. Our staff deliver justice in every borough, working tirelessly to defend our clients and dismantle the hidden, systemic barriers that can prevent them from thriving. As passionate advocates for individuals and families, LAS is an indispensable component of the legal, social, and economic fabric of our City.

In the past year, LAS served over 480,000 individuals and their families who benefitted from our holistic direct services through our Civil, Criminal, and Juvenile Rights Practices. Our work across these Practices together provides us with unique insights into the challenges facing marginalized communities in NYC and an unparalleled ability to effect change on a greater scale. Our Civil Practice works with low-income New Yorkers experiencing a broad range of civil legal issues that, without assistance, can escalate into situations with cascading effects that threaten their stability and keep families locked in cycles of poverty. Our specialized units cover the full spectrum of civil legal needs, including housing and homelessness; homeowner stabilization, family law and domestic violence; immigration; special education; health; community development; consumer issues; employment; government benefits and disability; taxes; and holistic services for vulnerable populations including the elderly, adults and children with disabilities, and people living with HIV/AIDS.

For almost 40 years, LAS has maintained a citywide Immigration Law Unit (ILU) within the Civil Practice. ILU, now comprised of nearly 100 staff, is a recognized leader in the delivery of free, comprehensive, and high caliber immigration legal services to low-income immigrants in New York City and surrounding counties. Staff represent immigrants before U.S. Citizenship and Immigration Services (USCIS), in Immigration Court removal proceedings before the Executive Office for Immigration Review (EOIR), on appeals to the Board of Immigration Appeals (BIA), and in federal court on habeas corpus petitions and petitions for review. In addition to representing clients, staff conduct outreach clinics at community-based organizations throughout New York City, intake clients at immigration detention centers, and conduct trainings in various venues throughout the city. Over the most recent year, ILU assisted in nearly 8,600 individual legal matters benefiting over

21,100 New Yorkers citywide. In addition to providing direct legal services, ILU staff provide regular training to immigrant-serving advocates from community-based organizations, State and local agencies, and judicial and legislative staff. Partnerships with other non-profit organizations and coordination of a successful pro bono program with 53 participating law firms enable the ILU to maximize resources to meet the increasing demand for representation.

The Coalition is the court- and City-appointed independent monitor of the NYC Department of Homeless Services (“DHS”) shelter system that arose in response to the historic *Callahan*, *Eldredge*, and *Boston* cases that created the right to shelter in New York. We are also the court-appointed independent monitor of the non-DHS shelters for asylum seekers and other new arrivals entering NYC since April 2022 (“New Arrivals”) under the March 15, 2024, stipulation of settlement in *Callahan* (“Stipulation”). We are actively engaged in assisting and defending the rights of New Arrivals and advocating for increased resources to help the newest New Yorkers move from shelter to permanent housing and stability.

The Coalition, founded in 1981, is a not-for-profit advocacy and direct services organization that assists more than 3,500 homeless and at-risk New Yorkers each day. The Coalition advocates for proven, cost-effective solutions to address the crisis of modern homelessness, which is now in its fifth decade. The Coalition also protects the rights of homeless people through litigation involving the right to emergency shelter, the right to vote, the right to reasonable accommodations for those with disabilities, and life-saving housing and services for homeless people living with mental illnesses and HIV/AIDS.

The Coalition operates 12 direct-services programs that offer vital services to homeless, at-risk, and low-income New Yorkers. These programs also demonstrate effective, long-term, scalable solutions and include: permanent housing for formerly homeless families and individuals living with HIV/AIDS; job-training for homeless and low-income women; and permanent housing for formerly homeless families and individuals. Our summer sleep-away camp and after-school program help hundreds of homeless children each year. The Coalition’s mobile soup kitchen distributed nearly 400,000 hot, nutritious meals to homeless and hungry people on the streets of the city this past year – up from our usual 320,000. Finally, our Crisis Services Department assists more than 1,000 homeless and at-risk households each month with eviction prevention, individual advocacy, referrals for shelter and emergency food programs, and assistance with public benefits as well as basic necessities such as diapers, formula, work uniforms, and money for medications and groceries. In response to the pandemic, we are operating a special Crisis Hotline (1-888-358-2384) for homeless individuals who need immediate help finding shelter or meeting other critical needs.

New York City has always been a city of immigrants, bringing cultural vibrancy, hard work, and vitality to our neighborhoods. Throughout history, our city has welcomed those who come to the United States to make a better life or to find a safe haven from persecution, violence, and trauma. This reputation as a place of refuge is critical to our identity, and is something we are, and should be, proud of.

Immigrants are critical to New York City's economy — accounting for 43 percent of our workforce and contributing \$61 billion in tax revenue.<sup>1</sup> For these reasons, it is imperative that the City take immediate measures to protect both immigrants who have long resided in our community as well as the newest New Yorkers from the draconian and harmful actions undertaken by the current presidential administration.

