



**JUMAANE D. WILLIAMS**

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**TESTIMONY OF PUBLIC ADVOCATE JUMAANE D. WILLIAMS  
TO THE NEW YORK CITY COUNCIL COMMITTEE ON CHILDREN AND YOUTH  
FEBRUARY 26, 2026**

Good afternoon,

I am Jumaane D. Williams, Public Advocate for the City of New York.. I would like to thank Chair Stevens and committee members for holding this hearing.

Since its inception, the child welfare system has disproportionately targeted Black and brown families. Despite the good intentions of many who work within the system, the fact remains that the Administration for Children’s Services (ACS) investigates, prosecutes, and separates Black and Latino families more often than white families.<sup>1</sup> In 2023, almost 90 percent of children removed from their families were Black or Latino. While child abuse and neglect is a very real problem that sometimes requires government intervention—including removing children from their homes—there is no evidence to suggest that Black and brown families abuse their children at higher rates than white people.

We must recognize that, in many cases, the child welfare system is criminalizing poverty. Instead of providing struggling families with resources like food and cash assistance, or mental health treatment, the child welfare system inflicts trauma on children and their caregivers by surveilling them and removing them from the home. ACS agents not only conduct home searches, but invasive body searches of children.<sup>2</sup> Many parents do not know that they can refuse these searches, or are too afraid to refuse because they fear that there will be consequences. This is extremely distressing and destabilizing for parents, and especially so for children. In an effort to protect children from harm, ACS often inflicts the harm itself. By creating an environment of fear of removal, parents may feel deterred from seeking help for themselves or their children, including seeking medical or mental health care.

It is also important to acknowledge that making reports of child abuse or neglect to city and state agencies is often weaponized by people who mean to do harm to a particular parent or family. Many parents have shared their stories of people with grudges or abusive ex-partners spitefully and anonymously reporting them to child welfare agencies, resulting in invasive and traumatic

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<sup>1</sup> <https://www.bronxdefenders.org/wp-content/uploads/2025/06/ACS-racism-report-FINAL.pdf>

<sup>2</sup> <https://www.propublica.org/article/nyc-child-welfare-agency-warrantless-searches-lawsuit>

searches of their homes and children, and lasting unwanted and unnecessary interventions in their lives.<sup>3</sup> Thankfully, Governor Hochul signed the Anti-Harassment in Reporting bill at the end of last year, ending anonymous reporting in New York.<sup>4</sup>

Many parents do not know that they have legal rights in child welfare investigations, including the right to refuse entry into their home without a warrant. The state legislature must pass the Family Miranda Rights Act (A1234/S551),<sup>56</sup> which would require child welfare agents to advise parents and caregivers of their rights at the beginning of an investigation. In 2023, ProPublica reported that, while they publicly stated that they supported the bill, ACS privately proposed gutting the law.<sup>7</sup> This underscores how child welfare agencies often operate: not in the best interest of children or families.

Raising children is as difficult as it is rewarding, and at some point, every parent and caregiver will need help. Punitive, invasive, and unnecessary intervention into families' lives must not be disguised as help.

Thank you.

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<sup>3</sup> <https://www.propublica.org/article/nyc-child-welfare-agency-warrantless-searches-lawsuit>

<sup>4</sup> <https://www.law.nyu.edu/news/family-defense-clinic-child-abuse-reporting-bill>

<sup>5</sup> <https://www.nysenate.gov/legislation/bills/2025/S551>

<sup>6</sup> <https://www.nysenate.gov/legislation/bills/2025/A1234>

<sup>7</sup> <https://www.propublica.org/article/new-york-families-child-welfare-miranda-warning>



City Council Committee on Children and Youth

Feb. 26, 2026

Oral Testimony – Nora McCarthy

Good afternoon Chair Stevens, Members of the Committee, thank you so much for the opportunity to testify.

I'm Nora McCarthy, director of the NYC Family Policy Project, and I'm speaking today as a member of the Narrowing the Front Door Work Group.

Thank you for your attention to the issue of racial disparities in child welfare involvement. I want to speak about how we can invest in a new approach so that fewer Black and Latino families end up facing crises and ACS involvement.

As you know, the Narrowing group and the Innovation Team in the Mayor's Office of Policy and Planning have been planning a new approach—to create a new city Office of Family Well-Being that would anchor a community approach to family support.

This fall we spent time listening to what parents say they need.

Parents who rely on city programs and services report needing navigation support that is cross-agency, supportive and peer-centered.

Families face barriers including:

- Mistrust
- Stigma and Shame
- Fear of Judgement & Consequences
- Resource & Time Scarcity

They named solutions including:

- Trusted Messengers
- Peer-Based Models
- Neighborhood Proximity
- Proactive Outreach

Word of mouth is how parents say they learn about resources—through people and organizations they trust.

A neighborhood-based strategy that invests in grassroots organizations and the social fabric can ensure that families find the support they need.

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A new city Office of Family Well-being can:

- Centralize and coordinate family support programming
- Support community-led planning and grantmaking to build on neighborhood assets and fill gaps
- Create new, restorative approaches to family safety that prevent and de-escalate family crises
- build up networks of peer support to improve access to existing services and resources
- Prioritize investment and capacity-building support for grassroots organizations that families trust

Moreover, we can fund this work by reinvesting millions in city savings from reductions in ACS spending

I want to invite all of you to a legislative breakfast next month to learn more.

We hope all of you on this Committee – and your colleagues on the Council broadly – will be champions of this new plan for families.

# Create an Office of Family Well-Being Within the New York City Department of Community Safety

DECEMBER 2025

Over the past two years, advocates and city leaders have built a vision for enhanced community investment to strengthen family well-being and keep children safely together with their families and in their communities. An office that centralizes and coordinates city investments in families is an essential missing piece that can bolster the current Community Safety Plan.

**Healthy, well-resourced, and connected families are essential to the safety and security of our City.** As the U.S. Surgeon General observed in his [2024 report](#), family life “is essential not only for the health of children but also for the health of society”. Currently, City programs that support parents and stem family crises are underfunded and lack the coordination necessary for long-term family well-being and safety. These programs require centralized coordination and implementation.

Raising children is sacred work. It should matter to all of us. [Parents] across all backgrounds want to provide their kids with a foundation for happiness and success. Yet too many fear they won't be able to provide what's necessary or their kids won't be able to access what they need in order to lead a fulfilling life... The more parents feel they are falling short of meeting their children's needs, the more they scramble to make up lost ground.

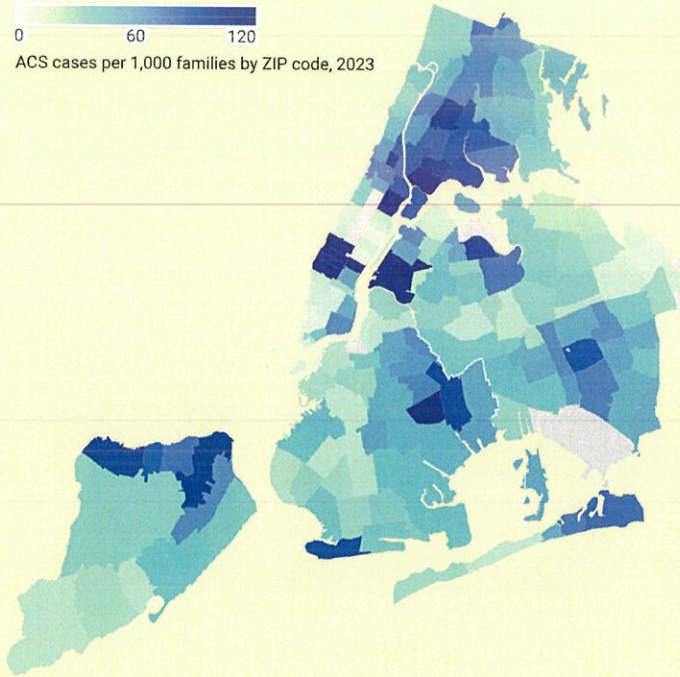
– Surgeon General's report [Parents Under Pressure](#), 2024

**A public health approach to family well-being can reduce crisis intervention**

**and family separation.** Our City too often surveils, disrupts, separates and destroys families through involvement with the Administration for Children's Services (ACS) and youth justice system rather than connecting them to trusted, community-based supports to enhance well-being and safety. Policing of families falls heavily and almost exclusively on the City's poor, Black and Latino children and families. A groundswell of advocacy groups and research organizations are increasingly calling for the adoption of a community support approach to prevent, interrupt and heal families from crises. This can:

- \* Enhance family safety and security, improving children's health and wellness across the life span;
- \* Close gaps that lead to family crises and reduce ACS and youth justice intervention;
- \* Contribute to community safety, as secure families are a building block of community care.

0 60 120  
ACS cases per 1,000 families by ZIP code, 2023



## ACS Cases in NYC

Almost 45% of Black and Latino children in New York City will experience an ACS investigation by age 18. While ACS involvement has decreased in the past 5 years, it remains a crisis. Investigations and removals of children from their families are concentrated geographically and racially.

The neighborhoods most impacted by conditions of poverty and crime are also those most targeted by ACS intervention. This correlation reflects decades of disinvestment, the wealth gap and economic precarity for New York City families of color.

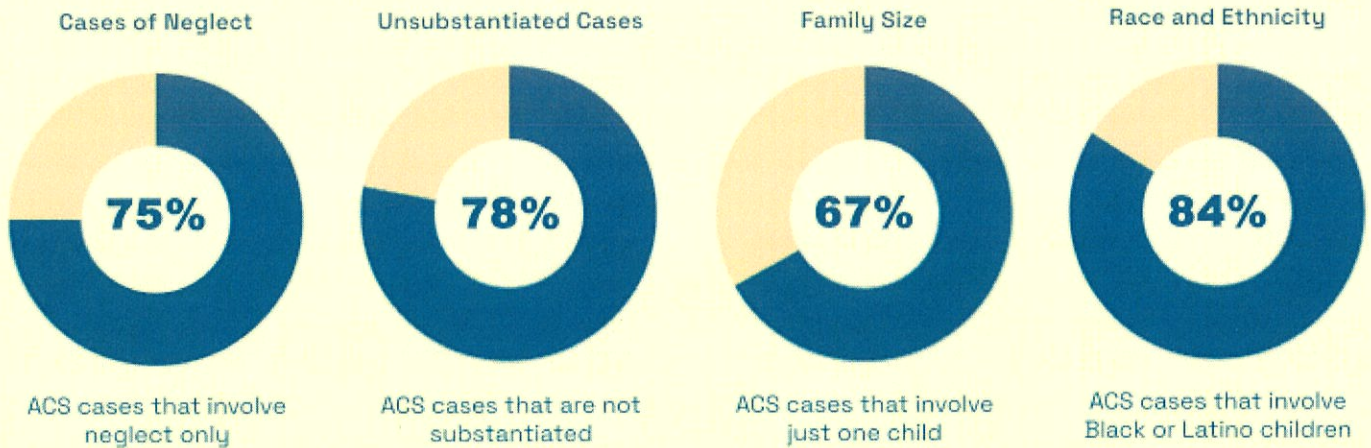
**The Office of Family Well-Being will bring a community-led approach to child and family well-being as an essential locus of community safety.** Strategic attention to the conditions impacting parenting and caregiving is necessary if we are to truly make safety a reality. The Office of Family Well-Being will:

- \* Ensure a holistic approach to family support policy, funding and programming so that city resources work better and reach more people.
- \* Support community-led planning and grantmaking to identify and build on neighborhood assets and fill gaps.
- \* Identify and create new, culturally responsive family programs that prevent and de-escalate family crises and promote family integrity, connection, resilience and safety.
- \* Prioritize investment and capacity-building support for grassroots organizations that families trust, with a focus on the neighborhoods most targeted by ACS and the youth justice system.
- \* Reinvest millions from new federal prevention funds and from cost savings due to reductions in ACS cases.

