



**Testimony of Molly Wasow Park, Commissioner
New York City Department of Social Services
Before the New York City Council, Committee on General Welfare and
Committee on Public Safety Hearing Protecting Lives in the Cold: Oversight of
NYC's Code Blue Operations
February 10, 2026**

Good morning, my name is Molly Wasow Park and I serve as Commissioner of the New York City Department of Social Services (DSS), which includes the New York City Department of Homeless Services (DHS) and the New York City Human Resources Administration (HRA). I am joined by NYC Emergency Management Commissioner, Zach Iscol, Deputy Commissioner Alexander Crohn from the New York City Police Department, and Chief Medical Examiner Dr. Jason Graham. I would like to thank Chair Hudson, Chair Feliz, and the members of the Committee on General Welfare and Committee on Public Safety for holding this oversight hearing on New York City's Code Blue Operations.

To start, I want to remind New Yorkers to call 311 if you see someone experiencing unsheltered homelessness. An outreach team or first responder from NYPD or FDNY will be dispatched and work to make sure that the individual is connected to a safe and warm place. New Yorkers can also sign up for Notify NYC to learn about current resources and changing conditions; Notify NYC provides information about emergency alerts and important resources and services. During the past three weeks, New York City experienced weather that was as cold or colder than some parts of Alaska. We want to be sure that every New Yorker is safe as we confront the coldest temperatures we have encountered in nearly a decade.

Our hearts go out to the families and loved ones of New Yorkers who have tragically died outside due to the cold temperatures as a result of this horrible cold spell in recent weeks. The reason we do the work we do is to prevent these tragedies and connect vulnerable people to the shelter and resources they need to stay safe and warm. We are acutely aware that extreme cold is particularly challenging and dangerous for people experiencing unsheltered homelessness. DSS is taking action to keep our unsheltered neighbors safe. Part of our job as public servants is delivering the

message that help is available at every opportunity we can – that is, at public meetings like this, in-person with outreach workers, through social media, spreading the word through community partners and faith leaders, and through public service announcements. I thank you all again for this opportunity to use this platform to highlight the resources available and share the work DSS is doing to get people experiencing unsheltered homelessness the help that they need.

Our preparation for Code Blue begins before winter starts. Before winter begins, our team at Street Homeless Solutions reviews our Code Blue procedure with the outreach team directors and discusses winter preparedness. As needed, trainings include a review of how to identify and assess at-risk clients and resources available during a Code Blue. We maintain ongoing, targeted placement of the most chronic and vulnerable clients experiencing unsheltered homelessness into housing, with an enhanced effort in the three months before winter.

Each October, outreach teams will create a Code Blue Priority List of clients and identify the usual locations where they congregate. Clients living in vehicles or in exposed geographic areas (e.g. near bodies of water) may be especially at risk and are included on these lists. This list is based on published evidence, the Vulnerability Index, and can be updated as additional at-risk clients are identified through the winter in New York City.

Individuals may be placed on the list if they are or have:

- More than three hospitalizations or emergency room visits in a year
- More than three emergency room visits in the previous three months
- Aged 60 or older
- Cirrhosis of the liver (hepatic cirrhosis)
- End-stage kidney disease (end-stage renal disease)
- History of frostbite, immersion foot syndrome, or hypothermia
- HIV/AIDS
- Tri-morbidity: co-occurring psychiatric, substance use, and chronic medical condition

In addition, the Vulnerability Index takes into consideration the following:

- Living conditions (structure or lack thereof)
- Appropriate dress (layering, and head, hands, and feet covered)
- Open fires, “contained fires”, and the risk for carbon monoxide poisoning
- Ability to be logical and goal-directed toward meeting basic needs
- Active signs of hallucinations or gross disorganization
- Alcohol dependence (current)

- Known history of heart disease, diabetes, peripheral vascular disease and/or severe psychiatric illness

As demonstrated by that non-exhaustive list of factors taken into consideration for placement on the Code Blue Alert Distribution List, we are seeking to take individual circumstances into consideration and remain sensitive to the unique vulnerabilities a New Yorker may face.

Each November, relevant teams within DSS-DHS review Code Blue Procedures including our Street Homeless Solutions Unit, DSS' Health Services Office, DSS' Office of Performance Management and Data Analysis, and DSS' Office of Legal Affairs. This review is conducted with an eye towards strengthening best practices and ensuring our policies and procedures are positioned to meet our mission of serving vulnerable New Yorkers.

Outreach work occurs year-round and aims to build the trust necessary for people experiencing homelessness to connect with shelter, resources, and assistance. Building trust with vulnerable New Yorkers is a vital component of successfully delivering assistance.

During a Code Blue, the City delivers assistance to vulnerable New Yorkers through several pathways. In this period of emergency, 311 calls about people experiencing unsheltered homelessness are routed to 911 in recognition of the serious life safety danger that need be taken into consideration with such severe weather. DHS directs shelters to suspend their normal intake procedures to more readily accommodate New Yorkers in need of assistance and shelters make accommodations for walk-ins. Outreach teams also gain greater latitude in assisting in bringing individuals to shelters. All drop-in centers are open year round and 24-hours a day; drop-in centers assist as many people as they can safely accommodate (taking account of health and safety regulations) and if necessary the drop-in center will identify an alternative location, such as a shelter, a warming center, or another drop in center, and offer transportation to the alternative location. Shelters, safe havens, and stabilization beds make beds available to accommodate individuals brought in by DHS Street Outreach teams or who walk-in; those individuals are engaged by shelter/safe haven case workers to encourage them to stay indoors and access services.

