

CITY COUNCIL
CITY OF NEW YORK

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TRANSCRIPT OF THE MINUTES

Of the

COMMITTEE ON GENERAL WELFARE

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June 14, 2021
Start: 10:35 a.m.
Recess: 2:41 p.m.

HELD AT: Remote Hearing - Virtual Room 2

B E F O R E: Stephen T. Levin
Chairperson

COUNCIL MEMBERS:

Darma V. Diaz
Vanessa L. Gibson
Barry S. Grodenchik
Brad S. Lander
Antonio Reynoso
Rafael Salamanca, Jr.

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

David Hansell
ACS Commissioner

Julie Farber
Deputy Commissioner for Family Permanency
Services

William Fletcher
Deputy Commissioner for Child Protection

Jacqueline Martin
Deputy Commissioner for Prevention Services

Alan Sputz
Deputy Commissioner for Family Court Legal
Services

Angel Mendoza
ACS Chief Medical Officer

Nila Natajara
Brooklyn Defender Services

Suah Kim
Bronx Defenders

Zainab Akbar
Neighborhood Defense Practice Harlem

Jennifer Feinberg
Center for Family Representation

Halimah Washington
Rise Magazine

Anna Blondell
Legal Aid Society

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

Imani Worthy
Rise Magazine

Joyce McMillan
JMacForFamilies

Anna Arons
NYU Law School

Catherine Rumfeld [sp?]
Center for Court Innovation

Shatavia Hurt
Free it Forward Staten Island

Irma Rodriguez

Jacinta Jagisser [sp?]

Dewon Collins [sp?]

Desire Wright [sp?]

Nancy F

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2 SERGEANT AT ARMS: Good morning, and
3 welcome to today's remote New York City Council
4 hearing for the Committee on General Welfare. At
5 this time, we ask that all Council Members and Council
6 staff on their video for verification purposes. To
7 minimize disruptions, please place cellphones to
8 silent or vibrate. If you have testimony that you
9 wish to submit for the record, you may do so via
10 email at testimony@council.nyc.gov. Once again, that
11 is testimoy@council.nyc.gov. Thank you for your
12 cooperation. Mr. Chair, we are ready to begin.

13 CHAIRPERSON LEVIN: Okay, bear with me
14 one second. Good morning, everybody. I will gavel
15 in here. [inaudible] Welcome to this hearing on the
16 City Council Committee on General Welfare. Today we
17 will be examining an oversight hearing on the effects
18 of COVID-19 on the child welfare system in New York
19 City. In March 2020, the child welfare system in
20 nearly every-- and nearly every other city agencies
21 and their programming was upended due to COVID-19.
22 With school and social services agency closures, the
23 number of abuse and neglect reports dropped
24 significantly, resulting in a decline of cases of
25 child protective workers and court filings by ACS.

1
2 With the number of preventative cases dropping by
3 over 22 percent and the average caseloads for CPS
4 workers dropping 7.5 per workers who had previously
5 had over 15 cases. And according to the data
6 released by city and state agents, COVID-19 has
7 impacted other key indicators across the child
8 welfare system as well, leading to reductions in new
9 preventive cases, supervision orders, and foster care
10 admissions. In addition, abuse and neglect court
11 filings also declined significantly in March to
12 November 2020 relative to 2019 data. In April 2020,
13 case filings were down 67 percent, and subsequently
14 in November 2020, filings were down by 41 percent as
15 compared to the previous year. The number of
16 children admitted to foster care declined by 53
17 percent in April 2020 compared to the previous year,
18 and by September, foster care admissions were down by
19 24 percent. The pandemic has strained the existing
20 challenges on children and families due to the Family
21 Court closures, reduction of foster homes and access
22 to adequate resources for remote learning. While
23 other agencies have taken steps to reduce the impact
24 of the closures and disruptions, the Service for
25 Children and Families such as the expansion of

1
2 telehealth and remote visits. We must ensure that we
3 turn the corner on the-- as we turn the corner on the
4 pandemic with the vaccination effort underway and
5 reopenings ongoing, that no families are left behind
6 or overlooked. The Committee will examine the impact
7 of COVID-19 child welfare systems, specifically the
8 data trends during the pandemic, the key indicators
9 within the child welfare system and how young people
10 and families in the system have fared during the
11 disruption and how the agency has managed in the
12 resumption of services and reopening. I also want to
13 examine what we can learn from these indicators and
14 how we are able to challenge many assumptions that we
15 usually have on child welfare in New York City and
16 learn from this very difficult experience. I want to
17 thank all the advocates and members of the public who
18 are joining us today. Thank you to representatives
19 from the Administration for joining us, and I look
20 forward to hearing from you on these critical issues.
21 At this time, I'd like to acknowledge committee staff
22 who have worked on this: Jonathan Buche [sp?], my
23 Chief of Staff; Nicole Hunt [sic], Legislative
24 Director; as well as Committee Staff Amenta Killawon
25 [sp?], Senior Counsel; Cyrstal Pond [sp?], Senior

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2 Policy Analyst; Natalie Amarie [sp?], Policy Analyst,
3 Daniel Croup [sic] Sr., Financial Analyst. And I'd
4 like to acknowledge my colleagues who are here today,
5 Council Members Diaz, Grodenchik, and Lander [sic].
6 And with that, I will turn it over to [inaudible].

7 COMMITTEE COUNSEL: Thank you, Chair
8 Levin. My name is Amenta Killawon, Senior Counsel to
9 the Committee on General Welfare at the New York City
10 Council. I will be moderating today's hearing and
11 calling panelists to testify. Before we begin, please
12 remember that everyone will be on mute until I call
13 on you to testify. After you're called on, you will
14 be unmuted by a member of our staff. Note that there
15 will be a delay of a few seconds before you are
16 unmuted and we can hear you. For public testimony, I
17 will call up individuals in panels. Please listen
18 for your name. I will periodically announce the next
19 few panelists. Once I call your name, a member of
20 our staff will unmute you. The Sergeant at Arms will
21 set a clock and give you the go-ahead to begin your
22 testimony. All public testimony will be limited to
23 three minutes. After I call your name, please wait
24 for the Sergeant at arms to announce that you may
25 begin before starting your testimony. For today's

1 hearing, the first panel will include representatives
2 from the Administration for Children's Services,
3 followed by Council Member questions, and then public
4 testimony. In order of speaking, we will have
5 Commissioner of ACS, David Hansell, testifying, and
6 for questions and answers, Julie Farber, Deputy
7 Commissioner of Family Permanency Services; Doctor
8 Jacqueline Martin, Deputy Commissioner of Prevention
9 services; William Fletcher, Deputy Commissioner Child
10 Protection; Alan Sputz, Deputy Commissioner of Family
11 Court Legal Services; and Doctor Angel Mendoza, ACS
12 Chief Medical Officer. I am now going to administer
13 the oath to the Administration. When you hear your
14 name, please respond once a member of our staff
15 unmutes you. Do you affirm to tell the truth, the
16 whole truth and nothing but the truth before this
17 committee and to respond honestly to Council Member
18 questions? Commissioner Hansell?

19
20 COMMISSIONER HANSELL: I do.

21 COMMITTEE COUNSEL: Thank you. Doctor
22 Martin?

23 DEPUTY COMMISSIONER MARTIN: I do.

24 COMMITTEE COUNSEL: Thank you. Deputy
25 Commissioner Farber?

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2 DEPUTY COMMISSIONER FARBER: I do.

3 COMMITTEE COUNSEL: Thank you. Deputy
4 Commissioner Fletcher?

5 DEPUTY COMMISSIONER FLETCHER: I do.

6 COMMITTEE COUNSEL: Thank you. Deputy
7 Commissioner Sputz?

8 DEPUTY COMMISSIONER SPUTZ: I do.

9 COMMITTEE COUNSEL: And thank you.
10 Doctor Mendoza?

11 DOCTOR MENDOZA: I do.

12 COMMITTEE COUNSEL: Thank you all very
13 much. I am now going to call on Commissioner Hansell
14 for testimony.

15 COMMISSIONER HANSELL: Thank you very
16 much. Good morning Chair Levin, members of the
17 Committee on General Welfare. I am David Hansell,
18 the Commissioner of the New York City Administration
19 for Children's Services, and with me today are my
20 colleagues who Committee Counsel has just introduced
21 who I want to acknowledge for the work that they have
22 done throughout the pandemic to keep children safe
23 and families supported. We are deeply grateful to
24 all of the ACS and our contracted provider staff who
25 have worked tirelessly throughout the pandemic,

1 during times of fear, uncertainty, and personal
2 challenge, to carry out ACS's mission. I would also
3 like to take this moment to thank Chair Levin and the
4 Committee members for your steadfast leadership and
5 partnership during this trying time. And I hope you
6 will join me in recognizing and honoring the
7 contributions of our dedicated ACS and provider
8 agency staff who have persevered throughout the
9 pandemic to meet the needs of children and families,
10 often in new and innovative ways. I am very pleased
11 to be here today to speak with you about how ACS and
12 our child welfare partners have and continue to
13 respond to the COVID-19 pandemic, as well as the
14 long-term lessons we have been able to learn from
15 this challenging and unpredictable time. In my
16 testimony today, I will first discuss how the
17 pandemic has impacted our work quantitatively and
18 then focus on how we adapted our policies and
19 practices to meet the health and safety needs of
20 families and staff. And finally, I'll discuss some
21 of the ways in which ACS and our partners are excited
22 to contribute to the City's long-term recovery and
23 share some of my thoughts on how I believe the
24 pandemic may change the future of child welfare.
25

1 While it is impossible to truly quantify the impact
2 of the pandemic, we have been carefully monitoring
3 our data in order to guide our work. Some of the key
4 metrics that ACS monitors changed dramatically during
5 the pandemic, including reports of alleged abuse or
6 maltreatment to the Statewide Central Register;
7 Family Court filings; removals and placements of
8 children into foster care; and discharges of children
9 from foster care. At the start of the pandemic, in
10 March and April 2020, reports to the state child
11 abuse hotline dropped about 50 percent compared to
12 similar spring reporting levels from prior years.
13 The initial drop in reporting in late March and April
14 of last year was largely due to reductions in reports
15 by mandated reporters such as school personnel,
16 health care personnel and law enforcement during the
17 early days of the pandemic. Reports to the state SCR
18 are now closer to the levels we've typically seen in
19 prior years. In March and April of this year, we
20 received about 17 percent fewer reports than in March
21 and April 2019, and the difference continues to
22 narrow. Throughout the pandemic, we have received a
23 larger proportion of reports from non-mandated
24 reporters, such as friends, neighbors and relatives.
25

1
2 When comparing the COVID-19 period of March 23, 2020
3 through February 28, 2021, to the same period the
4 prior year, March 23, 2019 to February 28, 2020, we
5 find that pre-COVID-19 about a third of reports came
6 from non-mandated reporters while during the COVID-19
7 period almost 50 percent of reports have come from
8 non-mandated reporters, which tells us that New
9 Yorkers are looking out for children who may be at
10 risk of harm and taking steps to protect their
11 safety. As I'll discuss in greater detail, the
12 pandemic also drastically altered our operations in
13 Family Court. New York City has invested in a strong
14 portfolio of prevention programs for families to help
15 keep children safe at home, and through our new
16 contracts in 2020, we scaled up successful practices
17 to connect families with services early in a case and
18 divert them from Family Court involvement. Prior to
19 the current crisis in which the Family Court limited
20 its operations, we had been reducing our utilization
21 of court-ordered supervision, with a 23 percent
22 decrease from Calendar Year 17 to Calendar Year 19.
23 In Calendar 20, last year, ACS filed 33 percent fewer
24 cases seeking court-ordered supervision than in
25 Calendar Year 2019. While this drop is certainly

1 partially attributable to pandemic-related court
2 limitations, it also reflects significant changes in
3 practice, in particular, our new model of early
4 engagement of families in prevention services, which
5 we piloted prior to the pandemic and brought to scale
6 last year in our new prevention programs. Since the
7 start of the pandemic, we have also seen the number
8 of children entering foster care decline 38 percent
9 compared to the 12-month period prior to COVID-19.
10 With the significantly decreased Family Court
11 operations, we also saw discharges from foster care
12 decline 35 percent during the pandemic. In response,
13 we developed new protocols to review cases of
14 thousands of children in foster care to identify
15 those that could progress toward reunification, even
16 with the limited court operations. Through these
17 efforts, the foster care census has continued to
18 decrease. Just prior to the pandemic, we announced
19 that the foster care census was at an all-time low of
20 fewer than 8,000 New York City children in foster
21 care, and this number has continued to decline, and
22 there are now fewer than 7,600 children in foster
23 care. As I'll discuss in the next section of the
24 testimony, this data helped ACS to guide our work as
25

1 we took many proactive steps to promote child safety
2 and to provide families and communities with the
3 services and supports that keep children safe. While
4 our mission and our critical child safety timelines
5 never changed, the COVID-19 pandemic required us to
6 rethink the ways in which we carried out our core
7 jobs of keeping children safe and families supported.
8 This work occurred rapidly across all fronts
9 including the implementation of health and safety
10 protocols, redoubling of our efforts to connect
11 families with concrete information and services and
12 resources, and adapting our support for families
13 receiving prevention services, as well as families
14 with children in foster care. Significantly, the
15 pandemic impacted our work in Family Court, and I
16 will talk in more detail about our intensive and
17 ongoing efforts to move cases and permanency planning
18 efforts forward, despite limited court availability
19 due to COVID-19 health and safety measures. As
20 always, the health and safety of staff, and children
21 and families we serve, has continued to be our top
22 priority. We implemented targeted measures based on
23 guidance from national, state, and city health
24 experts, as well as the support and guidance of our
25

own agency Chief Medical Officer, Dr. Angel Mendoza.

And I can't overstate how incredibly valuable it has

been during this pandemic to rely on someone within

the agency for credible health information and

guidance. Throughout the pandemic, we have

implemented protocols that aim to minimize COVID-19

transmission in our congregate care facilities,

including increasing the frequency of cleaning,

maintaining social distancing, and providing PPE for

residents, and for ACS and provider agency staff, and

for the families who we serve. We also adjusted our

work to minimize health risks to children, families,

and frontline staff, while continuing to ensure that

children are safe from abuse or neglect, and families

supported. For example, while our immediate child

protective response for every reported case of

suspected abuse or maltreatment since the start of

the pandemic never stopped, we modified procedures

for health reasons. Child protective staff ask

health screening questions before entering families'

homes, and we observe social distancing precautions

when we meet with parents and observe children. We

may also ask to see children outside of the home and

use remote technology to speak with parents and other

1 resources when these methods are sufficient to
2 conduct our child safety assessments. ACS also
3 leveraged our communications team to continuously
4 maintain frequent, clear communication to assist our
5 workforce and the families we serve. During this
6 time, we enhanced our internal and external websites
7 to create a repositories of information for ACS and
8 provider agency staff and other stakeholders to
9 easily address, which has helped reinforce the
10 continuing health and safety protocols that we have
11 in place. We also used these tools to disseminate
12 important information to all New Yorkers, such as the
13 importance of social distancing measures and face
14 covering, and of course, beginning this year, COVID-
15 19 vaccinations, as well as information about the
16 resources that were available to assist families
17 during the pandemic. We've long been committed to
18 earlier and better ways to keep children safe while
19 keeping families together, and we continue to believe
20 that the best way to do this is to provide families
21 with the services and support that they need. For
22 many families, COVID-19 has further highlighted the
23 economic and social disparities in our city. Job
24 loss, isolation, trauma, housing instability, health
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1 impacts and other crises faced by families have
2 compounded the need for social services to meet
3 families' concrete needs. The movement toward a
4 greater emphasis on prevention, and especially
5 primary prevention, is more crucial than ever.
6
7 Currently, ACS has three Family Enrichment Centers
8 that have been co-created with families and community
9 members, so that they truly represent responses to
10 community-identified needs. True to the program's
11 purpose and the grassroots infrastructure of each
12 center, the Family Enrichment Centers have remained
13 operational throughout the pandemic and continue to
14 be trusted and reliable hubs of support, connections,
15 and resources for children and families in our
16 communities. During the pandemic, our Family
17 Enrichment Centers have offered virtual support to
18 community members and have also provided food,
19 clothing, and homework help to families.
20 Additionally, many of our neighborhoods are rich in
21 services and resources, but these supports may not be
22 well-known or easy for families to access. Our
23 Community Partnership Programs in 11 high-need
24 communities around the city have historically
25 provided supports to families involved in the child

1 welfare system. The partnerships have helped to
2 connect all of the dots of service that exist, so
3 that families can learn about and gain access to the
4 full continuum of supports available in their
5 neighborhoods. Because of this existing mix of
6 programs, we were able to quickly mobilize our
7 network to reach families hit hardest by the
8 pandemic: those who got sick, lost their jobs, were
9 in need of child care and/or experiencing other
10 challenges. These programs have helped deliver food;
11 provided clothing and diapers; helped families enroll
12 in public benefit programs; offered transportation;
13 helped keep families morale high by texting and
14 calling to check in; offered virtual exercise classes
15 and parent cafes; and hosted virtual events including
16 for holidays and summer camp. All of our core
17 programs shifted to provide even more concrete
18 resources to help families in need, including food,
19 clothing, diapers, formula, pack and plays and many,
20 many more. In 2020, New Yorkers for Children and ACS
21 established the COVID-19 Emergency Response Fund to
22 address urgent needs arising from the pandemic among
23 children, youth and families involved with ACS. The
24 Fund's strategic partnership with philanthropy and
25

1 individuals has helped raise and disperse more than
2 \$1.5 million in support of vulnerable youth and
3 families, reaching more than 3,000 youth, parents,
4 foster parents, and other caregivers since April
5 2020. We also collected more than \$3 million in in-
6 kind donations to distribute to families and youth,
7 including clothing, winter coats, diapers and wipes,
8 essential care items, backpacks, and many, many more.
9 As part of our early and ongoing efforts to help
10 families and youth impacted by the pandemic, we
11 launched campaigns through social media and radio
12 advertisements to communicate a variety of
13 information and resources to all New Yorkers. Coping
14 Through COVID is our resource page aimed at helping
15 families through the pandemic and Teens Take on
16 COVID, is targeted to provide resources to teens,
17 many of whom are struggling with social isolation,
18 and some of whom may be experiencing violence at
19 home. Considering the extended amount of time that
20 families have remained at home, ACS's child safety
21 campaigns have focused on helping parents avoid
22 tragic accidents and create safer home environments,
23 for example by learning about infant safe sleep
24 practices, how to store medications and cleaning
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1 supplies out of reach of children, and the importance
2 of installing window guards. Our current and most
3 recent child safety campaign "Look Before You Lock,"
4 is aimed at reminding parents to never leave a child
5 alone in a hot car. We believe that the best way to
6 keep children safe is to provide families with the
7 support and services that they need. We do this
8 through both the primary prevention services that I
9 discussed, as well as our nationally recognized
10 prevention services continuum. We serve about 20,000
11 families, including about 41,000 children annually
12 through prevention services to support and strengthen
13 families and keep safely children at home. Whenever
14 possible, and following COVID-19 health and safety
15 protocols, our prevention and home-making providers
16 have continued to deliver in-person services to
17 families during the pandemic. Providers make family-
18 specific determinations about whether to meet with
19 families in person, based on assessed risks to child
20 safety and well-being that the service is intended to
21 address, balanced with any current COVID-19 related
22 health risks. Providers have used personal
23 protective equipment and consistent screening to
24 manage health risks to both families and staff, and
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1
2 have also leveraged televisits to conduct ongoing and
3 regular contacts with families and children,
4 particularly when COVID-19 health risks existed for
5 families. In addition to routine contacts, ACS has
6 encouraged providers to have frequent interim contact
7 with families by telephone or other electronic
8 communication to combat isolation and offer
9 additional support. ACS also launched a "Telehealth
10 Tips" website for families, providers, and advocates
11 to guide and support the use of telehealth services.
12 For many families, particularly those who may be
13 especially isolated in this stressful time, and who
14 may be experiencing serious mental health challenges
15 or are survivors of intimate partner violence, the
16 reassurance of hearing regularly from a supportive
17 case planner cannot be overstated. Despite the many
18 unprecedented emergency demands last spring, through
19 the perseverance of ACS staff and our contracted
20 provide partners, we were able to launch our
21 redesigned prevention services system with 119 new
22 contracts in place on July 1, 2020. Our new system is
23 now fully in place and operational. It's continuing
24 to grow and thrive, increasing families served by 33
25 percent in just the first 10 months. From the start

1 of the pandemic, we recognized how challenging it was
2 for both children and their parents when children
3 were in foster care during the pandemic. Fears for
4 each other's health and safety, and the restrictions
5 on seeing loved ones in person during the height of
6 the pandemic, which created a difficult time for all
7 New Yorkers, were compounded for parents and children
8 and youth in foster care. Placement of children with
9 foster caregivers who are relatives, friends, or
10 other trusted adults is known to reduce trauma and
11 help speed permanency. And we've seen the percentage
12 of placements with family members and close family
13 friends increase even during the pandemic, with more
14 than half of the children who have entered foster
15 care during this past fiscal year being placed with
16 kinship caregivers. By continuously strengthening our
17 work to identify and support kinship caregivers, we
18 have been able to achieve an overall increase in the
19 proportion of the city's foster children who are with
20 kinship caregivers from 30 percent in 2017 to more
21 than 42 percent in 2020. We have consistently
22 emphasized that family time and communication between
23 children in foster care and their parents are
24 essential to support the child's well-being, to
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1
2 minimizing trauma, and speeding the timeline toward
3 reunification. We collaborated with our providers to
4 ensure that all children, youth and parents had
5 access to electronic devices that would allow for
6 virtual visits, including that foster care agencies
7 have purchased phones and phone plans for youth,
8 parents, and foster parents when needed. We provided
9 detailed guidance to our providers about how to
10 carefully review and weigh child safety needs and the
11 family's potential health risks when determining if
12 contacts should be held in person or virtually.
13 Furthermore, the guidance makes clear that agencies
14 cannot have blanket visitation policies, but rather
15 that decisions must be made on a case-by-case basis.
16 The vast majority of visits are now occurring in
17 person, and moving forward, we think there's
18 opportunity for virtual visits to supplement and
19 enhance the time that children in foster care can
20 have to connect in person with their families,
21 further strengthening communication and
22 relationships. Ensuring that the children and youth
23 in our care have access to high-quality educational
24 services is always a crucial priority for ACS, but it
25 required extra attention and partnership during the

1 pandemic. Starting in spring 2020, we partnered with
2 the DOE to provide thousands of young people in
3 foster care with remote learning devices. Continuing
4 into this school year, ACS has continued to work
5 closely with DOE staff to expedite delivery for
6 children and youth newly entering care who require
7 devices. ACS and providers have also furnished
8 students with tablets and desktop computers when
9 needed while students are awaited arrival of their
10 DOE devices. In addition, ACS and DOE have
11 collaborated to enhance the capacity of foster care
12 agency staff to support students in foster care with
13 remote and hybrid learning, offering a series of
14 provider trainings on how to assist families in
15 navigating remote learning technology. We've also
16 partnered on a series of successful informational
17 sessions about remote and hybrid learning for both
18 foster parents and parents of students in foster
19 care. As we approach the end of a school year like
20 no other, I want to commend and congratulate every
21 student and every caregiver for the dedication and
22 perseverance it's required to achieve educational
23 goals during this challenging time. During this
24 difficult period when youth and families lost jobs
25

1 due to the pandemic and economic downturn of the
2 City, we ensure that more than 1,300 paid internships
3 and jobs were available to youth in the foster care
4 system. We also helped youth build their skills
5 through a variety of certified industry-specific
6 trainings linked to immediate jobs in professional
7 services, building trades, and social services
8 sectors. We developed these opportunities in
9 collaboration with DYCD, with the Center for Youth
10 Employment in the Mayor's Office, the Robin Hood
11 Foundation, and the Pinkerton Foundation. Our
12 programs serve youth ages 16-24 in foster care or
13 formerly in care, including youth attending college
14 and those who are disconnected from school or work.
15 Since April 2020 when we launched our first-- our
16 highly successful series of Virtual Career Fairs,
17 over 300 youth have attended, and we have helped
18 connect many youth who are in foster care or
19 transitioning out of foster care to meaningful
20 private sector jobs that have great training
21 programs, college tuition reimbursement programs, and
22 strong career pathway opportunities. Additionally,
23 through Fair Futures, thousands of young people in
24 foster care ages 11-21 are receiving coaching,
25