Safety is “a set of resources, relationships, skills, and tools that can be developed, disseminated, and deployed to prevent, interrupt, and heal from harm.”

– Kaba & Ritchie, [Reclaiming Safety](#)

## Families Involved with ACS



Source: Administration for Children Services data provided to NYC Family Policy Project

### Gaps in city services and resources contribute to child welfare involvement.

Child welfare involvement is most likely when families experience economic setbacks or are in need of basic services, like therapy. NYC is rich in programs and resources to support family life. However, they are unevenly and inequitably distributed and difficult to navigate. Families are often reported because it's challenging to navigate the city's family support options but easy to call the child abuse and neglect hotline. When support is hard to access, family challenges can build into crises.

### Parents who rely on city programs and services report needing navigation support that is cross-agency, supportive and peer-centered.

Word of mouth is how parents say they learn about resources—through people and organizations they trust. A neighborhood-based strategy that invests in grassroots organizations and the social fabric can ensure that families find the support they need. The following are some of the barriers parents face accessing support and their solutions:

#### Barriers

- \* Mistrust
- \* Stigma and Shame
- \* Fear of Judgement & Consequences
- \* Normalization of Hardship
- \* Resource & Time Scarcity
- \* Work and Childcare Schedules
- \* Knowledge Gaps and Misinformation
- \* High Cognitive Load
- \* Choice Overload and Decision Fatigue

#### Solutions

- \* Trusted Messengers
- \* Peer-Based Models
- \* Mandated Reporter Declarations
- \* Neighborhood Proximity
- \* Proactive Outreach
- \* One-Stop Shops
- \* Warm Handoffs
- \* Drop-in and Extended Hours
- \* Building Community

Families want greater city investment in family-supportive grassroots community organizations; coordinated, safe and accessible pathways to family support; flexible supports that are responsive to their lived experience; and community leadership in setting priorities, designing programs and directing funding.

### Office of Family Well-Being Programs

This Office would act as a champion, connector and capacity-builder, supporting community groups and collaborating with city leadership to enhance families' access to core city services and resources, particularly in neighborhoods where child welfare involvement is most common. Technical assistance to assess program and community impacts will build up high-quality programs at scale.

Community-Led Planning and Grantmaking	Oversight and Innovation of Key Family Support Programs
<ul style="list-style-type: none"> <li>* A framework that combines data on local assets and community knowledge can support city-led planning to increase equity and reduce child welfare involvement</li> <li>* Planning anchored by Asset-Based Community Development can identify local capacities to build on and gaps to fill, while building community networks</li> <li>* A budget for community-led grantmaking tied to the planning process allows for immediate flexible spending on small and medium-sized projects</li> </ul>	<p>Reducing child welfare involvement requires addressing citywide service gaps. Parents have consistently called for city investment in:</p> <ul style="list-style-type: none"> <li>* Navigation support to access basic needs and services</li> <li>* Family relationships and healing support</li> <li>* Safe spaces for family joy and connection</li> </ul> <p>This office can coordinate and support programmatic innovation, experimentation and scaling, and directly oversee core programs.</p>

### Proposed Budget

New York City's current Community Partnership Program ( \$14 million) and Enrichment Centers (\$16.1 million) within ACS, as well as similar family support programs in other agencies, can move into the jurisdiction of the Office of Family Well-Being and be aligned and expanded to be more effective. Community planning and grantmaking can begin in the five highest-impacted neighborhoods (\$15 million).

## **Intentional Planning for Family-Supportive Communities: What the Research Says**

Research confirms that everyday surroundings offer significant advantages to children *even if their own family is struggling*. Community assets like safe play spaces and greenery; density of nonprofits and civic events; convenient access to critical family resources, like grocery stores and childcare; and a vibrant social fabric enhance children's health, cognitive development, social mobility, and lifelong earnings. In neighborhoods where residents look out for one another and band together to solve problems, health is better and crime is lower, even when socioeconomic disadvantage is the same. Specifically, collective efficacy has been shown to impact domestic violence, child abuse and neglect, adult depression, children's development and behavior, and family health.

Yet decades of redlining and structurally racist disinvestment have resulted in vastly inequitable conditions. Community organizations that help keep children, youth and families healthy and thriving by filling in the gaps in our social safety net often struggle to keep their doors open. Planning, coordination and resources specifically designed for families will produce better results in both safety *and* well-being.

### **A dedicated focus on families will significantly enhance the effects of inter-agency innovation and coordination for community well-being and safety.**

Beyond enhancements to individual Offices, the current Community Safety Plan seeks to align City policies and collective assets, like environmental design, streetlights and greenspace, and to lead cross-agency symposia on new ways to strengthen safety. Bringing a Family Well-Being lens to this innovative framework will lead to synergistic effects that increase safety and well-being for families and communities. Community-led planning and grantmaking overseen by this Office will enhance resources with broad safety impacts.

**The Office of Family Well-Being builds on a legacy of leadership in NYC.** Our City's advocacy and leadership in protecting family rights and child well-being has long been recognized, achieving significant reductions in the number of children separated from their families by foster care and juvenile detention. This Family Well-Being vision, led by the Narrowing The Front Door to NYC's Child Welfare System Workgroup in partnership with City leadership, and informed by the work of the New York State Child and Family Wellbeing Fund Workgroup, builds on that legacy.

Now, by taking bold action to synchronize planning for community safety with a commitment to robust, intentional investment in family well-being, our City has the opportunity to once again be a leader in innovative, progressive, human-centered government design.

*To learn more, please contact Angela Burton at [jd2u\\_98@yahoo.com](mailto:jd2u_98@yahoo.com) or Nora McCarthy at [nora@familypolicynyc.org](mailto:nora@familypolicynyc.org)*



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New York City Council Committee on Children & Youth  
Oversight Hearing on the Administration for Children's Services (ACS)

March 3, 2026

In Support of Int. 449-2026 (Family Miranda)

Submitted by:

Odessa Fynn, LM, MS, CLC

Executive Director, Aurora Midwifery Foundation, Inc.

Licensed Midwife with over a decade of clinical experience

Member, NYC DOHMH Maternal Mortality Review Committee (testifying in an individual capacity)

Greetings Chair Althea Stevens and Members of the Committee,

My name is Odessa Fynn. I am a Licensed Midwife with over a decade of clinical experience and the Executive Director of Aurora Midwifery Foundation, Inc., a nonprofit organization working to advance health equity and strengthen community resilience in East New York, Brooklyn and beyond.

I also serve as a member of the New York City Department of Health and Mental Hygiene Maternal Mortality Review Committee. I include that role for transparency. I am speaking today in my personal capacity as a clinician and nonprofit executive. The views expressed here are my own and do not represent the positions of the NYC Department of Health or the Committee. I rely solely on publicly available reports.

Aurora Midwifery Foundation strongly supports Int. 449-2026, known as Family Miranda.

We support this legislation because transparency, due process, and dignity are foundational to public trust – particularly in systems that hold the authority to investigate, monitor, and, in some cases, separate families.

Over the past five years, reports from independent oversight bodies and publicly available data have documented persistent structural concerns within New York City's family regulation system.

According to an analysis of New York State Office of Children and Family Services data, conducted by FamilyPolicyNYC, in 2021 approximately 44% of Black children, 43% of Latino children, and 19% of white children in New York City experienced an ACS investigation.<sup>1</sup>

In 2024, the New York Advisory Committee to the U.S. Commission on Civil Rights issued a report titled Examining the New York Child Welfare System and Its Impact on Black Children and Families.<sup>2</sup> That report documents troubling disparities in how Black families experience the system.

The Committee found that:

"When interacting with the healthcare system, Black families are disproportionately reported to the hotline for child abuse and neglect compared to white families, even when the injuries sustained by Black and white children are similar."<sup>2</sup>

It further noted:

"Emergency rooms continuously screen Black children for child abuse compared to white children with similar injuries."<sup>2</sup>

The Committee also received testimony noting that:

"Being Black and low-income increases the level of suspected culpability."<sup>2</sup>

These findings reflect how bias can operate at the earliest stages of system entry – before a formal ACS investigation even begins.

Family defense organizations such as The Bronx Defenders and Brooklyn Defender Services — which collectively represent thousands of parents each year in Family Court — have further documented the lived consequences of these patterns.<sup>3</sup>

In its 2025 report, *The Wound Is Still Fresh*, The Bronx Defenders compiled interviews with Black and Latino parents who experienced ACS investigations.<sup>3</sup> The report includes firsthand accounts of parents describing profound emotional and familial harm resulting from investigative and removal practices.

One mother interviewed for the report stated plainly:

“They put me through hell,”<sup>3</sup>

and reported that her children remain traumatized and emotionally struggling with what happened, “lashing out” to express the trauma they experienced.

The report notes that this treatment directly contradicted public statements made by agency leadership about how survivors should be treated.<sup>3</sup> In testimony before the New York State Assembly in 2023, Commissioner Dannhauser stated:

“I will say, though, I think especially in New York City, it’s really important to talk about race in that context. Substance abuse is treated differently, domestic violence is treated differently by race. I think we have to make sure that folks who are seeking help, that is expressing a minimum degree of care. If you are seeking help, you shouldn’t pay a price for that.”<sup>3</sup>

The Bronx Defenders and Brooklyn Defender Services have documented that many investigations arise in contexts where parents are seeking help — for mental health challenges, substance use treatment, housing instability, or domestic violence.<sup>3</sup> Even when allegations are ultimately unsubstantiated, families may already have endured emergency removals, months of court proceedings, employment disruption, reputational harm, and long-term emotional consequences for children.

