

CITY COUNCIL  
CITY OF NEW YORK

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TRANSCRIPT OF THE MINUTES

Of the

COMMITTEE ON GENERAL WELFARE

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

[gavel]

CHAIRPERSON LEVIN: Good morning. My name is Stephen Levin. I'm Chair of the General Welfare Committee here at the New York City Council and I'm joined this morning by my colleague Donovan Richards and I'm sure other members of the Committee will be joining us shortly. Today we are going to be discussing the directives issued this January by Mayor Bill de Blasio which were announced as a result of the tragic death of four year old Myls Dobson here in New York City. The committee is interested today in learning from the Administration for Children Services where the agency is in the process of implementing these directives. We also expect to receive more details on what these changes will exactly entail. Let me start by saying that Child Protective Services is at the absolute core of ACS's mission, is the very basic function that we can do to ensure that we're protecting New York City's most vulnerable citizens. As you're all aware this January four year old Myls Dobson died due to abuse inflicted by his caretaker while his father was in prison in New Jersey. This family had an extensive history with

ACS. Myls had previously been removed from his mother and his father was granted custody with one year of court ordered ACS supervision. Although ACS consistently found Myls to be healthy and well cared for during that year and ACS was no longer required to monitor Myls' family at the time of his death a review of case records found areas where clearly improved practices could have better served this family and miles. As a result of this tragedy Mayor Bill de Blasio issued a series of findings and directives based on ACS's investigation of the circumstances surrounding Myls' death. Mayor de Blasio directives, Mayor de Blasio's directives included improving interagency coordination, strengthening partnerships with agencies such as the New York State Department of Parole and the City Department of Probation amending New York State Law to allow caseworkers to access to arrest records and launching a public awareness campaign among others. In addition to the Myls Dobson tragedy this winter and spring the city lost other young children due to abuse including two year old Kevasia Edwards, two year old Jaden Smith, and four year old Juan Sanchez just a couple of weeks ago.

All of these families had a history with ACS. And the community is interested in hearing what lessons were learned from these tragedies and how it will shape policies going forward. Now these are all tragedies that shock our entire city and rightfully cause us to examine our systems, our policies and procedures and hopefully lead to reforms. However there are many children who suffer greatly at the hands of an abuser. Too many. And too many whose lives are stolen from them who never make the headlines. We must make sure that we honor them as well and that we identify new risk factors and reform our system from these tragedies as well. It cannot just be the children who make the headlines that cause the reforms. Now although ACS has an extremely difficult job of ensuring the safety of some of New York City's most vulnerable children which they do successfully every day and I, I, I want to acknowledge the great work that ACS workers do on the front line every day. Child protective specialists have some of the most difficult jobs in New York City with some of the most profound responsibilities. And so I commend their work and the work that you do. But the loss of even one

child due to abuse or neglect is a sufficient reason to reevaluate current policies and practices and consider making changes to improve the system in order to prevent similar tragedies. Today we are interested in learning more about those changes and ACS's plan on how the Mayor's directives will be implemented. And I want to thank Commissioner Gladys Carrion for being here and your team and I invite your testimony. Thank you very much for joining us. If you can turn...

COMMISSIONER CARRION: Oh. Good morning Chair Levin. I am Gladys Carrion the Commissioner of the Administration for Children Services. And with me this morning is Eden Houselab [sp?] who's the acting Deputy Commissioner for the Division of Child Protective Services. To my left is Dr. Jacqueline MckNight who is the Family Support Services Deputy Commissioner. And to her left is Benita Miller who is our Deputy for Family Permanency Services. Thank you for the opportunity to discuss our reform efforts to ensure the safety and wellbeing of the city's most vulnerable children. The primary mission of the Administration for Children Services is to keep New York City's

children safe and well. Every year we investigate approximately 55,000 allocations of abuse and neglect. In about 40 percent of these cases our case workers find some credible evidence of maltreatment. Whenever possible ACS provides services to keep families together and prevent children from entering foster care. In the wake of several tragic deaths that have occurred over the last several months ACS is working with our frontline staff as well as our contracted providers to underscore that safety and wellbeing of the child are the most important factors in the work of child welfare. In an emergency removal or when a judge determines based on what is presented to the court that children are not safe with their families ACS takes them into care. In some cases a judge will place an at risk child in the home of a relative or parent who was not involved in the allegations of maltreatment. Where no kinship resource is available the child will be placed into foster care. If the judge determines that the child is not in imminent risk of harm which is the legal standard for removal but some safety concerns persist that can be address in the home the child