1 tutoring, educational advocacy and support,
2 assistance with planning for housing, and access to
3 regular supportive guidance as they achieve important
4 life milestones. We know that Fair Futures coaches
5 and tutors have been tremendous supports to young
6 people throughout the pandemic. The Mayor and ACS
7 remain committed to the Fair Futures program as an
8 important model to promote well-being and good
9 outcomes for youth in foster care. On March 18,
10 2020, the New York State Court system essentially
11 suspended in-person operations when the Governor
12 issued an Executive Order that closed most offices
13 and buildings, and suspended speedy trial laws across
14 the state. Much of this Executive Order remains in
15 place today. On March 25, 2020, the New York City
16 Family Courts began very limited virtual court
17 proceedings, and then to begin very limited in-person
18 proceedings for pro se litigants. With some
19 exceptions, the courts have been hearing cases
20 described as essential and emergency court matters,
21 including applications where ACS seeks immediate
22 safety interventions for children who are at risk of
23 harm, such as court-ordered removal and/or an orders
24 of protection. When the Family Court moved to a
25

1 virtual platform in March of last year, our Family
2 Court lawyers and support staff adapted to telework
3 almost overnight. Fortunately, we already had a
4 system in place to file our petitions electronically
5 with the court. We'd also made a significant
6 investment in technology before COVID-19 so that
7 every Family Court lawyer already had an ACS laptop
8 with cellular service, and this was instrumental for
9 our attorneys to seamlessly gather information and
10 appear in virtual court proceedings. There have been
11 many challenges to resolving more cases through
12 virtual court processes, including-- these are just
13 some of them: technology for partners and witnesses;
14 the need for more clerical staff for the Family
15 Court; and initially, a need for more court reporters
16 for the virtual court, because pre-pandemic, much of
17 the court reporting work was handled by digital tape
18 recorders. We've seen modest steps to increase the
19 capacity and capability to hear cases virtually, but
20 there is a significant backlog from when the court
21 stopped hearing its calendar of regularly scheduled
22 hearings on March 18, 2020, and was not able to begin
23 rescheduling many of these matters until the Fall of
24 last year. Since January of this year, the Family
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1 Court began providing increased court access by
2 creating dedicated virtual links for every courtroom
3 citywide, and it enhanced capabilities for these
4 courtrooms by implementing a recording system for
5 proceedings. With these two developments, we have
6 experienced increased virtual court activity,
7 although it remains well below pre-pandemic levels.
8 Given the limited operations of the Family Court
9 during the pandemic, we were extremely concerned
10 about the impact this would have on the pace of
11 family reunification. As a result, we took
12 aggressive action to implement strategies outside of
13 the normal court process. Since the pandemic began,
14 ACS and our foster care providers have proactively
15 reviewed the cases of 4,000 children and worked with
16 parents' and children's attorneys to determine if
17 cases could move forward with increased and/or
18 unsupervised visiting, with pre-disposition release,
19 trial discharge or final discharge. In cases where
20 all parties agreed that the case should proceed, our
21 Family Court attorneys worked with the parent's and
22 children's attorneys where necessary to sign
23 stipulations and submit these agreements to the court
24 for approval. This process has helped to move
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1
2 reunification cases forward even without the Court
3 holding hearings. We've also worked with our foster
4 care agencies so that adoption and kinship
5 guardianship cases are ready to proceed as soon as
6 the Court calendars these matters are, in fact, able
7 to proceed. We have found that these proactive
8 reviews are beneficial in expediting the
9 reunification process, and so ongoing, we will be
10 working with our providers and attorneys to
11 incorporate this into our regular case practice.
12 Last week, we issued our RFP's to re-procure and
13 redesign foster care services, including both family
14 foster care and residential care. These RFPs are the
15 result of extensive research and input from youth,
16 parents, foster parents, advocates, provider
17 agencies, child welfare experts, and other
18 stakeholders. The vision for the redesigned foster
19 care system builds upon the progress already made to
20 strengthen that system, including reducing the number
21 of children in foster care to a historic low;
22 reducing the length of time children stay in foster
23 care; reducing the use of residential care; placing a
24 greater proportion of children in foster care with
25 family and friends; and expanding services for

1 children and youth in care. The redesigned system
2 will strengthen foster care services in a number of
3 key ways. First, it will require and fund foster
4 care agencies to hire parent advocates with lived
5 experience of the child welfare system, to help
6 parents safely reunify with their children more
7 quickly and to improve race equity outcomes. Every
8 parent working towards reunifying with their children
9 will have an assigned parent advocate to partner with
10 them throughout the process. Second, the redesigned
11 system will significantly increase therapeutic and
12 evidence-based supports to better meet children's
13 needs while they are in foster care. And third, the
14 redesigned system increases resources and expands the
15 use of proven practices across the system in key
16 areas, including visiting; continuing to increase the
17 proportion of children placed with family and
18 friends; expediting reunification; and providing
19 services and supports to youth in care such as
20 coaching, tutoring. And now, to the future. Like so
21 much of our City's recovery, our next phases
22 critically depend on the COVID-19 vaccine, and we
23 have actively encouraged our workforce and the
24 children and families we serve to be vaccinated. As
25

1 soon as vaccines became available to New Yorkers, we
2 successfully advocated to the State and the City for
3 essential, direct service staff at ACS and our
4 contracted providers to be prioritized for
5 vaccination in early January. We've taken a number
6 of steps to encourage and help staff to get
7 vaccinated. We regularly share important health-
8 related information about the vaccine in staff emails
9 and on our agency intranet site. We created a weekly
10 "Ask Dr. Mendoza" column where our Chief Medical
11 Officer answers staff questions about vaccines. This
12 information is also on our web site for our
13 providers. Dr. Mendoza, as well as other prominent
14 leaders, such as Anthony Wells from SSEU Local 371
15 participated in a town hall to answer questions and
16 share experiences about their choice to become
17 vaccinated. And earlier this spring, we operated a
18 vaccine POD at our headquarters building, where
19 nearly 1,000 staff and family members were
20 vaccinated. As for young people, of course, now
21 young people now age 12 and up are eligible to be
22 vaccinated, and so we and our provider agencies are
23 working to obtain the necessary parental consents and
24 vaccine appointments for the eligible youth in our
25

1 care. ACS developed detailed guidance for providers
2 on how to approach the various and sometimes complex
3 consent situations for youth in foster care. We also
4 disseminated fact sheets to the providers and aided
5 their efforts to educate youth about the vaccines.
6 We're creating and promoting educational materials
7 for youth so that they can learn about the vaccine
8 and make informed decisions about getting vaccinated.
9 In fact, this spring, we also hosted an Instagram
10 Live event with Ericka Francois from the Fair Futures
11 Youth Board. In addition to focusing on vaccines for
12 all eligible New Yorkers who want one, including
13 those who we work with and serve, it's critical that
14 we focus recovery efforts on the communities that
15 have been disproportionately impacted by the
16 pandemic. Families in these communities have
17 particularly felt the economic and social impacts of
18 COVID-19 including devastating job loss, trauma,
19 housing instability, health impacts and other crises.
20 We know these same communities have long been
21 burdened by the pernicious effects of direct and
22 systemic racism, and this is the moment to confront
23 and address that painful legacy while meeting current
24 family needs to connect with concrete services and
25

1 supports. In this regard, the movement toward greater
2 emphasis on prevention, and especially primary
3 prevention, is more crucial than ever. Just last
4 month, Mayor de Blasio announced we will be expanding
5 from three Family Enrichment Centers to thirty over
6 the next four years. The FECs will be located in
7 neighborhoods that the Mayor's Task Force on Racial
8 Inclusion and Equity has identified as those hardest
9 hit by COVID-19 and that have historically
10 experienced other service, health, and social
11 disparities. The new FECs will build on the success
12 of the initial three, as community hubs co-
13 administered by non-profit organizations and the
14 communities themselves. Just like the initial three
15 FECs, the new FECs will be specifically tailored to
16 provide the services, supports and social connections
17 that each individual community feels they want and
18 need. Also, as I testified in our Executive Budget
19 hearing, we are implementing a bold new plan to
20 increase access to low-cost, federally-funded child
21 care vouchers for thousands of additional families,
22 with a number of measures to expand access. We are
23 prioritizing child care access for families who are
24 experiencing homelessness, families who have recently
25

1 participated in any of our child welfare programs,
2 and families who need post-transitional child care as
3 they are transitioning off other public assistance
4 benefits. We're also seeking state approval for a
5 demonstration project to target high need families in
6 the taskforce communities. When families and
7 communities build their protective factors and have
8 access to needed resources, children will be safe and
9 families will be stable without traditional child
10 protection system interventions. There is no
11 question that this pandemic will have a profound
12 impact on all of our lives. There are many lessons
13 that we have learned and reflections on a pre-COVID-
14 19 time that now seems so distant, which I believe
15 will change the future of child welfare. Some of
16 these I'd like to itemize here: First of all,
17 increasing opportunities to proactively resolve
18 courses-- cases outside the court process: The
19 success of our proactive reviews of Family Court
20 cases that I described suggests that we should pursue
21 future opportunities to collaborate with providers
22 and attorneys to resolve cases and move families
23 towards reunification without a court appearance.
24 Second, increasing opportunities to address safety
25

1 issues without court intervention, by continuing to
2 reduce the use of court-ordered supervision: During
3 the pandemic, when our ability to file court-ordered
4 supervision cases in Family Court has been limited by
5 the Court's emergency restrictions, we expanded upon
6 our model of early engagement in prevention services
7 to provide families with services and promote child
8 safety. As we move forward, we are committed to
9 continuing this and other strategies to reduce
10 utilization of court-ordered supervision.
11

12 Determining whether and how best to make use of
13 virtual visits, casework contacts and court
14 appearances. While video will never replace in-
15 person interactions, there are clearly some benefits.
16 For families involved in the court system, for
17 example, fewer in-person court experiences on ACS
18 cases, as well as other kinds of family matters like
19 child support, could benefit parties who would not
20 need to take time off from work or find child care
21 for the day, while they spend that day in court. In
22 addition, video visits can be a good supplement, if
23 not a replacement, for parent/child visiting or
24 family time, as it can allow more frequent and
25 flexible communication. Fourth, maintaining access to

1
2 telehealth: We have heard positive feedback,
3 particularly from young people about telehealth for
4 health and mental health services. While not all
5 services can or should be virtual, this is something
6 with potential to build on, which will require more
7 permanent approvals of Medicaid reimbursement.

8 Fifth, we must address the digital divide: COVID-19
9 has also showed the clear impact of the digital
10 divide and the need to ensure all families have
11 access to the internet and the technology so many of
12 us now rely on. And from a system perspective, COVID-
13 19 lays bare the need for government services,
14 agencies, nonprofits, social service providers,
15 lawyers, courts and principally, families to have
16 access to and be able to leverage technology. Sixth,
17 we must address economic stability: For many
18 families, COVID-19 has further highlighted the
19 economic and social disparities in our city. Job
20 loss, isolation, trauma, housing instability, health
21 impacts and other crises faced by families have
22 compounded the need for social services to meet
23 families' concrete needs. The full impact here has
24 not yet been fully realized and is something for
25 which we all need to prepare. In this regard, our

1 movement toward greater emphasis on prevention, and
2 especially primary prevention, is more crucial than
3 ever. Seventh, addressing racial disproportionality:
4 Finally, COVID-19 has brought to the forefront of our
5 attention the systemic inequities families and
6 children of color face. The pandemic has
7 disproportionately impacted these communities, and we
8 must galvanize to both address systemic racism in our
9 country and our city, and meet the needs of families.
10 As we look forward to the day when COVID-19 is behind
11 us, there are important lessons learned that will
12 continue to inform and improve our child welfare
13 policies and practices. We appreciate the Council's
14 continued support as we carried out our work under
15 challenging circumstances. Thank you again to all of
16 the ACS staff, prevention staff, and foster care
17 staff, who selflessly supported the children and
18 families of New York City over this past year. Thank
19 you, and we are happy to take your questions.

21 CHAIRPERSON LEVIN: Thank you,
22 Commissioner. Excuse me. I'd like to first
23 acknowledge additional Council Members that have
24 joined us, Council Members-- I mentioned Diaz,
25 Grodenchik and Lander. We've also been joined by

1 Council Members Reynoso and Gibson. Commissioner, I
2 appreciate your testimony. Thank you very much, and
3 I just want to acknowledge as well the amazing work
4 of everybody in the agency and in the foster care
5 agencies and parent advocates and parent attorneys,
6 everybody that has had to adapt so significantly in
7 the last 15 months. It's been-- it's been a trying
8 time for obviously everybody in the city, with the
9 stakes as high as they are in ensuring the safety of
10 children, it's-- I imagine that that's been--
11 significantly additionally stressful and I want to
12 acknowledge their work and also acknowledge that
13 they-- that there will be an extended period of time
14 in which they may experience some after effects of
15 that traumatic experience. We should be keeping an
16 eye out for that. So, Commissioner, my first
17 question, I just kind of want to take a generalized
18 question at first, is the outset of COVID and for the
19 first few months-- I had a significant concern that,
20 you know, what if we're missing cases that of
21 significant maltreatment for children that would have
22 otherwise been caught by mandated reporters? So,
23 school, school nurse or teacher or other school
24 personnel or some other person that might have an
25

1 interaction with a child outside the home. So the
2 thought of a child being maltreated for an extended
3 period of time with no access to the outside world,
4 you know,-- I certainly lost some sleep over that
5 [inaudible] and we saw with the indicators that we
6 have the significant decrease in calls to the SCR
7 [sic] mandated reporters, and but on the other hand,
8 we-- you know, I think many people that have worked
9 within the child welfare system over the years had
10 been advocating for less, you know, for less reports
11 through the SCR [sic] and to not kind of have that be
12 the default way that we interact with one another
13 call the SCR whenever there's a suspicion because of
14 the myriad of impacts that has on a family's life in
15 the future, and we've covered [inaudible] or
16 continuing to look at those impacts in this
17 committee. What has the data shown us so far about
18 whether there's-- re there an clear indicators that
19 the significant reduction in reports to the SCR meant
20 that we were missing cases of abuse and [inaudible]?

22 COMMISSIONER HANSELL: Chair, that's a
23 very important question, and it's one that we have
24 ben spending an enormous amount of time thinking
25 about, analyzing data on, because it was-- it was I

1 think really a national concern, what does this mean
2 for children and safety of children. I guess I--
3 well, let me first talk a little bit about the things
4 that we did, given at the beginning we didn't know.
5 Of course, you know, it was sort of something we
6 couldn't know; it was unknowable, but we knew it was
7 reality in the first couple of months. Now, as I
8 said in my testimony, it was in reality really only
9 for the first couple of months, and we actually saw
10 the level of reports to the SCR really begin to
11 normalize significantly even by the summer of 2020.
12 So it as a fairly short period of time, number one,
13 but it was still a concern, and so we did a number of
14 things to try to minimize the possibility that might
15 be the case. First of all, while we did see an
16 overall decline in reports from mandated reporters,
17 as I mentioned and as you just mentioned, we did work
18 very closely with the other service systems that
19 typically are significant reports of child
20 maltreatment, the schools, obviously principally, and
21 also the healthcare system. So we work very closely
22 with DOE beginning actually in April 2020 and then
23 again when the school year started in September to
24 issue guidance which they issued, but in close
25

1
2 consultation with us to teachers and other school
3 staff about what to look for during remote learning.
4 What is and what is not an appropriate reportable
5 suspicion of child abuse and neglect. We did not
6 want school staff or teachers reporting things like
7 technology problems that are issues, but they are not
8 child welfare issues. They're issues with the
9 schools to work closely with parents and families to
10 address. So, we issued guidance to make sure that
11 teachers and other school personnel, even during
12 remote and hybrid learning, remain vigilant about
13 what should be reported as possible maltreatment. We
14 work closely with the healthcare system, especially
15 the hospital system. Again, about what should and
16 should not be reported, making distinctions there.
17 And so we worked actually closely with both Health +
18 Hospitals and DOHMH on guidance about what should and
19 should not be reported. In the maternity setting,
20 for example, that a positive toxicology result, for
21 example, on a parent or a mother or child in itself
22 should not be the basis for an SCR report, only
23 concerns about a child's wellbeing. So we try to
24 make sure that mandated reporter systems remain
25 vigilant. We launched informational campaigns, as I

1 mentioned in my testimony, to make sure that families
2 knew where to get resources, because we knew that
3 people were very isolated, parents and young people.
4 So we launched our informational campaigns, and we
5 saw, as I said-- one of the things that we did see
6 which I think was a positive sign was that
7 proportionally we did receive more reports coming
8 from non-mandated reporters, which you know, given
9 that children were spending more time at home, it was
10 likely to the locus of observation. So, we were
11 actually heartened that we saw a larger proportion of
12 cases coming from family members, community members,
13 neighbors, friends and so on who were paying
14 attention to child safety. So, there were a number
15 of things that we did to protect against that, and
16 then as time went on, we really were able to monitor
17 data, and I'm happy to say that we really haven't
18 seen any indicators of a larger bolus of undetected
19 child abuse. We haven't seen, for example,
20 significant changes in emergency room usage that you
21 might think would happen if there were more children
22 suffering any kind of serious physical abuse. We
23 haven't seen changes in our indication rate for cases
24 significantly. So we really don't see any indication
25

1 of that, and in fact, I think one might just as well
2 pos-- although, again, we don't really know. They're
3 both hypothesis. That it could be a very positive
4 thing for children to be spending more time with
5 their parents at home. It does mean that there needs
6 to be more focus on potential household risk to
7 children, and that's why, as I mentioned in my
8 testimony, we have really been expanding our
9 informational campaigns for parents and caretakers
10 about how to avoid risks to children in the home
11 because children have been spending a lot more time
12 at home. So, there are a number of things that we
13 did to try to offset any possibility that might be
14 the case, but I'm happy to say-- I'm very relieved to
15 say, we haven't seen any indication at least in New
16 York City, but that's the case.

18 CHAIRPERSON LEVIN: Thank you,
19 Commissioner. That's helpful. With regard to-- I'll
20 jump back to that in a second. In regard to the
21 support that we give for families during that time or
22 within this past year as we've seen, you know, the
23 increase in time at home for children, what is-- what
24 are the resources that we've proactively given to
25 families both in a generalized sense in terms of

1 involvement with the family, one of the things we're
2 looking for is whether there are in fact mental
3 health concerns that need to be addressed, and if so,
4 how we can connect families with the right services,
5 either through our prevention system or through other
6 resources that exist in the community, which there
7 are many. So it's something we've always attentive
8 to, but have been even more so during COVID. And if
9 I can, let me turn first to Deputy Commissioner
10 Fletcher and Deputy Commissioner Martin, and actually
11 Doctor Mendoza may want to speak to this as well,
12 because mental health services are within his
13 purview, and he actually oversees a lot of our
14 relationships with the provider system. Let me start
15 with William.

17 DEPUTY COMMISSIONER FLETCHER: Yeah, so
18 thank you, Commissioner, and thank you Chair member
19 Levin, you know, for elevating this. It has been a
20 challenge, especially for our frontline specialists.
21 Many of them themselves concerned for families who
22 now because of the pandemic needing to shelter in
23 place, making sure that their mental health and
24 wellbeing was at the forefront and [inaudible]. And
25 you know, so our CPS-- well, our specialists receive

1 specialized training around mental health and
2 identifying the indicators and cues so that they can
3 definitely and immediately match families who may be
4 experiencing mental health challenges or concerns.
5 They look at the impact of mental illness on
6 parenting capacity, the impact of parent mental
7 illness on children on a regular basis. They even
8 look at the stigma surrounding mental illness and the
9 legal issues that may ensue, because if we deem that
10 the child's parental capacity is very low, we may
11 need legal intervention so that the family can get
12 what they need. I think one of the great efforts that
13 we've made, which is a great accomplishment, which
14 our commissioner outlined during his testimony is
15 coping during COVID. I think that's important and
16 that's the information that we shared with families
17 as we were out there when families expressed, Chair
18 Levin, that they were at wits end, and challenged by
19 sheltering in place with their children. So we were
20 able to have that app on our cell phones or our
21 tablets and were able to share that information with
22 families and also helping them to access it from
23 their devices as well. The other thing is making
24 sure that families have resources, that resources are
25

1
2 available, even though many of them were also working
3 virtually, but just matching integrative services for
4 parents and children, and that's one of the main
5 reasons why our specialists and our contracted
6 agencies wanted to make sure that they were present
7 and that they were out there so that families would
8 not feel disconnected and that we were able to at
9 least connect with families and assess needs and then
10 connect them with the right services to make sure
11 that their wellbeing was always at the forefront. So
12 I'm going to turn it over to my colleague, Dr.
13 Martin, to add.

14 DEPUTY COMMISSIONER MARTIN: Hey, good
15 morning, Chair. Thank you so much for putting this
16 question, you know, for us to spend a few minutes
17 reflecting on. You know, as the Commissioner said,
18 you know, we understand that this last year has been
19 incredibly challenging time for our families,
20 especially those who were dealing with the effects of
21 COVID-19. You know, we know that there was an
22 impact, the economic downturn. We know that, you
23 know, we just saw so many issues exacerbated by the
24 prices. Each of these traumas can have an impact on
25 family functioning and stability, and this is why

1 from the prevention services perspective, you know,
2 we offer trauma-informed services that are geared
3 toward helping families strength and provide and
4 strengthen their community connections. All of our
5 models in prevention services connect families to not
6 only the trauma-informed services that they need at a
7 moment, but also the concrete good and services that
8 they might need, not to underestimate that, right?
9 Because before families will participate in any sort
10 of therapeutic treatment, we need to meet their basic
11 needs. And so our continuum that the Commissioner
12 mentioned that we launched in 2020, our new
13 prevention services contracts, we now have the
14 opportunity for the first time where we are offering
15 a significant percentage of clinically therapeutic-
16 based services for families to meet their mental
17 health and other complex need, whether that is
18 domestic violence, whether that is substance abuse.
19 You know, these services are there in a combination
20 for families to access based on their needs. So as
21 we're offering more therapeutic capacity than ever
22 before, you know, we are providing families across
23 the city with the opportunity to add either directly
24 through our services or to connect them through
25

1 worked with the New York Department of Health and
2 Mental Hygiene, the Mayor's Office of Economic
3 Opportunities, and the Public Policy Lab, and we
4 collaborated very early on to create a telehealth
5 tips which was really designed to guide and support
6 the use of telehealth during COVID-19. This guidance
7 is meant for not only the providers, but also for
8 families and advocates to address these needs. So we
9 are really thinking about this very holistically, not
10 only the services that families need, but what do we
11 need to do in order to help them really access those
12 services in real-time. I think you know, because
13 we've talked about this before, you know, our GABI
14 Program and those services has continued to be there
15 in community for families that are receiving
16 prevention services. And we know one of the
17 indicators that, you know, puts children at risk is
18 isolation, when their parents are isolated, as you
19 mentioned, you know, the stressors of COVID-19 just
20 really elevate some of those stressors. And our GABI
21 services which is Group Attachment-Based
22 Intervention, has been remained open, offering
23 parents the opportunity to either come into the group
24 space, come into the centers or to have those
25

1
2 contacts with families and children and provide them
3 with that service virtually. So we've continued to
4 just sort of, you know, be mindful of the fact that
5 our responsibility is supporting families and
6 reducing the risk of harm to children, and so we're
7 really proud of the fact that our contracted
8 providers and their staff have continued to just meet
9 and orient themselves to the needs of children and
10 families during this time. I'll-- turn it over to
11 Doctor Mendoza and see what else he'd like to add.

12 DOCTOR MENDOZA: Very, very little,
13 actually. Very, very little to add, but I do want to
14 emphasize the importance of telehealth, and one of
15 the most important things that you can do about
16 telehealth is you can-- mental health visits and
17 mental health treatment at the time of need and on
18 site. And one of the difficulties that we always
19 found with providing mental health and behavior
20 health-related services is that they're not
21 necessarily available on site and not necessarily
22 available in the time of need. telehealth actually
23 helped very much to overcome that barrier, and yes,
24 we continue to-- we have advocated with the state and
25 with the city to [inaudible] this available to all of

1
2 our families and we will continue to advocate to have
3 this available going forward even once we really turn
4 the corner on COVID, which I hope will be very, very
5 soon. I also want to mention two other things. One
6 is that this-- the time of COVID has really allowed
7 us to develop very good, close, collaborative
8 relationships with our partners, such as Health +
9 Hospitals. We will probably have another opportunity
10 to talk about the family health program at some point
11 that is really geared towards our prevention-- our
12 family intervention and our family-- child protection
13 and our families in foster care. But just suffice to
14 say that during this whole pandemic, during this
15 whole crisis, we've been working very, very closely
16 with leadership and Health + Hospitals to pay
17 attention to the health needs, mental health needs
18 and even non-mental health needs of our families, and
19 they have been very, very good partners in this. I
20 can give you some specifics when we have more
21 opportunities later on. And then thirdly, I would
22 like to mention also our collaborative relationship
23 with DOHMH. The Health Department has been very,
24 very forthcoming with what available resources and
25 services can be made available to our families. We

1
2 participate, ACS participates in all of their-- used
3 to be weekly webinars. It's now biweekly webinars.
4 Part of what happened there was that they had some
5 sessions that were specifically geared towards
6 focusing on attending on an addressing mental health
7 needs during the time of COVID. Whatever resources
8 were made available through those webinars and
9 through other collaborative meetings we had with
10 DOHMH. We immediately shared with leadership and
11 foster care with leadership in child protection and
12 intervention.