President Trump and his administration continue to spread misinformation and flat-out untruths about immigrants, fueling xenophobic and racist fears through targeted anti-immigrant policies and messaging. He has pledged to carry out mass deportations of millions of hard-working individuals, even threatening to use the military against civilians to effectuate his plan. Despite the legal, financial, and logistical hurdles to such extensive removals, he has moved quickly to implement such plans in the months since his inauguration.

These very real threats have directly impacted and raised fears among New York's immigrant population irrespective of how long they have been living in our city as valued members of our community. These fears are well-founded, as immigration enforcement, deportations, and military involvement continue to escalate in New York and nationwide.

The City must take steps to ensure that New York City retains its proud heritage as a city of immigrants, a city dedicated to the principles that we have long expressed to the entire world through the welcoming words on the Statue of Liberty. We urge the City to take immediate action in the ways enumerated below to protect and provide essential support to the countless immigrants who call our city home, including the newest arrivals and particularly those residing in our City's shelters.

### Overview of Immigrant Mental Health Needs

Immigrant communities built our city and continue to make invaluable contributions. Despite New York City's history as a haven for immigrants. While anti-immigrant rhetoric is not new, negative messaging in the media has increased hostility and attacks directed towards immigrants. Under the current administration, people are emboldened to demean, threaten, and report their neighbors and community members. ICE officers have been given the freedom to target immigrants based on racial identity. Showing up for necessary appointments at schools, doctors' offices, or courts comes with the increased risk of detention and deportation. As we saw during the pandemic, isolation from

social networks and communities had a significant impact on mental health.<sup>1</sup> Under the second Trump Administration, we are seeing increased isolation again, this time with immigrants fearing completing daily tasks due to the potential for ICE enforcement.

The mental health needs of immigrants are layered. Many immigrants are processing trauma from experiences in their home countries or from their migration experiences. That does not mean, however, that the symptoms of trauma may be immediately visible. Common trauma responses include a state of hyperarousal where someone feels anxious or overwhelmed, in addition to hypoarousal where an individual is numb or detached from their emotions.<sup>2</sup> Furthermore, while many recently arrived immigrants come to the US seeking asylum, we should not assume that an asylum application is necessary to indicate a history of trauma.

Individuals with no previous history of mental health symptoms are also susceptible to adverse mental health conditions because of stress because of fears of immigration enforcement and discrimination.<sup>3</sup> Depression and anxiety are common responses to this stress. As a result, it is essential that immigrants can access necessary mental health supports. Also, members of mixed status households, school staff, religious congregations, and other friends and community members of immigrants are deeply impacted by ICE detentions in our city; their mental health and their need for mental health services are also considerable these days.

At LAS, many of our clients have not heard of programs such as NYC Care and the mental health and health services offered for free through these programs. The City must continue to increase its direct outreach efforts to notify the public about these services. With each new hostile anti-immigrant policy, communities will continue to question whether they can access services even if they have been told previously that they are available. Due to stigma around accessing mental health care in many immigrant communities, outreach efforts must come with psychoeducation that clarifies the nature of these services. Furthermore, because of concerns about immigration enforcement, community members may only be willing to access services through phone or video or may need increased reassurances that the hospitals and clinics have no connection to ICE and will not share information about them with third parties that could put them at risk for immigration enforcement.

With potential cuts to Medicaid coverage looming and healthcare premiums rising, we expect the need for NYC Care and other community-based mental health support to increase. The City should not assume that the services are not needed simply because people have not yet accessed them. It

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<sup>1</sup> Luz M. Garcini et al., *Implications of Undocumented Status for Latinx Families during the Covid-19 Pandemic: A Call to Action*, 53 *Journal of Clinical Child & Adolescent Psychology* 10 (2024), <https://www.tandfonline.com/doi/full/10.1080/15374416.2022.2158837>

<sup>2</sup> <https://nicabm-stealthseminar.s3.amazonaws.com/Infographics/window-of-tolerance/NICABM-InfoG-window+of+tolerance-pf.pdf>

<sup>3</sup> Cindy C. Sangalang et al., *Trauma, Post-Migration Stress, and Mental Health: A Comparative Analysis of Refugees and Immigrants in the United States*, 21 *J Immigrant Minority Health* 909 (2019), <http://link.springer.com/10.1007/s10903-018-0826-2>.

should assume that there are significant mental health needs that are unaddressed, and these needs will increase as fear and isolation continue.

### Recommendations to Support Immigrant Mental Health

Provide frequent and regular outreach to immigrant communities about free mental health services available without insurance.

- Utilize print, radio, and partnerships with community-based organizations to share these messages.
- Reduce stigma by providing psychoeducation on common mental health concerns such as trauma, depression, and anxiety to normalize these experiences and encourage access to care.

