Committee on General Welfare

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**The Council of the City of New York**

**COMMITTEE REPORT OF THE Human SErvices Division**

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**COMMITTEE ON GENERAL WELFARE**

Hon. Stephen Levin*, Chair*

**July 22, 2019**

**RESOULTION NO. 740:** By Council Members Lander, Levin, Treyger, Rivera and Rosenthal

**TITLE:** Resolution calling upon the New York City Administration for Children's Services to implement a policy finding that a person's mere possession or use of marijuana does not by itself create an imminent risk of harm to a child, warranting the child's removal.

1. **Introduction**

On July 22, 2019 the Committee on General Welfare, chaired by Council Member Stephen Levin, will hold a vote on Res. No. 740, calling upon the New York City Administration for Children's Services to implement a policy finding that a person's mere possession or use of marijuana does not by itself create an imminent risk of harm to a child, warranting the child's removal. The Committee on General Welfare and the Committee on Hospitals, chaired by Council Member Carlina Rivera, held a joint hearing on April 10, 2019 on this resolution, as well as oversight on the impact of marijuana policies on child welfare, and several pieces of legislation that will provide transparency and clarity on marijuana use among parents to avoid unnecessary child welfare investigations.

1. **Overview of Child Welfare System**

Reports of abuse and neglect go through the Statewide Central Register of Child Abuse and Maltreatment (SCR) hotline, maintained by the New York State Office of Children and Family Services.[[1]](#footnote-1) SCR staff relay information from the calls to the appropriate local child protective services for investigation, which is ACS in New York City. Fifteen percent of the 34,642 allegations that were referred to ACS between July and September of 2018 were for substance abuse.[[2]](#footnote-2) This category includes parental and child drug use.

Certain professionals such as doctors, nurses, teachers, police officers, and child care center workers are mandated by New York State law to report suspected child abuse and neglect to SCR.[[3]](#footnote-3) Mandated reporters must immediately make a report or cause a report to be made (e.g. ensuring that a supervisor makes the report), when in their professional role they are presented with reasonable cause to suspect abuse or neglect. “Reasonable cause” means that based on their observations of the evidence, professional training and experience they believe that the parent or legal guardian has harmed or placed a child in danger of being harmed.[[4]](#footnote-4)

In regards to substance use, current state law states that a “neglected child” means a child “whose physical, mental or emotional condition has been impaired or is in imminent danger of becoming impaired” due to a parent or guardian’s failure to provide minimum care, including “misusing a drug or drugs.”[[5]](#footnote-5)

As previously mentioned, once the SCR believes a report of abuse or neglect warrants an investigation, the SCR will direct ACS to begin a child protective investigation. ACS is required to investigate all reports received to ensure the safety and well-being of every child listed on the report.[[6]](#footnote-6) A Child Protective Specialist (CPS) will make an unannounced visit to the child’s home within 24 – 48 hours of the report.[[7]](#footnote-7) The CPS must see and speak to all children living in the home or with other caretakers, as well as all children/youth that are present in the home during the investigation. The CPS will also check to make sure the home is free of hazards, has adequate food, safe sleeping arrangements, etc. The CPS may also go to the child’s school, talk to family members and other people who may know the child, like a neighbor, building superintendent, teacher, doctor, nurse, the New York Police Department, etc. Within 60 days or fewer, the CPS determines whether or not the report is “indicated,” meaning the CPS found enough evidence to support the claim that a child has been abused or neglected, or “unfounded”.[[8]](#footnote-8) If a case is unfounded or indicated but determined to be a low-risk case, the family can be referred to voluntary preventive services.[[9]](#footnote-9) Higher risk indicated cases can lead to ACS filing a petition in family court, which can result in court-mandated services or removal of the child from the home.[[10]](#footnote-10)

Further, if the CPS did not find enough evidence to support the claim that a child has been abused or neglected, parents receive a letter from the SCR that the report was unfounded.[[11]](#footnote-11) However, even an unfounded report stays in the SCR for 10 years.[[12]](#footnote-12) All reports made to the SCR are kept on record until the youngest child in the family at the time of the investigation turns 28 years old.[[13]](#footnote-13) According to child welfare and parent advocates, ACS investigations target low-income families, especially women who are Black and Latina and those with a history of domestic violence, who may be disproportionately impacted by the SCR report for at least 28 years. Maintaining an SCR record until the youngest child turns 28 years old limits employment opportunities that may cause families to remain in poverty and putting them at risk of ongoing child welfare involvement.