13 CHAIRPERSON LEVIN: Ms. Mendoza, could I
14 just ask like a-- because you're a physician, if you
15 could just- and the Chief Medical Officer at ACS. If
16 you could speak to what is-- what is the cause-- from
17 a kind of psychical or physiological perspective,
18 what's the cause of that increase in stress that
19 parents might feel, and what are some of the ways
20 that we're conveying to people that they deal with
21 it?

22 DOCTOR MENDOZA: Are you specifically
23 referring to what stressors could be added because of
24 the pandemic, because of COVID?

25

1
2 CHAIRPERSON LEVIN: Yeah, I mean, and how
3 is that manifesting in kind of our-- as a parent, you
4 know, is it cortisol levels that go up? What are
5 things that are happening that make parents more
6 stressed out [inaudible]

7 DOCTOR MENDOZA: Yeah, you actually
8 mentioned cortisol which is a huge part of it. I
9 mean, part of the anxiety that is really overwhelming
10 parents at this point is-- especially in the very
11 beginning with really not being able to deal with the
12 unknown. So even when parents go into-- so you
13 mentioned to cortisol, you're going to fight or
14 flight situation, right? In the past, when parents
15 were met with certain situations in which they have
16 to protect their children, they at least knew what to
17 do because they knew what to expect. In this case,
18 the biggest factor really was the unknown. They
19 didn't know what to expect. They didn't have the
20 resources for treatment or prevention, really.
21 That's just admitted in the beginning, we did not
22 have any resources. So with parents, they went into
23 the chronic hyper-anxiety, kind of hypervigilant
24 mode. So, in order for [inaudible] to then help
25 their families help their children cope with

1 something like this, they have to get out of that
2 mode, that hypervigilant mode. They could not get
3 themselves out of that themselves, and so it was
4 harder for them then to offer that support to their
5 children who are also in the hypervigilant mode.
6 Now, when parents are-- we already know this, that
7 when parents are at high anxiety levels, even when
8 the children don't know why, they immediately again
9 feel that hyper-anxiety mode that their parents feel,
10 and so this is all multiplying. The parents feeling
11 that, the children feeling that, and the parents not
12 really [inaudible] all of their resources they should
13 have at their disposal in order to cope with
14 [inaudible].

16 CHAIRPERSON LEVIN: Yeah, I'm-- even on
17 an ongoing basis it's, you know, as we're coming,
18 kind of coming back into some semblance of normalcy
19 within our-- I'm concerned about that, the legacy of
20 that and any of the kind of post-traumatic aspects of
21 that because, you know, again, as a parent with young
22 kids I recognize that it's-- it's been, you know,
23 especially hard for parents this past year to manage
24 their own lives, their livelihoods, external
25 stressors mixed in with, you know, being with your

1 kids in a house or an apartment for 24 hours a day
2 for extended periods of time-- stressful.

3
4 DOCTOR MENDOZA: I mean, parents are used
5 to [inaudible]-- one of the things that added to the
6 stress is the parents were used to their children
7 going to school during the day, and now they have to
8 deal with having-- be there with them 24/7, so they
9 did not really have the ability to then kind of cope
10 and have that-- have the renewed energy which they
11 would do during the rest of the day. Now, it's also--
12 - add to that, the parents didn't stop working. They
13 continued to work while they were at home, and so
14 having to do that with the additional burden and
15 stress of having to deal with their kids, having to
16 be teachers at the same time that they were working
17 fulltime was just completely overwhelming to a lot of
18 parents. Let's not forget to that a lot of families
19 were experiencing grief, not just with their own
20 families but with both friends, with both neighbors,
21 but even if they did not have a direct effect of
22 COVID in terms of grieving or death, just the fact
23 that this was also around them also made them go
24 through the grieving process, again, multiplying all
25 of the stressors that they were getting.

1
2 CHAIRPERSON LEVIN: Now, I'm going to ask
3 this question, and maybe-- it's-- I'm not sure we
4 have to go into quite as much depth on it. A similar
5 question as it relates to our residential pair [sic]
6 system and what-- how we dealt with the stressors of
7 that isolation and anxiety and disruption for our
8 youth in care and staff, counselors that are working
9 in the residential system?

10 COMMISSIONER HANSELL: Yeah, very
11 important question. I'll turn to Deputy Commissioner
12 Farber to talk about, but I guess I'll just start by
13 saying that, you know, this-- I think this kind of
14 went in phases throughout the pandemic. There was
15 sort of the initial phase where we didn't know very
16 much, but things had changed dramatically and we had
17 to respond, and there was so much fear and so much
18 anxiety, and one of the things that we did was to
19 make sure-- and I actually am proud of how quickly we
20 as an agency responded to this, to make sure that we
21 got out as much information to providers, that we
22 gave providers as much clarity as we could, which is
23 often not as much clarity as we would have liked, but
24 we very quickly, you know, issued modified policies
25 to continue to do the work, but in a way that took

1 youth safety issues and youth safety risks into
2 account, and that we helped to make sure that
3 providers have the resources to meet the emergency
4 needs for things like PPE, which, as you know, all of
5 us remember. It's a little hard now even, but in the
6 early days of the epidemic was a huge problem. It was
7 difficult to get and then difficult to pay for, and
8 so we-- we really took the approach that, you know,
9 we needed to get providers what they needed and then
10 we would figure out how to help them pay for it. I'm
11 actually quite proud of the work that all of our
12 programs did to work with providers to get that
13 information, to get them guidance, to get them some
14 concrete things they needed to ensure safety. Let me
15 turn to Deputy Commissioner Farber to talk about how
16 they dealt with those specific issues in the
17 residential context.

18
19 DEPUTY COMMISSIONER FARBER: Thank you,
20 Commissioner, and I do want to take the opportunity
21 just to reiterate that obviously in the nature of
22 child welfare and foster care, we never closed down,
23 and we just had to figure how to pivot to continue
24 supporting children and families and foster parents
25 are our staff. And so as the Commissioner mentioned,

1 we very quickly issued guidance and a range of
2 emergency policies and protocols to support providers
3 in terms of how to support young people during this,
4 you know, incredible time. In terms of your specific
5 question, Chair, about children in residential. As
6 you know, fortunately, we have a very small number
7 and small proportion of children who are in
8 residential programs. It's under 10 percent in New
9 York City, and we do very well on that compared to
10 other jurisdictions in the country, because over 90
11 percent the vast majority of children in foster care
12 are placed in family placement, either with kin or in
13 foster homes, but for the number of children who are
14 placed in residential care, I really need to
15 acknowledge and thank the incredible staff and
16 leadership at the residential programs who continued
17 to show up every day to ensure that young people were
18 receiving the services and supports that they needed,
19 and in fact, you know, took steps to obviously
20 implement social distancing, and as the Commissioner
21 mentioned, we provided PPE and many providers
22 implemented new ways of delivering programs. You
23 know, obviously delivering programs outside when
24 appropriate, but also bringing in virtual online
25

1
2 programming through a number of different resources
3 that sort of ran the gamut of exercise and wellness
4 and, you know, a range of support. And then in
5 addition, of course, working really diligently to
6 ensure that all of those young people had devices and
7 remained connected to school, you know, throughout
8 COVID.

9 CHAIRPERSON LEVIN: And could you speak a
10 little bit more maybe about partnerships with mental
11 health resources for youth in care and what-- are
12 there any new resources that available or other
13 partnerships you're able to move forward on?

14 DEPUTY COMMISSIONER FARBER: Yeah, thank
15 you for that. You know, across the system, not just
16 in residential, you know, meetings and mental health
17 needs of children in care is obviously, you know, a
18 critical priority and that happens in a number of
19 ways. Children in foster care are covered by
20 Medicaid and received therapy for that. Children who
21 are in residential will typically have onsite
22 therapists who are, you know, providing their care,
23 an as the Commissioner mentioned, and this is one of
24 the lessons learned of COVID, that we'll be positive
25 for practice moving forward. If anything, young

1
2 people participating in therapy it appears may have
3 even increased, because they really like telehealth,
4 you know, young people like their phones, and so
5 being able to do therapy through telehealth was first
6 of all practical and enabled young people to continue
7 receiving services during COVID, but also perhaps the
8 preference. You know, as the Commissioner mentioned,
9 we don't necessarily think that telehealth should
10 entirely replace in-person, you know, mental health
11 therapy and visits, but it certainly can be another
12 tool in the tool kit to ensure that young people are
13 receiving those services.

14 CHAIRPERSON LEVIN: Right, and I think
15 there's an opportunity too with kind of a larger
16 normalization for therapy for young people. I think
17 that's kind of out there in the zeitgeist for people
18 that are younger than I am that are kind of, you
19 know, listening to social media influencers that are,
20 you know, open about it or celebrities that are open
21 about it. I think that kind of maybe is helpful. I
22 think of like Demi Lovato or Michael Phelps or, you
23 know, others that-- Naomi Osaka, you know, who's
24 recently-- just kind of getting the word out there is
25 probably helpful actually for young--

DEPUTY COMMISSIONER FARBER: Absolutely.

CHAIRPERSON LEVIN: Can I ask, since I have you Deputy Commissioner, how- if we could look a little bit more into how family visitations were impacted and how are we measuring that impact? I mean, along the same lines of the concerns that, you know, are around child safety, the idea that parents whose children were in care either-- and were having regular visitation with them and being able to keep that relationship, the bond of that relationship, tending to the bonds of that relationship during that time, you know, I worry about the impact that COVID had on family visitation and what impact that had on those familiar bonds and how we're measuring that and how we address it or try to strengthen that in other ways.

DEPUTY COMMISSIONER FARBER: Thank you Chair of that question. You know, reunification, safe and timely reunification is our top priority at ACS, and we've testified before that family time, the research shows, you know, the frequency and quality of family time is the most important predictor of reunification, and so when the pandemic hit, as you alluded, we were very concerned about the impact on

1 family time. And as the Commissioner mentioned, this
2 was probably the area where were pivoted most quickly
3 to figure out guidance and policy that would support
4 all of the stakeholders and figuring out the best
5 possible ways to have the greatest amount of family
6 time, also known as visiting, contact between
7 children in foster care and their parents, weighing
8 the public health risks, and then weighing the trauma
9 obviously and the critical importance of children and
10 parents being able to visit. And so as the
11 Commissioner mentioned, we immediately authorized the
12 foster care agencies to buy devices for everyone who
13 needed them, whether it ws children, parents, foster
14 parents, staff so that we could facilitate virtual
15 communication and visits, and we provided some
16 guidance around decision-making for when visits could
17 still be in-person, you know, considering all of the
18 various factors, and I think the Commissioner also
19 mentioned that, you know, we made very clear that
20 there could be no blanket policy and that really this
21 had to be a case by case determination based on all
22 of the different factors, you know. Perhaps the
23 parent had a health concern that put them at risk,
24 and maybe it made more sense for the parent. You
25

1 know, it also depends on the age of the child and so
2 forth. And so we created guidance around that. We
3 provided a lot of training and support around that
4 guidance and this was another learning, Chair, from
5 the pandemic was really to maximize the use of Zoom
6 and Web-x for trainings. We had trainings and
7 webinars, multiple, on visiting that we implemented
8 in partnership with Rise and other stakeholders that
9 had-- I think, you know, couple of them had 600
10 staff, you know, from across the system because there
11 was such interest in and commitment to ensuring that
12 visiting was taking place. Now, I'm very pleased to
13 share that, you know, at present, the vast majority
14 of visits are taking place in person, and here again,
15 another silver lining of the pandemic is that in
16 addition to the in-person visits, there's a lot more
17 supplementing going on using facetime and skype
18 because that's now become sort of very regularized in
19 the practice, which is a good thing.

21 CHAIRPERSON LEVIN: [inaudible]

22 COMMISSIONER HANSELL: I just want to add
23 to that, because again, I really want to acknowledge
24 the great work that Deputy Farber and her team did.
25 When we were making these decisions, really in real-

1 time, in surely months of the epidemic, of the
2 pandemic, you know, we were paying attention to
3 what's happening nationally, and we were seeing a lot
4 of other foster care agencies around New York State
5 and around the country suspending in-person visits
6 altogether, and many of them did for quite a number
7 of months through the summer of 2020. And we
8 agonized over that, because you know, we-- obviously,
9 we value safety for children's safety and for staff,
10 but we just felt for all the reasons I described in
11 the testimony and the Deputy Commissioner Farber just
12 described, we just felt like it was so important to
13 maintain in-person contact that we couldn't do that.
14 So we-- you know, from the very first guidance we
15 issued to foster care agencies I think in April, we
16 said there cannot be a blanket policy. You cannot
17 have a policy of no in-person visitation. You have
18 to do a case-by-case analysis of how important it is
19 to that family and that child and then make a
20 decisions accordingly.

21
22 CHAIRPERSON LEVIN: Do we have any
23 metrics on the overall-- obviously, there'd be a
24 significant reduction in in-person family visits, but
25 if there was a net reduction between prior pandemic

1
2 in-person family visitations and then some form of
3 visitation, you know, with months into the pandemic
4 whether, you know, combined in-person and/or
5 televisit.

6 DEPUTY COMMISSIONER FARBER: Yeah, I
7 don't have that exact data in front of me. We can,
8 you know, circle back to you with that but as a
9 general matter, certainly in the initial months and
10 at the height of the pandemic, there were fewer in-
11 person visits and a lot of video visits, and then as
12 time passed, that balance started to shift. And as I
13 mentioned, I think it's been for quite a while now,
14 the vast majority of visits that are happening are
15 in-person plus now video visits, but we can get you
16 additional detail on that, Chair.

17 CHAIRPERSON LEVIN: With regard to Family
18 Court proceedings and efforts around reunification,
19 first off, can you explain a little bit about the
20 coordination between ACS and OCFS for any kind of
21 rule, rule amendments or ways in which you had to
22 engage with our state agencies, the state, to be able
23 to programmatic things that might have not otherwise
24 been possible? And then how are we measuring the
25 impact on reunification timelines from the pandemic?

1
2 So what are we able to extrapolate just how far it
3 set families back on average or other impacts that we
4 might have, you know, try-- identifying now at this
5 point?

6 DEPUTY COMMISSIONER FARBER: Sure. So, a
7 couple things. I think you asked a couple questions
8 there. I think the Commissioner mentioned in his
9 testimony that we were quite concerned when it became
10 clear at the beginning of the pandemic that the
11 Family Court's operations were extremely, extremely
12 limited. And so we took aggressive action beginning
13 really right away and continuing up until now to
14 review thousands of cases with our reunification goal
15 to determine outside of the, you know, regular court
16 process, if those cases could move to increased
17 visiting, overnight visiting, trial discharge, pre-
18 disposition release, or final discharge. And in the
19 cases where, you know, we believed that the families
20 were ready for that, our Family Court Legal services
21 worked with children's attorneys and parent's
22 attorneys, and where there was agreement we would
23 seek stipulations. And so through that effort, a lot
24 of cases moved forward, and I think we staved off
25 what could have been sort of much worse. There has

1
2 Sputz, to say a little bit more, but certainly the
3 parent's attorneys and the children's attorneys have
4 been extremely welcoming, you know, of these efforts
5 and to the conversations about figuring out whether
6 we're all in agreement and whether it makes sense to
7 submit a stipulation, you know, moving a case forward
8 to the judge and to the court. This relates a little
9 bit to your question you asked about working with
10 OCFS. We're working very closely with OCFS and with
11 the Family Court and the Office of Court Improvement
12 to both collaborate with and advocate to the court to
13 continue to accelerate its hearings of all sorts of
14 matters. So, you know, for due process, for due
15 process, and to obviously to facilitate permanency
16 and Deputy Commissioner Sputz may wish to-- or the
17 Commissioner, Commissioner Hansell may wish to add to
18 those comments.

19 COMMISSIONER HANSELL: Let me say just
20 some more about the court relationship-- I'm sorry,
21 the state relationship, and then I'll turn to Deputy
22 Commissioner Sputz to talk about the court system. I
23 have to-- I really credit our colleagues at the
24 state, Commissioner Pool [sic] and the Office of
25 Children and Family Services. There are oversights.

1 Everything we do is done under their supervision.
2 They are the, you know, the interpreters of state law
3 and state regulation about how all of our program
4 services are delivered, and they I think rightly, but
5 I think they quickly realized in the early days of
6 COVID that things were changing by the week, by the
7 day, sometimes by the minute, and that there was
8 going to be a need for flexibility. And so, you
9 know, whereas normally, if we want to change a city
10 policy, a local policy, we normally have to go
11 through an approval process with the state to make
12 sure it's in compliance with the state policy. They
13 understood that here we're not going to have the
14 luxury of extended process of doing that, and
15 basically, you know, told us that we should respond
16 as we needed to, that they gave us the flexibility to
17 do that. Obviously we kept them fully apprised of
18 what we were doing. We shared every policy with them
19 as it was issued. They were really, I think, helpful
20 and forthcoming in giving us the flex-- and realizing
21 that New York City is different from other parts of
22 the state, right? So our reality was different from
23 the reality of Upstate. They really gave us the
24 flexibility to respond and to shift and change policy
25

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2 s quickly and as agile as we need to do, and I'm
3 really appreciative of that, because without that it
4 would have been I think much more problematic for us
5 to respond to the local conditions that were seeing.
6 Let me turn to Deputy Commissioner Sputz to talk
7 about the court situation of where we can get maybe
8 going in the future.

9 DEPUTY COMMISSIONER SPUTZ: Thank you,
10 Commissioner, and thank you Chair Levin. I think
11 Commissioner Hansell and Deputy Commissioner Farber
12 covered significant ground on this, but it should be
13 noted that in the beginning when the court
14 immediately shifted to a virtual platform, you know,
15 everybody had to pivot to appear in court virtually,
16 and it's taken some time to accelerate the
17 appearances. I can talk about when that we saw
18 significant uptick really in January of 2020. But
19 from the very beginning, just from filing cases in
20 court, it was important for ACS, my division, Family
21 Court Legal Services, Division of Child Protection,
22 Family Permanency Services to work closely with the
23 other legal organizations, the institutional
24 providers for parents, the attorneys for children,
25 the 18B panel, we represent all children and parents

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2 to work collaboratively as possible to move cases
3 forward. So I think as Deputy Commissioner Farber
4 talked, I think we realized very early on, almost
5 immediately, that there was going to be significantly
6 limited opportunities in court for hearings to take
7 place on cases that had already been filed, let alone
8 the cases that we were, you know, filing very day in
9 court. And so, you know, as Deputy Commissioner
10 Farber mentioned, we took an affirmative stance to
11 review cases, but in addition to that and all of our
12 borough offices, the leads in the Family Court Legal
13 Services offices and the leads for the institutional
14 providers would get together to also identify cases
15 to see where we could settle cases that may be
16 pending fact finding, you know, settle cases at an
17 procedural point in the case where we could come to
18 an agreement, and it was really, you know, quite
19 seamless to essential file stipulation with the
20 court. The court did develop an electronic delivery
21 system called EDDS where we could submit stipulations
22 that will be routed to the judge for the signature,
23 and so we were able to have court, you know,
24 oversight for those decisions that needed it. There
25 are some decisions where decisions are in the

1 discretion of ACS, and that's where I think the
2 affirmative case reviews are important, where we
3 could see where we can move [inaudible] ourselves
4 have the discretion to do so. But I think we-- you
5 know, as time has gone on,-- two key things happening
6 in January of 2020. The court system created a
7 dedicated link for every judge that they could use,
8 and then also were able to adapt the recording system
9 to record proceedings, and with the capability to
10 record, there wasn't a need to have a live court
11 reporter in every court room which was very
12 challenging to secure. In the beginning were maybe 20
13 or so court parts that were operational. Now, in
14 January of 20-- I'm sorry, should say January of
15 2021, every judge have their own dedicated link with
16 the capability to record so there could be an
17 appropriate record for appellate review if needed.
18 And so, we have since January 2021 seen uptick in the
19 number of appearances that the Family Court Legal
20 Services attorneys are doing and significant uptick
21 in court activity.

23 CHAIRPERSON LEVIN: I think with the
24 recognition that particularly for cases that whose
25 outcome is reunification, you know, any delays or

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2 significant delays in that reunification are
3 accompanied with, you know, outcomes that we would
4 wish to avoid, that we don't-- you know, we-- if a
5 family-- if a child is going to be reunified with
6 their parents, we want that to happen as quickly as
7 possible. So any administrative delays, you know,
8 are-- that's something we want to avoid. So, are
9 these things, even as we're getting back into, you
10 know, a normal, you know, back to some kind of
11 semblance of pre-pandemic normal, are we-- is there a
12 formal process that we're engaging with OCA or with
13 Family Court system and the other legal services
14 providers to formalize this relationship or these
15 new-- any new practices or any-- this increased
16 reliance on stipulations for permanent [sic] case
17 reviews. Are we-- how are we formalizing those
18 processes, and is there a taskforce that's kind of
19 set aside to kind of review these things and see how
20 we can kind of further institutionalize these
21 practices?

22 DEPUTY COMMISSIONER FARBER: Yeah, so we
23 have a group within ACS that has been planning all of
24 these reviews. You know, we do them rolling, and
25 they have been ongoing and will continue to be

1 ongoing, and as I mentioned, the legal providers have
2 been very responsive to outreach. And to your point,
3 as we move this forward, you know, we will be
4 speaking with the legal providers, you know, about
5 additional structure that may be helpful to them, but
6 we have really, you know, sort of fully implemented
7 these and essentially are launching reviews of
8 different categories of cases every few months.

10 COMMISSIONER HANSELL: And maybe to add to
11 that, I would say Chair, is that really there's sort
12 of two work streams I think going on in parallel.
13 There are the actions that really don't require any
14 court involvement other than [inaudible] stipulation,
15 and there are the actions that do require more
16 extensive court involvement that can happen sort of
17 independent of the court. So, as Julie said, with
18 regard to the process that can happen outside the
19 courts were all we need is the courts to be in-- in
20 some cases it's only [sic] stipulation. Some cases
21 are within ACS discretion to progress towards
22 reunification. So there, you know, we have found
23 this process to be so beneficial that, you know, even
24 when the courts reopen-- and they have-- they're far
25 from fully reopened, which we should say. There's

1 been progress, but they are far, far from normal
2 operations. But you know, we don't-- when they are,
3 we don't want to go back to being sort of dependent
4 on court calendars to move as aggressively as we can
5 towards reunification. So we intend to continue this
6 work and this process with the attorneys for parents
7 and children in the foster care agencies which
8 happens really outside of the courts, but
9 simultaneously as Julie mentioned there's a process
10 with OCFS, with the Court Improvement Project, and
11 with OCA to look at how we can, you know, we can
12 really encourage the courts, I'll say, to reopen as
13 quickly as possible with regard to the matters that
14 do require court involvement, court intervention, and
15 ultimately court decision. You know, we want to work
16 as closely as we can with basically our state
17 partners because the court system is-- even though
18 it's the New York City Family Court it's really a
19 state-run system. so we have and want to continue to
20 work with them to encourage them to reopen as quickly
21 as they possibly can for all of these matters because
22 they are somewhere court involvement is required and
23 there's some where court involvement is necessary for
24 due process protections. So, you know, the longer
25

1
2 the courts remain restricted in terms of the process
3 of the kinds of matters they're going to hear, the
4 more that's going to be an encumbrance on our ability
5 to move children towards reunification or other forms
6 of permanency.

7 CHAIRPERSON LEVIN: So, I appreciate it.
8 I have more questions, but I do want to turn it over
9 to any of my colleagues if they have questions. So
10 I'll ask my colleagues, do you have any questions
11 please to raise your hand, use the raise hand
12 function. I don't know if any of my colleagues do
13 have questions. In which case, I'm going to
14 continue. Council Members Grodenchik, Rosenthal--
15 we've been joined by Council Member Helen Rosenthal.
16 That's the only members that are with us at the
17 moment. If I-- oh, Council Member Rosenthal has
18 questions.

19 COUNCIL MEMBER ROSENTHAL: Thank you. I
20 only have questions because you seem to want to take
21 a break for a minute, so I'll ask questions for a
22 minute while you--

23 CHAIRPERSON LEVIN: [interposing] Thank
24 you.

1
2 COUNCIL MEMBER ROSENTHAL: Pretty amazing
3 job of tending to your children like you do. I
4 guess, you know, I'm not-- this is not my committee
5 and not my area of expertise, but in listening to
6 your expertise, the thing that jumps out at me is do
7 you think what-- and perhaps we'll talk about this in
8 terms of the school children staying in the homeless
9 shelters. Do you think they're getting the trauma-
10 informed care that they need in terms of, you know,
11 getting back-- we'll never get back, but-- and is
12 there anything more you would recommend from, you
13 know, what you're seeing that you can do, and again,
14 the question is both for the students both in your
15 shelter and the students who, you know, teachers are
16 seeing back in the classroom.

