



**David A. Hansell, Commissioner  
Testimony to the New York City Council  
Committees on Justice System and Criminal Justice  
May 19, 2020**

**Oversight—COVID-19 in City Jails and Juvenile Detention Centers**

Good afternoon Chair Lancman, Chair Powers and members of the City Council Committees on the Justice System and Criminal Justice. I am David Hansell, the Commissioner of the New York City Administration for Children's Services (ACS). With me today from ACS are Sara Hemmeter, Acting Deputy Commissioner for the Division of Youth and Family Justice and Dr. Angel Mendoza, Jr., ACS's Chief Medical Officer. We are grateful for this opportunity to testify virtually about how ACS and our partners have responded to the unprecedented COVID-19 health crisis and its impact on our juvenile detention programs.

Today's NYC juvenile justice system, thanks to many years of effort by multiple stakeholders, safely serves youth through a trauma-informed lens, in the community whenever possible, and with appropriate structure and supports in place. During the COVID-19 pandemic, our focus has been on maintaining that progressive approach, keeping young people and staff protected from new health concerns, and supporting the efforts of MOCJ, Probation, the Law Department, and the District Attorneys to release those youth in detention who could be safely returned to the community.

While ACS does not have the authority to release youth, our collaboration with our sister agencies led to the release of over 1/3 of the youth in detention (20 from secure detention and 26 from non-secure detention) at the height of the pandemic from March 16<sup>th</sup> -April 9<sup>th</sup>. During the same time period, ACS also discharged 31 youth, or nearly a third of the youth in Close to Home placements, so that those youth were at home, in their communities, receiving aftercare services.

Despite the many challenges that COVID-19 presents, we have adapted ACS's full continuum of juvenile justice programs to meet the needs of youth and their families. Our Community Based Alternatives programs continue to offer prevention and diversion services to safely keep youth out of the justice system and supported at home with their families. The Close to Home system of residential placement and aftercare is serving adjudicated youth and helping them safely transition back to the community. And as I will now discuss, we have taken numerous steps to address the health and safety of the youth and staff in our detention programs.

### **Youth and Staff Health and Safety**

The health and safety of the youth and staff in our secure detention programs is our top priority. For youth in detention, and the caring, inspirational staff who show up every day to work with them, we have implemented strict protocols to minimize the health risk to staff and youth. We have continued to follow the guidance of health officials, including DOHMH, Health + Hospitals, the Centers for Disease Control, the health care personnel who work in our detention programs (Floating Hospital at Crossroads and Correctional Health Services at Horizon), and ACS's Chief Medical Officer. As health guidance has evolved throughout the course of the pandemic, ACS has adapted and implemented new protocols as needed, and we will continue to do so.

We continually disseminate up-to-date guidance to staff and youth about virus prevention practices such as hand washing and social distancing. Our detention facilities are regularly cleaned and sanitized, and we have increased the number of cleaning personnel. We have equipped the facilities with ample hand sanitizer, soap, gloves, and PPE for staff working with symptomatic youth. Nurses conduct temperature checks for staff on each shift, and our health partners conduct daily screenings of youth. All staff and youth have been provided face coverings.

In the early weeks of March, after consultation with medical and public health experts, ACS executed a bold plan to minimize the spread of COVID-19, preserve scarce personal protective equipment (PPE), and limit the exposure of youth and staff to the virus. This plan included consolidating youth (with the exception of Pre-Raise the Age youth who have always been housed at Horizon) in Crossroads, leaving the 1<sup>st</sup> floor of Horizon exclusively for youth presenting with COVID-19 symptoms. There, the youth would be housed in one area, receive 24/7 medical care from Health + Hospital's Correctional Health Services.

Most recently, ACS has begun to implement a plan to safely redistribute our youth detention population between both facilities, while maintaining the public health advantages of a discrete medical isolation space for housing symptomatic or COVID-positive youth. To date, ACS has moved 6 youth from Crossroads to Horizon. This enables ACS to fully utilize our facility space to safely manage our youth detention population, while maintaining capacity on the first floor of Horizon to medically isolate any youth in our custody who might develop symptoms or test positive for COVID-19. Infection control practices will continue at Horizon to prevent the spread of illness among the expanded youth populations, including strict implementation of traffic control and staff separation; strict separation of transport activities, equipment, and laundry; strict implementation of cleaning and disinfecting practices; strict adherence to established PPE usage and conservation guidelines for appropriate staff, and continued daily temperature-taking of all staff.

Since the start of the pandemic, we have had a total of seven youth test positive for COVID-19. Five of these youth have fully recovered, and two youth who were more recently diagnosed are currently in isolation at Horizon. ACS and our medical partners tested other youth with whom these recently diagnosed youth were in contact, and all of these youth tested negative.

### **Maintaining Youth-Focused Care**

Especially during these trying times, it is crucial to provide structure for youth and maintain our youth-focused model of care. Youth in detention continue to receive quality medical and mental health care, access to education and programming, and they are maintaining connections with their families.

We have a full array of on-site medical and mental health providers serving the youth in our care at Crossroads and Horizon. ACS contracts with the Floating Hospital to provide health services at Crossroads, and Correctional Health Services provides health care for youth at Horizon. We've been working closely with Health + Hospitals Bellevue Hospital Center to provide trauma-informed screening and mental health services to young people in our secure detention (as well as in our non-secure detention continuum). Through its team of psychiatrists, psychologists, and mental health clinicians, Bellevue works closely with Youth Development Specialists, Case Managers, Program Counselors, and our contracted medical services staff to provide comprehensive care for youth. We are grateful for the hard-working teams who have been meeting the complex needs of our youth prior to and throughout this crisis.

Education and programming are critical components of detention, and needed to be quickly modified and adapted due to COVID-19. All youth in detention have access to remote learning, and I want to thank the teams at ACS, including the ACS Detention Program staff and our Office of Information Technology, and the Department of Education (DOE), for quickly providing and adapting to new technology. Programming is essential to enhance the therapeutic environment in detention, while helping youth build self-esteem, take part in positive activities, reduce idle time, connect with role models and credible messengers, and develop skills to redirect their lives in a positive direction. We have implemented new types of virtual programming to engage youth while adhering to social distancing protocols. For instance, youth have access to video games, movies, and books on tablets. They are participating in virtual programming with our various partners, including a writing challenge through the Kite Program, yoga, individual exercise challenges, and more.

Strong family engagement is another essential part of our model of care, and we have adapted to make sure youth remain connected. Our Case Management staff connect with parents by phone at intake, and they call parents to provide weekly progress updates. One of our early and most challenging decisions during this crisis was to suspend in-person visiting due to the health risks. We have set up access for youth to do tele-visiting by video, in addition to increasing their regular phone access, so they can maintain connection with their families and lawyers. As has always been the case, youth can write and send unlimited letters to parents and family members.

Through the dedication of ACS's Division of Youth and Family Justice staff, ACS is making sure that youth in our detention facilities are well-cared for, as we continue to navigate these uncertain times. As the Council knows, ACS created a new position, Youth Development Specialist (YDS), to carry out our expanded responsibilities under Raise the Age. Our staff of YDS are now carrying out the crucial role of working with youth on a daily basis to provide strength-based supervision, mentorship, and connection.

**Conclusion**

From the start of the pandemic, we have deeply appreciated the Council's and the community's close attention to the needs of our vulnerable youth and the heroic staff who provide them with daily care and supervision, as we work together to keep youth, staff, and communities safe. I am so proud of all that the ACS DYFJ team has done to quickly adapt to this challenging time, while providing the highest quality care and support to the youth. We are happy to take your questions.