1. **The Impact of Marijuana Use During Pregnancy**

*Prevalence of Marijuana Use During Pregnancy*

The number of women using marijuana during pregnancy has increased in recent years.[[14]](#footnote-14) According to an extensive study based in California, from 2009 through 2016, the adjusted prevalence of prenatal marijuana use among pregnant enrollees in Kaiser Permanente Northern California, based on self-reporting or toxicology, increased from 4.2 percent to 7.1 percent.[[15]](#footnote-15) Individuals below the age of 25 experienced higher usage rates, with 22 percent of pregnant women younger than 18 years old and 19 percent of pregnant women aged 18 to 24 years old screened positive for marijuana use in 2016.[[16]](#footnote-16) Usage was higher based on toxicology than self-report each year.[[17]](#footnote-17)

The increased use of marijuana among pregnant individuals may be linked to the surge of marijuana legalization in the United States.[[18]](#footnote-18) As of November 2018, 32 states have legalized the use of medicinal marijuana, and 10 states and Washington, D.C. have legalized marijuana for recreational use.[[19]](#footnote-19) Marijuana is now easier to obtain legally, and may in some cases be marketed as having the ability to assist with pregnancy-related symptoms.[[20]](#footnote-20) A 2018 study based in Colorado found that, of 400 dispensaries contacted, 70 percent recommended the use of marijuana products to treat nausea in the first trimester, including a majority of dispensaries with medical licenses.[[21]](#footnote-21) While 81.5 percent of dispensaries recommended discussion with a health care provider, only 31.8 percent made the recommendation unprompted.[[22]](#footnote-22)

*Potential Health Consequences*

Despite an increase in use, research on the effects of marijuana during pregnancy is still in its infancy, and the current consensus is that no amount of marijuana use has been shown to be safe during pregnancy. Many medical professionals advise avoiding marijuana during pregnancy, and the research currently available has for the most part reported potentially negative impacts on children who were exposed to marijuana in the womb.[[23]](#footnote-23) According to the American College of Obstetricians and Gynecologists, doctors should advise their patients who are pregnant or looking to become pregnant to stop all marijuana use immediately, and to use other remedies to address any pregnancy-related or other medical symptoms.[[24]](#footnote-24)

Doctors fear the impact tetrahydrocannabinol (THC) can have on a developing fetus. In animals, THC crossed the placenta and produced fetal plasma levels that were approximately 10 percent of maternal levels after acute exposure, and significantly higher fetal concentrations were observed after repetitive exposures.[[25]](#footnote-25) It has been pointed out that many studies about marijuana use are dated, and thus may not accurately measure the amount of THC that can effect a developing fetus, since THC levels have increased in marijuana over time.[[26]](#footnote-26)

Marijuana use has been linked to adverse pregnancy-related outcomes.[[27]](#footnote-27) There is no human research connecting marijuana use to the chance of miscarriage, although research has shown that pregnant people who use marijuana have a 2.3 times greater risk of stillbirth.[[28]](#footnote-28) Marijuana use may also impact the child’s development.[[29]](#footnote-29) If a pregnant person smokes marijuana, the smoke can contain many of the same respiratory disease-causing and carcinogenic toxins as tobacco smoke, and the concentration of such chemicals can be higher in marijuana smoke.[[30]](#footnote-30) Pregnant people using marijuana at least weekly during pregnancy were significantly more likely to give birth to a newborn weighing less than 2,500g (approximately 5.5 pounds).[[31]](#footnote-31) Studies note that children who were exposed to marijuana in utero had lower scores on tests of visual problem solving, visual-motor coordination, and visual analysis than those who were not exposed, and prenatal marijuana exposure has been associated with decreased attention span, early marijuana use, and behavioral problems.[[32]](#footnote-32)

Ultimately, it is hard to determine the true impact marijuana has on pregnancy for numerous reasons. Oftentimes marijuana use is compounded with other drug use and/or tobacco use, which can impact the fetus.[[33]](#footnote-33) In fact, one study from 2016 concluded that marijuana use during pregnancy is not an independent risk factor for adverse neonatal outcomes after adjusting for confounding factors, including tobacco.[[34]](#footnote-34) Poverty and its related socioeconomic conditions, such as malnutrition, can impact a child in ways that may seem similar to prenatal marijuana exposure.[[35]](#footnote-35)