17 COMMISSIONER HANSELL: Well, thank you.
18 First of all, I have to say, Council Member
19 Rosenthal, this may not be your committee or your
20 area of expertise, but I know from our past
21 interactions you care a great deal about. So, I
22 appreciate that.

23 COUNCIL MEMBER ROSENTHAL: Yeah.

24 COMMISSIONER HANSELL: And I think, you
25 know, it's really important question. You know, we

1 work very closely with the Department of Homeless
2 Services especially with regard to families who are
3 in the shelter system, and many of the families we
4 were working with are in the shelter system, and so
5 we-- again, back to the early months of the epidemic
6 last spring when things were completely remote, we
7 worked very close with DOE and the shelter, DHS and
8 the shelter providers, to make sure that children had
9 the technology they needed and the access they needed
10 to participate, and there's no question there were
11 challenges in the early months. I don't think it was
12 because of anybody's lack of trying, it was just-- it
13 was such a big change, it happened so abruptly.

14
15 COUNCIL MEMBER ROSENTHAL: Yep.

16 COMMISSIONER HANSELL: And while, you
17 know, it wasn't first and foremost our responsibility
18 but we felt like when we were interacting with
19 families and interacting with children, we wanted to
20 make sure we were doing whatever we could do to
21 assist. So when, for example, Deputy Commissioner
22 Fletcher's Child Protective Specialists were working
23 with families-- not, you know, across the city not
24 just in homeless shelter, but certainly in the
25 shelter system. When they encountered children who

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2 were having difficulty with technology, either they
3 didn't have the hardware or they didn't have the
4 connectivity, or they didn't know how to use it.
5 Part of what they would do in their involvement with
6 those families was to address those issues, whether
7 that was advocating with DOE to get the equipment
8 there or actually helping kids and families learn how
9 to use it. So, we tried to assist as much as we
10 could in those early months. I think things got much
11 better much-- very quickly. But if, you know, we'll--
12 - we're going to be back, as the Mayor has now
13 announced fully in-person schooling in the fall, but
14 as we've talking about through this course of this
15 hearing we do think there are going to be a lot of
16 situations where technology is still going to be the
17 mode of interaction and should be whether it's
18 telehealth, tele-counseling, tele-mental health
19 visits. There are going to be lots of situations
20 where we do think that using these technologies can
21 actually be really beneficial to kids. And so I
22 think it's going to be incumbent on all of us to make
23 sure that the families and children in the homeless
24 shelter system and really across the City have all
25 the technology. No families and no kids are

1
2 disadvantaged by lack of access to services if we
3 decide that some of those services should continue to
4 be delivered virtually.

5 COUNCIL MEMBER ROSENTHAL: I'm not sure
6 that was really-- thank you for that. I appreciate
7 it, Commissioner. I guess what I meant was a little
8 different than the technology aspect of it, but you--
9 teachers come to you agency to report, you know, a
10 kid seems to-- I think something's going on at home.
11 Right? Do you expect the number-- you know, over the
12 last year-- obviously, my guess is there were many
13 fewer reports, I don't know. And do you expect that
14 number to increase in September?

15 COMMISSIONER HANSELL: Yeah, great
16 question. We talked about that some earlier in the
17 hearing.

18 COUNCIL MEMBER ROSENTHAL: Apologies.

19 COMMISSIONER HANSELL: No, I'm happy to--
20 so, what we saw at the very beginning of the pandemic
21 yes, was a dramatic decrease, about 50 percent
22 decline in March and April of 2020 in the number of
23 reports that we were seeing, but that changed very
24 quickly and really even by the summer of 2020 that
25 number had increased and was, you know, beginning to

1
2 normalize. In more recent months, the number of
3 reports we're receiving is still somewhat less than
4 it was before the pandemic, but much, much closer to
5 normal levels.

6 COUNCIL MEMBER ROSENTHAL: What are
7 [inaudible] levels?

8 COMMISSIONER HANSELL: Normal levels? We
9 typically investigate-- we see-- and actually the
10 reports don't come to us directly for our teachers.
11 They go to the state. The state--

12 SERGEANT AT ARMS: [interposing] Time.

13 COMMISSIONER HANSELL: the State Central
14 Register, and then the state refers them to us for
15 investigation if they're in New York City. We, in
16 typical years, we receive about 55,000 reports from
17 the state a year that we are expected to act upon.
18 So, about a thousand a week, I guess, on average.
19 There's--

20 COUNCIL MEMBER ROSENTHAL: [interposing]
21 There's-- sorry.

22 COUNCIL MEMBER ROSENTHAL: And do you--
23 do you track nature of those concerns?

24 COMMISSIONER HANSELL: Absolutely,
25 absolutely. We track--

1
2 COUNCIL MEMBER ROSENTHAL: [interposing]
3 Like, what are your different buckets--

4 COMMISSIONER HANSELL: Yeah, we track--
5 the nature of the allegation is-- you know, broadly
6 there's abuse and neglect, but even within those two
7 categories there are a number of subcategories on
8 abuse side, physical, sexual abuse for example.
9 Neglect can be educational neglect. It can be
10 failure to seek medical care for a child. It can be
11 excessive corporal punishment. So we track that and
12 we track the type of reporter who filed the
13 allegations with the state.

14 COUNCIL MEMBER ROSENTHAL: Makes sense.
15 Have you seen changes? I'm sure the Chair already
16 asked you this. Have you see any pattern changes?

17 COMMISSIONER HANSELL: The significant
18 change-- we have not significant changes in the type
19 of allegation, which is actually reassuring, because
20 one of the questions that the Chair started with was
21 a concern about whether with this dramatic reduction
22 in the beginning, were we missing children who might
23 be at home isolated and experiencing significant
24 abuse. We actually didn't see anything in the
25 patterns of cases that would indicate that. We did

1 see a significant change in terms of the reporters,
2 because we were receiving fewer reports from schools,
3 for example.

4
5 COUNCIL MEMBER ROSENTHAL: Yeah.

6 COMMISSIONER HANSELL: We were receiving
7 proportionally more reports from what we call non-
8 mandated reporters which are friends, family members,
9 neighbors, community members.

10 COUNCIL MEMBER ROSENTHAL: Yep.

11 COMMISSIONER HANSELL: Which we thought
12 was reassuring because kids were spending more time
13 at home and it suggested that communities were taking
14 responsibility for making sure the kids were safe.
15 That was really the one significant change we saw.

16 COUNCIL MEMBER ROSENTHAL: That's so
17 interesting how you just characterized the change. I
18 asked the same question-- we had a hearing last May
19 and Chair, I'm going to send it right back to you as
20 soon as you come on. Now, I'm just sort of-- oh,
21 dear, can I just keep going down my wormhole? I was
22 going to just mentioned that last May we had a
23 hearing with the NYPD and asked about domestic
24 violence incident reports, and they brushed off the
25 increased number of reports from neighbors. So in

1
2 other words, what their take from it was, "Oh, the
3 neighbors, they're just home now because everyone's
4 home, so they're hearing the bickering. They think
5 it's domestic violence. They call us, we get there,
6 nothing's really going on. So, even though our run
7 number is up, it's not a meaningful increase, and
8 what I'm hearing just now from you is that the
9 reporters are the neighbors and that became useful.
10 It's just-- do you-- am I making-- do you know what
11 I'm saying?

12 COMMISSIONER HANSELL: I do understand
13 what you're saying. Obviously, I was not there for
14 the hearing, but I don't know what the NYPD said, but
15 from our perspective, we rely on reports from a whole
16 range of sources, and that includes both
17 professionals, you know, mandated reporters in our
18 [inaudible], but also nonprofessionals like community
19 members because they may be the first to become aware
20 that something is going on in the family going on at
21 home, and if we're going to get the right kind of
22 services to that family, we first need to know that
23 something is happening and the family has a need. So
24 we actually appreciate it when we receive reports and
25 enable us to follow up. And we haven't really talked

1 about this, didn't discuss this in the testimony, but
2 we have talked about previously, we're also shifting
3 significantly the ways in which we respond to many of
4 our reports. If a report comes in, we do an initial
5 assessment. We don't identify imminent safety
6 concerns for the child, but we do identify that the
7 family needs services. We now are expanding our--
8 what we consider our alternative track for handling
9 that report. So it no longer is an investigation, it
10 becomes a service engagement with that family. But
11 again, the starting point for that is somebody
12 indicating to us that there is a family that is
13 having an issue and that is what enables us to go in,
14 meet the caretakers or the parents and assess whether
15 there are services that would be helpful to them.

17 COUNCIL MEMBER ROSENTHAL: And do you
18 just-- do you have a, like a list of the DV survivor
19 counseling programs and call one or the other? Like,
20 what does it mean? Yeah.

21 COMMISSIONER HANSELL: Absolutely, yes.
22 If the issue is DV-- and we have-- we actually have
23 seen an increase. I should have said we have seen
24 some portion, not a quantitative increase, but a
25 proportional increase in reports to the State Central

1 Registry that involved domestic violence. So, yes,
2 if we-- based on our initial investigation determined
3 that there really is a domestic violence situation or
4 an intimate partner violence situation that is
5 creating a safety risk to a child, because that is
6 the thing that we're concerned about. Then yes, we
7 have services we can engage both the parent who may
8 be also the victim of that violence and also the
9 person causing harm. So we have services for either,
10 and we actually have a new intervention that we have
11 piloted at ACS that we call Safe Way Forward that
12 actually provides coordinate-- different, separate,
13 coordinated services to the person causing harm and
14 the person who may be the victim. In situations
15 where-- and we know there are many of these where
16 there may be domestic violence in a family but the
17 family tends to stay together. The parents intend to
18 stay together.

19
20 COUNCIL MEMBER ROSENTHAL: Yes, yes.

21 COMMISSIONER HANSELL: So the issue is
22 how can we help them do that safely, and we launched
23 a program actually a couple years ago that we're
24 piloting and now in the process of evaluating called
25 Safe Way Forward that will offer for the first time,

1 actually as far we know anywhere in the country,
2 coordinated services to both to try to ensure that
3 the parents can stay together safely if that's going
4 to be their choice.
5

6 COUNCIL MEMBER ROSENTHAL: that's
7 extraordinary. I would-- I'm going to turn it back to
8 you, Chair, unless-- no, I'm turning it back to you,
9 Chair, but I would love to learn more about that and
10 this notion of simultaneously helping both, the
11 victim and the accu-- whatever.

12 COMMISSIONER HANSELL: The person causing
13 harm is the terminology that we use.

14 COUNCIL MEMBER ROSENTHAL: Person causing
15 harm, I mean, it sounds a little bit Restorative
16 Justice-y [sic] that in the way that MOCJ talks about
17 their research and pilot programs with restorative
18 justice in these situations, and I wonder if they're
19 talking about the same program, the same [inaudible]
20 programs, Safe Way Forward. And I'm very interested
21 also in the-- do you have a timing for when that
22 report might be finished?

23 COMMISSIONER HANSELL: Well, let me ask
24 Deputy Commissioner Martin, because it really is her
25 division that's been overseeing this, and so she

1
2 probably knows the timing of the pilot and evaluation
3 better than I do.

4 COUNCIL MEMBER ROSENTHAL: Great. She
5 might be muted.

6 DEPUTY COMMISSIONER MARTIN: Thank you.
7 Can you hear me now?

8 COUNCIL MEMBER ROSENTHAL: Yes.

9 DEPUTY COMMISSIONER MARTIN: Yes, thank
10 you so much for that question, Council Member
11 Rosenthal. We are definitely in the process at the
12 very start of the evaluation for a Safe Way Forward,
13 and we would be thrilled to, you know, sit with you
14 and share the results and where that evaluation is
15 pointing us to. We're certainly excited about it as
16 the Commissioner said. We searched for a very long
17 time across the country and could not find any such
18 service that works, especially with the person
19 causing harm to offer an intervention that was more
20 than just anger management, which is often times
21 what, you know, what the referral for services would
22 be. And so we anticipate perhaps sometime in late
23 summer/early fall having something substantive to
24 share.

1
2 COUNCIL MEMBER ROSENTHAL: Yeah, please
3 put me on the list for that. And is that-- are you
4 working in conjunction with the Center for Court
5 Innovation?

6 DEPUTY COMMISSIONER MARTIN: No, not at
7 this moment and not on this particular project.

8 COUNCIL MEMBER ROSENTHAL: Who's the
9 contract agency?

10 DEPUTY COMMISSIONER MARTIN: We have an
11 independent consultant, and right now the pilot has
12 really been across two agencies in two boroughs. We
13 have Staten Island, we have 60 families that can
14 participate, and in the Bronx we also have 60
15 families. So a total of 120 families at any point in
16 time who are actually on court ordered supervision--

17 COUNCIL MEMBER ROSENTHAL: [interposing]
18 Yeah.

19 DEPUTY COMMISSIONER MARTIN: for these
20 type of interventions.

21 COUNCIL MEMBER ROSENTHAL: And is-- are
22 you-- I mean, is NGBB part of the evaluation group?

23 DEPUTY COMMISSIONER MARTIN: Not
24 specifically a part of the evaluation group, but
25 they've been at the table from day one as we were

1
2 researching, designing, implementing, very important
3 and strategic partners with us in this.

4 COUNCIL MEMBER ROSENTHAL: And how much
5 is spent a year on this project?

6 DEPUTY COMMISSIONER MARTIN: That's a
7 very good question. I don't have that at my
8 fingertips.

9 COMMISSIONER HANSELL: We can get you
10 that information.

11 DEPUTY COMMISSIONER MARTIN: Yeah.

12 COUNCIL MEMBER ROSENTHAL: Well, my
13 obvious next question is going to be: If you think
14 positive about the outcomes, is this something that
15 we should be budgeting for for the City?

16 COMMISSIONER HANSELL: Certainly. That,
17 you know, as we complete the evaluation, if it is
18 positive, we would very much want to scale it up. As
19 Deputy Commissioner Martin said, it's currently only
20 in two boroughs. We're piloting it in two boroughs,
21 but our hope is that it will show positive outcomes
22 and results, and if it does, we certainly will want
23 to scale it up and would then a budget conversation
24 with the Council about that.

1
2 COUNCIL MEMBER ROSENTHAL: Let's put it
3 this way, if it were scaled right now to New York
4 City, it would go from 120 families to how many?
5 What's the number out there that could be appropriate
6 for this program, you know, court-ordered.

7 COMMISSIONER HANSELL: That's a very
8 interesting question. We have to actually think
9 about how to calculate that, but that's something
10 else we could take a look at and get back to you on.

11 COUNCIL MEMBER ROSENTHAL: Yeah, it seems
12 like too-- okay, great. So, yeah, I would be
13 interested in all of that. So that's not part of the
14 new needs request you put into the math?

15 COMMISSIONER HANSELL: Not yet because we
16 haven't completed the evaluation yet.

17 COUNCIL MEMBER ROSENTHAL: Okay, great.
18 Chairman, I turn it back to you. Thank you so much
19 for the extra time. I appreciate it.

20 CHAIRPERSON LEVIN: Of course. Thank you
21 very much, Council Member Rosenthal. Commissioner, I
22 wanted to ask about primary prevention. You
23 mentioned the FEC expansion. There's been a-- I've
24 been impressed-- I went and saw the Good Shepherd
25 site in Brooklyn. It's been a couple of years now,

1
2 and I hear from providers that have-- are running the
3 other programs as well, the other two programs. How
4 does-- does ACS see or do you guys see or the
5 providers see a reluctance to engage with FECs
6 because they are part of the ACS system, and families
7 might be reluctant to engage with any-- you know,
8 proactively engage with any organization that is
9 related to ACS. I mean, I could-- that's an
10 understandable concern or reluctance, I imagine. Is
11 that something that you see on the ground, and if so,
12 how do you deal with that?

13 COMMISSIONER HANSELL: Yeah, no, it's
14 great question. Obviously, as we now have the go-
15 ahead to expand the program it's something that we're
16 thinking about a great deal. When we launched the
17 pilot with the three sites that we have, two in the
18 Bronx, one in Brooklyn as you know. We actually,
19 because we wanted to make sure that wasn't a barrier,
20 we did a number of things to try to keep that from
21 being a barrier. Obviously, the programs are run by
22 nonprofit providers. They're not, you know, ACS-
23 branded programs. Each of the providers, as I talked
24 about a little bit in the testimony, but we talked
25 about previously, even before they really launched

1 the program, they spent a lot of time in those
2 communities meeting with families, having current
3 [sic] café's, really understanding what families
4 wanted, and then putting together a service model or
5 a program model that would address the needs of the
6 families in that particular community. So it was not
7 cookie cutter. There was no prescription s to what
8 the services would look like. And then we also-- we
9 oversee the programs in a very different way than we
10 do our mainstream prevention programs or others. We
11 don't collect the same kind of data. We don't
12 monitor in the same way. So we did actually quite a
13 bit in the way we structured the programs and our
14 relationships with providers to provide that kind of
15 arm's length protection so that there would not be a
16 potential stigma for some families. What we've seen
17 on the ground, I would have to say, actually both on
18 the ground and through the evaluation that we did
19 does not indicate that there was. Obviously, each of
20 the three has been actually oversubscribed. They've
21 been seeing many more families that we even initially
22 predicted, and we talked about the modification. I
23 talked about in my testimony, the modification during
24 COVID to address concrete needs and things like that.
25

1
2 And then we did an evaluation, which I think we
3 shared with you, but we're certainly happy to share
4 with you, which showed that families, you know, quite
5 overwhelmingly told us that they had had positive
6 interactions with the FECs, that they had felt that
7 their FEC involvement had-- it improved their family
8 functioning. It decreased social isolation, had
9 improved parent/child nurturing, kind of all the what
10 we call the protective factors that we were hoping
11 the FEC's would contribute to. So we don't have
12 evidence of that. However, now that we're doing
13 obviously a very substantial scale for the program,
14 we're not-- we're taking another look at that,
15 because we want to make sure that the FEC's are a
16 welcoming environment for all families. And so if
17 there are issues that would make-- you know, create a
18 barrier to any category of families utilizing the
19 FEC's, we want to avoid that. So, as we now plan,
20 and it's only been about a month since the Mayor made
21 the announcement. So we're still, you know, figuring
22 out what the ramp-up plan and schedule will be in the
23 timeline, but we are thinking about that and seeing
24 if there are additional protections we can put in
25 place to make sure that as we span into other parts

1 of the city, other neighborhoods, that we are
2 reaching the broadest cross-section of families and
3 creating a welcoming environment for the broadest
4 cross-section of families. So that's something we're
5 very much thinking about as part of the roll out.
6

7 CHAIRPERSON LEVIN: And are you engaging
8 with parent advocate organizations to-- or
9 individuals, impacted individuals, impacted families
10 on addressing these issues at the outset of the
11 expansion?

12 COMMISSIONER HANSELL: Well, we've gotten
13 quite a bit of input already, and we're-- you know,
14 we're sort of thinking about what additional input we
15 feel like we need to make sure we have a really good
16 picture of how the FECs are impacting families in
17 different categories to make sure that we have enough
18 information to develop the new models, except that
19 it'll be different from the existing model in the
20 pilot. So, we've got a lot of information, and we're
21 thinking about what additional information we may
22 need.

23 CHAIRPERSON LEVIN: I'm just going to run
24 through some-- a couple questions, and then wrap it
25 up because I know that we have a lot of people that

1
2 are here to testify. It's been reported to committee
3 staff that different-- just as a technical issue,
4 that different platforms are being used for child
5 safety conferences and prevention services and
6 visitations. So, there's WebX, foster-- you know,
7 this is-- foster care agencies are using Zoom.
8 Virtual visits were through Whatsapp, but that
9 everyone seems to have migrated towards Microsoft
10 Teams. Is there-- is that something you can-- you
11 have familiarity with--

12 COMMISSIONER HANSELL: [interposing] Yeah,
13 yeah, yeah.

14 CHAIRPERSON LEVIN: and you want to
15 comment on?

16 COMMISSIONER HANSELL: Yeah, I can say a
17 little bit about that. This has been obviously an
18 evolving issue throughout the pandemic. So, some of
19 that is for better or worse is outside of our
20 control. The Office of Court Administration made the
21 decision to migrate the court system entirely to
22 Teams. And so anything that involves the courts now
23 has to be done on Teams, and that's a state decision
24 that we have no control over.

25 CHAIRPERSON LEVIN: Right, it's over you.

1
2 COMMISSIONER HANSELL: Yes, it's above
3 our--

4 CHAIRPERSON LEVIN: [interposing] The
5 invisible hand.

6 COMMISSIONER HANSELL: Above my pay grade
7 and a different level of government. So that's one.
8 The other is with regard to the City, we were told
9 early on that DoITT, which basically regulates city
10 technology and is responsible for all cyber security
11 issues and concerns in the City, had cyber security
12 concerns about Zoom, and so we were told not to use
13 Zoom for conducting agency business. So most of the
14 agency-- the work we do now is done on either WebX or
15 Teams. However, because we know that families use
16 different platform and have different technologies on
17 their smart phones and so on, we did not prescribe to
18 our agencies what technology that they could use. So
19 either foster care agencies or preventive agencies,
20 and Deputy Commissioner's Farber and Martin can
21 probably elaborate on this. We did not prescribe to
22 them a particular technology they had to use. So
23 they could be as responsive to the interest of
24 families as possible. And in fact, even we have--
25 because we want to make sure we, you know, especially

1
2 where we need to communicate with families virtually,
3 we wanted to be responsive. Even we have been using,
4 for example, WhatsApp in communicating with some
5 families in the work that we do. So, we've tried to
6 be flexible where we can, but there are some systems
7 in which we basically have been told what the
8 prescribed technologies are.

9 CHAIRPERSON LEVIN: I apologize because
10 I'm going to be jumping around here a little bit from
11 topic to topic. Some issues around children's center
12 that I wanted to ask about. So, according to ACS
13 data, between April of 2020 and March of 2021 there
14 were 100 and-- at least 153 youth were held at
15 Children's Center for longer than 20 days waiting for
16 placement. Do you have a breakdown of what
17 percentage of those children were teenagers or
18 children with physical disabilities, and then a
19 breakdown of how many of those children were there
20 for one month, three months, six months?

21 COMMISSIONER HANSELL: Yeah. Well, I
22 don't have that. We can get that information to you
23 if you can sort of tell us the categories you're
24 interested in and we can get you--

25 CHAIRPERSON LEVIN: [interposing] Yeah.

1 COMMISSIONER HANSELL: that data.

2 CHAIRPERSON LEVIN: Yep, I could--

3 COMMISSIONER HANSELL: [interposing] I
4 will say-- yeah, no, happy to respond to that.

5 Overall-- well, first of all, as you know very well

6 Chair, the Children's Center is a short-term pre-

7 placement facility for children who have been placed

8 in foster care and we are still trying to find the

9 most appropriate foster placement for them. The

10 population of the Children's Center actually

11 decreased, has decreased dramatically during COVID.

12 We actually have had a much lower census at the

13 Children's Center during COVID than we had

14 previously, and length of stay overall has not

15 increased. It's still the case that about half of

16 kids at the Children's Center leave within three

17 days, and about 80 percent leave within a week. So,

18 the vast majority of children are still there and for

19 a very short period of time, and then either we unify

20 with their families which is always the preference if

21 that's safe to do, or we've identified another foster

22 placement for them. But there are some, a smaller set

23 of kids that have more complex needs for which we

24 have to really make sure that we're providing a
25

1
2 foster placement that has the right kind of
3 therapeutic services for them which sometimes does
4 take longer. As I said, if you can-- and tell us the
5 categories you're interested in, we can certainly
6 provide you with more detailed data.

7 CHAIRPERSON LEVIN: Okay. We've been
8 made aware that children that are at the Children's
9 Center are not permitted to keep their cell phones.
10 Is that a policy that-- or what's led to that policy,
11 and what-- is there-- is ACS looking at changing that
12 policy? I imagine for-- especially for youth that
13 are older, you know, that's something that, you know,
14 most normal teens and pre-teens rely on their
15 cellphones.

16 COMMISSIONER HANSELL: Yes,
17 understandable. I am going to have to turn to my
18 colleagues on that. Deputy Commissioner Farber, I
19 think you can speak to that.