Separate from these oversight findings, publicly available maternal mortality data provide additional structural context.

The 2022 Pregnancy-Associated Mortality in New York City Annual Report reviewed 66 pregnancy-associated deaths. Of those cases, 31.8 percent involved Child Protective Services contact or a history of childhood trauma (Table 4).<sup>5</sup> Eighty percent involved at least one significant social or emotional stressor.<sup>5</sup> And 86.4 percent were determined to have some or good chance of being prevented (Table 5).<sup>6</sup> Mental health conditions were the leading cause of pregnancy-associated death that year (Table 2).<sup>7</sup>

The five-year maternal mortality report covering 2016 to 2020 documented that 13.3 percent of pregnancy-associated deaths involved ACS contact before, during, or after pregnancy.<sup>8</sup> That same report issued recommendations calling for clearer ACS guidelines, reconsideration of automatic CPS notification practices, and improved oversight regarding the intersection of ACS involvement and maternal health outcomes.<sup>9</sup>

Aurora Midwifery Foundation does not assert that ACS causes maternal mortality.

What these reports collectively show is that family regulation systems, racial inequity, poverty, trauma exposure, and maternal health vulnerabilities often intersect within the same communities. When nearly one-third of maternal deaths involve CPS contact or trauma history — and when the overwhelming majority of those deaths are preventable — safeguards that reduce confusion, fear, and coercive dynamics become a matter of responsible governance.

Family Miranda is such a safeguard.

Requiring child protective specialists to clearly inform parents and legally responsible caregivers of their rights promotes informed engagement. It reduces the high risk of trauma to historically impacted family units. It aligns with reform recommendations calling for clearer ACS guidelines. And it strengthens trust between families and institutions.

Transparency does not weaken child safety. It strengthens legitimacy.

In systems that carry the power to separate families, clarity and due process are not optional. They are foundational.

Aurora Midwifery Foundation respectfully urges the New York City Council to pass Int. 449-2026.

Respectfully submitted,



Odessa Fynn, LM, MS, CLC

Executive Director

Aurora Midwifery Foundation, Inc.

Licensed Midwife

Member, NYC DOHMH Maternal Mortality Review Committee

*(speaking in my personal capacity and not on behalf of the Committee or the Department of Health)*

1. FamilyPolicyNYC.org, *Investigations Data 2021*.
2. New York Advisory Committee to the U.S. Commission on Civil Rights, *Examining the New York Child Welfare System and Its Impact on Black Children and Families* (May 2024).
3. The Bronx Defenders, *The Wound Is Still Fresh: ACS's Systemic Discrimination Against Black and Latine Families* (2025); Brooklyn Defender Services, *Family Defense Practice Publications* (2024).
4. New York City Comptroller, *Audit: Foster Care Safety Oversight by ACS* (2024).
5. Litvak J, Jiang Y, Jessup J, Grant H, Searing H. *Pregnancy-Associated Mortality in New York City, 2022*. Table 4 (Social and Emotional Stressors).
6. Id. at Table 5 (Preventability Determinations).
7. Id. at Table 2 (Causes of Death).
8. New York City Department of Health and Mental Hygiene, *Pregnancy-Associated Mortality in New York City, 2016-2020*.
9. Id., System-Level Recommendations regarding OCFS and ACS notification practices.



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TESTIMONY

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**Oversight - Examining Racial Disparities in New York City's Child Welfare System.  
Int. 424, Int. 449, Int. 466**

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New York City Council  
Committee on Children and Youth  
Althea V. Stevens, Chair

THE LEGAL AID SOCIETY  
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February 26, 2026

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### **Introduction**

The Legal Aid Society (“LAS”) welcomes this opportunity to submit testimony to the New York City Council Committee on Children and Youth regarding three proposed bills relating to the family regulation system in New York City. We vigorously support Int. 449, Int. 466, and Int. 424.

We thank Chair Althea Stevens for offering the opportunity to highlight these issues.

### **The Legal Aid Society**

The Legal Aid Society is the nation’s largest and oldest provider of legal services to low-income families and individuals. The Society operates three major legal practices – Civil, Criminal and Juvenile Rights – providing comprehensive legal services throughout New York City. The Legal Aid Society takes on more cases for more clients than any other legal services organization in the United States, and it brings a depth and breadth of perspective that is unmatched in the legal profession.

Legal Aid’s Juvenile Rights Practice provides legal representation to children who appear before the New York City Family Courts in all five boroughs, in abuse, neglect, juvenile delinquency, and other proceedings affecting children’s rights and welfare. Our staff typically represent approximately 30,000 children each year. Our perspective comes from our daily contacts with children and their families, and from our frequent interactions with the courts, social service providers, and State and City agencies whose practices impact our clients and their families. In addition to its individual representation, The Legal Aid Society also seeks to create broader, more powerful systemic change through its law reform representation. These efforts have benefited some two million low-income families and individuals in New York City and the landmark rulings in many of these cases have had a state-wide and national impact. Our experiences engaging in courtroom and other advocacy on behalf of our clients as well as through coalition building with other stakeholders informs our testimony.

### **Significant Racial Disparities Continue to Plague the Child Welfare/Family Regulation System.**

Today’s family policing system stems in large part from the history of family separation of Black families in America, going back to periods of slavery and the human trafficking of Africans. These practices, spanning hundreds of years, institutionalized a distrust of Black parents and a narrative of the dysfunctional Black family. This history, mixed with centuries of racial bias, has led to the creation of a network of surveillance and prosecution of Black families through the family policing system.

Today, poor, predominantly Black and Hispanic families face high levels of contact with mandated reporters – working professionals in critical fields like public healthcare, public education, public housing, and childcare – who are legally required to make reports to the Statewide Central Register of Child Abuse and Maltreatment (SCR), which triggers investigation by the New York City Administration for Children’s Services (ACS). Laws requiring mandated reporting create perverse incentives to overreport, including civil, criminal, and licensure penalties for failure to report, and no penalty for overreporting, even if the allegations are determined to be false. Poverty amplifies a family’s exposure to mandated reporters, creating a looming and perpetual threat of contact with the family policing system. Many families encountering ACS experience family separation, where their children are removed and placed into the foster care system. And as Jasiyah Gilbert, Client and Community Engagement Manager within the Legal Aid Society’s Juvenile Rights Practice and a person with lived experience as a child removed from his mother noted during his oral testimony, once a child has been taken from their family, the damage to the child has been done.

Through child abuse and neglect investigations, court proceedings, and family separations, child protective services have become a tool of racial oppression, and child maltreatment proceedings have become a vehicle for controlling, subjugating, and often destroying Black and Latinx families in the name of rehabilitation.

We appreciate that New York City has implemented reforms and made significant strides to reduce the size of the foster care system and address its racial bias. Over the last few decades, the number of children in foster care dropped from a peak of nearly 50,000 children in the 90s to approximately 6,400 children in 2024. There has been a shift in focus away from family separation and Family Court proceedings and towards providing supportive services and material assistance.

Nonetheless, in New York City, Black and Hispanic families and families of color still experience significantly different outcomes than white children at every stage of the family policing system.<sup>1</sup> They are more often investigated, more often removed from their homes and moved through numerous foster care placements, and they have lower rates of family reunification. Almost 90% of youth in ACS custody through foster care identify as Black or Hispanic. Unfortunately, the system still projects institutional, as well as individual, racism and bias onto the children and families it is tasked with supporting. There is still much to accomplish before we can say that the system prioritizes the children and families it was created to serve.

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<sup>1</sup> Family Policy Project, Racial Disparities (2023), available at <https://familypolicynyc.org/data-brief/racial-disparities-2023/>.

### **Int. 449: Notice to Parents in Family Policing Investigations**

The Legal Aid Society vigorously supports Int. 449 which would inform parents who are being investigated by ACS of their legal rights, including their right to legal representation, at the earliest opportunity.

In 1966, the United States Supreme Court decided the landmark case of *Miranda v. Arizona*, a case that changed the American legal system by requiring police to advise people of their rights when they are placed under arrest. *Miranda* warnings were a critical recognition that without notice, rights can be meaningless. Yet during family policing investigations, where government overreach carries the profound risk of unjustified family separation, parents have typically remained unaware of their rights.

Each year, approximately 50,000 New York City families are subjected to invasive, stressful family policing investigations in New York City. All too often, parents have been misled about their rights and pressured to acquiesce to demands that are harmful to their families. ACS Child Protective Services (CPS) investigators have pressured parents to allow them to search their homes, interview family members, access private medical records, and much more. New York law, however, is clear that parents can refuse these requests in the absence of a true emergency or a court order. Notice to parents is an essential step to making these rights real in practice.

Int. 449 would require CPS to inform parents and caretakers of their rights during family policing investigations. This common-sense bill does not create any new rights. It simply ensures that parents and caregivers have information about existing rights so that they can make informed decisions for their families.

Int. 449 would not impede CPS from conducting a thorough investigation. CPS continues to have legal recourse to court orders and emergency removal authority. However, Int. 449 will ensure that CPS provides the information and transparency parents need to protect their families from unlawful abuse of that authority.

This is not just a basic fairness issue, it is a racial justice issue. Black and Hispanic families bear the heaviest burden of family policing system involvement throughout New York City. The failure to advise parents of their rights often results in confusion and panic for both the adults and the children involved and overwhelmingly affects people of color from low-income communities who are subjected to these rights violations and forced separations. Black and Hispanic families are significantly more likely to be reported, investigated, placed on the statewide registry, and forcibly separated. ACS is 8.3 times more likely to investigate Black children, and 6.7 times more

likely to investigate Hispanic children, than white children.<sup>2</sup> ACS is 10.5 times more likely to indicate cases involving Black children, and 9.2 times more likely to indicate cases involving Hispanic children, than white children.<sup>3</sup> Black and Hispanic children are then taken in to foster care at rates 15.6 and 8.4 times higher than white children, respectively.<sup>4</sup> The communities affected consistently report that the targeting of their families and neighborhoods for family policing investigations feels threatening, degrading, and highly stressful—much like over-policing by law enforcement in those same communities.

ACS itself has recognized the importance of notice to parents of their rights at the outset of family policing investigations. It has already adopted the practice that Int. 449 would codify; however, it does not provide it in all instances.<sup>5</sup> It is critical to codify these requirements to ensure that such notice is provided in all instances and that future ACS Commissioners abide by these practices.