may be returned to the home with supervision by ACS. ACS makes referrals to contracted or preventive agencies who provide services to address maltreatment concerns including counselling, parenting classes, substance abuse treatment, domestic violence intervention, homemaking, as well as support for pregnant and parenting teenagers. In 2013 ACS approximately served 22,000 families with an array of preventive services. As you know New York City has been saddened by the reports of tragic deaths of several young children this year as recently as last week. In order to protect and support New York City's most vulnerable children we must constantly evaluate our work and ensure that our approach to the sensitive work of child welfare is effective. ACS is in the process of implementing a number of recommendations that Mayor de Blasio, Health and Human Services Deputy Mayor Barrios-Paoli, and I announced earlier this year. Including alstering [phonetic] ACS's approach to the highest risk welfare cases, reviewing case practice of and communication with our provider agencies and proving collaborations with other city agencies and creating a public awareness campaign to reinforce

child safety and child wellbeing. I'm also very pleased to announce that in an effort to strengthen the agency's overall child welfare, child protective practice New York City is adding 362 positions to the Administration of Children Services in the divisions of child protective, preventive, and foster care services. We will have more information to share on these position as ACS's budget and the hearing on the 19<sup>th</sup>. But one position in particular I'd like to highlight is an internal monitor who will oversee the implementation over our child welfare reformed plan. The person I've hired for this position Jeanne Milstein has a long and distinguished career in child welfare. Most recently as the deputy commissioner of strategic planning and policy development in the New York State office of children and family services. Before that she served as a trial advocate for the state of Connecticut for 12 years where she oversaw the delivery of services to children and chaired Connecticut's Child fatality and review panel. Jeanne will report directly to me and will be coordinating the improvement of policies and

practices across the child welfare system and revamping our response to child fatalities and critical incidents. Ms. Milstein is here today. ACS is launching a concerted effort to keep frontline staff including child protective specialists, preventive workers, and foster care agency planners focused on high risk indicators that can too often lead to tragedy. Since February we have undertaken an extensive review of our court ordered supervision cases. Those with safety concerns that do not warrant removal a continued supervision by ACS and the family court to monitor safety. In February we conducted status checks on all 3,586 cases in the city that were under court ordered supervision at the time assessing that each child's safety was evaluated and that each child's parent or guardian were under, that were under court ordered supervision was contacted. Between February and last week with the assistance of 90 experienced child welfare practitioners ACS undertook a full review of 1,600 cases under court ordered supervision. I wanted digress for a minute and tell you how difficult and labor intensive that was and what a great job my staff did in order to be able

to review all of these cases. The full case reviews included a safety assessment as well as a detailed analysis of case notes to ensure compliance with court orders as well as the child's wellbeing. Both the status checks and the in depth reviews resulted in a list of high risk indicators which include and overwhelm young single parent caring for large civilian group. Prolonged absences of a custodial parent insentience of domestic violence, addiction, and mental health concerns. This list is an important tool for child welfare staff to pinpoint situations where immediate actions and heightened scrutiny are required. Through efforts focused on some of these common indicators ACS aims to continue achieving a comprehensive awareness of factors in child protective cases that require immediate and ongoing attention. Operationally ACS is evaluating the structure and resources of our child protective division. In particular we're assessing the division's family services unit which oversees court ordered supervision cases. ACS is working with Casey Family Programs, Angelian Lenian [sp?] a consultant who has worked with ACS in the past on strategic planning to conduct a thorough

review of the family services unit. The review is examining overall workloads focusing not only on the number of cases carried by each worker but also the type of the case. It also will look at practice issues such as frequency of contacts, conducting purposeful home visits, and ways that investigative and clinical consultants are engaged. We anticipate that the review will identify ways that we can better support staff, enhance practice and accountability, as well as determine what additional resources may be needed for the unit. While the assessment is ongoing we have begun to implement two recommendations throughout the city. First we're enhancing supervision by decreasing the number of units a supervisor manages from four units to three. Second in an effort to reduce caseloads from 15 to 8 per worker in our FSU we will incrementally increase staffing between now and April 2015. We are improving case practice within ACS, adding staff, and developing better tools for identifying, and managing higher risk cases. However we remain mindful that nothing can substitute for the judgment and dedication of our workforce. ACS child protective specialists truly