20 DEPUTY COMMISSIONER FARBER: There we go.
21 Now I'm unmuted. Thank you, Commissioner. Yeah, so
22 this is an issue of great concern to us, because like
23 you said, Chair, everybody's really attached to their
24 phones and it's really important, and it's an
25 important way that all of us stay connected. The

1 challenge, of course, is also balancing
2 confidentiality and privacy and ensuring that, you
3 know, videos aren't being taken, you know, by kids of
4 other kids and so forth. And so it's a tough-- it's
5 a touch, complicated issue. And so one of the ways
6 that we have tackled that is by establishing what we
7 call Cell Phone Cafés, and so there are times when
8 the young people can get their cell phones and, you
9 know, they're in a supervised place and be able to
10 use their phones, you know, in a supervised setting.
11 And so that's really how we've been addressing that
12 issue in terms of just trying to balance not just
13 privacy and confidentiality, but also safety in terms
14 of how young people may be using cell phones and
15 images and posting and so forth if that were to be
16 permitted, you know, sort of everywhere in the
17 building.

18
19 CHAIRPERSON LEVIN: That's understandable
20 that there's-- you have to be able to balance that.
21 You know, certainly to the extent possible or maybe--
22 is it available on request like in the Cell Phone
23 Cafes or is it only per like, you know, certain
24 allotted times?

25

1
2 DEPUTY COMMISSIONER FARBER: So, there
3 are the Cell Phone Cafes, and then young people can
4 also sort of outside of the scheduled cell phone
5 cafes have access to their phones when they want to
6 speak with parents or siblings or friends or so. So,
7 yes, absolutely. Or their attorney.

8 CHAIRPERSON LEVIN: Right. Okay, it's
9 certainly something that I'd love to keep looking at,
10 because again, yeah, every-- again, I'm not-- my kids
11 are little, but I'm assuming that by the time they
12 get 11 or 12 they're going to probably be very into
13 their phones.

14 DEPUTY COMMISSIONER FARBER: It's really
15 important, no question, really important.

16 CHAIRPERSON LEVIN: And then just one
17 follow-up around Children's Centers for-- unless you
18 don't have it right now. If we could know the
19 percentage-- Commissioner Hansell mentioned that
20 actually the length of stay has decreased, the
21 average length of stay for youth at the Children's
22 Center. If that's the case, if we could get some
23 data just around the impact on [inaudible] on length
24 of stay for different age categories and positive or
25 negative.

DEPUTY COMMISSIONER FARBER: Yeah.

COMMISSIONER HANSELL: Yeah. Actually, just be clear, what I said was the overall census has decreased during COVID.

CHAIRPERSON LEVIN: Okay.

COMMISSIONER HANSELL: Length of stay has not increased. It has basically--

CHAIRPERSON LEVIN: [interposing] It has increased?

COMMISSIONER HANSELL: It has not.

CHAIRPERSON LEVIN: [inaudible]

COMMISSIONER HANSELL: We can certainly get you that data and we can stratify it by ages.

CHAIRPERSON LEVIN: Great. That'd be great. And then moving over to foster care, are there children at the Children's Center right now who are awaiting therapeutic foster homes, and what's been the impact of COVID on therapeutic foster homes? Is there any vacancies or is there-- has there been a decline in the new therapeutic foster homes [inaudible]?

DEPUTY COMMISSIONER FARBER: Yeah, thank you for that question. And I have to take this opportunity to just rally thank the incredible, you

1 know, New Yorkers who are foster parents and who
2 became foster parents even during the pandemic.
3 Foster parent recruitment and training continued. We
4 pivoted to make the training virtual and to try and
5 support New Yorkers who wanted to become foster
6 parents. We also had foster parents, you know, who
7 were accepting placements, accepting children,
8 including some children who were COVID-positive,
9 which is really incredible. And so as the
10 Commissioner mentioned, we fortunately had a reduced
11 number of kids at the Children's Center and we did
12 not have increased length of stay there. We have
13 some kids there right now. I mean, obviously, every
14 day it changes because every day new kids are
15 leaving, kids are leaving, and children are coming,
16 but I think the last count as of a day or so ago, we
17 had about a dozen children who were awaiting
18 therapeutic foster homes. I think you asked about
19 therapeutic foster home recruitment. So we do have
20 aggressive efforts happening around recruitment of
21 all kinds of foster homes, regular, therapeutic, and
22 special medical. There are foster homes that have
23 vacancies. I think that was your question, whether
24 there are vacancies. I mean, the critical-- our
25

1
2 critical focus is making sure to have a placement
3 match that works, that is best suited to meet a
4 child's needs. So of course, that relates to
5 geography, you know, so the child can maybe stay in
6 their own neighborhoods, stay in their schools, stay
7 close to their parents if their goal is
8 reunification, and you know, it relates to sort of
9 the capacities in particular areas that foster
10 parents can support young people in. so that's our
11 most important focus, and we take very seriously the
12 decision around placing children, and when it comes
13 to teens, obviously, as you alluded Council Members,
14 teens have their own opinions, obviously, which need
15 to be taken into account. And so sometimes you have
16 children for whom placements have been found, but the
17 children has not yet-- the children has not-- the
18 teenagers have not yet agreed, and so they may be
19 choosing to want to stay at the Children's Center,
20 and so work needs to be done with those children and
21 the adults who were close to them to help them make a
22 move to a placement that will support their needs.

23 CHAIRPERSON LEVIN: And has-- have seen a
24 measurable impact in terms of our recruitment,
25 particularly recruitment for older kids, foster homes

1
2 for older kids as a result of the pandemic? Have we
3 seen a significant impact one way or another?

4 DEPUTY COMMISSIONER FARBER: Yeah, so
5 prior to the pandemic as you now, because we proudly
6 testified about this, we increased recruitment by 50
7 percent from FY17 to FY19, and then yes, the pandemic
8 has had some impact in terms-- as you would expect in
9 terms of the numbers of new homes recruited and, you
10 know, some parents who were in the process of
11 becoming certified, you know, slowed or put a pause
12 on, and so fortunately now, though, we are working
13 and seeing progress towards building back towards,
14 you know, pre-pandemic levels. And I also want to
15 mention that, as the Commissioner mentioned, you
16 know, we issued the foster care RFP last week and
17 that is obviously a huge opportunity that we are
18 leveraging to scale the Home Away from Home and other
19 strategies that we've been implementing over the last
20 couple of years, including those the taskforce, Chair
21 Levin. You should be proud of that as well. But
22 through the RFP, and so through the RFP we will be,
23 you know, accelerating our work to significantly
24 expand clinical services and supports for kids and
25 specialized training for foster parents. Under the

1
2 new contract all foster parents will be trained as
3 therapeutic foster parents, and we are significantly
4 increasing the numbers of special medical foster
5 homes as well.

6 CHAIRPERSON LEVIN: Is this-- Deputy
7 Commissioner, is this the first RFP under your
8 leadership as Deputy Commissioner?

9 DEPUTY COMMISSIONER FARBER: It is
10 certainly, and under Commissioner Hansell's too, an
11 entire foster care system has not been RFP'd, you
12 know, for the entire system for a little bit over a
13 decade.

14 CHAIRPERSON LEVIN: Wow.

15 DEPUTY COMMISSIONER FARBER: So, we're--

16 CHAIRPERSON LEVIN: [interposing] Just
17 think about the advancements that have gone in terms
18 of programmatically over the last decade [inaudible].

19 DEPUTY COMMISSIONER FARBER: Yes, and so
20 we've taken this opportunity to, you know,
21 essentially scale all of the things that have been
22 piloted and implemented over these last five years
23 across the system, including-- I will mentioned
24 scaling an approach called Parents Supporting Parents
25 where every parent who is working towards

1 reunification will have a parent with lived
2 experience, a parent advocate with lived experience,
3 at their foster care agency assigned to them. We
4 piloted that this past year with foundation funds and
5 started with nine advocates, and that's going to grow
6 from nine to about 150 advocates across the system
7 through the RFP.

9 CHAIRPERSON LEVIN: Oh, what-- two other
10 questions I have. First is-- Commissioner Hansell
11 mentioned in his testimony that during the pandemic
12 the kinship placement was over 50 percent.
13 Obviously, that's great, and are we-- I imagine the
14 answer is yes, but are we hoping that that trend
15 continue after COVID? That's higher, I think, than
16 the percentage that we were anticipating in the
17 [inaudible].

18 DEPUTY COMMISSIONER FARBER:

19 Commissioner, do you want to? Do you want to start?
20 Yeah.

21 COMMISSIONER HANSELL: Let me start, but
22 this is really [inaudible]. This is really-- I need
23 to acknowledge Deputy Commissioner Fletcher and his
24 team. So, yes, just to be clear about the numbers,
25

1 outside of the normal foster home recruitment
2 process. So that's really essentially increase our
3 pool, together with the fact that of course we've had
4 fewer children entering foster care during the
5 pandemic. So, we really haven't seen any kind of a
6 shortage of foster homes.
7

8 CHAIRPERSON LEVIN: Because of the
9 objective in the taskforce was, I believe it was 43
10 percent or something like that.

11 COMMISSIONER HANSELL: I think 46 percent
12 may have been our target. Deputy Commissioner Farber
13 will probably remember better than I do. I think
14 it's 46 percent, is that right?

15 DEPUTY COMMISSIONER FARBER: I think it
16 was 46 percent for the overall system. As the
17 Commissioner mentioned, the statistic that we're
18 referring to now which is really exciting is the--

19 CHAIRPERSON LEVIN: [interposing]
20 [inaudible]

21 DEPUTY COMMISSIONER FARBER: over 50
22 percent of kids when they're entering through Deputy
23 Commissioner Fletcher's and his team's incredible
24 work. It's more than 50 percent of children who are
25 entering or going straight into a kinship placement.

1
2 CHAIRPERSON LEVIN: This is an effort
3 that cuts across different units at ACS, because it's
4 both the under Deputy Commissioner Fletcher and you
5 Deputy Commissioner Farber, right? There-- it's a
6 coordinated effort.

7 DEPUTY COMMISSIONER FARBER: That's
8 right. So, Deputy Commissioner Fletcher's team works
9 to try and find that first placement as a kinship
10 placement so that child spends no nights with anyone
11 other than kin, and then when that's not possible,
12 our foster care agencies work to identify kin and
13 move children to kin when that is appropriate. And
14 so we are going to continue to push this really as
15 far as we possibly can, and again, this is another
16 area where the strategies, you know, piloted under
17 the Foster Care Taskforce and our Foster Care
18 Blueprint are fully scaled in the RFP that we just
19 issued.

20 CHAIRPERSON LEVIN: And then my last
21 question is for the FEC's, I know that they were
22 initially developed under the supervision of Deputy
23 Commissioner Lorelei Vargas, where do they live now?

24 COMMISSIONER HANSELL: Yeah, they-- well,
25 so actually this goes back to your previous question

1
2 in a sense about really making sure that they're
3 being operated in a way that does not create a
4 perceptual barrier for any families to be there. One
5 of the first things that I did actually when I became
6 Commissioner-- we talked about this a number of times
7 I think-- is I created a new division within ACS
8 called Division of Child and Family Wellbeing for
9 exactly that reason. I felt that we needed to have a
10 division that was separate from our child welfare
11 divisions that was responsible for services that were
12 supportive to families, that were providing
13 information and resource to families completely
14 independent of any kind involvement in the child
15 welfare system. So we created a new division which
16 then Deputy Commissioner Vargas headed. It is
17 currently headed by Acting Commissioner Karen Resnick
18 [sp?], but still exists. The FEC's remain there as
19 well as our-- all of our information/educational work
20 for parents is there, our community partnership
21 program, basically every-- and our childcare program,
22 too, which we actually think of as, you know, a
23 supportive service for families. So they are all--
24 reside within our Division of Child and Family
25 Wellbeing.

1
2 CHAIRPERSON LEVIN: So, I just want to
3 acknowledge then Deputy Commissioner Resnick, and I
4 want to acknowledge Deputy Commissioner-- former
5 Deputy Commissioner Vargas [inaudible]. She put a
6 lot of work into creating this program from the
7 ground up.

8 COMMISSIONER HANSELL: Absolutely. Well-
9 deserved.

10 CHAIRPERSON LEVIN: Okay, those are all
11 the questions that I have, and I know we have a lot
12 of members of the public that wish to testify, so I
13 appreciate everybody's patience and us getting
14 through these questions, and I look forward to
15 hearing from the members of the public. And lastly,
16 I just-- I appreciate your-- Commissioner Hansell,
17 you and your team's willingness to talk through these
18 issues and really look forward to you and your team
19 continuing to delve into these questions of what
20 we've been able to learn through the pandemic and how
21 it's been-- how we've been willing to challenge our
22 assumptions, I think. I guess I would-- I'll ask one
23 last question, and that's-- our-- is it-- are the
24 lessons learned particularly around the question of--
25 you know, as we initially saw those-- the policy SER

1 coming down but not an increase in critical
2 indicators, so emergency room visits or anything of
3 that sort-- I mean, is it-- does this-- should this
4 lead us to challenge the assumptions that we have had
5 for a few generations now that, especially for
6 mandated reporters, that the first call if there's
7 any suspicion is to the SCR? Is there an
8 overreliance on the SCR that we have kind of in the
9 world of mandated reporters? This goes back to-- I
10 met with CPS a couple of years ago in Brooklyn, and
11 it was this kind of overall question. They said,
12 we're-- you know, I remember hearing from CPS that
13 said, "We understand our implicit bias. We've been
14 working towards understanding our implicit bias, our
15 mandated reporters working"-- is that universe of
16 people in our city working on understanding their
17 implicit bias? And so are these-- is this
18 challenging our assumption on reliance on SCR,
19 actually, this big overarching [inaudible].

21 COMMISSIONER HANSELL: It's a great
22 question. This could probably be sort of a whole
23 another hearing. I don't want to go too far, but I'm
24 glad you asked it, because I think the answer is yes
25 in several respects. One is where you were going

1
2 Chair Levin which is do we need to think about the
3 mandated reporter system somewhat differently. I
4 think we have been trying. You know, I think-- in
5 the past I think sometimes there was a sense that,
6 you know, mandated reporters were sort of encouraged
7 to be overly inclusive in their reporting. We really
8 tried to change that in a number of way. Partly--
9 for one reason, because we know that there is
10 dramatic racial disproportionality in the reports
11 that are received from mandated reporters. That is a
12 fact. So we had, for example, based on, you know,
13 the discussions of, you know, and the input from CPS
14 which you heard directly, we have been mandating
15 from-- or we had been evocating from implicit bias
16 training for mandated reporters, and I'm very happy
17 to say with the state budget that was just passed a
18 couple months ago now is going to require that. So,
19 mandated reporters will be receiving implicit bias
20 training. That's a step forward. we also, which I
21 mentioned a little bit earlier, have been working
22 with the largest categories of mandated reporters,
23 which are really the schools and the healthcare
24 system to really to be more-- I guess you could say
25 more, sort of, self-critical about what is and is not

1 reported. So with the schools, for example, as I
2 mentioned during remote learning, we worked with the
3 schools on guidance to differentiate what is truly a
4 child safety issue from what is another kind of
5 concern that may need to be addressed, but should not
6 be reported to the SCR and should not become a child
7 welfare issue. Similarly, we've done that work with
8 the hospital system around reporting in the maternity
9 context. So, we do think there are opportunities to
10 really focus on the role of mandated reporters when
11 it is appropriate. Clearly, they have a very
12 important role in identifying potential child
13 maltreatment, but making sure that they are reporting
14 the right kinds of things and not others. and we
15 also believe and actually have been working with the
16 state and the Office of Children and Family Services
17 that there could be a little more discernment at the
18 SCR level about what reports are accepted and
19 referred to us for investigation, and particularly
20 around reports which are a great concern to us
21 because they really undermine, you know, the
22 integrity of the system, reports that are malicious
23 or fraudulent or are made not really appropriate
24 reasons, and you know, those-- we think there are
25

1
2 many of those reports that are-- there are in fact
3 many of those reports made to the SCR that currently
4 are referred to us and we are required to investigate
5 even when we feel on their face that it is clear that
6 they are not really being made for appropriate
7 reasons.

8 UNIDENTIFIED: I believe it is a
9 misdemeanor.

10 COMMISSIONER HANSELL: It is.

11 CHAIRPERSON LEVIN: To fraudulently call
12 the SCR.

13 COMMISSIONER HANSELL: It is, indeed. It
14 is, indeed, and we make referrals to the District
15 Attorney's offices in cases where we get them and we
16 feel fairly sure from what we see that that's the
17 case. We sometimes have, you know, family situations
18 in which we receive dozens or even hundreds of
19 reports. So we do make--

20 CHAIRPERSON LEVIN: [interposing] I know
21 somebody that's a public figure who had reports come
22 in from out of state, numerous reports coming from
23 out of state that there was abuse or neglect calls,
24 and it was very concerning because it was like on a
25

1
2 political level somebody was getting retribution, but
3 it happens on a personal level all the time.

4 COMMISSIONER HANSELL: It does happen.
5 It does happen. And so we think that there could be
6 more that the state could do at the SCR level to vet
7 calls and to make decisions or to give us more
8 discretion even when a case is accepted and referred
9 to us, discretion not to initiate an investigation if
10 we feel on the face of it there is, you know, real
11 evidence to think it was fraudulent or malicious.

12 CHAIRPERSON LEVIN: That's a real issue.
13 That's a real issue that exists.

14 COMMISSIONER HANSELL: It is a real
15 issue. It is a real issue. And then the third, and
16 this-- you know, partly because the SCR does tend to
17 accept most reports and refer them to us, you know,
18 we have-- as we've talked previously, we are
19 dramatically expanding our CARES program, our
20 alternatives track for dealing with reports that we
21 receive where our initial assessment indicates there
22 are not imminent safety risk for a child, but there
23 may be service needs for the family to try to engage
24 the family from a service perspective rather than an
25 investigative perspective. And part of the reason we

1 do that is because there are a significant number of
2 reports, and you know, we do routinely end up not
3 indicating about two-thirds of the reports we
4 investigate. So, I do think that we, all of us that
5 are part of the system need to-- and partly this is
6 based on the experience of COVID, but I think partly
7 this was something that was evident to us from before
8 COVID-- need to make sure that we are using the tools
9 appropriately in all situations and are not being
10 overly expansive or overly inclusive about bringing
11 families into the child welfare system or involvement
12 in the system where it is not necessary to achieve
13 any kind of a safety goal.

14
15 CHAIRPERSON LEVIN: Alright, thank you
16 Commissioner. I'll let you all go. We've been, you
17 know, in for two and a half hours here, so I do
18 appreciate everybody's patience here. And I want to
19 thank you and your team for your testimony and for
20 your candid conversation, and look forward to--

21 COMMISSIONER HANSELL: [interposing] Thank
22 you.

23 CHAIRPERSON LEVIN: continuing the
24 conversation.

25 COMMISSIONER HANSELL: Thank you.

1
2 CHAIRPERSON LEVIN: Thank you. Okay,
3 I'll turn it over to committee counsel.

4 COMMITTEE COUNSEL: Thank you, Chair
5 Levin. We have concluded ACS's testimony and are now
6 going to turn to public testimony. First, I'd like
7 to remind everyone that I will call up individuals in
8 panels. Once your name is called, a member of our
9 staff I'll unmute you and you may begin your
10 testimony once the Sergeant at Arms sets the clock
11 and gives you the cue. All testimony will be limited
12 to three minutes. Remember that there is a few
13 seconds of a delay when you're unmuted before we can
14 hear you. Please wait for the Sergeant at Arms to
15 announce that you may begin before starting your
16 testimony. The first panel of public testimony in
17 order of speaking will be Nila Natarajan, Suah Kim,
18 Zainab Akbar, and Jennifer Feinberg, and we are going
19 to begin with Nila Natarajan.

20 SERGEANT AT ARMS: Clock is ready.

21 NILA NATARAJAN: Thank you. Good
22 afternoon. My name is Nila Natarajan and I'm a
23 Supervising Attorney and Policy Counsel at Brooklyn
24 Defender Services in our Family Defense Practice.
25 Thank you Chair Levin and the General Welfare

1 Committee for the opportunity to testify today. In
2 our written testimony we offer a number of key
3 recommendations. But in my limited time I'd like to
4 address how the COVID-19 pandemic has exacerbated
5 families inability to resolve the Family Court cases
6 with family reunification and to access services.
7 For context, during the pandemic in New York City,
8 the reunification rate of separated families has gone
9 down over 20 percent from the previous year. ACS
10 recommends a "service plan" for nearly every family
11 and parent facing allegations of abuse and neglect in
12 Family Court. This plan is often lengthy, rote, and
13 attenuated from the resources the family needs or the
14 support they're asking for. Nevertheless, ACS and
15 the court consider this service plan vital to resolve
16 the alleged safety concerns within a family dynamic.
17 Because of the strict 15-month timeframe dictated by
18 the federal adoption and state families Act or ASFA,
19 it is absolutely vital for parents fighting to
20 reunify with their children in the system to enroll,
21 engage, and complete these services quickly. Doing
22 so can make the difference between reunification, and
23 the legal and permanent severance of the parent/child
24 relationship. At the start of the COVID-19 pandemic,
25

1 access to these crucial in-person services was
2 abruptly discontinued. The unexpected and
3 unprecedented disruption in services delayed
4 reunification and had an immeasurable impact,
5 particularly for families who are nearing that 15
6 month deadline. I'd like to share a story of a
7 parent my office worked with and how the pandemic
8 impacted her ability to reunify with her children.
9 Prior to the COVID-19 pandemic, ACS had already filed
10 a termination of parental rights or TPR petition
11 against Ms. H. At that time, Ms. H had already
12 completed a substance abuse treatment program,
13 domestic violence counseling, parenting skills for
14 children with special needs, and was engaged in
15 therapy and using a visitation coach. Her only--

17 SERGEANT AT ARMS: [interposing] Time ex-

18 CHAIRPERSON LEVIN: You can keep going.

19 NILA NATARAJAN: Her only remaining
20 service was to continue to engage with this
21 visitation coach and to join her children counseling
22 sessions. The pandemic completely disrupted her
23 children's mental health services, the family's
24 visitation schedule, and access to visitation coach.
25 After the start of the pandemic, Ms. H never saw her

1 children in-person again before ultimately
2 surrendering her parental rights. The gap in these
3 crucial support services meant that her children
4 weren't receiving therapy they needed and that she
5 wasn't able to participate with them to better
6 understand their needs and support them. We strongly
7 recommend that in accordance with guidance issued
8 both by OCFS and the Federal Department of Health and
9 Human Resource Children's Bureau, that ACS consider
10 the COVID-19 pandemic a "compelling reason" under
11 social services law, to not request a permanency goal
12 change from unification to adoption, to decline to
13 file a TPR petition, and to provide a family more
14 than those 15 months to reunify. This is just a
15 small recognition of the tremendous impact of last
16 year on already marginalized families.

18 CHAIRPERSON LEVIN: Can I ask just
19 quickly, you said that that client was on a
20 reunification goal and that was switched over to an
21 adoption goal because of the pandemic and she ended
22 up relinquishing her parental rights?

23 NILA NATARAJAN: It's my understanding
24 that the goal had changed prior to the pandemic;
25 however, she was still working towards that goal

1
2 herself. She was already well on her way towards
3 reunification, but there was a complex web of
4 scheduling of the services for each children, the
5 visits for each child that completely fell apart
6 when-- as the Commissioner--

7 CHAIRPERSON LEVIN: [interposing] So any
8 chance that she had was--

9 NILA NATARAJAN: Correct.

10 CHAIRPERSON LEVIN: That's tragic. I'm
11 sorry that that happened. I appreciate it very much.
12 And I mean, if-- certainly if there are cases where
13 these are-- there's ongoing cases where issues like
14 that exist, you know, I'm more than happy in my
15 limited ability to assist in any way.

16 NILA NATARAJAN: Thank you, Chair. I will
17 say, you know, the Commissioner testified about
18 making efforts to work towards quick reunification
19 outside of the court system, and we appreciate those
20 efforts. We think that that should always be ACS'
21 goal, to work towards reunification quickly if that's
22 possible, and we look forward to continuing to work
23 with ACS to try to make reunification happy with or
24 without the delays in the court that we're seeing
25 now.

1
2 CHAIRPERSON LEVIN: Can I ask, in your
3 experience, is that also the case not just for kind
4 of quick reunifications in the early stages of a
5 foster placement, but also, you know, ongoing-- if
6 somebody continues to have-- if somebody has a
7 reunification goal 12 or 15 months in, is your
8 experience that they are still working on those types
9 of new frameworks with those cases as well, not just
10 in the early stages?

11 NILA NATARAJAN: I would say that it
12 becomes more and more difficult to get the type of
13 collaboration and communication, I think, that
14 families really need to make reunification happen.

15 CHAIRPERSON LEVIN: Okay. I mean, I'm
16 interested in this dynamic because it's not-- it's
17 not always that ACS has exclusive authority because
18 it's also children's lawyers, it's also OCA and some
19 things get very complicated if there's an additional
20 lawyer involved, foster parents have a lawyer.
21 Things get very complicated the longer a case goes
22 on, so yeah.