Furthermore, studies examining marijuana use and pregnancy tend to be several years old and conducted on smaller groups, and therefore may not be able to accurately detect correlations between marijuana use and pregnancy outcomes.[[36]](#footnote-36) To further complicate matters, many studies are based on self-reports from participants, which can lead to flawed data collection.[[37]](#footnote-37) Finally, the fact that marijuana is still considered a Schedule 1 substance (a category which also includes heroine) continues to be a barrier to completing large-scale, evidence-based research around marijuana use and pregnancy.[[38]](#footnote-38)

1. **Hospital Policies on Substance Use Among Parents**

*Hospital Policies*

According to a *Rolling Stone* article from November 2018, H+H released a corporate policy in 2014 that outlines criteria for “screening and testing at-risk pregnant women and newborns for alcohol abuse and exposure to other drugs during pregnancy.” These criteria included a list of “risk indicators” to consider.[[39]](#footnote-39) Risk indicators include minimal or no prenatal care, a history of substance abuse or treatment within the previous three months, placental abruption and severe mood swings.[[40]](#footnote-40) H+H’s policy is not public, and information about its enforcement is not publicly accessible.

*Who Receives Drug Tests in Hospital Settings*

Race, class, and other factors play a hand in hospital drug testing and reporting.[[41]](#footnote-41) One study from 2007 used “data from the clinical information system of a 1000-bed urban medical center to examine rates and results of testing for illicit drugs among women admitted with pregnancy-related diagnoses during the years 2002 and 2003 and among the infants born to these women.”[[42]](#footnote-42) The study makes note of research demonstrating the existence of racial disparities in infant referrals to and action by child welfare agencies, as well as findings that women who are Black are more likely to be tested for illicit substances during prenatal care and at delivery.[[43]](#footnote-43)

Of 8,487 cases of women who have had live births, 3 percent, or 244 mother-newborn pairs, were tested for illicit drug use. Women who are Black and their newborns were 1.5 times more likely to be tested than non-Black women.[[44]](#footnote-44) Despite Black women receiving testing more frequently, the study found equivalent positive test rates among Black and non-Black women.[[45]](#footnote-45) In addition to race, the study identified various factors that were correlated with high rates of testing. Testing was significantly associated with “Black maternal race, single or widowed marital status, lower educational status, unemployment, public or absent health insurance, and living in a neighborhood in the poorest quartile” as well as older age.[[46]](#footnote-46) Clinical variables, including more than one hospitalization during the pregnancy, maternal HIV infection, and low birth weight, and obstetrical diagnoses, including placenta previa, abrupted placenta, third-trimester bleeding, and eclampsia, were also associated with drug testing.[[47]](#footnote-47) Finally, absent prenatal laboratory results were also associated with drug testing.[[48]](#footnote-48)

1. **Substance Use and the Child Welfare System**

As mentioned above, ACS has 60 days to determine whether a report is indicated or unfounded. At an October 2018 NYC Council Committee on General Welfare hearing, a representative from ACS stated that ACS workers make at least biweekly visits to the family’s home during the duration of the case being open[[49]](#footnote-49) and there are few cases that are closed before 60 days.[[50]](#footnote-50) This means that even if the case is unfounded in the end, the family is still subjected to two months of government intrusion and invasions of privacy.

At a November 27, 2018 General Welfare Committee hearing, ACS Commissioner David Hansell stated that, “marijuana use per-say would never be the basis for an indicated finding of abuse or neglect” but that “any substance abuse that has an impact on parenting capacity or ability to provide adequate guardianship for a child” could influence a neglect case.[[51]](#footnote-51) When asked, Commissioner Hansell acknowledged that inadequate guardianship is a vague indicator. In a situation where a child has been removed from the home, another representative from ACS at the same hearing stated that marijuana use alone, without a history demonstrating “a substantial impact upon the safety of a child, would not necessarily lead to an argument that the child has to continue to be removed.”[[52]](#footnote-52)

According to the Drug Policy Alliance, even though New York State has a fairly stringent legal definition of caregiver neglect when substance use is a factor, “there is a lack of system-wide fidelity to this legal standard of neglect.”[[53]](#footnote-53) The Drug Policy Alliance further stated, “The subjective interpretation of substance misuse by both ACS and family court is deleterious to caregivers who, on order to maintain custody of their children, must submit to conditions determined by both ACS and the judge.”[[54]](#footnote-54) The Center for Family Representation stated that, despite ACS’s testimony to the contrary, marijuana use alone is used as a basis for removing children from homes, denying an expansion of visitation rights, and refusing to allow a child to return to the home.[[55]](#footnote-55)