1 carry out some of the toughest jobs in the city. As  
2 part our reform efforts ACS continues to evaluate  
3 the resources, training, and supervision that we  
4 provide our front line staff. In addition to these  
5 internal assessments and actions ACS is also  
6 reevaluating our communication with and the  
7 oversight we provide are preventive and foster care  
8 agencies. In 2007 ACS made a decision to delegate  
9 case management responsibilities to our provider  
10 agencies. That system wide reform call improved  
11 outcome for children, acknowledged that our foster  
12 care and preventive providers have the most direct  
13 knowledge about the progress of a family toward  
14 reunification, adoption, safely maintaining a child  
15 in the home, or any other identified permanency  
16 goal. Given their face to face and frequent contact  
17 of their family our providers were well positioned  
18 to determine the direction of the case. The goals  
19 under IOC which will promote a timelier, more  
20 informed, and more flexible decision making process  
21 through the use of family team conferencing that  
22 would positively impact the children and families  
23 who have come to our attention. And concurrent with  
24 our delegation of authority and responsibility to  
25

our provider agency ACS expanded its role to provide technical assistance, an evaluation process of feedback on best practices that reflect the strength and the work of our provider agencies. And in response to the tragedies this winter and spring ACS undertook an evaluation of the IOC reform. Over the past several months our consultants the Leadership Transformation Group, conducted an in-depth review of the last seven years of IOC. The reviewers were experienced child welfare professionals collected and analyzed documents of data related to IOC, conducted interviews, convened focus groups within ACS including staff from our preventive and foster care agencies as well as policy makers at the state level. The interviews range from the executive leadership to frontline supervisors, facilitators, quality improvement directors, lawyers, and case planners. The preliminary findings indicate that the IOC model itself is sound practice but that its implementation needs to be strengthened. One of the many observations made in the report is a longstanding tension in the field of child welfare. Our work sits at the intersection of law and social

work. We're conducting investigations and gathering evidence of maltreatment at the same time that we are providing services and supports so the parents alleged to have maltreated the child. That dual role is complicated. Frontline staff are not always clear when to wear the safety hat and when to wear the engagement hat. IOC was designed to bridge that gap. However the findings in our views suggest that consistent attention to safety monitoring needs to be bolstered. As a first step I have been meeting with the executive directors of all of our agencies to underscore that safety is paramount, that our providers and ACS must work together to address risk assessment and practice challenges. Once the IOC review has been finalized I will assess the other recommendations which include expanding the support training and technical assistance that we provide our, that we offer our providers. In the meantime we continue to review our provider agencies particularly those involved in any of the recent fatalities. We have also modified guidelines to require the foster care agency reports be countersigned by the case planter supervisor to ensure that any issues detailed within the court

report have been discussed and brought to the attention of agency supervisory staff. Like, like our FSUs we are also requiring that our foster care agencies begin reducing caseloads and we're supporting that effort through our federal waiver. Attending to child safety and wellbeing is not the sole responsibility of any one agency. It is the responsibility of all our agencies, our communities, and individual citizens. The children and families that ACS serves intersect with many city and state agencies including HRA, DHS, the NYPD, DOE, DYCD to name just a few. Collaboration among these agencies is critical to addressing the needs of vulnerable New Yorkers. To facilitate this collaboration on April 7<sup>th</sup> Mayor de Blasio announced the creation of New York City's Children's Cabinet. The Children's Cabinet will promote ongoing, consistent, and meaningful communication among city agencies to ensure child safety and promote well-being. The city's Children's Cabinet which includes over 20 city agencies met for the first time at the end of April in collaboration with the DOHMH Commissioner Mary Bassett, Deputy Mayor Richard Buery and I outlined

a public health approach to child welfare. By definition public health strategies promote the health and wellbeing of a population as a whole; even for instance the anti-smoking campaigns, the bicycle helmets, the seatbelts. A public health approach to child welfare will include active engagement in preventing child maltreatment before an incident of abuse and neglect occurs. This includes a wide continuum of preventive activities that extends well beyond providing direct services to individual families. And into community supports in engaged parents and institution that provide a strong foundation for wellbeing. The Deputy Mayor is charging each participating agency to create opportunities, prevention, and early intervention to address the needs of vulnerable children and families. I look forward to updating the General Welfare Committee on the progress of the cabinet and seeking your input as we move forward. Finally all New Yorkers can play a role in protecting children and promoting their wellbeing. It truly takes a village, neighbors, family members, elected officials, faith healers, leaders, community based organizations, and advocates to raise healthy