23 NILA NATARAJAN: Also, you know, we work
24 very, very closely with our social workers who also
25 work directly with foster care agencies and ACS case

1
2 planners, and sometimes it's just about knowing what
3 a family needs to do to get [inaudible]. Sometimes
4 that in and of itself isn't clear. It's not just
5 about reunification or not, but what's the path
6 forward.

7 CHAIRPERSON LEVIN: Right. Right. I'm
8 very interested in seeing how that relationship and
9 any of the things that were-- any progress that was
10 mad during COVID-19 in terms with that kind of
11 process, how that could be further kind of codified
12 in that process be more engrained into the overall
13 framework.

14 NILA NATARAJAN: Absolutely.

15 CHAIRPERSON LEVIN: Thank you.

16 NILA NATARAJAN: Thank you.

17 COMMITTEE COUNSEL: Thank you for your
18 testimony, Nila. We are now going to move on to Suah
19 Kim.

20 SUAHH KIM: My name--

21 SERGEANT AT ARMS: Clock is ready.

22 SUAHH KIM: My name is Suah Kim and I am a
23 social worker in the Bronx Defenders Family Defense
24 practice. Throughout the pandemic I have witnessed
25 the profound wave that families in the family

1 regulation system have suffered due to the lack of
2 access to technology like cell phones, tablets,
3 laptops, stable and data plans. I have also seen
4 parents be cut off from participating in their own
5 defense when they were unable to call into court and
6 case planning meetings like child safety conferences
7 and family team conferences because again, they
8 didn't have enough money for the technology. And
9 what's worse, rather than work with parents and
10 advocates to think creatively, to problem solve and
11 to mitigate these issues, ACS time and again took
12 advantage of the pandemic. While it is true that
13 early in the pandemic ACS put out guidance
14 encouraging case workers and foster care agency staff
15 to provide phones to parents to facilitate visitation
16 and service engagement, as an advocate I saw that
17 this guidance was regularly ignored. ACS was quick
18 to throw up their hands and give up. When technology
19 was a barrier to parent/child visitation, there ws
20 little effort from ACS to help parents solve the
21 problem. So often the answer was, what are we
22 supposed to do, it's COVID? We don't know, it's
23 COVID. The parents has to figure it out. It's COVID.
24 Advocates and the parents that we worked with faced
25

1
2 opposition from ACS at every turn, from ACS
3 caseworkers baulking at parent's request for daily
4 video calls with their children to flat out refusing
5 to provide the technology. At the end of the day,
6 COVID has laid bare and brought into sharp relief
7 what has always been true, ACS is not a system of
8 support. It will always flow towards what is
9 easiest, even when that's to the detriment of
10 families. COVID has also magnified the deep
11 resilience in black, Latin-x, and low-income
12 communities. Despite the racists, classist, ablest
13 forces including but not limited to ACS, our clients
14 figured out ways to maintain their bond with their
15 children. What this shows us is that New York City
16 should not invest in ACS, but rather in its community
17 because communities know best how to take care of
18 themselves. They simply need the financial supports
19 and material resources to do so. Thank you.

20 CHAIRPERSON LEVIN: Thank you so much.
21 Appreciate your testimony.

22 COMMITTEE COUNSEL: Thank you for your
23 testimony Suah. I'm now going to call on Zainab
24 Akbar, and Zainab will be followed by Jennifer
25 Feinberg. Over to Zainab.

1 SERGEANT AT ARMS: Clock is ready.

2
3 ZAINAB AKBAR: Good afternoon. My name is
4 Zainab Akbar. I'm the managing attorney in the Family
5 Defense Practice at Neighborhood Defender Services
6 Harlem. Thank you for this opportunity to testify
7 about the child welfare system during COVID-19. I
8 join the testimony of my colleague from the Bronx
9 Defenders, Brooklyn Defender Services, and the Center
10 for Family Representation, and I'd like to point out
11 that although the 30-odd community members on this
12 hearing have waited two and a half, more than two and
13 a half hours to be heard, not a single member of ACS'
14 staff has stayed on to hear from the community, and I
15 think that speaks volumes and it speaks more than the
16 two and a half hours of testimony they gave about
17 their commitment to the communities they claim to
18 serve. When this pandemic began last year, no one
19 knew what long and short term impacts New York City
20 would witness. With budgets stripped and resources
21 made [inaudible] overnight, the existing system of
22 so-called child welfare or what we call the system of
23 family policing, like so many other systems was
24 forced to shift priorities. In conducting this
25 triage, the system's values has been laid bare [sic].

1 Our experience is that ACS does not approach our
2 clients with compassion, empathy, openness, and
3 support. ACS approaches our clients with mistrust,
4 disrespect, suspicion and punishment, and that did
5 not change during the pandemic, despite ACS'
6 testimony today. For months at the beginning of the
7 pandemic, parents who were on the path to
8 reunification suddenly had no ability to see their
9 children, no ability to comply service plans, and no
10 ability to petition the court to modify existing
11 orders to bring their family together in those very
12 frightening early days. With no way to advance their
13 cases, families remained under so-called supervision
14 of ACS, continually surveilled by this government
15 agency often without any legitimate basis to do so.
16 Despite the breathless prognostications in major
17 media outlets across the country last year, there are
18 no indicators that there has been any increase in
19 child abuse during the pandemic, even according to
20 the Commissioner's testimony today. Thankfully, for
21 New York City's family what has changed is that the
22 number of petitions filed by ACS is in fact reduced
23 greatly. Unfortunately, however, the pace at which
24 cases resolved has slowed to that of a snail.
25

1
2 Because of greatly reduced access to court, NDS has
3 gone to great lengths to resolve cases with little
4 court involvement, and we have all had some success
5 identifying individual cases and negotiating
6 settlement directly with leadership of ACS, but
7 despite the Commissioner's testimony, we have not
8 experienced any comprehensive commitment by ACS to
9 adjust this approach to ensure that families are
10 unified and cases are resolved as quickly as
11 possible. ACS fails to provide basic discovery for
12 months into the case, sometimes up to a year. ACS and
13 agency case workers fail to appear in court or to
14 provide accurate or thorough reports to the court
15 regarding family status. Preventive agencies
16 threatened to call in new cases against families for
17 discontinuing services after the legal case is
18 concluded in where there are no safety concerns. ACS
19 lawyers fail to communicate with their clients
20 regarding settlements of cases. The list goes on and
21 on. I could speak forever about those kinds of
22 shortcomings. And throughout the pandemic, judges
23 have also prioritized quick completion of hearings to
24 terminate parental rights, and the issuance of
25 permanency hearing orders even without conducting

1
2 permanency hearings while refusing to timely hold
3 statutorily required emergency hearings to reunify
4 families. Even the disproportionate representation
5 of non-white families in family policing proceedings,
6 there's only one way to interpret these actions--

7 SERGEANT AT ARMS: [interposing] Time.

8 ZAINAB AKBAR: as prioritizing--

9 CHAIRPERSON LEVIN: [interposing] Go ahead
10 and finish.

11 ZAINAB AKBAR: Thank you. As
12 prioritizing the separation and destruction of black
13 families and families of color over their
14 preservation and reunification. This phenomenon is
15 not new, but the impact of the pandemic has made its
16 existence much more clear. New York City's courts
17 are ripe with racism. City Council should support
18 efforts to create a robust and comprehensive review
19 of how racism functions within New York City's Family
20 Courts and work with community members who are
21 impacted by the family policing system to develop a
22 system for accountability. ACS is a giant government
23 bureaucracy and City Council should support any
24 effort to divert funding away from ACS into community
25 organizations with a demonstrated track record of

1 providing support and keeping families together,
2 trusted community organizations that are not beholden
3 to ACS. It cannot be overstated. There is an
4 inherent complex with the government agency that is
5 tasked with prosecuting parents and separating
6 families to also be responsible for supporting
7 families. New York City's families do not need more
8 policing and surveillance by ACS. They need support.
9 the same easily resolvable issues, but now
10 incompetent and indifference of human suffering that
11 existed in the family policing system before the
12 pandemic, now delay reunification and extend
13 surveillance for low-income black and brown families
14 we serve, and it's doing so in a time where the
15 family connections and sacredness of the home space
16 has become paramount for most people. We ask that
17 City Council move beyond ACS' self-congratulatory
18 testimony today and work with impacted communities to
19 create systems of accountability throughout the
20 family policing system. Thank you.

22 CHAIRPERSON LEVIN: Thank you very much,
23 Ms. Akbar. Just for the record, I just want to point
24 out that there is representatives from ACS. There's

1
2 a representative from ACS still on the call right
3 now, Rachel [inaudible]. I appreciate it very much.

4 COMMITTEE COUNSEL: Thank you Zainab for
5 your testimony. I'm now going to call on Jennifer
6 Feinberg for testimony and Jennifer is going to be
7 followed by the following: Halimah Washington, Martin
8 Guggenheim [sp?], Abigail Lyons [sp?], and Anna
9 Blondell. Again, I'm going to turn it now over to
10 Jennifer Feinberg.

11 SERGEANT AT ARMS: Clock is ready.

12 JENNIFER FEINBERG: Thank you. Good
13 afternoon. My name is Jennifer Feinberg and I'm a
14 Litigation Supervisor at the Center for Family
15 Representation. Thank you Chairman Levin for giving
16 us the opportunity to testify today. CFR is the
17 countywide assigned family defense provider
18 representing the majority of parents charged in ACS--
19 by ACS in Family Court in both Queens and Manhattan.
20 We represent approximately 2,400 parents a year. The
21 importance of frequent in-person parenting time while
22 a child is separated from their parent cannot be
23 overstated. This contact reduces the trauma of
24 removal and expedites reunification. With the start
25 of the COVID-19 pandemic, family time for the

1 majority of children who had agency-supervised
2 visitation came to a complete halt. ACS and agencies
3 unilaterally restricted in-person parenting time
4 despite court orders from before the pandemic and
5 despite ACS and federal guidance encouraging agencies
6 to remain open and continue to facilitate in-person
7 visits. Based on an internal survey at CFR clients,
8 approximately 75 percent of our clients' visits were
9 completely virtual after March 13th [sic], 2020.
10 Alarmingly, of these families, 36 percent of the
11 children were under the age of three and over 50
12 percent were under the age of five. Parents of any
13 child at that young age recognizes how difficult it
14 is too meaningfully with them by phone or on screen,
15 no less to develop or maintain that parent/child
16 bond. Even today while in-person visits may have
17 resumed, many families continue to have in-person
18 visits only once per week or every other week,
19 compared to the two times per week that they had
20 normally prior to the pandemic. Agencies in ACS are
21 not moving quickly enough to restore pre-pandemic
22 level visitation. This failure will have devastating
23 and long-term effects in their reunification of the
24 black and brown families most impacted by New York
25

1 City's family regulations system. Virtual visitation
2 cannot substitute for in-person family time, and yet,
3 regular frequent visits between parents and children
4 is nearly always a prerequisite to children returning
5 home. Federal law instructs agencies to terminate a
6 parent's right to their children permanently and
7 forever when they have been separated for 15 out of
8 22 months absent, a compelling reason not to do so.
9 This law was not defended or modified during the
10 pandemic which means our clients are at greater risk
11 of losing the rights to raise their children through
12 no fault of their own. Agencies should critically
13 examine each case and find a compelling reason not to
14 file a termination proceeding when parents have been
15 unable to visit and plan due to the pandemic. We
16 call on City Council to push ACS and agencies to
17 address the harm of suspended and reduced visitation
18 in the following ways: Direct ACS to report on the
19 specific visitation each foster care agency has
20 offered to families separated during the pandemic.
21 This report should include the number of family's
22 changing in visits at the beginning of the pandemic
23 and an improvement in visits in each of those family
24 situations by quarter. This should include the
25

1
2 number of families who to-date did not have visits
3 which comport with ACS' own guidelines. Direct--

4 SERGEANT AT ARMS: [interposing] Time.

5 CHAIRPERSON LEVIN: You can finish go
6 ahead.

7 JENNIFER FEINBERG: Thank you. Direct
8 ACS and each agency to report on what if any effort
9 they made to facilitate visits where a lack of
10 technology impacted the family, and the number of
11 families who were actually assisted. Invest-- also
12 invest in community-based organizations that can
13 supervise visits in the community, for example,
14 YMCA's, churches, and other community organizations.
15 Thank you.

16 CHAIRPERSON LEVIN: Thank you so much,
17 Ms. Feinberg. Thank you.

18 COMMITTEE COUNSEL: Thank you, Jennifer.
19 Now going to call on our next panel. Our next panel
20 will be in the following order: Halimah Washington,
21 Abigail Lyons, and Anna Blondell, and we're going to
22 begin with Halimah.

23 SERGEANT AT ARMS: Clock is ready.

24 HALIMAH WASHINGTON: I'm sorry, what
25 happened?

1
2 SERGEANT AT ARMS: Clock is ready. You
3 may begin.

4 HALIMAH WASHINGTON: Okay, thank you. My
5 name is Halimah Washington, and I'm here representing
6 RISE Magazine. This is a group of impacted parents,
7 parents that are impacted by the child welfare
8 system, and I'm also here representing myself as a
9 community member in Hunt's Point where one of the
10 FECs or the Family Enrichment Centers is located, and
11 I am here to oppose the expansion of the Family
12 Enrichment Centers. One of the reasons is that ACS
13 has a history of disproportionately targeting and
14 punishing black and brown families, and having these
15 Family Enrichment Centers will not enrich the family
16 at all. They're actually Family Entrapment Centers.
17 Although these centers are going to be operated
18 through nonprofit organizations, what we do know is
19 once things are-- once-- excuse me, I'm sorry. Once
20 we use community responses within systems, somehow
21 those community responses are always co-opted and
22 messed up because systems are designed to not see the
23 humanity in folks and constantly dehumanize black and
24 brown communities. And so having Family Enrichment
25 Centers that are at arm's length away from ACS is not

1 what we want. We want community centers that are
2 directly supported and overseen by community-based
3 organizations with no ACS involvement at all, because
4 ACS has a history of, as I said, disproportionately
5 targeting and punishing black and brown families and
6 communities. We want more community investment. We
7 want ACS to be abolished, and we want the systems
8 that continue to oppress black and brown communities
9 to also be abolished. Part of-- also we want more
10 community investment, more investment in community-
11 led solutions, and solutions that center and respect
12 the leadership of the impacted communities in which
13 they claim to support. And with that, I am complete.

14
15 CHAIRPERSON LEVIN: Thank you very much,
16 Mr. Washington.

17 COMMITTEE COUNSEL: Thank you Halimah for
18 your testimony. I'm now going to call on Abigail
19 Lyons.

20 SERGEANT AT ARMS: Clock is ready.

21 ABIGAIL LYONS: Thank you for this
22 opportunity. I am an Education Supervisor for the
23 Fair Futures Road to Success citywide tutoring
24 program. I am also a former New York City public
25 school teacher. This past year and a half has been

1 particularly difficult for youth in care. It's
2 already been said. But through the Fair Futures
3 program kids in care can receive weekly one-on-one
4 tutoring as well as coaching and support from an
5 education specialists. Our students need and deserve
6 these supports. With remote schooling kids lost the
7 safety, consistency, and trusted relationships of
8 their schools, and these are particularly important
9 for kids in care who have experienced so much
10 uncertainty and so many transitions throughout their
11 lives. Kids have expressed challenges with feeling
12 unmotivated and confused by online classes, tech
13 issues, not being able to find a quiet place to
14 focus, and most concerning, kids have been
15 experiencing more mental health challenges that have
16 often made school work insurmountable. [inaudible]
17 kids in care also showed us their amazing
18 perseverance and strength. Our youth's attendance
19 and utilization of Fair Future's tutoring services
20 increased. Many looked forward to their weekly
21 sessions and often asked for extra sessions. It gave
22 them the one-on-one attention to navigate tech
23 issues, to ask content questions and practice skills
24 with feedback and encouragement. Tutoring also
25

1 provided our students with the interpersonal
2 relationships they were desperately missing.
3 Students seen their tutors as mentors asking about
4 where they attended college and discussing possible
5 extracurriculars and career paths. Even before the
6 pandemic, as a city we were not meeting the
7 educational needs of our most vulnerable students,
8 specifically those in foster care. The DOE is a
9 complex system. Youth in foster care deserve
10 advocates to help them navigate their education.
11 Perhaps most importantly, they need consistency in
12 their education through weekly tutoring. Many kids
13 in care are several grade levels behind in reading
14 and math. If year after year they sit in a classroom
15 not understanding what's going on and feeling
16 embarrassed about their skills without getting any
17 real support, why wouldn't they choose to disengage
18 from school. The learning loss from this year has
19 disproportionately affected our most vulnerable
20 students, but our students are still eager to learn.
21 Many students are opting into summer tutoring because
22 of the strong relationships they built over the
23 school year with their tutors and because they want
24 to build their skills. Our kids in care want to
25

1 learn and excel in school. Now it is up to the city
2 to support them by prioritizing full funding for Fair
3 Futures. If the City takes kids into their care,
4 they absolutely must care for and support these
5 students' futures. Thank you.

7 CHAIRPERSON LEVIN: Thank you very much,
8 Ms. Lyons. And just for the record, the Council is
9 very dedicated to the Fair Future model [inaudible]
10 expanding it [inaudible].

11 COMMITTEE COUNSEL: Thank you, Abigail.
12 I am now going to call on Anna Blondell, and then
13 after Anna the following panel is going to be in this
14 order of speaking: Imani Worthy, Joyce McMillan, Anna
15 Arons, and Catherine Rumfeld [sp?]. We're going to
16 begin now with Anna Blondell.

17 SERGEANT AT ARMS: Clock is ready.

18 ANNA BLONDELL: Thank you. Thank you so
19 much. My name is Anna Blondell. I am a Staff
20 Attorney at the Legal Aid Society Juvenile Rights
21 Practice. Our office represents children at the
22 center of the child welfare matters in New York, and
23 many of those children are placed in foster care
24 through the Family Court. We thank you for having
25 this important hearing. Today I want to focus on a

1 single ongoing crisis that has been exacerbated by
2 the pandemic, the increasing number of kids being
3 removed from their families and the simultaneous lack
4 of foster homes for them in New York City. It is the
5 children of New York who have faced the most
6 unimaginable challenges over the past year and who
7 have struggled to persevere throughout the pandemic.
8 Black and brown children continue to be removed from
9 their parents and placed in foster care at a
10 disproportionately high rate, causing trauma to the
11 child, to their families, and to their communities.
12 During the pandemic, the number of children ACS
13 removed from their parents dropped significantly.
14 For Commissioner Hansell's testimony today, that dip
15 in reporting and consequently in emergency removals
16 does not appear to have resulted in an increased harm
17 to children. However, recently, ACS has been
18 removing more black and brown children and placing
19 them in care. This increase in removals should stop,
20 particularly because ACS lacks sufficient foster
21 homes for the children it removes, subjecting them to
22 additional harm. As Commissioner Hansell has
23 testified, foster care-wide 42 percent of children
24 have been placed with kinship resources, but that
25

1 means that almost 60 percent of children are not in
2 homes with relatives or fict [sic] of kin. Many of
3 those children instead have been languishing at the
4 Children's Center and at other placement centers due
5 to a lack of foster homes. Last year, at least 153
6 children were held in the Children's Center for over
7 20 days. That signals that there is in fact a
8 shortage of foster homes as children as young as
9 eight years old spent up to eight months waiting for
10 a home, as siblings waited, again, for up to eight
11 months for a home. Children who are older have
12 special needs or are medically fragile typically
13 experience the longest waits. Shortly, I hope you
14 will hear form Irma Rodriguez about what it's
15 actually like for a child, especially a special needs
16 child to be held at the Children's Center during the
17 pandemic. And while as Commissioner Hansell stated
18 the length of stay may not have increased, the
19 experience of staying at the Children's Center during
20 the pandemic is unimaginably more frightening and
21 more stressful. The isolation could not be worse,
22 and extended stays at the Children's Center are
23 uniquely dangerous during COVID. Kids are exposed to
24 more people causing children as young as three years
25

1 old to need to isolate or quarantine for weeks at a
2 time. Some of our clients have not seen their family
3 for months in person, and when they have fallen sick,
4 they are sick alone without being nurtured or helped.
5

6 SERGEANT AT ARMS: Time expired.

7 CHAIRPERSON LEVIN: You can go ahead--
8 you can go ahead and finish.

9 ANNA BLONDELL: Thank you so much.

10 Children languished at the Children's Center prior to
11 COVID, but the number of new foster homes recruited
12 has declined during the pandemic by at least 165
13 homes, and that drop does not account for the number
14 of homes that have closed due to fear of infection or
15 loss. So it is entirely unclear what building back
16 looks like in the context of an ongoing pandemic, and
17 as a result the shortage had gotten worse and
18 children are languishing at the Children's Center or
19 being pushed into congregate placements. We have
20 some concrete requests of City Council. Provide
21 support for families rather than removing their
22 children. Require comprehensive reporting about the
23 length of stay at the Children's Center and other
24 pre-placement facilities about the number of
25 available foster homes that take in older, special

1 needs, and medically fragile youth. Limit the time a
2 child can languish in pre-placement, and incentivize
3 more foster FRED who want to care for older youth
4 with increased financial and structural supports.
5 This is a crisis, and we are asking for City
6 Council's help.
7

8 CHAIRPERSON LEVIN: Thank you very much,
9 Ms. Blondell. Thank you.

10 COMMITTEE COUNSEL: Thank you, Anna. I'm
11 now going to call on the following panel again. The
12 next panel is going to be comprised of: Imani
13 Worthy, Joyce McMillan, Anna Aarons, and Catherine
14 Rumfeld [sp?]. We are going to begin with Imani
15 Worthy.

16 SERGEANT AT ARMS: Clock is ready.

17 IMANI WORTHY: Hello. Hi. Hello. My
18 name is Imani Worthy and I'm a parent leader at Rise.
19 ACS has plans to expand its Family Enrichment Centers
20 from three to 33. Impacted parents are not happy
21 about this. ACS has a reputation for treating black
22 families punitively. Our words have been
23 manipulated, our parenting has been villainized, and
24 our children were taken away from this institution.
25 Even though my investigation was over two years ago,

1 we are still healing from the effects of that trauma
2 today. Rise has been actively asking parents what
3 they want in their community. During lockdown we
4 first held community conversations via Zoom to get
5 feedback on how parents envision their community. I
6 was not technically a part of staff and took part in
7 these conversations. Ironically, not one single
8 parent in these conversations advocated for any type
9 of system connected to the family policing system
10 otherwise known as ACS. After becoming a part of
11 staff I joined two more programs, the Participatory
12 Action Research and Peer Advocate Model where more
13 parents gathered and started envisioning what they
14 wanted to see in their communities without system
15 involvement. Peer Advocate Model began conducting
16 research to all types of organizations who are
17 restoring communities through COVID. We wanted to
18 create a resource guide for peer supporters to refer
19 to whenever they needed anything before system
20 involvement. This is deeper than prevention.
21 Prevention is still tied to the family policing
22 system. Prevention workers are still mandated
23 reporters. We don't trust mandated reporters. The
24 Participatory Action Research Program continued to
25

1
2 plan and host community conversations and surveys
3 with impacted parents. Many people feel that the
4 family policing system needs to reckon with its past
5 in harming so many black and brown communities
6 instead of dancing over the obvious. Playing nice is
7 simply not enough. Simply saying a mother has a
8 right to be upset if her child is being taken away.
9 If she doesn't, there's a problem. You have ruined
10 so many lives. You have robbed us of so much. Every
11 time my two-year-old runs around and gets hurt, I'm
12 already formulating in my mind how to explain to his
13 doctor that he was playing and running and he just
14 hurt himself. I am worried I will be judged by
15 someone who does not know me or my son but is some
16 type of expert on child abuse. There are Credible
17 Messengers, black-owned grassroots organizations such
18 as Movement for Family Power, Justice for Families,
19 and Rise who are already doing the work to enrich our
20 community. Small grassroots organizations may not
21 have the capacity, funds or resources to create a
22 quality grant letter to the government. By allowing
23 the use enrichment-centered [sic] grants to be handed
24 out on a first-come/first serve basis is another
25 example of your racist and classist tendencies.

1 SERGEANT AT ARMS: Time expired.

2 IMANI WORTHY: How can you claim to
3 support black and brown--

4 CHAIRPERSON LEVIN: [interposing] You can
5 go ahead and finish.

6 IMANI WORTHY: Thank you. How can you
7 claim to support black and brown communities and not
8 even consider this? This is just another example of
9 stating the obvious, but really not doing anything to
10 show for it. We do not want your involvement in any
11 of our affairs. Thank you so much.