#### **Int. 466: Notice in Multiple Languages**

Additionally, rights can only be meaningful if they are understood. New York families facing family policing investigations and the risk of family separation deserve to know their rights, even if they are not versed in English or speak English as a second language. Int. 466 is a critical step towards making that a reality for all families in New York City, regardless of their language. Ensuring that information about legal rights is available in multiple languages is crucial for equality, non-discrimination, and protection against abuse. Again, this already appears to be ACS’s practice, but not in all instances. Codifying these requirements to ensure that such notice is provided in all instances and that future ACS Commissioners abide by these practices is essential.

#### **Int. 424: Increase Access to Mental Health Services for Youth Exiting Foster Care**

The Legal Aid Society supports Int. 424. Children pulled into the foster care system have often experienced trauma prior to their removal. For many children, being placed into foster care is itself experienced as a significant trauma. Left unaddressed, trauma can lead to a myriad of



<sup>2</sup> State Off. of Child. & Fam. Servs., *Black Disparity Rate: Unique Children in CPS Reports CY 2024* (2024), <https://ocfs.ny.gov/reports/sppd/dmr/Disparity-Rate-Packet-2024-County-Comparison.pdf>.

<sup>3</sup> *Id.*

<sup>4</sup> *Id.*

<sup>5</sup> ACS, [A Parent's Guide to the Child Abuse Investigation](https://www.nyc.gov/site/acs/child-welfare/parents-guide-child-abuse-investigation.page), available at <https://www.nyc.gov/site/acs/child-welfare/parents-guide-child-abuse-investigation.page>.

negative outcomes, including higher rates of contact with the juvenile legal system.<sup>6</sup> Some children exit care with no access to free mental health services to assist them with processing their experience of having been removed from their parents, working through their experiences within the foster care system, and reintegrating with their families. While some children continue to qualify for mental health services while their ACS cases remain open, or retain Medicaid coverage during the year post-discharge, many mental health providers have lengthy waitlists. Many parents and children with lived experience in the system have shared, including during previous City Council testimony, that there was a total lack of mental health support during the post-discharge period.<sup>7</sup> Additionally, some children are returned to their families as their ACS cases are closed, leaving a significant services gap that must be addressed.

A 2024 survey of former foster youth found that “twenty-one percent report they are rarely or never able to access mental health care when they need it” and identified numerous barriers to treatment, including cost and insurance.<sup>8</sup> According to the Youth Ask Youth Census, over 35% of youth did not have access to mental health services when they needed them, and almost 30% of surveyed youth could not access medication, support groups, trusted people to speak with, or general counseling when they needed it.<sup>9</sup> Young people urgently need interventions that offer care and support, not surveillance and punishment. New York City must provide timely access to mental health services for children who cannot afford them at critical junctures when we know they need them.

### **Conclusion**

Thank you again for consideration of these important issues. Please feel free to contact us if you require any additional information.

Contact:

Lisa Freeman

[lafreeman@legal-aid.org](mailto:lafreeman@legal-aid.org)

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<sup>6</sup> Intersection between Mental Health and the Juvenile Justice System, Literature Review: A Product of the Model Programs Guide, Office of Juvenile Justice & Delinquency Prevention (July 2017), <https://ojjdp.ojp.gov/model-programs-guide/literature-reviews/intsection-between-mental-health-and-the-juvenile-justice-system.pdf>.

<sup>7</sup> Testimony of the Legal Aid Society, December 12, 2024, before the City Council Committee on Children and Youth, Oversight – Examination of ACS’s Preventative Services Programming, p. 89-90.

<sup>8</sup> Mica Baum-Tuccillo, María Elena Torre, Julia Davis, Maya Tellman, T’coy Adams, Laetitia Brutus, Shania Benjamin, Embraia Fraizer, Christine Joseph, Amal Kharoufi, Ellenie Liang, LaTroya Lovell, Justin Mercado, Mya Martinez, Shauntay Mayfield, Susan Notkin, Denice Ocana, Jose Perez, Chanel Smith, and Grace Tatom. (2024). “We deserve action, not just words:” Findings of a Survey of Former Foster Youth in New York City.

<sup>9</sup> <https://www.amplifyapp.org/en/results/2023>. Similarly, the NYC Department for Youth and Community Development’s Youth Agenda, created by their Youth Advisory Board and allies emphasized their need for improved mental health services in 2023. Available at [https://www.nyc.gov/assets/dycd/digital\\_toolkit/NYCYouth\\_TownHall/nyc-youth-agenda/index.html](https://www.nyc.gov/assets/dycd/digital_toolkit/NYCYouth_TownHall/nyc-youth-agenda/index.html).

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## Parents Supporting Parents NY



# PARENTS SUPPORTING PARENTS

NEW YORK

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### Tanesha Grant

Executive Director of PSPNY

[tanisha1@pspnyinc.org](mailto:tanisha1@pspnyinc.org)

### Testimony in support of **Int. 449-2026 (CM Stevens), Int 0424-2026 (CM Sanchez)**

February 26, 2026

To the Honorable Chair Stevens and members of the City Council Youth and Children Committee,

My name is Tanesha Grant, and I am an individual directly impacted by the child welfare system, starting from my own birth.

My organization and I stand in full support of Bill 449-2026, the Family Miranda bill, as its principles should have long been codified within our city laws. Born fifty years ago, I was immediately separated from my biological family. I often ponder the consequences had my biological mother been aware of her rights. Perhaps circumstances would have differed, and I would have been spared the enduring harm resulting from separation from my familial roots. The Family Miranda legislation is essential for protecting families today and acknowledging the insidious nature of tearing Black families apart. Chair Stevens, I cannot overstate the profound and lasting psychological and emotional damage inflicted on both children and parents when families are



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separated. This separation also frequently results in further institutional involvement across various agencies. We are often treated as mere chattel within these systems, and families are frequently blamed for expressing the natural distress and confusion that accompanies an investigation by the Administration for Children's Services (ACS). It is a fundamental human instinct for parents to defend themselves, often unaware that anything they say can and will be used against them. As a former child of the system, this reality significantly influenced my own experience as a parent. My oldest child is 31, and throughout her upbringing, I endured multiple investigations. ACS investigators would request actions, such as drug tests, framing them as a means to prove innocence against often unfounded reports. I lived in a constant state of defensiveness while raising my children, a vigilance that persists today concerning my grandchildren. Black families live in constant *fear* of ACS, perpetually focused on surviving the system. It is time for Black families to move beyond mere survival to thriving. This bill represents a crucial step toward restoring power to these families.

Finally, I wish to address the issue of co-option and exclusion regarding advocacy efforts. We dedicate considerable effort to providing support and developing innovative care models, only to see our ideas consistently appropriated. Furthermore, we are often excluded from the resulting policy discussions, which demonstrates a profound disrespect for the work and lived experience of impacted advocates striving to reform the system. Family Enrichment Centers (FECs) serve as one example. I understand the Committee supports these centers, but I have encountered an FEC in Washington Heights that exhibits practices I would characterize as Anti-Black. My assessment is based on being invited to events unrelated to Black culture. Specifically, they hosted a Dominican Heritage event but failed to organize a Black History Month event during the 100th anniversary of its recognition. Given the disproportionate impact of child welfare on Black families, it is concerning that the agency lacks the accountability to ensure Black families feel genuinely welcomed. As an organization frequently denied funding, it is deeply disheartening to observe ACS and foster care agencies, such as Children's Aid—the organization that handled my own foster care



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years ago—continue to receive funding despite their role in perpetuating harm. We urge you to consider this reality when allocating funds to agencies and systems. ACS states that they work with the community. They don't. Most of the organizations they contract are NOT part of the GRASSROOTS COMMUNITY. The people who testified today have never even spoken to any of us who are experienced experts and impacted families.

Sincerely,

Tanesha Grant

**New York City Council Committee on Children and Youth**  
**Testimony Oversight - Examining Racial Disparities in New York City's Child Welfare System**

Patricia O. Loftman, CNM, LM, MS, FACNM  
February 26, 2026

Greetings Chairperson Althea Stevens and Committee Members Deputy Speaker Dr. Nantasha Williams, Chi Ossé, Rita C. Joseph and Simcha Felder.

Thank you for this opportunity to provide testimony on Children and Youth.

My name is Patricia Loftman. I am a Certified Nurse Midwife, the former Director of Midwifery Service at Harlem Hospital in New York City where I cared for Black and Brown women, infants and families for thirty years, a founding member of the New York City Maternal Mortality Review Committee (MMRC) in 2018 and was a member of the newly created New York City Council Maternal Health Steering Committee under the leadership of City Council Speaker Adrienne Adams. Of note, I share with you that I have missed two meetings in 8 eight years. Consequently, I have extensive experience with the issue on which I testify today.

I speak in support of Int 0424-2026 (Pierina Ana Sanchez) - A Local Law in relation to requiring the Commissioner of Health and Mental Hygiene to establish and operate a pilot program providing free mental health services to children who have been returned to their home following a removal and providing for the repeal of such provisions upon the expiration thereof.

While considerable evidence exists regarding ACS's historic negative impact on family separation and disintegration since its inception, not widely known is the role ACS family policing's policies contributes to maternal morbidity and mortality. The largest driver of maternal death in NYC is mental illness, overdose and suicide. Throughout chart reviews, ACS consistently appears to be a negative factor in the women's lives and subsequent death. Social and emotional stressors<sup>1</sup> were key contributors to these deaths, including, for example, lack of housing, domestic violence, **and involvement with child protective services**. Based on the latest NYC DOHMH data (2020-2021), **one-third (29/124) of all women and birthing people who died from a maternal death were CPS-involved**<sup>2</sup>. The full breadth of ACS involvement and examination of intergenerational sequelae, including maternal death, is imperative to understanding the issue in a holistic way that results in data-driven, empathic, and resource-rich change."

Although the MMRC has repeatedly requested that ACS share its data with the MMRC to provide the MMRC with information that would holistically enrich our analysis and recommendations to prevent future maternal deaths, as provided under the NYS legislation, ACS has refused to share this data with the MMRC.

Consequently, MMRC members were alarmed to learn, recently, about the implementation of a yet to be unveiled ACS/NYCDOHMH partnership under the banner of Early Childhood Partnership. A copy of the

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<sup>1</sup> Social and emotional stressors determined through review of available medical and social service records. (Pregnancy-Associated Mortality in New York City, 2022. New York City Department of Health and Mental Hygiene (September 2025).