children. ACS is creating an advertising campaign with the assistance of the Department of Health that will in addition to encouraging the reporting of suspected child abuse emphasize the importance of communities utilizing their own resources and organizations to make a difference in the life of a child. We hope to launch this campaign later this year. We can and will do better by the vulnerable children and families of the city. The work of protecting children is filled with challenges. I must underscore that child welfare is incredibly hard work. Our own staff and our provider agency staff work long hours under emotionally intense circumstances. Not only is the very subject matter, allegations of child maltreatment heart wrenching but the actual work of simultaneously investigating safety concerns and providing support is complex. By working with you and other city and state agencies and the many other New Yorkers who care about the nuance problems that bring families to our attention ACS can better protect our children, strengthening families. Thank you for your continued support of this important work and I welcome your questions.

CHAIRPERSON LEVIN: Thank you very much commissioner and I want to thank your team for, for really taking these issues as paramount importance and directing so much attention to it. I'm encouraged by a lot of the aspects of your testimony. I'm very interested to know a little bit more about the new positions, the 362 new positions that will be budgeted in FY15 and I'm very also encouraged to hear about the, hear of Jeanne Milstein as Internal Monitor. I wanted to, I wanted to... for the purpose of public information and for our committee and understanding the, the broad continuum of how a family enters the system and how services are provided and which services go where and when. I was wondering if you could just take us kind of a step by step of what happens when a case is, is referred to the SBR. So if you can kind of give a, a, kind of a general synopsis of what happens with a case and then where are different areas that it can go if the case is, is indicated, non-indicated, once it's indicated what are the options? Kind of take us through that just for our, our purposes so we can, and the public so we can understand.

COMMISSIONER CARRION: So there are a number of different ways a family can come to the attention of ACS. So one way is a call to the central state registry that is administered by the office of children and family services in the state of New York. Those calls come in. A worker at the state talks to an individual who makes a call, who makes an allegation that there is some neglect or abuse. A determination there is made that there is some evidence of maltreatment or neglect. If the... there is that determination made and the call is accepted then that call, that information, and that case is routed to a local county of social services. In New York City that local county is ACS. So I will now ask Eden to walk us through that.

CHAIRPERSON LEVIN: And just to be clear that a case is accepted, there's certain criteria that would mean it would make a case not accepted if the child is over 18, if the allegation is not directed at a, a caregiver or guardian correct?

COMMISSIONER CARRION: [off mic]  
...relationship.

EDEN HOUSELAB: Correct. So once the case is accepted by the state central register and then gaunt [phonetic], goes down to the local city, the borough offices essentially the borough offices will then assign the case to an investigatory unit. So the investigation will be done and conducted by the child protective specialist. The child protective specialist is required by law to complete that investigation within 60 days. At the end of the 60 days they then determine if the case is indicated or unsubstantiated. So at that point there are a few options.

CHAIRPERSON LEVIN: ...Real quick before you...

EDEN HOUSELAB: Of course.

CHAIRPERSON LEVIN: Roughly how many cases are indicated and how many cases are percentage wise unsubstantiated?

EDEN HOUSELAB: So citywide it's approximately 40 percent are indicated.

CHAIRPERSON LEVIN: Okay. 60 percent unsubstantiated.

EDEN HOUSELAB: Correct, correct. Once AK... so at the close of the investigation there are

1  
2 varying options. If the case is unfounded the case  
3 can either just be closed and, and CPS is out of  
4 the life but we also still offer at that time if  
5 appropriate the ability for the family to be  
6 referred to preventive services on a voluntary  
7 basis or to work with a community based  
8 organization within their community to assist them  
9 with any services they need.

10 CHAIRPERSON LEVIN: So other types of  
11 services that are not necessarily through the  
12 preventive services model right?

13 EDEN HOUSELAB: Correct, correct. If the  
14 case is indicated those options are also available  
15 but we also, we typically... again we'll make sure  
16 that as we're indicating a case and review we're  
17 looking at the, the history of the case and  
18 incorporating that into our assessment. At the  
19 point of indication again we potentially could be  
20 referring to community based organization, we could  
21 be referring to a preventive agency, we could be  
22 assessing that at this time the needs have been  
23 resolved and the family again does not need any  
24 services or we can determine that the, the family  
25 needs court intervention. If we determine the