Outreach teams contact vulnerable individuals, including those on Code Blue Priority Lists, to ensure safety and bring them to shelter. During a Code Blue, DHS Street Outreach teams contact individuals on the Code Blue Priority Lists a minimum of once every four hours beginning at 8:00

PM until 8:00 AM. During an Enhanced Code Blue, DHS Street Outreach teams contact individuals on the Code Blue Priority Lists a minimum of once every two hours beginning at 8:00 PM until 8:00 AM to encourage them to accept transport to a safe and warm place. During Code Blue, hospital waiting rooms also serve as warming centers; DSS reminds hospitals of this protocol each year at the beginning of the season.

Given the historic nature of the recent cold spell, the Mamdani administration has mobilized additional resources beyond the established Enhanced Code Blue protocol to ensure no New Yorkers experiencing unsheltered homelessness are left without access to shelter and warm spaces. For the first time ever, a 24 hour Enhanced Code Blue was established on January 31st to ensure the safety of those experiencing unsheltered homelessness.

Over the past two weeks, the Mayor directed DSS-DHS to open approximately 300 additional low barrier beds across multiple locations in Manhattan, the Bronx, and Queens to assist with capacity needs for those in need of immediate shelter. These provider-operated sites are equipped with wraparound services to ensure unsheltered clients have the resources they need to get back on their feet.

During the first weekend, the city mobilized to open warming centers in schools that operated 24 hours per day and have subsequently opened warming buses in each borough operating 24 hours. Winter Access, Relief, and Medical Outreach, also called WARM Outreach, operated by the Health and Hospitals Corporation, also serves as a resource during a Code Blue. Each WARM Outreach mobile unit is staffed by a team that includes a nurse, someone providing administrative support, and a driver; WARM Outreach buses can provide clinical care, food, and warming supplies. As this unprecedented emergency requires an all hands-on deck response, the city, in conjunction with our partners at the MTA, NYCPS, CUNY and H+H operated nearly 65 WARM Outreach centers including an additional 29 newly established this past weekend at 10 NYCPS schools, 2 CUNY based sites, 2 Northwell sites, 2 Overdose Prevention Centers, and more than 13 H+H mobile units.

Understanding that there is a need for innovation during this unprecedented time, the city has embedded people with lived experience who have been connected to housing to outreach teams. We have also reminded all of our shelter providers to expand their perimeter walks around their buildings, and to proactively engage anyone who appears unsheltered by encouraging them to come inside and stay warm as they call 311 for assistance. This has not only been a DSS/DHS

response, volunteers from other city agencies have answered the call to help staff the warming buses.

In addition to understanding the efforts DSS and our sister agencies are making to identify vulnerable New Yorkers in need of assistance and deliver the shelter and resources they need, it is important to understand the complex reasons why a vulnerable New Yorker may refuse shelter. As clinicians and community experts have shared, there are psychological or mental health barriers that may prevent an individual from seeking refuge from the cold. People with medical conditions experiencing psychosis, hallucinations, delusions, disorganized thinking processes, individuals who have experienced severe trauma, individuals with substance use disorders, or individuals with co-occurring substance use and mental disorders may all resist help. As Dr. Van Yu, the Chief Medical Officer at Janian Medical Care at the Center for Urban Community Services put it, “It’s difficult to convince people we are the good guys when many traumatized people don’t believe good guys even exist.” We also recognize other reasons New Yorkers may hesitate before accepting assistance. An individual may be concerned about separation from their pet, their privacy, or their safety. In collaboration with three drop in centers in the Bronx, Manhattan, and Queens, we recently instituted a pilot program that during Code Blue, a person can also bring in one pet, either a cat or dog that is under 45 pounds to these three sites.

Those challenges are precisely why the work of our outreach teams is so important. Regardless of the presence of a Code Blue or Enhanced Code Blue Alert, DHS Street Outreach teams operate throughout the day and night canvassing and engaging with individuals experiencing unsheltered street homelessness. Building a relationship over time, consistently treating people with dignity, understanding the lived experiences of clients, and taking a person-centered approach are some of the tools in the toolbox of outreach workers in overcoming those barriers and assisting clients to voluntarily come indoors. DHS also works continually to ensure clients’ rights are respected, among others, including the right to ask for a reasonable accommodation, the right to a safe, clean-living environment, and the right to receive courteous, fair, dignified, and respectful treatment. Thanks to their work, as of February 9th, we have made approximately 1,400 placements to transitional housing (including shelters, safe haven beds, and stabilization beds) since January 19th.

Outreach teams overwhelmingly focus on voluntary transport. From January 19th to February 9th, involuntary transportation represented approximately 2% of placements (34 of ~1,400 includes placement in transitional housing, drop-in centers, warming centers, and hospitals). In cases where New Yorkers refuse services or treatment, in accordance with New York State Mental Hygiene Law, section 9.58, the agency conducts clinical assessments to see if an involuntary removal is

warranted to ensure the health and safety of the individual (i.e. if they are a danger to themselves/at risk of succumbing to hypothermia). In these cases, the individual is typically taken to a hospital emergency department. New York State Mental Hygiene Law provides that transport does not create a presumption that the person should be involuntarily admitted.

As Mayor Mamdani has said, extreme weather is not a personal failure, it is a public responsibility. Alongside our sister agencies, including NYC Parks, Sanitation, Buildings, Transportation, Education, and Health + Hospitals, we have mobilized dedicated outreach teams, clinicians, and conscientious New Yorkers to make every effort to keep vulnerable neighbors safe through this dangerously cold weather.

Thank you for the opportunity to testify today. I am happy to take your questions.