<sup>2</sup> Pregnancy-Associated Mortality in New York City, 2021 (September 2024); Pregnancy-Associated Mortality in New York City, 2022. New York City Department of Health and Mental Hygiene (September 2025).

presentation is included with the testimony. ACS will fund NYCDOHMH \$21 Million Dollars over 3 years to financially support an Expanded Nurse Family Partnership (NFPX) program. The program will provide the following components:

- Expanded criteria for mothers to access the existing Nurse Family Partnership program.
- Counseling, case planning, concrete supports, therapy, and/or mental health services in-home by trained provider agency staff at no cost to families regardless of insurance coverage.

Another concern of the MMRC is that the affected community lacked input to the development of this program. Slide 10 documents, that of the 117 persons interviewed, only 19 were families. This meager number would not validate any prospective program. Eighty-five percent (85%) of the people interviewed were professionals.

Slide 13 stated that the programmatic decision was guided by “Responsive to research and needs expressed by families, frontline staff, providers, city partners, and early childhood experts.” However, this statement is not supported by the number of community members interviewed. Thus, who determined the need? “Frontline staff, providers, city partners, and early childhood experts.”

The MMRC has recommendations that address the dearth of mental health clinicians specifically psychiatrists and mental health nurse practitioners. I specify these disciplines because these are the only two classifications of clinicians who can prescribe medications in the event stabilization with medication is necessary. There is also a dearth of culturally and linguistically congruent mental health clinicians. Based on the MMRC members’ personal knowledge of the existing mental health resources currently available the question of the veracity of the existing provider network needed to care for the families must be questioned.

[https://www.thecity.nyc/2026/02/23/police-mental-health-system-failed-jabez-chakraborty/?oref=csny\\_firstread\\_nl&utm\\_source=Sailthru&utm\\_medium=email&utm\\_campaign=CSNY%20First%20Read%20-%20February%2023%2C%202026&utm\\_term=newsletter\\_csny\\_firstread](https://www.thecity.nyc/2026/02/23/police-mental-health-system-failed-jabez-chakraborty/?oref=csny_firstread_nl&utm_source=Sailthru&utm_medium=email&utm_campaign=CSNY%20First%20Read%20-%20February%2023%2C%202026&utm_term=newsletter_csny_firstread)

The mothers, clinicians, nurses, community health workers and social workers who will refer mothers to this program will not be told that this program is funded by ACS. I personally shared that this lack of transparency has the potential to fracture the trust relationship that is central to effective medical care.

Every year in NYC between 50-60 women and birthing people die from a pregnancy-associated death<sup>3</sup>. Black non-Hispanic women are about five times more likely to experience a pregnancy-associated death than white women. As many of you know, The NYC Maternal Mortality Review Committee was established in 2018 by a mandate of The New York City Council (Int. No. 914-A) and New York State legislation (S-1819)<sup>4</sup>. The NYC MMRC is an independent body with the New York City DOHMH providing operational data and reporting support to the MMRC. We meet monthly to review each maternal death in NYC to understand the contributing factors leading to the death as well as opportunities for prevention.

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<sup>3</sup> Pregnancy-associated deaths are those from any cause during pregnancy or within one year from the end of pregnancy, regardless of the outcome of the pregnancy.

<sup>4</sup> See local law here: [The New York City Council - File #: Int 1172-2016](#) See NYS law establishing the state and New York City Maternal Mortality Review Boards here: <https://www.nysenate.gov/legislation/bills/2019/S1819>

Since 2018, the NYC MMRC has reviewed 365 deaths that occurred between 2016-2022<sup>5</sup>. Based on the latest data, Black women and birthing people are five times more likely to die from a pregnancy-associated<sup>6</sup> (maternal) death than white women. In fact, the pregnancy-associated mortality ratio (a measure of maternal death) among Black women and birthing people is increasing in NYC<sup>7</sup>, driven by a 12% rise in overdose deaths among Black women and birthing people<sup>8</sup>.

According to the NYC and NYS legislation, two MMRCs were established. The NYC MMRC reviews deaths of NYS residents that occur in NYC. According to the NYS legislation, the NYC MMRC “may request and shall receive upon request information from any department, division, board, bureau, commission, local health departments or other agency of the state or political subdivision thereof or any public authority, as well as hospitals established pursuant to article twenty-eight of this chapter, birthing facilities, medical examiners, coroners and coroner physicians and any other facility providing services associated with maternal mortality.” However, as previously stated, ACS has refused to share any data with the MMRC.

In closing, as an experienced senior midwife and an MMRC member, I am asking that the implementation of this program be halted pending further inquiry and clarification by this committee and an additional hearing is conducted specifically about the viability of this program.

Thank you.

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<sup>5</sup> Pregnancy Associated Mortality in New York City, 2016-2020; Pregnancy-Associated Mortality in New York City, 2021 (September 2024); Pregnancy-Associated Mortality in New York City, 2022. New York City Department of Health and Mental Hygiene (September 2025).


<sup>6</sup> Pregnancy-associated deaths are those from any cause during pregnancy or within one year from the end of pregnancy, regardless of the outcome of the pregnancy.

<sup>7</sup> **Healthy NYC:** <https://www.nyc.gov/site/doh/about/about-doh/healthynyc.page>

<sup>8</sup> Pregnancy-Associated Mortality in New York City, 2022 (Sept 2025)  
<https://www.nyc.gov/assets/doh/downloads/pdf/data/maternal-mortality-annual-report-2025.pdf>

# Welcome!

1



# Strong Foundations

Health and Wellness for New York City Families

NYC Administration for Children's Services, Family Services Division  
 NYC Health Department, Bureau of Maternal, Infant, & Reproductive Health | Family & Child Health  
 NYC Health Department, Bureau of Children, Youth, & Families | Mental Hygiene  
 January 30, 2026

2

## Agenda

<b>01</b> Welcome & Opening Remarks	<b>02</b> Our Approach	<b>03</b> Nurse-Family Partnership (expanded eligibility)
<b>04</b> Perinatal & Early Childhood Mental Health Clinics	<b>05</b> Perinatal & Early Childhood Mental Health TTAC + Consultation	<b>06</b> Closing, Q&A, and Networking

3

## Speakers

<b>Sonia Mercado</b> Senior Director, Nurse Family Partnership Bureau of Maternal, Infant, and Reproductive Health Division of Family & Child Health NYC Health Department	<b>Jess Dannhauser</b> Commissioner Administration for Children's Services
<b>Marnie Davidoff</b> Assistant Commissioner Bureau of Children, Youth, and Families Division of Mental Hygiene NYC Health Department	<b>Luisa Linares</b> Deputy Commissioner Family Services Division Administration for Children's Services
<b>Evelyn Blanck</b> Director NYC Early Childhood Mental Health Training and Technical Assistance Center (TTAC)	<b>Moirá Flavin</b> Chief Research and Innovation Officer Family Services Division Administration for Children's Services
	<b>Pilar Bancalari</b> Deputy Director of Research and Development Family Services Division Administration for Children's Services

4

# Opening Remarks

Jess Dannhauser, Commissioner, NYC Administration for Children's Services  
 Luisa Linares, Deputy Commissioner, NYC ACS Family Services Division



5


## Family Services Division - Mission & Values

*The Division and its partners work in service of families and children, connecting them with the support and resources families need to live safe, happy lives.*

Five central values guide our work.

The Division and its partners are:

- **Centered around children and families**, recognizing their strengths and capacities and helping them to define their own needs and access the resources to meet them.
- **Inclusive, committed to equity and justice**, respectful of the cultures and norms of children and families, working to meaningfully share power and decision-making.
- **Capable of learning and changing**, trusting that families are similarly capable.
- **Nimble, adaptive, and innovative**, able to find and follow through with solutions when barriers arise.
- **Committed to transparency and integrity**, working within a larger system in partnership and with humility and joy.




6

# Thank you!



7

# Background



8

## ACS Family Services Division

ACS FSD contracts with NYC nonprofit, community-based organizations to provide counseling, case planning, concrete supports, therapy, and/or mental health services. These are provided at no cost to families regardless of insurance coverage. Services are delivered in-home by trained provider agency staff.

<b>40+</b> Contracted Service Provider Agencies	<b>125+</b> Programs	<b>30,000</b> Children Served Annually	<b>15,000</b> Families Served Annually
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9

### Our Approach

**Literature review**   **Data analysis**   **Resource mapping**   **Interviews**

Topic areas:

- Perinatal & infant mental health
- Maternal, infant, and reproductive health
- Childcare
- Families with young children in shelter
- Children with special needs
- Intimate partner violence
- Attachment-based, dyadic & trauma-informed approaches

Interviewees:

- 23 academics/researchers/expert practitioners
- 16 provider leadership from 9 contracted agencies
- 43 frontline staff (+100 surveyed)
- 19 caregivers
- 16 city partners

= 117 individuals consulted

10

### What We Found

**Current State**

- Research-backed consensus on the importance of investing in families during the perinatal & early childhood period.
- Over the past decade, New York City's early childhood services landscape has grown substantially, with the emergence and scaling of evidence-based therapeutic and home-visiting services.
- Access to this complex patchwork of services is constrained by significant barriers, such as stigma, information gaps, and administrative burden.

**Opportunities**

- Flexible service options (e.g., dyadic, group-based, home-based) to promote family agency and choice
- Greater capacity to support families in navigating complex systems and meeting their concrete needs
- Stronger coordination across family-facing systems
- Workforce development & capacity-building in perinatal and early childhood mental health

11

### Timeline

September 2024 - May 2025: NYC ACS + Health partnership building and proposal development

January 1, 2026: Start of Incentive Agreement

January - September 2024: Internal research

June - December 2025: MOU and implementation planning

Q1 2026: Trainings, briefings, & initial rollout

12

### What Guided Our Decision?

**1 Research**: Responsive to research and needs expressed by families, frontline staff, providers, city partners, and early childhood experts.

**2 Efficiency**: Use of the NYC Health Department's existing infrastructure and clinical expertise so as not to duplicate or compete.

**3 Reach**: Opportunity to promote access to perinatal & early childhood services and minimize fear of accessing supports by situating services in systems distinct from child protection.

**4 Impact**: Improved family stability and well-being resulting in fewer families needing child welfare intervention. Increased capacity of workforce to address perinatal & early childhood needs.

13

### Target Outcomes

**1 Caregiver-child attachment**

**2 Parent/Caregiver mental health**

**3 Economic self-sufficiency**

**4 Positive child development**

**5 Perinatal + Early childhood workforce capacity**

**6 Connection to perinatal & early childhood services & resources**

Center: **Healthier families** (Improved caregiver & child health outcomes)

14

# What is in the Intracity?

15

### NYC Nurse-Family Partnership

Evidence-Based Support for New Families

16

### What is Nurse-Family Partnership?

Nurse-Family Partnership® (NFP) is a national, evidence-based, nurse home visiting program with nearly 50 years of data demonstrating significant improvements in the health and lives of first-time, low-income parents and their families.