1 family needs court intervention an assessment is  
2 done around can this family remain together safely  
3 under court ordered supervision which thereby our  
4 FSU child protective specialist would be monitoring  
5 that family for a period of time under court  
6 ordered supervision. If at the time it's determined  
7 that there is imminent risk of the child within  
8 that family we will then be asking for removal from  
9 the court of that child and for arraignment of that  
10 child to be placed into foster care. As the  
11 commissioner had mentioned when a child is removed  
12 we obviously always look to make, to see if there  
13 are kinship resources available to place that child  
14 with instead of coming into you know regular foster  
15 care.  
16

17 CHAIRPERSON LEVIN: So as part, in that  
18 continuum right, so there's the 40 percent that are  
19 indicated, the number of children that are placed  
20 in the foster care system has been steadily  
21 decreasing for the last 12, 14 years, 12 14 years,  
22 it's gone down about half of where it was in, in  
23 2002. Have the number of, the number of reported  
24 cases to SCR, has that decreased as well or... Or are  
25 the number of cases that are, have been indicated,

the number of allegations of, were findings of, of abuse and neglect, have they decreased as well or is that, is it just the, the placement into foster care.

EDEN HOUSELAB: So the, the SCR, the State Central Register calls have remained around the same. They may vary by you know a few hundred here and there but they've remained pretty consistent.

CHAIRPERSON LEVIN: Out of 55 thousand a year.

EDEN HOUSELAB: Exactly [crosstalk] exactly. It's remained around that number.

CHAIRPERSON LEVIN: Okay, so that's stayed relatively constant. So there, then, the, there's been an increase in, or there's been a decrease in the number of, of children that have been referred to foster care through the courts. There's been an increase in children that have been referred for preventative services correct?

EDEN HOUSELAB: Correct.

CHAIRPERSON LEVIN: Right. And that's, that's been a nationwide thing. And you talk a

1  
2 little bit about reforms in the preventive services  
3 area and, and evidence based practices and...

4 EDEN HOUSELAB: Correct.

5 CHAIRPERSON LEVIN: Has... What I'm  
6 wondering is that there are children... because  
7 preventive services are voluntary for the most part  
8 right or...

9 EDEN HOUSELAB: Correct. They're usually  
10 voluntary unless again a case is in court and the  
11 court is ordering preventive service as part of the  
12 service plan.

13 CHAIRPERSON LEVIN: Right. So that's  
14 actually what I want to ask about is, is for court  
15 ordered, for cases that get to court that don't,  
16 don't go to foster care what are the, what's the  
17 array of services then... they're mandated services,  
18 some of them are preventive services, some of them  
19 are other services is that correct. And then  
20 there's other types of supervision that's evolved...  
21 Can you speak a little bit about that category of  
22 cases.

23 EDEN HOUSELAB: Sure. So I'm going to  
24 speak broadly and then I'm going to turn it over to  
25 Dr. Jacqueline MckNight to answer the specifics

1  
2 around preventive. But if a family is in court and  
3 it's a court ordered supervision case then again  
4 what that means is the child remains in the home  
5 with the parent with an FSU worker in the home  
6 monitoring that family.

7 CHAIRPERSON LEVIN: How often are they  
8 monitoring them, how often are they in the home?

9 EDEN HOUSELAB: So they are in the home.  
10 They are making at least twice a month contacts,  
11 one of them must be in the home and one of them  
12 could be in the community, at the school... but  
13 they're at minimum making twice a month contact.

14 CHAIRPERSON LEVIN: Okay.

15 EDEN HOUSELAB: And so the worker  
16 themselves again potentially depending on the  
17 assessment of the family and the service plan that  
18 is created there are a variety of services that can  
19 be offered. And again one of the major services we  
20 offer is preventive services.

21 CHAIRPERSON LEVIN: Now are those  
22 preventive services mandated through the court  
23 order or are they still voluntary even if there's a  
24 court order. So again it's going to depend on where  
25 in the preceding the case is. So predisposition

1 services that we are providing are typically  
2 voluntary unless again the court can make an order  
3 saying you know based on the, the risk factor and  
4 the safety factors we're ordering you to engage in  
5 these services. But usually at disposition is when  
6 all orders are final and they must comply. But you  
7 know there's some nuance in there because again if,  
8 if we're determining that the service is necessary  
9 predisposition and a family let's say is not  
10 engaging then we obviously would go back to court  
11 and let the court know what was going on and did we  
12 need to make a different plan.

14 CHAIRPERSON LEVIN: Got it. Can we speak  
15 a little bit about their array of preventive  
16 services perhaps?

17 DR. MCKNIGHT: Yes. We actually  
18 introduced evidence based practice models at a  
19 large scale pretty much last year beginning in the  
20 spring of last year. We had several of our general  
21 preventive programs across the city actually  
22 introduce various models. I think there were about  
23 11 models introduced in the general preventive  
24 totaling about 1,832 slots. We also had two...