Investigate current waiting times for mental health services and language access needs.

- Community members consistently report long wait times for services, which is discouraging.

Provide support to staff working with immigrant communities, particularly because many social services staff are also part of the immigrant communities they are serving.

- Ensure all city employees and city contracted agencies working with immigrants in health, mental health, and social service settings have training in trauma-informed practices.

### Recommendations to Support Immigrants in Shelter

#### *Improve the Screening and Appropriate Placement of New Arrivals*

New York City has an extensive municipal shelter system to ensure its most vulnerable residents can access a safe place to stay each night. Despite this, New Arrivals and especially those with disabilities and mental health conditions continue to go without necessary accommodations to meet their needs. As with longer-term New Yorkers residing in shelters, whether or not they are immigrants, the experience of homelessness in itself has “deleterious effects on mental health”.<sup>4</sup> For New Arrivals, who are frequently unable to access DHS and instead relegated to enormous congregate facilities without social services, there are additional access barriers and less accessible shelter capacity. The City should:

- Implement comprehensive and culturally competent screenings for disability and mental health conditions at shelters serving New Arrivals, to ensure people are 1) connected to suitable clinical services, and 2) placed in a suitably accessible shelter.
- Provide on-site social services at all types of shelters, including assistance with connecting to clinical services and staff who have received appropriate training to coordinate placements that fulfill disability-related needs.
- Track and regularly analyze current and anticipated disability-related and mental health

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<sup>4</sup> Deborah K Padgett, *Homelessness, housing instability and mental health: making the connections*, PubMed Central (2020)

needs in all shelter types to inform needed accessible capacity.

- Accommodate transfers of New Arrivals into appropriate DHS shelters as expeditiously as possible, especially those with disabilities and/or mental health conditions that are exacerbated in large, congregate non-DHS shelter settings.
- Accommodate single room and reduced-density placements in shelters serving New Arrivals and long-term migrants in New York City, expanding the availability of such to ensure people have suitably accessible and safe shelter placements after having navigated profoundly traumatizing circumstances.

#### *Invest in Trauma-informed Support Services and Staff Professional Development*

The experience of homelessness is, with social determinants of health contributing to higher rates of health conditions among people experiencing homelessness<sup>5</sup>. The compounding impact of trauma, housing instability and circumstances leading to homelessness, and the experience of living in a shelter setting contribute to the emergence of anxiety, depression, PTSD, and an array of mental health and other medical conditions.<sup>6</sup> For immigrants in New York City, there are added stressors caused by lack of access to suitable medical and mental health care, long shelter stays due to not having access to benefits to exit shelter, and a general lack of suitable language access tools and culturally responsive services. As such, we recommend:

- Partnering with local community groups with shared cultural and linguistic backgrounds to immigrants residing in shelters; consult with such groups on resources and services (including access to food, recreation, legal support, and medical/mental health support) that are most suitable.
- Ensure sites serving immigrants hire staff with language skills that meet the needs of residents; wherever there are gaps, provide on-site language translation service as often as possible.
- In collaboration with community groups with shared cultural and linguistic background, develop culturally responsive peer support resources, activity groups, and resource-sharing opportunities.
- Offer comprehensive clinical assessments with culturally competent providers, where linkages are made to suitable services and information collected informs submission of reasonable accommodation requests.
- Provide additional training and resources to all shelter staff (including leadership) regarding trauma-informed care, cultural competency, and continue to expand on such as often as needed. Training should be required and have an efficacy measure to ensure accountability.

#### *Stop the Use of Non-DHS New Arrival Shelters*

The current standard of shelter delivery in the non-DHS New Arrival shelters (also known as HERRCs), specifically for single adults, is unacceptable. These large congregate settings lack case

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<sup>5</sup> Shantiera Nicole Taylor & David Munson, *Health Care of People Experiencing Homelessness: Part 1*, 2 New England Journal of Medicine Evidence 8 (2023)

<sup>6</sup> Centers for Disease Control and Prevention, *About Homelessness and Health* (2024)



management, consistently functioning bathroom facilities, standard beds, and are often riddled with bed bugs. The conditions that people are subjected to in the non-DHS shelters, layered on the City's failure to meet their health care needs the fear of contact with federal immigration authorities, and lack of adequate translation and legal support is traumatic alone. But most New Arrivals are experiencing this in addition to carrying the weight of the trauma that led them to this country, and sometimes additional trauma they experienced getting here. Therefore, in addition to the other recommendations outlined, we are calling for the City to expedite the transition of New Arrivals still in need of shelter into the DHS system and cease their use of the non-DHS shelters for New Arrivals.

### Conclusion

Thank you again to the Committee on Immigration for looking closely at how to best support the mental health needs of immigrant communities in New York City.

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