When asked about the impact of legalizing marijuana on child welfare policies, Commissioner Hansell stated that policies will need to be reevaluated if legalization becomes a reality and compared the situation to alcohol, which is legal “but there are cases in which use of alcohol in a way that impairs parenting capacity leads to child welfare concerns.”[[56]](#footnote-56)

According to the Drug Policy Alliance, “Neglect accusations raised at Family Court are largely a byproduct of poverty and resource scarcity compounded by benign substance use, such as marijuana use, or problematic substance use that should be addressed compassionately and through non-punitive forms of substance use disorder (SUD) treatment. Racism and classism combine to capture caregivers in cycles of surveillance and mandated unnecessary services that sever families who can’t live up to the expectations of the court. Behaviors deeply scrutinized by ACS and Family Court judges in these cases would largely go unnoticed in more affluent white communities.” [[57]](#footnote-57)

1. **Analysis**

**Res. No. 740** - Resolution calling upon the New York City Administration for Children's Services to implement a policy finding that a person's mere possession or use of marijuana does not by itself create an imminent risk of harm to a child, warranting the child's removal.

This resolution calls upon ACS to implement a policy finding that a person's mere possession or use of marijuana does not by itself create an imminent risk of harm to a child, warranting the child's removal. The resolution details evidence of racial disparities in marijuana enforcement in New York, noting there are reasons to be particularly cautious in pursuing civil child neglect cases based merely on the possession or use of marijuana by parents.

Res. No. 740

Resolution calling upon the New York City Administration for Children’s Services to implement a policy finding that a person’s mere possession or use of marijuana does not by itself create an imminent risk of harm to a child, warranting the child’s removal.

By Council Members Lander, Levin, Treyger, Rivera and Rosenthal

Whereas, According to a July 2010 report by the Drug Policy Alliance, “Pot as Pretext: Marijuana, Race and The New Disorder in New York City Street Policing,” marijuana arrests doubled from the mid-1990s to a peak of more than 50,000 arrests in 2010; and

Whereas, At its peak, according to the Drug Policy Alliance, marijuana arrests constituted the most frequent type of arrest in New York City at a cost to taxpayers of up to $75 million a year and an incalculable socio-economic cost for those arrested; and

Whereas, According to a 2013 report by the American Civil Liberties Union (ACLU), “The War on Marijuana in Black and White,” despite comparable use of marijuana among Blacks and Whites, a comprehensive analysis of national, state and county arrest data for the period 2001 to 2010 exposed significant across-the-board racial disparities in the implementation of marijuana enforcement; and

Whereas, The ACLU Report found that Blacks were 4.5 times more likely than Whites to be arrested for marijuana possession in New York State, 9.7 times more likely than Whites to be arrested in Brooklyn and 9.4 times more likely than Whites to be arrested in Manhattan; and

                     Whereas, According to a 2015 report by the New York City Police Department, “Broken Windows and Quality-of-Life Policing in New York City,” the NYPD issued a September 2011 memorandum reiterating state guidance that those found in possession of small amounts of marijuana should be issued court summonses rather than be arrested; and

Whereas, In November 2014, according to the NYPD report, Mayor de Blasio and then-Police Commissioner Bratton issued another order outlining the NYPD’s approach to marijuana possession whereby individuals found in possession of less than 25 grams of marijuana would be issued court summonses instead of be arrested; and

Whereas, According to the NYPD report, marijuana arrests declined substantially by more than 25,000 arrests, a nearly 50 percent decline between their peak in 2010 and 2014; and

Whereas, According to an October 2014 report by the Drug Policy Alliance, “Race, Class & Marijuana Arrests in Mayor DeBlasio’s Two New Yorks”, despite decreases in overall arrests, 86% of the people arrested for marijuana possession in New York City were Black and Latino, compared to 10% for Whites and 4% for others; and

Whereas, According to an August 17, 2011 *New York Times* article, “No Cause for Marijuana Case, but Enough for Child Neglect” (“the *New York Times*article”), hundreds of New Yorkers who were caught by police with small amounts of marijuana, or who simply admitted using it, were involved in civil child neglect cases, even though they did not face criminal charges; and

Whereas, Additionally according to the *New York Times* article, some of these parents lost custody of their children; and

Whereas, The *New York Times* article stated that the child welfare system was an alternate system of justice for these parents when compared to the criminal court system; and