CHAIRPERSON LEVIN: Sorry out of how many total slots in the preventive system.

DR. MCKNIGHT: We actually prior... we have a total of about 10,000 slots overall that serve the network.

CHAIRPERSON LEVIN: And how many are in the evidence base models?

DR. MCKNIGHT: Evidence base practice are 1,800 and that's general preventive. However we had two RFPs as well.

CHAIRPERSON LEVIN: Right.

DR. MCKNIGHT: We actually had the intensive preventive which was 663. And this is to serve teens generally. And the specialized team was 497 slots. We also have special medical. And those are for our medically fragile children and families. There are about 380 slots.

CHAIRPERSON LEVIN: Mm-hmm.

DR. MCKNIGHT: And we also have what we call the family and treatment rehabilitation programs. And those are the, are the services that address families with substance abuse and or mental health and there are about 14 hundred slots with that, with regard to that population. We also have

the sexual exploited programing and there are 60 slots for that as well. And a very small respite [phonetic] program of 10 slots.

CHAIRPERSON LEVIN: And the process right, by which we're evaluating the evidence based practices is, is ongoing right and that's, that's something that we don't quite know yet in terms of what's necessarily working and what's not because it's essentially a new program right?

DR MCKNIGHT: That, that's correct. We are, we are, we're approaching about a year for the converted programing. Some of the specialized teen programs actually started up like in the fall. So we haven't kind of approached that time where we can actually do any trends or patterns at this point to do the analysis.

CHAIRPERSON LEVIN: Okay. Thank you. So back to the, the court ordered supervision cases. Because this is a scenario where it's, it's come up in some of the more recent tragedies and, and, and it seems to... there's, it has a place in this, in the overall system. And maybe it's, it's, it's an area that we could know a little bit more about. So a child has, has, has a... at what point does, does

1  
2 ACS determine that they want, that they are going  
3 to go into court to seek, to seek some type of  
4 mandated services or perhaps going into the foster  
5 care system.

6 EDEN HOUSELAB: So it would be during  
7 the 60 day investigatory period. And again  
8 depending on what the CPS's assessment is, if  
9 there's immediate safety or if there's risk that  
10 rises to safety depending on sort of what the  
11 information is and what the situation is during  
12 that 60 days could depend on one, if we're not  
13 going to go to court because we feel the family is  
14 safe and appropriate, or two you, you could go into  
15 court on day one because you say there's imminent  
16 risk, we need to remove this child.

17 CHAIRPERSON LEVIN: Mm-hmm.

18 EDEN HOUSELAB: But during that 60 day  
19 period you would be determining again if you wanted  
20 to go to court for court ordered supervision or for  
21 foster care. Before we go to court we have a  
22 conference which we call a child safety conference  
23 whereby again we bring all the parties together,  
24 you bring, you're bringing the family involved and  
25 all of their supports and resources, parent

advocate is there as well as obviously our child protective specialists...

CHAIRPERSON LEVIN: Mm-hmm.

EDEN HOUSELAB: ...and our child and family specialist who facilitates the conference And there all the information is gathered and it is, a decision is made coming out of that conference as to the outcome for that family.

CHAIRPERSON LEVINE: So one of the recommendations that the administration has put forward is this review of the court ordered supervision cases and commissioner mentioned that there are 3,586 current opened court ordered supervision cases is that, is that correct?

COMMISSIONER CARRION: Yes. [crosstalk]

EDEN HOUSELAB: That was at the point in time in which we conducted the review so obviously that number goes up and down depending on when...

CHAIRPERSON LEVIN: Right, right.

EDEN HOUSELAB: ...the case could end or not.

CHAIRPERSON LEVIN: Right, right. But, but roughly in that area.

EDEN HOUSELAB: Correct.

CHAIRPERSON LEVIN: That does not include open foster cases right?

COMMISSIONER CARRION: No.

CHAIRPERSON LEVIN: Now I know that you've, you, you said that 16 hundred cases have been reviewed to this point, are you continuous, ACS continuing to review the, the, the remainder, the, the balance of those cases?

COMMISSIONER CARRION: No.

CHAIRPERSON LEVIN: Oh, okay.

COMMISSIONER CARRION: Informally but not, not, not as part of the review.

CHAIRPERSON LEVIN: Okay.