17

### NYC Nurse-Family Partnership

[www.nyc.gov/health/nt](http://www.nyc.gov/health/nt)

- Initially launched in 2003 in Jamaica, Queens
- Currently at 9 sites across NYC
  - 15 teams of Nurses
  - Capacity to serve about 3,000 clients annually
- Provided at **no cost** to the client, and regardless of age, immigration status, or gender identity
- NYC-NFP is the only nurse home visiting program in NYC that offers in-home mental health therapy

**NYC-NFP has served more than 25,500 clients since 2003**


18

## NYC-NFP Program Sites

<b>Bronx</b> Bronx NFP VHD Health Tel: 718-536-3780 • Fax: 718-578-8424 Email: r.jep@nfp.org	<b>Manhattan</b> Manhattan NFP NYC DOHMH Tel: 212-871-3195 • Fax: 347-396-8820 Email: cgm1212@nfp.org
<b>Brooklyn</b> Central Brooklyn NFP SCO Family of Services Tel: 718-237-7208 • Fax: 718-566-7045 Email:	<b>Queens</b> Jamaica NFP NYC DOHMH Tel: 718-553-3900 • Fax: 718-553-3999 Email: njp@jamaica.health.nyc.gov
<b>Brooklyn NFP</b> NYC DOHMH Tel: 646-937-41311 • Fax: 347-396-8821 Email: cjb@nfp.org	<b>Northern Queens NFP</b> Public Health Solutions Tel: 347-971-2792 • Fax: 347-471-2797 Email: nfp-referrals@healthsolutions.org
<b>Citywide</b> NYC NFP Targeted Outreach Initiative NYC DOHMH Serving Foster Care • Homeless • Criminal Justice • Juvenile Justice Tel: 212-657-8195 • Fax: 347-396-8820 Email: nfpmetro@health.nyc.gov	<b>Staten Island</b> Staten Island NFP Public Health Solutions Tel: 718-513-1800 • Fax: 718-816-5121 Email: nfp-referrals@healthsolutions.org





19



## NYC-NFP Goals



1. Improve pregnancy outcomes
2. Improve child health and development
3. Improve family's economic self-sufficiency

20

## How does NYC-NFP work?

- First time pregnant people - up to 28 weeks gestation - are matched with registered nurses who provide support, guidance, and education throughout their pregnancy and until the child's second birthday.
- During visits, nurses and their clients discuss everything from prenatal, infant, and toddler care to child development, working with families to set and attain life goals.
- Frequent assessments, like PHQ-9, GAD-7, ASQ, and IPV are administered throughout the program period.






21

## NVC-NFP Outcomes

Compared with NFP programs nationally, NYC-NFP consistently meets or exceeds its program goals.

- Breastfeeding initiation and sustainment
  - 47% of clients still breastfeeding at 6 months postpartum, on par with national rates
- On-time child immunization
  - 91% of NYC-NFP infants fully immunized by 24 months, exceeding national rates
- Pregnancy spacing
  - 10% of NYC-NFP clients become pregnant within 18 months of the birth of their first child, lower than national rates

22




## NYC-NFP Eligibility

Eligible clients...

- Live in one of NYC's 5 boroughs; and
- Are pregnant with their first child; and
- Are low-income (Medicaid- and/or WIC-eligible); and
- Are at 28 weeks gestation or less


Targeted Citywide Initiative eligible clients...

- Are involved in the foster care system; or
- Are homeless or living in a shelter; or
- Are involved in the criminal or juvenile justice systems



23

## NFPx: Expanded Eligibility Initiative



NFPx is an expansion of eligibility criteria to populations with greater unmet needs, including:

- Multiparous parents - those with previous live births
- Late registrants - pregnant people who enrolled later than 28 weeks gestation






24

## Why NFPx?

An evaluation of NFPx found many benefits for newly eligible clients.



<b>Compared to Standard NFP clients</b>	<b>Multiparous People</b> <ul style="list-style-type: none"> <li>• Enrolled and participated in NFP at higher rates</li> <li>• Received more referrals to community resources</li> <li>• Required greater care coordination</li> </ul>	<b>Late Registrants</b> <ul style="list-style-type: none"> <li>• Faced greater systems barriers to timely NFP enrollment</li> <li>• Received prenatal care later in their pregnancy</li> <li>• Had higher risk for poor pregnancy and birth outcomes</li> </ul>
<b>Medicaid comparison group</b>	<ul style="list-style-type: none"> <li>• Received recommended postpartum care at higher rates</li> <li>• Obtained recommended well-child visits at higher rates</li> </ul>	No data

25

## NYC-NFP Expanded Eligibility Initiative



- Through Strong Foundations we will help families experiencing greater medical, social, and systems-level risks, including delayed prenatal care and barriers to postpartum services
- Funding and referral partnerships with ACS and other City agencies will support expanded eligibility under NYC-NFP

26

## Expected Outcomes of Expansion


- NYC-NFP will increase programmatic capacity to reach more families, especially those with greater risk profiles
- With increased staffing, NYC-NFP could serve up to 3,000 families
  - Up to 1,500 newly eligible families
  - Up to 30% increase in client service levels

27

# Questions about NFPx?

28



**TTAC**  
Perinatal and Early Childhood  
Mental Health Network  
Training and Technical Assistance Center


**NYC Perinatal and Early Childhood  
Mental Health (P+ECMH) Network**

Marnie Davidoff, MPA  
Assistant Commissioner  
Bureau of Children, Youth, Families and Developmental Disabilities  
NYC Health Department

Evelyn J. Blanck, LCSW  
Director  
P+ECMHN Training and Technical Assistance Center (TTAC)


29

### Overview of the Network



Funded by the NYC Health Department since 2016 and consists of:


- Five specialized outpatient mental health clinics
- A citywide training and technical assistance center (TTAC)



30

### Overview of Clinics



- The clinics provide mental health treatment and family peer support services, including:
  - Family, parent-child, and individual therapies offered in-person or virtually
  - Comprehensive assessment and care planning
  - Parent advocacy, material support, and connection to community-based resources from Family Peer Advocates (FPAs) with lived experience who are integrated into clinic teams
- Therapy models: Child-Parent Psychotherapy (CPP), Perinatal Child-Parent Psychotherapy (P-CPP), Interpersonal Therapy (IPT), Practical Resources for Effective Postpartum Parenting (PREPP), Circle of Security (COS), TF-CBT, Facilitating Attuned Interactions (FANI), and other relational/trauma-informed models
- Eligibility: children under 5 and their families, pregnant and postpartum individuals with a behavioral health concern
  - Accept Medicaid and other types of insurance
  - Serve families without insurance



31

### Mental Health Consultation Services


- The clinics employ mental health consultants who provide on-site consultation to staff in other settings that serve young children and their families (e.g., early care and education, health care, community-based sites)
- The mental health consultants:
  - Build capacity of service providers to promote the social-emotional development of young children and mental health of parents/caregivers
  - Problem-solve challenging behaviors and how to manage them
  - Link families and staff to needed resources
  - Provide educational/professional development activities

32

### Expansion of Clinic Services Through Intracity

- Increases the capacity of the P+ECMH clinics to serve additional families, adding clinicians and family peer advocates to the clinics
- Increases material supports for families enrolled in the clinics
- Adds P+ ECMH consultants to build capacity of additional staff in non-clinical settings, with a focus on staff in ACS-contracted programs





33

### Referring to the Clinics

Clinic flyers and referral information are available here: <https://ttacny.org/clinical-services/>

- Every clinic accepts referrals directly
- Referral flyers are available in multiple languages

34

# TTAC




35

### TTAC: Who We Are

The New York City Perinatal and Early Childhood Mental Health Training and Technical Assistance Center (TTAC), is funded by the NYC Health Department.

TTAC is a partnership between the New York Center for Child Development (NYCCD) and the McSilver Institute for Poverty Policy and Research

- New York Center for Child Development has been a major provider of early childhood mental health services in New York with expertise in informing policy and supporting the field of Early Childhood Mental Health through training and direct practice
- NYU McSilver Institute for Poverty Policy and Research houses the Community and Managed Care Technical Assistance Centers (CTAC & MCTAC) and the Center for WorkMore Excellence (CWLE). These TA centers offer clinic, business, and system transformation supports statewide to all behavioral healthcare providers across NYS.



36

### Goals of TTAC

- TTAC is tasked with building capacity and competencies of mental health professionals and early childhood professionals in family serving systems to identify and address the social-emotional needs of young children and their families.
- TTAC's goal is that all who touch the lives of young children should be mental health informed and have the knowledge and tools to support the healthy development of New York's youngest children.
- TTAC has trained over 18,000 unique individuals

37

### Goals of TTAC

- Healthy social emotional development for infants and toddlers is dependent on the quality and consistency of their relationships with parents and caregivers.
- To address the mental health needs of infants and young children we need to support the health and mental health of the caregivers and support the parent child relationship

38

### Visit the TTAC Website

Explore all the provider resources at [ttacny.org](http://ttacny.org)

A Variety of Features:

- View upcoming and archived content, trainings, and resources on the **Trainings page**:
  - Access videos, slides, and presenter information
- Contact the TTAC team by clicking on **Ask TTAC** and filling out our **Contact Us Form**
- And more!

Have questions or need assistance? Please contact us at [ttacinfo@nyu.edu](mailto:ttacinfo@nyu.edu) and we'll be happy to assist you

39

### Expanded Opportunities through the Intracity

- Offer specialized training to build the skills of perinatal and early childhood professionals across generations
- Offer specialized training in Evidence Based Practices
- Fund up to 20 practitioners annually to complete the perinatal mental health certification program from Postpartum Support International (PSI)

40

### Establish a 3 Year Fellowship

Through this partnership, DOHMH aims to increase the number of new graduates entering the the perinatal and early childhood mental health field

- Establish a 3 year (1 year internship and two years post graduate) fellowship for 9 students
- NYC Health Department will provide a stipend for the 1st year and will help cover their salary to work full time in the clinics for years 2 and 3
- TTAC will offer a robust training and supervision curriculum during the fellowship

41

### EBP Models

- ChildParent Psychotherapy**  
Child Parent Psychotherapy (CPP) is a dyadic model for children ages 0-5 who have experienced traumatic events and/or mental health, attachment and/or behavioral problems.
- Perinatal Child-Parent Psychotherapy (P-CPP)**  
Perinatal Child-Parent Psychotherapy (P-CPP) is an application of Child-Parent Psychotherapy to the perinatal period, for expecting mothers who have experienced trauma or significant stress.
- Interpersonal Therapy (IPT)**  
Interpersonal Therapy (IPT) is an empirically validated treatment for a variety of affective disorders in adults used for parental depression and anxiety, and adapted for perinatal depression.
- Circle of Security (COS)**  
Circle of Security (COS) is a group-based model that focuses on helping caregivers reflect upon children's attachment needs in order to promote secure attachment with a child.
- Practical Resources for Effective Postpartum Parenting (PREPP)**  
Practical Resources for Effective Postpartum Parenting (PREPP) is a dyadically-oriented protocol for the prevention of postpartum depression. It uses targeted psychotherapy and infant behavior interventions in an brief and accessible model in conjunction with routine perinatal medical visits.