Whereas, Lawyers interviewed for the *New York Times* article said they had more than a dozen cases on their dockets involving parents who had never faced neglect allegations but whose children were placed in foster care because of marijuana allegations; and

Whereas, The Administration for Children’s Services does not automatically find that a child is in immediate risk of harm if a parent or caregiver possesses or consumes alcohol; and

Whereas, While sometimes parents were allowed to keep custody of their children when neglect had been found, serious repercussions can follow such a finding, such as prohibiting parents from taking jobs around children, barring individuals from being foster care parents or adopting children, and making it easier for Family Court judges to later remove children from their homes; and

Whereas, Since the *New York Times* article, there has been greater public acceptance of marijuana use across the country, which has led to the legalization of the substance for medical or recreational purposes in over 20 states; and

Whereas, On July 7, 2014, New York became the 23rd state to legalize medicinal marijuana, which act, in addition to decriminalizing the possession of small amounts of marijuana, reflects a growing national trend toward the acceptance of marijuana use; and

Whereas, Given the racial disparities in marijuana enforcement in New York that continue despite this growing trend, there are reasons to be particularly cautious in pursuing civil child neglect cases based merely on the possession of small amounts of marijuana or the admission of marijuana use by parents; now, therefore, be it

Resolved, That the Council of the City of New York calls upon the New York City Administration for Children’s Services to implement a policy finding that a person’s mere possession or use of marijuana does not by itself create an imminent risk of harm to a child, warranting the child’s removal.