COMMISSIONER CARRION: This is a huge undertaking and, and the purpose of the review really is for us after we ascertain safety as really to look at the practice and look at trends that could inform. We don't need to look at every single case to determine what's working and not working.

CHAIRPERSON LEVIN: Right. Right. So then my question then would be they're going to... are we looking at... What have you learned through review of those cases? Are there, are there things

that are crying out for a reform or are there,  
they're not crying out for reform, but are there  
areas that are perhaps in need of some reform in  
that process?

COMMISSIONER CARRION: Well one of the you know purposes of the reform really to look at, to look at some of those trends. Now I will tell you that we just completed the review. And we're now compiling the data so that I can receive a report. I can tell you that what has come to my attention today it, you know and what we had been doing in terms of review is looking at what are those indicators, what are we seeing that's happening in these cases? What's, what do they look like so that we can then fashion interventions that would better respond to those needs. So we're seeing lots of for instance teen parent cases. We're seeing large sibling groups. We're seeing cases with mental health issues. We're seeing a lot of domestic violence. So that needs to inform our practice. Does it need to look different? Do we need to have more specialized unit? Do we need to enhance our assessments? Are there interventions that we need to fashion when we have a very young

CHAIRPERSON LEVIN: Okay. The, the, the interventions that you just mention, mentioned would those all be within the, within the, the realm of preventive services or is from outside of, of the preventive services that are provided. Are they currently being... Assuming these, are all of these currently within the wheelhouse of preventive

services or are some not yet there in, in terms of preventive services?

DR. MCKNIGHT: So, so with regard to if we can just step back to the investigative process...

CHAIRPERSON LEVIN: Mm-hmm.

DR. MCKNIGHT: ...so that everyone is aware that we do have clinical consultation teams that are actually within the borough offices that assist the child protection specialist with their investigations. They could actually support them around issues related to mental health, domestic violence. And we actually have a colocated credentialed alcohol counselor who actually can do screening and assessments as well as referral. So those services are, or assessments are done during the investigative process. That information then is actually channeled to the provider, the preventive provider so that they can continue the services. Particularly around substance abuse what we're trying to do is to make sure families are already attached as they are referred. We also have a comprehensive training with regard to domestic violence and support for preventive providers and they can access that service at any given time to

1 address domestic violence if they feel that a  
2 family needs additional support. So those services  
3 are ongoing and built into what we offer as an  
4 agency.  
5

6 COMMISSIONER CARRION: So Chair Levin we  
7 also, I mean the review of cases is to look at are  
8 we deploying those resources...

9 CHAIRPERSON LEVIN: Mm-hmm.

10 COMMISSIONER CARRION: Are we engaging  
11 families effectively that their access and the  
12 supports that they need.

13 CHAIRPERSON LEVIN: Right. What happens  
14 if a family, or you made reference to before... What  
15 happens if a family disengages from voluntary  
16 services. So if, if they go and they have, either  
17 it's before court ordered supervision or after  
18 there's been disposition of court ordered  
19 supervision but there's, but some of the services  
20 that, that, that they're receiving were not  
21 mandated through, through that process but there's,  
22 the receivings are in these preventive services but  
23 they're voluntary, they begin to disengage from  
24 that. What then are the, what recourse does ACS  
25 have? Do they go back into court to mandate those

1  
2 services? Are they working with other stakeholders  
3 to try to bolster that? I mean what if, what if the  
4 parent just says you know they're not dealing with  
5 this anymore... I don't want to, I don't want to be  
6 involved and I'm going to do the bare minimum of  
7 what the court order calls for but I'm not going to  
8 do anything more. What, what happens then?

9 DR. MCKNIGHT: So one of the, the tools  
10 that the provider agencies are supposed to utilize  
11 is the elevated risk conference which would  
12 basically say that we're really struggling with  
13 engaging this family in services. I actually have a  
14 team of licensed masters level social workers who  
15 actually facilitate that conference with the  
16 family. The outcome could be that we need to  
17 reevaluate the plan that's in place and that could  
18 in fact include court intervention at that point.

19 CHAIRPERSON LEVIN: Okay, so be going  
20 back into court.

21 DR. MCKNIGHT: We would, we could also  
22 call in, call in an additional report based on  
23 what's being presented.