12 CHAIRPERSON LEVIN: Thank you, Ms.
13 Worthy. And just want to just acknowledge you
14 pointed out, you know, that when your two-year-old
15 falls down you have to think about, you know, how a
16 doctor might perceive that. And you know, I want to
17 contrast that with my experience as a white person,
18 when my two-year-old falls down, I don't have to
19 think about. That is important to acknowledge and
20 put front and center that there is that ab-- there's
21 absolutely a disparity in the system of mandated
22 reporters and society in general as they-- as they
23 perceive white parents and black parents, and it
24
25

1 needs to be constantly [inaudible]. I appreciate you
2 [inaudible]
3

4 COMMITTEE COUNSEL: Thanks again, Amani.
5 I'll now call on Joyce McMillan.

6 JOYCE MCMILLAN: Good afternoon,
7 everyone.

8 SERGEANT AT ARMS: Clock is ready.

9 JOYCE MCMILLAN: Thank you Council Member
10 and Chair Steve Levin on General Welfare Committee.

11 CHAIRPERSON LEVIN: Hi Joyce.

12 JOYCE MCMILLAN: you know, Steve, there's
13 never enough time for me to get through this. There
14 is so much to say. ACS is horrible, right? They
15 listen to parents and then create this narrative of
16 acting like they're implementing the things that
17 parents say they want, and they're the most dishonest
18 people that I've ever met in a lifetime. Frederick
19 Douglas once asked, "Why am I a slave?" And I ask
20 continuously, "Why is it only black and brown
21 children in this system that's so horrific with these
22 extremely poor outcomes if this is a system meant for
23 safety of children?" I've said it before and I'll
24 say it a thousand times again. If foster care was a
25 good thing, we would only get in through affirmative

1
2 action. I've been partnering with Movement for Family
3 Power, Ancient Song Doula, and other organizations
4 giving out Pampers. A few weeks ago in Brooklyn we
5 gave out 16,000 Pampers, JMacForFamilies and these
6 other orgs, because parents need things that are
7 tangible. Surveillance is not support. And I know
8 I'm going to go over my time--

9 CHAIRPERSON LEVIN: [interposing] Okay.

10 JOYCE MCMILLAN: It's what I always-- and
11 I'm going to start my testimony now. But I just
12 needed to say those things because the testimony just
13 does not capture it all, Steve.

14 CHAIRPERSON LEVIN: Understood.

15 JOYCE MCMILLAN: Thank you again. Okay,
16 so my family was ripped apart by ACS after my urine
17 tested positive for an illicit substance. From the
18 start, ACS assumed that I could not properly care for
19 my children. They assumed this even though they never
20 found any harm to my children. Instead, they claimed
21 future risk of harm. They built their case against
22 me through an invasive investigation of my family, an
23 investigation I willingly went along with because I
24 did not know my rights. When ACS began its
25 investigation of me, I had no prior involvement with

1 ACS and had no idea that trusting their Child
2 Protection Specialists and being honest with them
3 would lead to a two and a half year separation of my
4 family. I went into this situation believing ACS'
5 exaggerations of the truth, but also knowing my
6 children were well cared for. I had nothing to hide.
7 Throughout the investigation, the CPS worker I met
8 with told me-- they demanded that I follow all of
9 ACS' steps for a full investigation of me. CPS told
10 me a refusal to cooperate would be a sign of guilt
11 and evidence that I could not care for my children.
12 At the time, I did not know ACS was the family
13 police, so I didn't see a need for an attorney. I
14 wish I understood then what I understand now--

15
16 SERGEANT AT ARMS: [interposing] Time
17 expired.

18 JOYCE MCMILLAN: and I wish [inaudible].

19 CHAIRPERSON LEVIN: Go ahead, Joyce, you
20 can finish. Yeah, go ahead.

21 JOYCE MCMILLAN: During their
22 investigation ACS searched my home, strip searched my
23 children, and interrogated my neighbors. My
24 children's pediatricians and all of my supports.
25 They destroyed family relationships in addition to

1
2 traumatizing me and my children, and they never once
3 conducted an assessment of the wellbeing of my
4 children. Instead, they treated the urine like a
5 parenting test, but that urine did not speak to who I
6 was as a parent. It did not show that I used a
7 substance in front of my children or put them in
8 danger. It did not indicate harm had been caused to
9 my children, and it did not speak to my character.
10 But because I did not know my rights and I trusted
11 ACS, they were able to use that test in their
12 investigation to destroy my family. I believe the
13 family separation would not have happened had I known
14 my rights and had I been Miranda-ized [sic]. We need
15 to recognize that ACS is the family police, that
16 there is-- that it is clear from ACS' own attitude
17 and their own policies. In 2018, an article in the
18 Daily News reported that the City spent roughly 10
19 million dollars for a new high-tech facility in
20 Harlem and one in Jamaica, Queens, which included
21 state of the art simulations, complete with audio of
22 barking dogs, humans screaming, breaking glass, and
23 loud music at trainings as they prepared to go
24 through the door. Commissioner Hansell said those
25 training practices was molded-- modeled after the

1
2 NYPD Academy. ACS has a policy to call the police
3 when a parent does not open their door, even though
4 it is the parent's right not to open their door if
5 the worker does not have a court order. Calling the
6 police on a non-violent person who's exercising their
7 rights is not only abusive, it's racist, as we know
8 who it is that ACS investigates disproportionately.
9 I call that the Karen Policy of ACS that puts black
10 lives in danger, and black lives do matter, ACS.
11 Even as they operate like the police and work
12 alongside the police, ACS has an advantage over the
13 police right now. Even though the stakes of ACS
14 investigations are just as high if not higher than
15 the criminal justice investigations, ACS can police
16 families without affording parents their rights or
17 safeguards or telling them anything that would keep
18 their families safe from their intrusive and
19 irresponsible behavior that separates family
20 unnecessarily. Without the protection of Miranda
21 Rights, families like me who have not been
22 investigated before do not know that ACS does not--
23 does full-fledged investigations, thorough
24 investigations where anything you say can and will be
25 held against you and used against you later in court.

1 People don't know that they don't have to let ACS
2 examine their children's naked bodies or let ACS into
3 their house, or open every cabinet drawer, and that
4 they don't have to have ACS' drug test during
5 investigations. Police-- people don't know that
6 decisions to separate families are made most times
7 even before ACS goes to court, and that's why
8 children are removed pre-court order. Families are
9 not assigned legal representation until after the
10 case is filed and often after the children are
11 removed, and that ACS investigations could last up to
12 60 days before a final decision is made. Parents
13 don't know they have-- that if their children are
14 taken away and their case ends up in court, they will
15 only get a few minutes with a legal counsel before
16 going into that hearing. I'm going to skip to the
17 end. The Family Miranda Rights Act does not create
18 any new rights for families. It requires Child
19 Protection Services to notify parents and caregivers
20 of their existing rights orally and in writing at the
21 onset of the investigation. Before they participate
22 in any investigations that could carry lifelong
23 impacts, parents deserve to know the allegations
24 being made against them. They need to know that they
25

1
2 can speak to a lawyer. They need to know that their
3 words can be used against them, and they are not
4 required to let ACS into their homes, and ACS should
5 not be calling police on families. That is a
6 horrible thing. It needs to stop immediately. Any
7 time a black family comes into contact with NYPD, it
8 can go wrong. It can go very wrong. And they have a
9 process to follow and they need to follow it and stop
10 calling police on families. Thank you for allowing
11 me to go above and beyond as I always do. I'm going
12 to hate to see you leave at the end of this term, Mr.
13 Levin, and I hope that families can get together with
14 you prior to your leaving office, and thank you for
15 everything you do.

16 CHAIRPERSON LEVIN: Thank you. That
17 would be great, Joyce, look forward to seeing you in
18 person. It's been far too long, and I appreciate the
19 kind words. And I appreciate you bringing these
20 issues to light, particularly the issue around
21 calling the police on instances where people
22 [inaudible] expressing their constitutional rights.
23 On the Miranda-type bill, we're working on that, and
24 I'd love to talk with you after the hearing on the
25 progress that we're making on that legislation. I

1
2 anticipate passing that legislation by the end-- by
3 the end of this year at the very least. So
4 [inaudible].

5 JOYCE MCMILLAN: Thank you.

6 CHAIRPERSON LEVIN: Thank you, Joyce.

7 COMMITTEE COUNSEL: Thanks again, Joyce,
8 for your testimony. I'm now going to call on Anna
9 Arons followed by Catherine Rumfeld [sp?]. Over to
10 Anna.

11 SERGEANT AT ARMS: Clock is ready.

12 ANNA ARONS: Thank you. My name is Anna
13 Arons, and I'm an Acting [sic] Assistant Professor at
14 NYU School of Law. Thank you for the opportunity to
15 testify today. I spent the last year studying how the
16 family regulation system in the City changed during
17 COVID and effect of those changes on child safety. I
18 have a paper on this topic forthcoming this fall. My
19 research makes clear the many ways in which ACS is
20 "normal" operations needlessly brutalize, traumatize,
21 and police poor black and Latin-x families in the
22 name of child safety. I say that because my most
23 important finding is this. ACS' own data, as you
24 heard earlier today, shows that even as the family
25 regulation system shrunk to about half its normal

1 size children stayed just as safe. Children were not
2 endangered by staying at home with their families and
3 in their communities, in part because at the same
4 time that ACS is forced to step back, mutual aid
5 networks grew astronomically and families received
6 new forms of cash assistance from the government,
7 allowing them the autonomy and the resources to meet
8 their own needs. As you've heard today, the city
9 shutdown last spring forced a radical reduction of
10 the family regulation system in terms of reports,
11 investigations, filings, and removals. Of note, even
12 though ACS has retained its power to file new cases
13 where it does seek to separate families, only half as
14 many children were placed in foster care as a result
15 of ACS' applications for removals in spring 2020 as
16 compared to a year earlier. This dramatic drop
17 suggests that during the shutdown ACS began assessing
18 more rigorously the cases in which it might seek a
19 removal, and as a result, holding off on filing some
20 cases where it typically would have sought a removal.
21 This gives credence to an argument long made by
22 parents and their advocates, that in normal times ACS
23 seeks unnecessary removals, not because of concerns
24 of child safety, but because of other issues with
25

1 parents such as their "lack of cooperation."

2 Overall, though, ACS' decreased operations had no
3 adverse effect on child safety based on several
4 metrics, some of which Commissioner Hansell alluded
5 to earlier, but I want to highlight a few now.

6 First, during the COVID shutdown the number of child
7 fatalities dropped, and just as a baseline, we all
8 know that child fatalities are extremely tragic and
9 extremely rare, but they do often drive child welfare
10 policies, but these are also precisely the kind of
11 tragedies that are the most difficult to under-report
12 or hide even during a national crisis. But compared
13 to the same period a year earlier, child fatality
14 reports dropped by 25 percent in the shutdown period
15 in early COVID. Second, there has not been any so-
16 called rebound effect. That is even if children have
17 begun to return to school and public life has
18 resumed, the number of reports received have not
19 reached previous levels, let alone surpassed previous
20 levels as we might expect if reporters had to catch
21 up and report past concerns they had been unable to
22 before. Third, the rate of substantiation for
23 reports has not risen. Even now, only about 35
24 percent of investigations find that the allegations
25

1 were founded. This is the same rate as before the
2 pandemic. Had mandated reporters returned to their
3 positions and reported an influx of valid concerns
4 from a backlog we would have expected that rate would
5 have jumped higher.
6

7 SERGEANT AT ARMS: Time expired.

8 CHAIRPERSON LEVIN: You can go ahead and
9 finish. Go ahead and finish. I appreciate your
10 testimony. Thank you.

11 ANNA ARONS: The steady rate of
12 substantiations at 35 percent is even more
13 significant considering that-- I'm sorry-- past
14 research shows where agencies have fewer reports to
15 investigate, their investigations overall become more
16 accurate and more thorough. In light of these
17 numbers, we cannot say that ACS' normal model is
18 necessary for child safety. Instead, this last year
19 represents a rare opportunity, a rupture that made it
20 impossible to continue with business as usual and it
21 forced all of us to reconsider the status quo in all
22 areas of our lives, including child safety in the
23 city. The last year can serve as a model in some
24 ways as a more humane and more equitable path
25 forward, showing us that we need not destroy families

1
2 and destroy communities in order to keep communities
3 in order to keep children safe. Instead, we can
4 address child poverty and child safety by providing
5 families the monetary support they need without
6 strings attached and without policing involved and by
7 building robust community support networks separate
8 and apart from any services provided by ACS. We need
9 not and cannot ever go back to business as usual.
10 Thank you.

11 CHAIRPERSON LEVIN: Thank you. I would
12 love to have follow-up conversation with you in
13 anticipation of your report coming out. What's the
14 format of your report?

15 ANNA ARONS: It's a paper that will be
16 published in one of Columbia's Law Journal in the
17 fall, but it is available to pre-print now, and I
18 included that in the written testimony, but I would
19 obviously and happily follow up with you in addition
20 to that as well.

21 CHAIRPERSON LEVIN: Great. It seems you--
22 we were thinking along the same lines of what
23 information we [inaudible] from the last 15 months
24 and how we can take that information. So I
25 appreciate your testimony.

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COMMITTEE ON GENERAL WELFARE

ANNA ARONS: Thank you.

COMMITTEE COUNSEL: Thank you, Anna. I'm now going to call on Catherine Rumfeld, and after Catherine we are going to have testify, Shatavia Hurt and Irma Rodriguez. Over to Catherine now, Catherine Rumfeld.

SERGEANT AT ARMS: Clock is ready.

CATHERINE RUMFELD: Thank you and good afternoon, Chair Levin and esteem Council Members of the General Welfare Committee. Since its inception 25 years ago the Center for Court Innovation has maintained a vision to reduce unnecessary and harmful involvement in the justice system wherever possible and to build public safety and wellbeing through sustainable solutions. The Center's longstanding partnership with Council has helped bring this vision to light with evidence-based and racially just programming. Among the issues we focus on in the justice system is the welfare of infants and parents involved in Family Court child neglect and separation proceedings. The Center for Court Innovation Strong Starts Court Initiatives serves children from birth age to three years old who are subject to child protection cases in the New York City Family Court

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2 and their parents and families, and there are more
3 than 10,000 currently on the Family Court docket.
4 The primary intervention is the clinical coordinator
5 who convenes monthly clinical conferences between
6 parents, attorneys, case workers, and clinical
7 service providers to help resolve issues outside of
8 the court room as much as possible and to ensure
9 parents have a voice in determining what their family
10 needs in order to recover from the crisis in which
11 they find themselves. Critically, Strong Starts
12 clinicians help families, court teams, understand
13 intergenerational histories, [inaudible] systemic
14 oppression that are characteristic in families in the
15 pain and despair that often underlies uncooperative
16 or otherwise confusing parental responses to child
17 welfare system practitioners [inaudible]. Throughout
18 the pandemic our coordinators found innovative ways
19 to engage with families to help them navigate a
20 judicial and child welfare process that has been
21 strained, which has delayed reunification and
22 hindered case progress during the ongoing crisis.
23 Strong Starts coordinators have facilitated contacts
24 between parents and children who were removed in ways
25 that minimized trauma from the separation and

1 ultimately plan for reunification. Our coordinators
2 have been virtually bringing attorneys and parties
3 together with interdisciplinary and cross-system
4 conferences to problem solve and find supports for
5 parents to be able to safely care for their children.
6 They also provide critical information and detailed
7 clinical reports about parental strengths and
8 capacities and risks to children to assist judges in
9 making the decision whether to remove a child from
10 their home. This has ensured that families remained
11 connected to services and are able to engage with
12 them. This work has helped prevent removals and
13 hastens reunification in a critical number of cases.
14 Strong Starts began as a pilot program in the Bronx
15 in 2015, expanded to Queens in 2016, Staten Island in
16 2018, and was able to launch in Brooklyn at the
17 height of a pandemic in February 2021. The Family
18 Court enthusiastically supported this latest
19 expansion despite the challenges of operating during
20 a pandemic because it recognized how the model with
21 its collaborative and science-informed approach was
22 even more critical to supportive families and
23 transforming system responses during a crisis. For
24 these reasons we're now asking counsel to bring
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Strong Starts to every borough in New York State by funding implementation in Manhattan with a 220,000 dollar budget request so that we may provide these critical services to more families. The Center for Court Innovation--

SERGEANT AT ARMS: [interposing] Time expired.

CATHERINE RUMFELD: thanks City Council for--

CHAIRPERSON LEVIN: [interposing] You can go ahead and finish.

CATHERINE RUMFELD: [inaudible] and stands ready to continue implementing its programming towards the goal of improving the welfare of all New Yorkers, improving public safety by addressing racial disparities and histories of trauma and structural inequities, strengthening families and reducing intergenerational cycles of system involvement. Thank you.

CHAIRPERSON LEVIN: Thank you so much.

COMMITTEE COUNSEL: Thank you, Catherine.

I am noting that Council Member Rosenthal has her hand raised. Over to Council Member Rosenthal.

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2 COUNCIL MEMBER ROSENTHAL: Thank you so
3 much. Thank you, Chair, for this extraordinary
4 hearing as always and to all the advocates who are
5 coming forward telling us what's really happening on
6 the ground. It's incredibly important. Catherine,
7 did you happen to listen to the administration's
8 testimony in our questioning?

9 CATHERINE RUMFELD: I did, yes.

10 COUNCIL MEMBER ROSENTHAL: So, really,
11 again, with this preface that this is not my table,
12 this isn't my area of knowledge, and so I'm going to
13 say something not accurate, but they talked about a
14 program I think it was going to say Safe Forward. Do
15 you, are you familiar with that program? And I ask
16 because Center for Court Innovation, I count on you
17 guys, and you're always innovative, and I know you're
18 thinking about restorative justice. So, I wondered
19 if you knew about this program and what you thought.

20 CATHERINE RUMFELD: Thank you, Council
21 Member, for that question. I actually made a note to
22 myself to follow up about that program because I
23 wasn't familiar with it, and I also have a number of
24 colleagues who work on abusive partner intervention
25 programming as well as restorative justice practices,

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and so we always collaborate on those kinds of things. So I made a note to raise this with my colleagues to see whether anyone else was aware, and then also to follow up with ACS about how we could help support that.

COUNCIL MEMBER ROSENTHAL: Fantastic. Terrific. If you could, just drop me a line when you learn anything. I really appreciate it. You can reach me Helen@helenrosethal.com. But also I found it strange when I asked about who was doing it, I specifically asked assuming that you were doing it, but he said it's a one-- it's a consultant which if found also very strange. Okay, great. So let's stay in touch. I appreciate you and all your hard work. Thank you, Chair.

CHAIRPERSON LEVIN: Thank you, Council Member Rosenthal.

COMMITTEE COUNSEL: Thanks again, Catherine. I want to note for everyone who is on today that we are going to be doing a last call before the end of this hearing for anyone who wasn't called and does wish to testify. Just make a note that you will be given an opportunity at the very end

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2 of this hearing. Now going to call on Shatavia Hurt
3 [sp?], followed by Irma Rodriguez. Over to Shatavia.

4 SERGEANT AT ARMS: Clock is ready.

5 SHATAVIA HURT: Good afternoon, all. I'm
6 Shatavia Hurt from Staten Island, North Shore. I'm
7 the Executive Director of Free it Forward Staten
8 Island. I'm also a part of the Rise Parent
9 Leadership Program conducted by Rise Magazine. Today
10 I'm going to testify about the expansion of the
11 Family Enrichment Centers and the funding that will
12 go to the FECs. Community leaders and local
13 organizations across New York City have really banded
14 together through the pandemic. In my own community
15 and in other communities throughout New York City
16 small business owners have set up community
17 refrigerators and pantries to help fight food
18 insecurity during the pandemic. Local artists have
19 set up free virtual art classes, theatre and story
20 time for children and teens. These classes have
21 provided respite for exhausted parents throughout the
22 pandemic and at the same time created a positive
23 outlet for children, children that were trapped
24 inside the apartments during this pandemic. Community
25 leaders have reached into their own pockets to

1 purchase, whether it be food, diapers, a Zoom license
2 and materials needed to support their surrounding
3 communities. It didn't take them four years, training
4 to deal with families or building 30 FECs to help out
5 their community that was in a crisis. Their response
6 was immediate and felt throughout New York City. The
7 funding should be reallocated directly to these
8 organizations and individuals, to help expand their
9 community outreach. Besides the millions that will
10 go into these FECs, ACS already has over \$2.6 billion
11 in funding. Over the past couple of years, many
12 parents have said to me in a professional and casual
13 setting, "I have gone to ACS for help, help to
14 prevent having an ACS case, or help during an ongoing
15 ACS investigation, and ACS wasn't able to help me
16 because they lack funding." Which is very
17 surprising. It doesn't add up. In some cases, ACS
18 did refer to smaller organizations that don't even
19 have a fraction of the funding ACS for child welfare.
20 That doesn't add up to me also. People have come to
21 me in my organization for clothing and food because
22 of fear that if they ask ACS for help they would get
23 an ACS case. So, there's no trust and there's a deep
24 fear of the ACS in our black and brown communities.
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2 Why would a parent want to go to ACS at these FECs
3 for help when they don't trust their system? I
4 myself had ACS involvement three years ago and it's
5 traumatized me and my now seven-year-old daughter.
6 Someone made a false anonymous claim against me, and
7 I was investigated. Every time my doorbell rings, to
8 this day, I have-- unexpectedly, I have a fear that
9 ACS will investigate me for months on a baseless
10 claim. The ACS system is intrusive and it's racist.
11 I'm also calling on the New York City Comptroller and
12 New York City Comptroller candidates running in this
13 upcoming election to audit and investigate ACS.
14 There should be continually-- continuous audit to
15 ensure that funding is going towards prevention of
16 removing children from their homes, most of which are
17 children in black and brown communities. That's all.

18 CHAIRPERSON LEVIN: Thank you so much,
19 Ms. Hurt. Thank you for your testimony.

20 COMMITTEE COUNSEL: Thank you very much,
21 Shatavia, for your testimony. Now I'm going to turn
22 to Irma Rodriguez.

23 SERGEANT AT ARMS: Clock is ready.

24 IRMA RODRIGUEZ: Hi, my name is Irma
25 Rodriguez. I'm proud sister of a child with autism,

1 bipolar disorder, and ADHD. Our experience with the
2 Children's Center was horrible during the COVID-19
3 pandemic. My brother length of stay was four months-
4 - plus months. During his stay he encountered staff
5 that cursed at him because they were frustrated. I
6 also witnesses how the staff would allow him stay
7 with his face dirty and wear dirty clothes. Due to
8 their lack of care for his safety and cleanliness, he
9 ended up diagnosed with COVID-19. The treatment they
10 provided when my brother was COVID-19 positive
11 highlighted the lack of preparedness. They put him
12 in a room by himself, no TV, no sheets, no food, no
13 shower, only a laptop for entertainment. One would
14 call this solitary confinement, which was not
15 appropriate for a child with his mental capacity.
16 All documented and sent it to his advocate, and it
17 wasn't until then when ACS did the right thing and
18 corrected their treatment with a pushback of denial.
19 Even though school at the time was remote, ACS
20 [inaudible] to my brother. They couldn't get him up
21 on time to make his virtual classes, even though I
22 would call ahead of time to assure he would attend or
23 would get-- I would get lied to by staff. They would
24 tell me he is up, only to end up getting emails from
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1 teachers. The days they did get him up on time, they
2 were not in a private setting. He couldn't stay
3 focused because there were so many distractions such
4 as kids screaming, staff talking in the background,
5 some children making inappropriate gestures on his
6 camera. There were times where they couldn't find
7 his laptop. He missed nearly 492 assignments. This
8 is not even an exaggeration. Virtual visits, if I
9 didn't have-- virtual visits, if I didn't call to
10 remind them, I wouldn't have them or I would receive
11 a call after the time that was preplanned. Visits in
12 person, they always have an excuse as to why they
13 weren't able to drop them off on time-- traffic,
14 short staffed, etcetera. This would cause me to lose
15 visits as I live in a different state. It got so bad
16 I had step in by having him one week on and one week
17 off without ACS providing me financial assistance or
18 any assistance other than transporting him one way to
19 meet. ACS was notified several times I needed help
20 by me and his advocate, but due to their response
21 they had to figure something out. I was in a position
22 where I had to figure it out, adding more stress to
23 an already stressful situation. My brother was
24 bullied by other kids. Glasses were stepped on by
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2 other children, fights, glasses not replaced on a
3 timely manner. I could go on and on. This is all
4 while him having a one-to-one, by the way. But I
5 only have three minutes. I just want to say I'm here
6 to speak up for those like my brother that cannot
7 speak for themselves. Please do better. Not every
8 child has family members so involved in their daily
9 life as I am with my brother, or able to take a
10 financial hit as I did and still do just to continue
11 to be there for him. These are human beings. We
12 trust that children entering the ACS' care enter in a
13 safe place. It is believed it is your job to make
14 them feel loved, safe, and supported in such a
15 difficult time in their life. I'm asking for you to
16 please work on being part of the solution and not the
17 problem.