LS #s 1586, 2281, 7557, 9297

PLS

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1. NYS Office of Children and Family Services, “Child Protective Services,” *available at* <https://ocfs.ny.gov/main/cps/> [↑](#footnote-ref-1)
2. NYC Administration for Children’s Services, “Flash Monthly Indicator Report” (Oct. 2018) at 31 *available at* <https://www1.nyc.gov/assets/acs/pdf/data-analysis/flashReports/2018/10.pdf>. [↑](#footnote-ref-2)
3. The full list is § 413 of the New York State Social Services Law [↑](#footnote-ref-3)
4. New York State Social Services Law § 413 [↑](#footnote-ref-4)
5. New York State Family Court Act § 1012 [↑](#footnote-ref-5)
6. Administration for Children’s Services, “A Parent’s Guide to a Child Abuse Investigation,” *available at* <https://www1.nyc.gov/site/acs/child-welfare/parents-guide-child-abuse-investigation.page> [↑](#footnote-ref-6)
7. *Id.* [↑](#footnote-ref-7)
8. *Id.* [↑](#footnote-ref-8)
9. Administration for Children’s Services, “What Happens When a Suspected Case of Child Abuse or Neglect Is Reported?,” <https://www1.nyc.gov/assets/acs/pdf/child_welfare/investigation/flowchart/InvestigationFlowChart.pdf> [↑](#footnote-ref-9)
10. *Id.* [↑](#footnote-ref-10)
11. *Id.* [↑](#footnote-ref-11)
12. <https://www1.nyc.gov/assets/acs/pdf/child_welfare/investigation/guide/ParentsGuide.pdf> [↑](#footnote-ref-12)
13. *Id.* [↑](#footnote-ref-13)
14. Rolling Stone, “Weed and Pregnancy: How Cannabis Laws Are Hurting Mothers” *available at* <https://www.rollingstone.com/culture/culture-features/weed-pregnancy-mother-family-marijuana-cannabis-755697/> (hereinafter “Rolling Stone Article”); The American College of Obstetricians and Gynecologists, “ACOG Committee Opinion” *available at* <https://www.acog.org/Clinical-Guidance-and-Publications/Committee-Opinions/Committee-on-Obstetric-Practice/Marijuana-Use-During-Pregnancy-and-Lactation?IsMobileSet=false> (hereinafter “ACOG Committee Opinion”); Vox, “More pregnant women are using marijuana. We don’t know if that’s safe.” *available at* <https://www.vox.com/science-and-health/2018/11/20/18068894/marijuana-pregnancy> (hereinafter “Vox Article”)  [↑](#footnote-ref-14)
15. JAMA, “Trends in Self-reported and Biochemically Tested Marijuana Use Among Pregnant Females in California From 2009-2016” *available at* <https://jamanetwork.com/journals/jama/article-abstract/2667052?redirect=true> [↑](#footnote-ref-15)
16. *Id.*  [↑](#footnote-ref-16)
17. *Id.*  [↑](#footnote-ref-17)
18. Vox Article [↑](#footnote-ref-18)
19. *Id.*  [↑](#footnote-ref-19)
20. *Id.;* US National Library of Medicine National Institutes of Health, “Recommendations From Cannabis Dispensaries About First-Trimester Cannabis Use” *available at* <https://www.ncbi.nlm.nih.gov/pubmed/29742676> [↑](#footnote-ref-20)
21. *Id.* [↑](#footnote-ref-21)
22. *Id.*  [↑](#footnote-ref-22)
23. Rolling Stone Article; ACOG Committee Opinion; Vox Article; CDC, “Marijuana Use and Pregnancy” *available at* <https://www.cdc.gov/marijuana/factsheets/pregnancy.htm>; National Institute on Drug Abuse, “Can marijuana use during and after pregnancy harm the baby?” *available at* <https://www.drugabuse.gov/publications/research-reports/marijuana/can-marijuana-use-during-pregnancy-harm-baby> [↑](#footnote-ref-23)
24. ACOG Committee Opinion [↑](#footnote-ref-24)
25. *Id.*  [↑](#footnote-ref-25)
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27. National Institute on Drug Abuse, “Can marijuana use during and after pregnancy harm the baby?” *available at* <https://www.drugabuse.gov/publications/research-reports/marijuana/can-marijuana-use-during-pregnancy-harm-baby> [↑](#footnote-ref-27)
28. *Id.* [↑](#footnote-ref-28)
29. *Id.;* ACOG Committee Opinion [↑](#footnote-ref-29)
30. *Id.*  [↑](#footnote-ref-30)
31. *Id.*  [↑](#footnote-ref-31)
32. *Id.*  [↑](#footnote-ref-32)
33. ACOG Committee Opinion; Vox Article; US National Library of Medicine National Institutes of Health, “Maternal Marijuana Use and Adverse Neonatal Outcomes: A Systematic Review and Meta-analysis” *available at* <https://www.ncbi.nlm.nih.gov/pubmed/27607879> [↑](#footnote-ref-33)
34. *Id.* [↑](#footnote-ref-34)
35. ACOG Committee Opinion [↑](#footnote-ref-35)
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37. *Id.*  [↑](#footnote-ref-37)
38. *Id.*  [↑](#footnote-ref-38)
39. Rolling Stone Article [↑](#footnote-ref-39)
40. *Id.*  [↑](#footnote-ref-40)
41. US National Library of Medicine National Institutes of Health, “The Effect of Race on Provider Decisions to Test for Illicit Drug Use in Peripartum Setting” *available at* <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2859171/> [↑](#footnote-ref-41)
42. *Id.*  [↑](#footnote-ref-42)
43. *Id.*  [↑](#footnote-ref-43)
44. *Id.*  [↑](#footnote-ref-44)
45. *Id.*  [↑](#footnote-ref-45)
46. *Id.*  [↑](#footnote-ref-46)
47. *Id.* [↑](#footnote-ref-47)
48. *Id.*  [↑](#footnote-ref-48)
49. New York City Council General Welfare Committee Hearing Transcript (Oct. 24, 2018) at 61, <https://legistar.council.nyc.gov/LegislationDetail.aspx?ID=3691908&GUID=E3337FA3-2952-43F8-8004-7088D722C48> (hereinafter “ACS Preventive Services Transcript”). [↑](#footnote-ref-49)
50. *Id.* at 64 [↑](#footnote-ref-50)
51. New York City Council General Welfare Committee Hearing Transcript (Nov. 27, 2018) at 100, <https://legistar.council.nyc.gov/LegislationDetail.aspx?ID=3709038&GUID=BAA5C283-F68A-44D4-AE12-F2CA567E976A> (hereinafter “Family Court Transcript”). [↑](#footnote-ref-51)
52. *Id.* at 101 [↑](#footnote-ref-52)
53. New York City Council General Welfare Committee Hearing Testimony (Nov. 27, 2018) at 32 <https://legistar.council.nyc.gov/LegislationDetail.aspx?ID=3709038&GUID=BAA5C283-F68A-44D4-AE12-F2CA567E976A> (hereinafter “Family Court Testimony”) [↑](#footnote-ref-53)
54. *Id.* [↑](#footnote-ref-54)
55. Family Court Transcript, *supra* note 51 at 140-141 [↑](#footnote-ref-55)
56. Family Court Transcript, *supra* note 51 at 103 [↑](#footnote-ref-56)
57. Family Court Testimony, *supra* note 53 at 32-33 [↑](#footnote-ref-57)