42

### TTAC Trainings

TTAC offers trainings on a range of essential topics in early childhood mental health as well as cutting edge issues

Recordings and PPTs available through [www.ttacny.org](http://www.ttacny.org)

Trauma and Resilience	Sensory Processing Disorders
Perinatal Mood and Anxiety Disorders	Early Childhood Mental Health Consultation
Reflective Practice	Diagnosis & Assessment

43

### Annual Conferences Focusing on Synthesizing Research, Clinical and Policy Issues

- 2024: **Promoting 2-Generation Health during Infancy and the Perinatal Period: Synthesizing Clinical, Research, and Policy Perspectives**
  - Podcast: In-Depth with Experts: Two Generations' Health During the Perinatal Period: Listen to the episode now on [Spotify](#), [Apple Podcasts](#), [Amazon](#), or [SoundCloud](#).
- 2025: **Supporting Families with Substance Use Disorders in the Perinatal Period: Synthesizing Clinical, Research & Policy Perspectives**
- June 4, 2026: **Strengthening Families from the Start: Innovations for Young Children and their Families in the Child Welfare System**

44

### TTAC IECMH Learning Modules

Two Learning Modules:

- The first module in the series is the **Impact of Early Childhood Adversity (An Overview of the Topic)**
- The second module in the series is **Nurturing Resilience: Supporting Infant and Early Childhood Mental Health**
- CEUs Available upon completion!

45

Questions?



The slide contains three logos at the bottom: National Sea Grant (with text 'Partnership with State, Community, Marine, and Academic'), New York State Sea Grant (with text 'NEW YORK STATE SEA GRANT'), and PHSilver Institute (with text 'PHSILVER INSTITUTE').

46

**Thank you**

47

## [NYPD](#)

### How the City's Mental Health System Failed Jabez Chakraborty

In the weeks before their son was shot by NYPD officers, the Chakraborty family did everything they could to get him treatment. They were forsaken at every turn.

by [Greg B. Smith](#) Feb. 23, 2026, 5:00 a.m



Jabez Chakraborty poses with his sister, Naomi, mother, Juli, and father, Hector, in an undated photo. Credit: Courtesy of Chakraborty Family

Jabez Chakraborty was shot four times by an NYPD officer on the morning of Jan. 26 in an encounter that lasted all of 16 seconds.

But it's the days and weeks leading up to the tragic incident that the Chakraborty family is replaying now, as Jabez lies in a hospital bed recovering from gunshot wounds and charged with [first degree attempted assault](#) for advancing toward police with a kitchen knife.

After Jabez drank bleach in mid-December in an attempted suicide, the Chakrabortys turned to one city institution after another seeking assistance for their son, who was diagnosed with schizophrenia three years ago — all while trying to avoid police involvement, which they knew could lead to fatal consequences.

Jabez Chakraborty poses with his sister, Naomi, mother, Juli, and father, Hector, in an undated photo. Credit: Courtesy of Chakraborty Family

Jabez Chakraborty was shot four times by an NYPD officer on the morning of Jan. 26 in an encounter that lasted all of 16 seconds.

But it's the days and weeks leading up to the tragic incident that the Chakraborty family is replaying now, as Jabez lies in a hospital bed recovering from gunshot wounds and charged with [first degree attempted assault](#) for advancing toward police with a kitchen knife.

After Jabez drank bleach in mid-December in an attempted suicide, the Chakrabortys turned to one city institution after another seeking assistance for their son, who was diagnosed with schizophrenia three

Sometimes individuals diagnosed with schizophrenia refuse to take prescribed medication, but Jabez, the family says, did not resist treatment. He attended monthly therapy sessions, saw a psychiatrist monthly and dutifully followed his medication regimen.

In mid-December, however, they learned that he'd become increasingly depressed. That's when he attempted suicide by drinking bleach. And that's when they decided to call 988.

Jabez's sister, Naomi, made the call on Dec. 17. She was on the phone for 32 minutes, explaining the bleach incident and requesting that a non-police "mobile crisis team" be dispatched to the family home to assess the situation.



Jabez Chakraborty poses with his sister, Naomi, in an undated photo. Credit: Courtesy of Chakraborty Family

The team did not show up until two days later, the family says, and then they did not enter the family home. Standing outside they asked Jabez a series of basic questions about his mental state such as "Do you hear voices?" and "Are you okay?"

They left without transporting him to a hospital.

The city's description of mobile crisis teams states the teams "may direct police/EMS to take a person to an emergency room against their will only if they have a mental illness and are a danger to themselves or others" and that teams are supposed to attempt to respond to calls "generally within several hours of receiving the referral."

Families are advised to instead call 911 if a person is "expressing thoughts of suicide with plan, intent and preparatory behavior."

That day after the crisis team left, the family had a previously scheduled call to speak with Jabez's psychiatrist at Long Island Jewish Hospital, who advised them to call 911 and request an involuntary transport by ambulance to take Jabez there.

The family did as instructed, but two cops — not an ambulance — showed up. The family asked them to take Jabez to LIJ, but the cops said it was too far and they took him instead to the city-run Queens Hospital.

At the hospital, the family says they had to wait 14 hours before Jabez was assigned a bed. The family says Jabez told staff that he sometimes hears voices and speaks back to them. And they say they were told he would qualify for longer-term, inpatient treatment to fully analyze his condition and find the right balance of medication and treatment.

Instead, the family says the hospital discharged him after just three days because, they were told, the hospital was understaffed as Christmas approached.

Stephanie Buhle, a spokesperson for the city Health & Hospitals Corp. said medical privacy laws prevent the agency from responding to questions about a specific patient, including whether drinking bleach should automatically trigger transport to a psychiatric emergency room.

They saw Jabez breaking into tears in his hospital bed several times as the hearing progressed.

Prosecutors for Queens District Attorney Melinda Katz argued that Jabez should be held without bail, while his Legal Aid lawyers requested supervised release on, if necessary, \$10,000 bail. Judge Earle-Gargan set bail at \$50,000.

At one point, one of Jabez's attorneys, Shanaz Chowdhury, described the family's efforts to try and avoid a police interaction.

"The city," she said, "has failed a family that has tried to make every right move."

On Friday, Jabez celebrated his 23rd birthday. He is no longer shackled to his bed.



**Testimony Presented by Sharmeela Mediratta, Chief Wellness and Environmental Design Officer, Graham Windham, to NYC Council Committee on Children and Youth Oversight Hearing on *Examining Racial Disparities in New York City's Child Welfare System*. Thursday, February 26, 2026, 1pm**

Good afternoon, Chair Stevens and members of the Committee. Thank you for the opportunity to testify today.

My name is Sharmeela Mediratta, and I serve as Chief Wellness and Environmental Design Officer at Graham Windham, a nonprofit organization that has partnered with New York City children and families since 1806. Now in our 220th year, we support more than 8,000 young people and their families across Harlem, Brooklyn, and the Bronx through mental and behavioral health care, academic and workforce development success, co-created community-based offerings and support, and child welfare services, including foster care and family services.

We are here today because racial disparities in New York City's child welfare system are real, persistent, and harmful. As a provider deeply embedded in supporting NYC's families and communities, we see every day how poverty, structural inequities, and trauma intersect with child welfare involvement—disproportionately impacting Black and Latino families. Addressing these disparities requires both transparency and substantive investment in supports that reduce harm and strengthen families and communities.

Intro 424 is a meaningful step in that direction. Providing no-cost, trauma-informed mental health services when children return home is essential to stability and healing. Children who return home following removal carry significant trauma. They may struggle with trust, attachment, identity, or fear of being removed again; parents carry their own unresolved trauma from the investigation and removal process. As family separation disrupts and traumatizes the entire household, meaningful healing must intentionally center both the child and the full family so that the whole family has the opportunity to recover together. When high quality, culturally responsive care is consistently available for all members of the affected family, young people and their families are far more likely to thrive.



We strongly support Intro 449, and have supported the state version, the Family Miranda Rights Act of 2023. Together with Intro 466, these two proposed local laws will help families and caregivers access clear, understandable, actionable and timely information in their own language about their rights and obligations in stressful, pivotal moments. These laws will help equip families and caregivers to recognize and resist unlawful or unwarranted intrusion—both immediate and continuing—into their lives. As investigations disproportionately affect Black and Latine communities, codifying these protections is an important racial equity measure.

Together, these bills represent practical steps toward a child and family well-being system that is safer, more just, and less traumatizing. They acknowledge that accountability and support must go hand in hand. Graham stands ready to partner with the Council and the Administration for Children’s Services to advance these reforms.

We urge the City to continue investing in sustained, long-term efforts to confront and dismantle the systemic racial disparities embedded in our child welfare system. Further addressing system biases in child welfare will require much more legislative action that narrows the front door to child welfare, expedites permanency after foster care placements, and redefines neglect so as not to conflate it with poverty.

Graham and our partners advocated for the Anti-Harassment in Reporting Act, which Governor Hochul signed into law in December 2025, making New York the second state in the US to recognize the harms anonymous reporting has caused to children and families. This is a crucial step toward eliminating false and malicious reports that weaponize trauma on innocent families with unnecessary investigations.

Other impactful potential reforms include Mandated Reporter reforms that remove incentives for irresponsible over-reporting, investing in Know Your Rights information for communities, and the Maternal Health, Dignity, and Consent Bill. Graham supports reforming the SCR system by setting higher screening standards for calls and implementing a structured screening tool, and giving local jurisdictions more discretion over screening calls. Together, these practices would help curb some of the unnecessary and traumatizing intrusion into the lives of New York’s children and their families.