18 SERGEANT AT ARMS: Time expired.

19 CHAIRPERSON LEVIN: Thank you, Ms.-- you
20 can go ahead and finish Ms. Rodriguez.

21 IRMA RODRIGUEZ: Thank you. To you it
22 might be just one case, but to us the family is one
23 case too many. Lastly, I want to thank my brother's
24 advocate Sara Bodak [sp?] and her team. Each and
25 every time I encounter and continue to encounter any

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2 issue, she and her team are ready to stand up for my
3 brother full force to make sure his needs are met
4 without hesitation. If it wasn't for her and her
5 team, I fear he would be just another sad story and
6 statistic. Thank you all for your time today.

7 CHAIRPERSON LEVIN: Thank you so much.

8 COMMITTEE COUNSEL: Thank you very much,
9 Irma, for your testimony. At this time, we have
10 heard from everyone who signed up to testify. We
11 appreciate all of your time and your presence. If at
12 this point we have inadvertently missed anyone that
13 would like to testify, please at this point use the
14 Zoom raise hand function and I will call on you in
15 the order of hands raised. So I am seeing that Joyce
16 McMillan, or the individual who is listed as Joyce
17 McMillan in our panelist would like to testify.

18 JACINTA JAGISSER: Hi, can you hear me?

19 COMMITTEE COUNSEL: Yes.

20 JACINTA JAGISSER: Okay, thank you very
21 much. So, good afternoon, everyone. My name is
22 Jacinta Jaggiser [sp?] and I am ACS Justice Impacted.
23 ACS has deprived me of not seeing my children for the
24 last 16 months. They have mentally hazed my
25 children, myself and my parents. They denied my

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2 parents access to supervised visits, as well as court
3 ordered mandated reporters. ACS has terrorized our
4 home, has interfered with our medical care, violated
5 our HIPAA rights, and have literally created an
6 attack against our homes. We are calling for
7 protection through the memorandum rights. We did not
8 know ACS was the family police. We did not know ACS
9 can manipulate your testimony, and those false
10 statements can be released to the Family Court. We
11 did not know that ACS can sabotage your paperwork and
12 say you volunteered to put your children in foster
13 care when you never did. We are hurt. We have been
14 shamed. We have been robbed of our dignity. We are
15 asking for ACS to wear body cams. We're asking for
16 City Council to invest in parents to fight for their
17 kids, to be able to fight against domestic violence.
18 My children were denied their IEP services, which is
19 a mandated court document. [inaudible] We have--

20 CHAIRPERSON LEVIN: [interposing] I think
21 you went on mute.

22 JACINTA JAGISSER: [inaudible] of family
23 time with our children and were only given two hours
24 during the week at the library when it was closed.
25 We are calling for justice and the suspension and

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2 termination of Neji Barage [sp?] position as a social
3 worker, Constance, Jenifer Goldstein, the entire
4 department needs to be held accountable for their
5 egregious police misconduct that was conducted
6 towards my family, my children, and I, and it will
7 leave a legacy of abuse, racialized trauma, and fear
8 that no parent in the state of New York or any state
9 should ever experience. We are totally ashamed of
10 our elected officials for allowing this atrocity to
11 continue to operate in the community. We are
12 demanding that they get fired immediately, along with
13 the Prosecutor Stella Bratos [sp?]. Thank you.

14 COMMITTEE COUNSEL: Thank you.

15 CHAIRPERSON LEVIN: Thank you so much,
16 and Jacinta, if you want to follow up with my office
17 moving forward, you can send an email to slevin--
18 that's my first initial and last name
19 @council.nyc.gov, and whatever assistance we can give
20 moving forward we're happy to do.

21 JACINTA JAGISSER: So, Ms. Elizabeth has
22 helped us tremendously, but again, no outside
23 resource can help us even as the respondent. I have
24 no idea what's happening in these cases. I'm not
25 getting court reports. I'm not given notices of when

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2 court appearances are happening. It's a complete
3 injustice. So we will reach out to your office
4 again.

5 CHAIRPERSON LEVIN: Yeah, just to be
6 clear, Elizabeth is no longer at the office, so I'll
7 touch base with her to make sure we have your
8 [inaudible].

9 JACINTA JAGISSER: But if I can ask for
10 anything, I would ask the for ACS charges to be
11 dropped, to reunify us with our family, and then to
12 expeditiously reinstate my children back into their
13 homes school in New York City. We had to leave the
14 state of New York on political asylum in fear that
15 ACS was going to place our children into a stranger's
16 home in foster care, and I did not want to end up in
17 [inaudible] corrections defending my family and
18 exercising my second constitutional rights. Thank
19 you.

20 CHAIRPERSON LEVIN: Thank you, Jacinta.

21 COMMITTEE COUNSEL: Thank you for your
22 testimony, Jacinta. I now see that there are two
23 hands raised up. The first is Joyce McMillan one.

24 SERGEANT AT ARMS: Time begins.
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2 DEWON COLLINS: Yes, my name is Dewon
3 Collins. I'm a parent affected, and also a member of
4 Parent Legislation Action Network, PLAN. In 2007 my
5 son-- I had sole custody of my son living in
6 Rosedale, Queens. My son's name is Isaiah. At that
7 time there was a false report that was made
8 anonymously against me, but I knew who it was. It
9 was my landlord because I had got HPD involved with
10 him to make the upgrade to the apartment for me to
11 receive my son out of foster care. All he needed to
12 do was to place a fire extinguisher and install iron
13 gates on the windows, and because of that, and he
14 violated. They fined him, and he turned around filed
15 a false report saying I was having drugs and around
16 orgies in my home, which wasn't true. So, ACS came
17 into my home. I didn't know my rights. They was
18 very intrusive. They strip searched my son right in
19 front of me, went through my frigerator [sic],
20 everything was good, and I'm like-- I'm telling them
21 I know where this report is coming from because I'm a
22 good dad, you know? I was going to school as a
23 paralegal, and I was donating my time back in the
24 schools at Riker's Island Law Libraries [sic], and
25 taking care of my son as a single parent. So I'm a

1 good dad, right? And all of these things came into
2 my home when ACS came in, and I was just like
3 distraught, because they was making me want to take a
4 urine test. I contacted DWOP [sic], and that's how I
5 met Joyce, and then she informed me what my rights
6 were, and that's when I started to start researching
7 social service law, and I started finding out some
8 things. And then unfortunately, I had gotten
9 incarcerated. I got locked up, which had nothing to
10 do with my son, and that time my son was in the care
11 of my mom, which is my sons paternal grandmother.
12 And she came up from out of state to take care of
13 him, and they came in and removed my son under guise
14 of an emergency removal. My mom is a registered
15 nurse, and there was food in the home, so I didn't'
16 know what the emergency was. No one ever told me
17 anything. I didn't find out my son was in foster
18 care until two months later. And at that time, there
19 was a lot of things that wasn't explained to me, you
20 know. I wasn't informed of my rights, like to an
21 attorney, things of that nature. It was just
22 horrible, and come to find out that the attorney that
23 I did have didn't inform me of my rights to appeal
24 the removal order, because there was no emergency. I
25

1 had to fight to get the transcripts to find out there
2 was no emergency. So basically, they kidnapped my
3 son, and now my son has been illegally adopted. All
4 the process that has been done from the time that my
5 son was removed up until the adoption has been
6 illegal, has been without any due process whatsoever.
7 The foster care agency Grand Windham, they was
8 responsible for [inaudible] me while I was prison,
9 but sent me two letters stating that due to my
10 incarceration I cannot plan for my son. Therefore,
11 the birth mom is the primary resource planner, and
12 has been not complying with her service plan. The
13 agency [inaudible] return to parent to adoption. And
14 they tried to get me to surrender my--

16 SERGEANT AT ARMS: [interposing] Time
17 expired.

18 DEWON COLLINS: Yeah, they tried to get
19 me to surrender my parental rights. And I'm like,
20 why should I have to surrender my parental rights
21 when he has a grandmother who wants-- they-- ICPC was
22 approved. The State of New York agreed to pay for
23 the placement of my son in Chicago with his
24 grandmother. She became a kinship foster parent.
25 They fingerprinted her and everything, her and my

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2 sister, and the planning agency did not put in the
3 necessary paperwork to put my son in Chicago. All
4 they had to do was make the permanency report to be
5 placed with a [inaudible] relative, and they didn't
6 do that. It's been return to parent for three years,
7 and then it went to adoption.

8 CHAIRPERSON LEVIN: How old is your child
9 now?

10 DEWON COLLINS: He's now 14. And through
11 the grace of God I just recently saw him, only
12 because I never [inaudible] find my son and reunite
13 my son with his grandmother. And I asked him, I
14 showed him pictures of his family. He didn't even
15 recognize his own family. The only one he recognized
16 was his grandmother. He has brothers and sisters
17 everywhere on both sides. So why [inaudible] adopted
18 if he got family members on both sides who was there
19 for him in the beginning, why?

20 CHAIRPERSON LEVIN: That's--

21 DEWON COLLINS: I barely--

22 CHAIRPERSON LEVIN: And when did the
23 adoption-- when did the adoption go through?

24 DEWON COLLINS: 2018.

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2 CHAIRPERSON LEVIN: And-- are you
3 fighting-- are you pursuing legal recourse with that?

4 DEWON COLLINS: I'm waiting for the
5 timing with all the elections and everything going
6 on. So everything is about timing, you know. But
7 there was a social worker by the name of Barry
8 Shasket [sp?], I had a conversation with him when I
9 was in prison. He said to me that he told them they
10 had a training session going on, and they gave him a
11 scenario of a case, and at the end the case worker,
12 Margi Jean [sp?] of Grand Windham, said that that was
13 their case. He said, yeah, you're right. That is
14 your case. It's the worst case of social work that
15 we've ever seen in our life. Why is this child in
16 foster care if he had family that came to him? My
17 mom put in the custody petition, a guardianship
18 petition. The agencies never responded to it, and
19 they kept trying to get me to surrender my parental
20 rights and I wouldn't, so they took him, and they
21 didn't even have the jurisdiction to do that, but
22 they did it. And nobody has helped me-- everybody's
23 covered it up. So, I believe that ACS should be
24 abolished entirely, because they have failed in their
25 mission. They have failed my son and tore my family

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2 apart. They started to put my son on psychotropic
3 meds when I was in prison, and when I came home I
4 told them, I said, "My son doesn't have ADHD. He has
5 separation anxiety Disorder." I'm reading the
6 progress note. He's saying "Da Da ba ba, Da Da
7 gone." He understood at that very young age that his
8 daddy was no longer around, and he's acting up
9 bumping his head against the wall. That's not ADHD.
10 So when I got a second medical opinion, the agency
11 tried to give me one of their doctors again. I said
12 no, that's not a second medical opinion. I said a
13 second opinion is me finding my own doctor. So I got
14 an attorney who helped me get a second medical
15 opinion, and he basically mirrored my thoughts on
16 that, and that is that our son suffered from
17 separation anxiety. The next thing you know, my
18 attorney tells me, "But your rights are going to be
19 terminated anyway, so it makes no sense to overturn a
20 decision to place my son on psychotropic meds. And
21 the foster mom was just doing it to get the incentive
22 money. That's all she wanted. She was using my son.
23 I got progress notes that said, "Can I keep him? Can
24 I keep him?" She's overstepping her bounds as a
25 foster parent. The foster parent should deliver the

1 child to the family, not 70 percent of the time, 80
2 percent of the time, 90 percent of the time when they
3 feel like it, 100 percent of the time. [inaudible]
4 failed, ACS has failed, everybody's failed my family.
5 Now I'm telling y'all, so I want to know what's going
6 to be done about it, because I have all the proof and
7 the evidence. You guys are accountable to what
8 happened to my family.

10 CHAIRPERSON LEVIN: Can you follow up
11 with my office. I-- this is the first time that I'm
12 hearing about your case, but I'm happy to do-- help
13 in whatever way I can. You know, my-- just to be
14 clear, my office is somewhat limited because of their
15 confidentiality rules, so there's only-- there's only
16 so much that I can effectuate in terms of change
17 within an individual case, but to the extent that I'm
18 able to help, please reach out so you can send an
19 email to-- it's just my first initial, last name,
20 slevin@council.nyc.gov. And if you-- I don't know if
21 you're familiar with Joyce, Joyce knows how to reach
22 me as well.

23 DEWON COLLINS: Yes, Joyce is my good
24 best friend, yes. She's been with me--

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2 CHAIRPERSON LEVIN: [interposing] Joyce
3 knows how to get me.

4 DEWON COLLINS: Thank you.

5 CHAIRPERSON LEVIN: You got it. Thank
6 you.

7 COMMITTEE COUNSEL: Thank you, Dewon. I
8 am going to call on the other individual listed as
9 Joyce McMillan with a hand raised.

10 DESIRE WRIGHT: Hi, yes, my name is
11 Desire Wright [sp?]. I am also a parent affected by
12 ACS. I've been dealing with ACS since I was 17 years
13 old. I'm currently dealing with ACS again. I'm a
14 member of Parent Legislature Action Network. I also
15 intern for MFP. In December of 2020 my son, age 25,
16 and my husband got into a lot of argument. The
17 police were called to both-- were called and both
18 were arrested and released within hours with a
19 limited order-- with a limited order of protection,
20 order of protection not to menace one another in the
21 apartment. I have a five-year-old. My five-year-old
22 was in the bed asleep and after my son and husband
23 returned to the apartment together, a few hours later
24 at 1:30 in the morning, ACS knocked at my door. I
25 did not want to let them in, so threatened to call

1
2 the police. I did not want the police called back,
3 as whenever a black person interacts with the NYPD it
4 can go wrong and someone can end up dead. Not knowing
5 my rights, I let them in. they woke up my child and
6 strip searched him for marks and bruises. The worker
7 told my husband he had to move out immediately. When
8 we refused, she took us to court. This was at the
9 height of the pandemic and he had nowhere to go. We
10 refused because the argument had nothing to do with
11 me or him. It only had something to do with him and
12 my son. I was not indicated respondent or anything on
13 the case. It went to court and the removal, the
14 Article 10 removal was not-- it wasn't-- it was
15 meaningless. But I am going through this Safe Way
16 Forward program which is another mandated program
17 that works with ACS.

18 CHAIRPERSON LEVIN: You're on mute.

19 DESIRE WRIGHT: [inaudible]

20 CHAIRPERSON LEVIN: You were off for a
21 second. You were on mute for a second. Now you're
22 back on. Now I can hear you.

23 DESIRE WRIGHT: Can you hear me now?

24 CHAIRPERSON LEVIN: Yes.

25

1
2 DESIRE WRIGHT: I'm with that program,
3 the Safe Way Forward program. I still don't feel
4 safe with them as they are also mandated to tell ACS
5 anything about me. I just don't feel like ACS is
6 needed in my life. As to the case that had nothing
7 to do with me, but I'm going through all these
8 measures. My son has to go through screening, my
9 five-year-old. It's just crazy. I wish I had known
10 my rights. I wish I had been Miranda-ized [sic]. I
11 wish that legislation is passed-- legislation's
12 passed for parents to know their rights. I'm also a
13 student. I graduated from Hostos Community College
14 with honors in Criminal Justice.

15 SERGEANT AT ARMS: Time expired.

16 DESIRE WRIGHT: I'm pursuing. I'm going
17 to John Jay after.

18 CHAIRPERSON LEVIN: You can finish your
19 testimony.

20 DESIRE WRIGHT: Okay. I'm going to John
21 Jay after. I just don't feel the need that ACS
22 should be in anybody lives at this time at all. From
23 17-- they have traumatized my son. I have a-- my son
24 is 23 now and has been traumatized by ACS when I was
25 17 years old. That's all I have to say. I just

1 think ACS should be abolished. I didn't think they
2 help families. Don't think, I know they don't help
3 families. They have traumatized my whole family, and
4 now I'm dealing with them with my five-year-old, and
5 I'm not even an indicated-- I'm not even the
6 indicated person.
7

8 CHAIRPERSON LEVIN: Thank you for your
9 testimony. So-- I'm sorry, right now, Ms. Wright.
10 Right now your five-year-old is home with you or not.
11 I think you're on mute again. Ms. Wright, can you
12 hear me?

13 DESIRE WRIGHT: No, I'm okay.

14 CHAIRPERSON LEVIN: Right now, where is
15 your son?

16 DESIRE WRIGHT: Yeah, he's right here.
17 That's why I was telling him to stop.

18 CHAIRPERSON LEVIN: Oh, okay. Okay.
19 Okay.

20 DESIRE WRIGHT: Yeah, he's here.

21 CHAIRPERSON LEVIN: Okay, good. Okay.
22 So he's still with you. He's still with you.

23 DESIRE WRIGHT: Yes, he's still with me,
24 but I still have to go through a bunch of all of
25 these-- I mean, I work and I'm doing everything I

1
2 have to do but I have to stop doing that to go
3 through these meetings with ACS. I have people coming
4 into my home keep checking my home. They check my
5 refrigerator every time they come which is always
6 full. They keep-- he has to get strip searched every
7 time they come through. It's kind of crazy. Like, I
8 just can't deal with it. Me and my husband actually
9 are going through this stuff with ACS. He going
10 through Safe Way Forward program, and I'm going
11 through one, and we still live in same household. And
12 I mean, it's pointless what they're doing to us.
13 it's--

14 CHAIRPERSON LEVIN: [interposing] Yeah.

15 DESIRE WRIGHT: To me, it's pointless.

16 CHAIRPERSON LEVIN: Right, and additional
17 stress and trauma.

18 DESIRE WRIGHT: Yes, it adds more stress
19 to the family as well.

20 CHAIRPERSON LEVIN: I appreciate
21 [inaudible]. Thank you, Ms. Wright. I appreciate it.
22 Thank you.

23 DESIRE WRIGHT: No problem.

24

25

COMMITTEE COUNSEL: Thank you, Desire. I am now going to call on Nancy F who has her hand raised.

SERGEANT AT ARMS: Clock is ready.

COMMITTEE COUNSEL: You can begin, Nancy.

NANCY F: Thank you, Council Members.

Thank you everyone. You know, my name is Nancy Fortunato and I am a member of the Parent Legislator Action Network, and I am a survivor who is impacted by the child welfare system as we know it as the family regulation system. The family regulations system as we know it disproportionately targets people in the community of color that are, you know, disparities with the resources and our suffering for disparities. In many occasion, not including when the pandemic came. That was like even the worst possible outcome. It's important for the world to understand that there are parents, advocates, and attorneys standing against this system that took generations to build while billions, billions of dollars are being poured into this system. many families had felt the agony of separation, trauma by the same system that claims to keep children safe with no real transparency, no meaningful ways to

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2 repair family bonds and no accountability for the
3 harm it has caused and continue to cause. I still
4 can remember the day that I received that first knock
5 on the door. It was like a whirlwind. My children
6 were terrified and I was-- the confusion and the fear
7 that I felt was unspeakable, and all I could think
8 about was what are my rights and how I was going to
9 protect my children from this monstrous system. The
10 purpose I'm telling my story to all is to say that we
11 need to acknowledge that we must create opportunities
12 for families to stay together, and parents they must--
13 - they must know their rights. The Family Miranda
14 bill is essential for every parent to know what are
15 their rights, and it's a tool to build parents up and
16 empower them to do what is best for their family, no
17 matter what we look like, our culture, or our gender.
18 Knowing our rights is the social fabric to our
19 society and humanity. Our rights as parents should
20 not be ignored. This is the foundation that we all
21 must stand on. We must fight for justice. We must
22 fight for equality, and we must fight for family.
23 That is why the Family Miranda bill is so important
24 to us. we can't continue to let this harmful system
25 that we know as the family regulation system that

1 lacks trauma responsive practices, stigmatize
2 families, and hold family hostage because of what
3 they believe what the parent did was wrong. This is
4 a tool they use in a form of accountability, but the
5 reality is it destroys families. We are mothers and
6 brothers and sisters just like so many of you that
7 are in today here with us all, and we should be
8 treated with respect and dignity. So I ask if you
9 truly value families, then it's crucial to pass the
10 Miranda Rights Bill Law, and thank you again for
11 giving me the opportunity to speak my truth.

12
13 COMMITTEE COUNSEL: Thank you so much
14 Nancy for your testimony. I am now going to once--
15 I'm going to call on Joyce McMillan listed here who
16 has a hand raised.

17 JOYCE MCMILLAN: Hey, guys, it's me
18 again. I'm only coming back because I just want to
19 bring this to you guys' attention and Mr. Levin,
20 maybe you might want to speak with me offline
21 afterwards. I'm working with a parent, 20 years old,
22 kicked out of her shelter on Friday night because her
23 and her boyfriend had a verbal argument. The
24 boyfriend is on the street. The young lady is now at
25 Covenant House. She has a three-year-old and she's

1 pregnant with her second child. ACS told her to give
2 her baby Friday night to her Godmother and that she
3 couldn't have the baby back with her. It's Monday.
4 They have not taken her to court. Because I'm asking
5 her what are they doing, now they set a family safety
6 conference. Child safety conference is usually the
7 conferences that happen where they assess the safety
8 because they want to remove the child. They're
9 telling her she can't talk to her boyfriend. She's
10 saying that it was only argument. There was no
11 physical altercation, and they have this mom
12 terrified to even go get her baby. I just spoke to
13 the case manager at Covenant House, and Covenant
14 House is like, "She has to bring the baby, you know,
15 it's a mother and child program." So, if she doesn't
16 get her child, like if ACS takes the baby, mom's
17 going to be displaced again. And these are things
18 that they do--

20 CHAIRPERSON LEVIN: [interposing] This is
21 a Covenant House-- this is a Covenant House shelter
22 who-- is this a-- Covenant House usually is the
23 runaway homeless youth system. This is not--

24 JOYCE MCMILLAN: [interposing] They also
25 have a mother and child program.

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COMMITTEE ON GENERAL WELFARE

CHAIRPERSON LEVIN: Mother and child program, okay. So this--

JOYCE MCMILLAN: [interposing] for homeless moms, yes.

CHAIRPERSON LEVIN: Okay. I'm happy to connect with you after the hearing in the next day or tomorrow and we can reach out to just make sure that she has all the resources that she needs, that's she's not being denied any of the kind of resources that would lead--

JOYCE MCMILLAN: [interposing] She should be [inaudible] child's father, and she shouldn't be denied. There's no order of protection, Mr. Levin, Council Member Levin, and there's no court order, and there's no anything, just ACS doing the absolute most. You know why? Because she does not know her rights.

CHAIRPERSON LEVIN: Let's definitely talk in the next day or two. I'll be around. You know how to find me.

JOYCE MCMILLAN: Yes, sir.

CHAIRPERSON LEVIN: Thank you, Joyce.

JOYCE MCMILLAN: Thank you.

1
2 CHAIRPERSON LEVIN: And thank you Joyce
3 for-- I imagine that a number of the people that have
4 testified were doing so at your urging and
5 facilitation, and so I appreciate it very much you
6 brining the cases to this hearing for the record.

7 JOYCE MCMILLAN: I'm sorry, to confuse
8 the committee with all the Joyce--

9 CHAIRPERSON LEVIN: [interposing] That's
10 okay.

11 JOYCE MCMILLAN: [inaudible]

12 CHAIRPERSON LEVIN: That's okay. I
13 appreciate it very much, Joyce. Thank you as always.

14 JOYCE MCMILLAN: It's a wrap guys. Thank
15 you.

16 COMMITTEE COUNSEL: Thanks again, Joyce,
17 and at this point one last call. If we have
18 inadvertently missed anyone who has not testified and
19 would like to testify, you can use the Zoom raise
20 hand function. Okay, seeing no one else, I would
21 like to note that written testimony which we will be
22 reviewed in full by committee staff may be submitted
23 to the record up to seven-- 72 hours after the close
24 of this hearing by emailing it to
25 testimony@council.nyc.gov. Again, we will accept

1
2 written testimony for the record up to 72 hours after
3 the close of this hearing, and you can email that
4 testimony to testimony@council.nyc.gov. Chair Levin,
5 we have concluded public testimony for this hearing.

6 CHAIRPERSON LEVIN: Thank you very much.
7 I want to thank everybody that testified at this
8 hearing. I do see this as kind of a first step and I
9 would like to do everything I can in the next six
10 months before I leave office to incorporate a lot of
11 these lessons into policy moving forward. So I do
12 ask that everybody that testified, if they wish, to
13 join with us [inaudible]. I greatly appreciate
14 [inaudible] today. And with that, at 2:41 p.m., this
15 hearing is adjourned.

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COMMITTEE ON GENERAL WELFARE

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 July 5, 2021