Finally, and most importantly: instead of a system that punishes families for poverty, our government has the capability to provide institutional support that uplifts families, addressing the root cause of involvement in the child welfare system and other punitive systems. Child tax credits, Universal Childcare, City & State housing subsidies, and

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equitable wages for workers are just a few of the ways that we can help families meet their needs, and this broken system can begin to be dismantled.

Before closing, we at Graham wish to acknowledge and thank Commissioner Jess Dannhauser for his leadership and service to New York City. As the former President and CEO of Graham, and in his tenure leading the Administration for Children's Services, he has consistently demonstrated thoughtfulness, compassion, and a deep commitment to children and families, moving the agency closer to a vision that centers children's well-being, keeps families together, and addresses the root causes of family stress while prioritizing child safety. We are deeply grateful for his leadership and wish him well in his next chapter.

Thank you, Chair Stevens and the NYC Council, for your commitment to New York City's children and families.

**Testimony of Fanta-Marie Johnson Before the New York City Council Committee on Children and Youth Examining City Family Miranda and Racial Disparities in New York City's Child Welfare System**

**February 26, 2026**

Thank you to the Chair and Council for convening this hearing on providing Family Miranda rights to parents and racial disparities in New York City's family policing system, sometimes referred to as the child welfare system.

My name is Fanta-Marie Johnson, and I am an impacted parent. I am here today to speak about the harm the family policing system has caused to me and my children, and to call for the passage of City Family Miranda.

When my second son was born in December 2019, we were drug-tested at the hospital without my consent. When we tested positive for cocaine, the hospital reported me to ACS. I was unable to bring my little baby—who looked like the cutest old man and who I called Papa—home from the hospital. When ACS came to my home, my life changed forever. The case worker did not tell me my rights, including that I had the right to a lawyer. We need Family Miranda because parents like me deserve to know our rights when an investigation begins. Had I been informed of my rights, and received supportive services early, my son would still be in my care.

At every stage of my case, like so many other Black and Latine parents, ACS's responses should have been better. I should have been asked, what can we do to support you? Pregnant women go through so much—I should not have had to be fearful to tell the truth to my healthcare professionals and the ACS caseworkers for fear that my son would be taken from my care.

This system punishes Black families. I went to a mother-baby program and tested negative for drugs and alcohol for thirteen whole months. I received glowing reports from my service providers. Yet my son was not placed in my care.

Later, my third son was removed from my care after an individual—likely my husband, who had previously committed domestic violence against me—made a false report and manipulated the system. This time, I tested negative for all drugs and alcohol. But my son was not placed in my care. I have been sober for years. I finally have overnight visits with my third son. But it should not have taken this long. My sons never should have been removed from my care. I am fighting for my children, but I should have been supported, not punished.

This system keeps Black babies and Brown babies in the system to make money. What am I supposed to tell my sons when they grow up? I am scared they will become statistics. I am their mother—I deserve to parent them. They deserve to be parented by me.

I call on the City Council to pass City Family Miranda and to end the practice of surveilling and separating Black and Latine families.

**THE COUNCIL  
THE CITY OF NEW YORK**

Appearance Card

I intend to appear and speak on Int. No. \_\_\_\_\_ Res. No. \_\_\_\_\_

in favor  in opposition

Date: 2/26/26

(PLEASE PRINT)  
Name: Mark Pappish (pap-ish)

Address: \_\_\_\_\_

I represent: Center for Family Representation

Address: \_\_\_\_\_

**THE COUNCIL  
THE CITY OF NEW YORK**

Appearance Card

I intend to appear and speak on Int. No. \_\_\_\_\_ Res. No. \_\_\_\_\_

in favor  in opposition

Date: \_\_\_\_\_

(PLEASE PRINT)  
Name: Sean Eagan

Address: 360 East 161<sup>st</sup> Street Bronx, NY 10451

I represent: The Bronx Defenders

Address: same

**THE COUNCIL  
THE CITY OF NEW YORK**

Appearance Card

I intend to appear and speak on Int. No. 0449 + 0466 Res. No. \_\_\_\_\_

in favor  in opposition

Date: 02/26/26

(PLEASE PRINT)  
Name: Jenna Lauter

Address: \_\_\_\_\_

I represent: NEW York Civil Liberties Union

Address: jlauter@nyclu.org

Please complete this card and return to the Sergeant-at-Arms

**THE COUNCIL  
THE CITY OF NEW YORK**

Appearance Card

I intend to appear and speak on Int. No. \_\_\_\_\_ Res. No. \_\_\_\_\_

in favor  in opposition

Date: \_\_\_\_\_

(PLEASE PRINT)

Name: Nila Natarajan

Address: \_\_\_\_\_

I represent: Brooklyn Defender Services

Address: \_\_\_\_\_

**THE COUNCIL  
THE CITY OF NEW YORK**

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in favor  in opposition

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Name: Hearney Coghlan (Hearn-ey)

Address: \_\_\_\_\_

I represent: NDS

Address: \_\_\_\_\_

**THE COUNCIL  
THE CITY OF NEW YORK**

Appearance Card

I intend to appear and speak on Int. No. 449 Res. No. \_\_\_\_\_

in favor  in opposition

Date: \_\_\_\_\_

(PLEASE PRINT)

Name: Jasayah Gilbert

Address: 40 Worth Street

I represent: Legal Aid Society, Juvenile Rights Practice

Address: \_\_\_\_\_

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**THE COUNCIL  
THE CITY OF NEW YORK**

Appearance Card

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in favor  in opposition

Date: \_\_\_\_\_

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Name: Fanta - mane Johnson

Address: \_\_\_\_\_ Bronx

I represent: \_\_\_\_\_

Address: \_\_\_\_\_

**THE COUNCIL  
THE CITY OF NEW YORK**

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in favor  in opposition

Date: \_\_\_\_\_

(PLEASE PRINT)

Name: Jesse mcGleughlin

Address: Bronx Defenders 360 E 161st

I represent: Informed Consent + Coalition

Address: 360 E 161st St

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THE CITY OF NEW YORK**

Appearance Card

I intend to appear and speak on Int. No. \_\_\_\_\_ Res. No. \_\_\_\_\_

in favor  in opposition

Date: 2/26/2026

(PLEASE PRINT)

Name: Jess Dannhauser

Address: Commissioner

I represent: Administrator for Children's

Address: Services

Please complete this card and return to the Sergeant-at-Arms

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THE CITY OF NEW YORK**

Appearance Card

I intend to appear and speak on Int. No. \_\_\_\_\_ Res. No. \_\_\_\_\_  
 in favor  in opposition

Date: 2/26/2026

(PLEASE PRINT)

Name: Winette Saunders

Address: First Deputy Commissioner

I represent: Administration for Children's

Address: Services

**THE COUNCIL  
THE CITY OF NEW YORK**

Appearance Card

I intend to appear and speak on Int. No. \_\_\_\_\_ Res. No. \_\_\_\_\_  
 in favor  in opposition

Date: 2/26/2026

(PLEASE PRINT)

Name: Ina Mendez

Address: Deputy Commissioner Family Permanency

I represent: Services

Address: Administration for Children's

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THE CITY OF NEW YORK**

Appearance Card

I intend to appear and speak on Int. No. \_\_\_\_\_ Res. No. \_\_\_\_\_  
 in favor  in opposition

Date: 2/26/2026

(PLEASE PRINT)

Name: Elvita Dominique

Address: Executive Director, Equity Strategies

I represent: Administration for Children's

Address: Services

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**THE COUNCIL  
THE CITY OF NEW YORK**

Appearance Card

I intend to appear and speak on Int. No. oversight Res. No. \_\_\_\_\_

in favor  in opposition

Date: 2/26/20

(PLEASE PRINT)

Name: Nila Natarajan

Address: 177 Livingston St. Brooklyn

I represent: Brooklyn Defenders Services

Address: \_\_\_\_\_

**THE COUNCIL  
THE CITY OF NEW YORK**

Appearance Card

I intend to appear and speak on Int. No. \_\_\_\_\_ Res. No. \_\_\_\_\_

in favor  in opposition

Date: \_\_\_\_\_

(PLEASE PRINT)

Name: Joyce McMillan

Address: 121 Ave. of the Aener.

I represent: Narrowing the Front Door/SMAC

Address: \_\_\_\_\_

**THE COUNCIL  
THE CITY OF NEW YORK**

Appearance Card

I intend to appear and speak on Int. No. \_\_\_\_\_ Res. No. \_\_\_\_\_

in favor  in opposition

Date: 2-26-2020

(PLEASE PRINT)

Name: Shalonda Queens-Hackett

Address: \_\_\_\_\_

I represent: Narrowing the Front Door Worthy Queens

Address: \_\_\_\_\_

Please complete this card and return to the Sergeant-at-Arms

**THE COUNCIL  
THE CITY OF NEW YORK**

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in favor  in opposition

Date: 2-26-2026

(PLEASE PRINT)

Name: W Joyce McMillan

Address: \_\_\_\_\_

I represent: Narrowly No Fract Door Working

Address: Geny

**THE COUNCIL  
THE CITY OF NEW YORK**

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in favor  in opposition

Date: 2-26-2026

(PLEASE PRINT)

Name: Nora McCarty, Narrowly No Fract Door

Address: \_\_\_\_\_

I represent: Narrowly No Fract Door Working Group

Address: \_\_\_\_\_

**THE COUNCIL  
THE CITY OF NEW YORK**

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in favor  in opposition

Date: 2-26-26

(PLEASE PRINT)

Name: Tzenesha Grant

Address: \_\_\_\_\_

I represent: Parents Supporting Parents NY

Address: Same

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THE CITY OF NEW YORK**

Appearance Card

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in favor  in opposition

Date: \_\_\_\_\_

(PLEASE PRINT)

Name: Kearney Coghlan

Address: \_\_\_\_\_

I represent: Neighborhood Defense Service of Harlem

Address: \_\_\_\_\_

**THE COUNCIL  
THE CITY OF NEW YORK**

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I intend to appear and speak on Int. No. \_\_\_\_\_ Res. No. \_\_\_\_\_

in favor  in opposition

Date: \_\_\_\_\_

(PLEASE PRINT)

Name: Patricia Loftman

Address: \_\_\_\_\_

I represent: New York Midwives

Address: \_\_\_\_\_

**THE COUNCIL  
THE CITY OF NEW YORK**

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I intend to appear and speak on Int. No. \_\_\_\_\_ Res. No. \_\_\_\_\_

in favor  in opposition

Date: \_\_\_\_\_

(PLEASE PRINT)

Name: Jonathan Markel J

Address: \_\_\_\_\_

I represent: Yimgo

Address: \_\_\_\_\_

Please complete this card and return to the Sergeant-at-Arms