24 CHAIRPERSON LEVIN: Who else? We've been  
25 joined by Committee Member Carlos Menchaca and

1 Ritchie Torres. Do my colleagues have any  
2 questions? I'll turn it over to my colleagues. I  
3 have a host of more questions but I'll turn it over  
4 to my colleagues for now, thanks. Council Member  
5 Menchaca.  
6

7 COUNCIL MEMBER MENCHACA: Thank you  
8 Chair Levin and I really enjoyed the, like in a  
9 thorough understanding through questions that our,  
10 our chair is going, giving in, in light, in light  
11 of what happened fairly recently. And I just want  
12 to really praise the work of, of ACS and the entire  
13 staff looking at how the reforms are going to  
14 really change and pivot. I know this has been a  
15 long conversation through some of the budget  
16 hearings that we've had in the past. And so it's  
17 just been really great to see a very proactive  
18 understanding. And I want to focus some of the  
19 reforms I know we've already been talking about and  
20 just get a little bit more clarity on the Cabinet  
21 that you've created. You mentioned that there are  
22 20 some agencies and I'd like for the record to  
23 essentially list those agencies so we have a clear  
24 understanding of what those agencies are and that  
25 you've met recently. And it would be good to see

what, what those are specifically. That's my first question.

COMMISSIONER CARRION: So the list and I have to refer to my chart...

COUNCIL MEMBER MENCHACA: It's a long list... not needing to be memorized.

COMMISSIONER CARRION: So it's the Center of Economic Opportunity, the Center for Innovation Through Data, the Department of Corrections, the Department of Education, the Department of Health and Mental Hygiene, the Department of Homeless Services, the Department of Probation, DYCD, the Fire Department, Health and Hospitals Corporation, the Housing Authority, the Human Services Administration, the Family Court Law Department, Family Court Division, the Mayor's Office of Criminal Justice, the Mayor's Office to Combat Domestic Violence, the Mayor's Office of Immigrant Affairs, the Mayor's Office of Operations, the Office of the First Lady of New York City, Parks and Recreation, the Police Department, and we will be adding Cultural Affairs.

COUNCIL MEMBER MENCHACA: Impressive. Really, really impressive. And I, I think the, the

1 sentiment is that the interagency work is going to  
2 really help you do this work better. This is not  
3 easy work and you understand that. And this is just  
4 all kind of pointing to that. So just  
5 congratulations on, on that, that specific kind of  
6 work and framework. And the new guide for, for  
7 really implementing a lot of these reforms. So the  
8 next question I want to, I have is really kind of  
9 related to the, the kind of inevitable nature of  
10 many parents who are currently involved with ACS  
11 were also involved as children. And so what, what  
12 I'd like to kind of know is if there are any kind  
13 of aftercare services once, once someone leaves and  
14 ages out of foster care for example and, and what  
15 that kind of link is.

17 BENETIA MILLER: Good morning. Now we  
18 don't provide specific aftercare services for youth  
19 who age out of foster care. We do connect them to  
20 community based resources and where appropriate we  
21 do connect them to preventive services as well.

22 COUNCIL MEMBER MENCHACA: So it's really  
23 just a referral system.

24 BENETIA MILLER: Yeah.  
25

COUNCIL MEMBER MENCHACA: Are there any check-ins or, any, anything that kind of happens beyond that?

BENITA MILLER: No, some of our provider agencies have specific programming that helps young people who are aging out of foster care but at the age of 21 when they're no longer in foster care our relationship with them as a system is not in place.

COMMISSIONER CARRION: I will share with you that as a, in my former, my former lives running an agency we did have an aftercare program. So agencies raise private dollars to be able to continue to provide support to young people that have been engaged in their agency. So I used to run Inwood House and we had an aftercare program that provided the sets of supports that any young person would need, or young adult. So as a young adult. So we provided supports and they would drop in and we would have parenting groups, we would have support groups, we would have mentoring, they would mentor, we had peer to peer mentor. But all of that is done with, by many agencies with private dollars.

COUNCIL MEMBER MENCHACA: Okay, thank you for that. And my, my last question is in, in

1 this moment of reorganization new leadership  
2 reform, creating this cabinet of interagency work I  
3 want to make sure that the LGBT youth, LGBTQ youth  
4 specifically our transgender, gender nonconforming  
5 children in the system have, have some kind of  
6 focus in this as we move through this. I think it's  
7 easy sometimes to kind of forget about certain,  
8 certain children throughout, throughout this, this  
9 kind of reorganization. What can you tell us today  
10 about in this light of reform that the LGBTQ youth  
11 are, are being heard and, and kind of considered.

13 COMMISSIONER CARRION: So as we've  
14 shared we continue to have a focus on LGBTQ and,  
15 and gender youth in our work. And as you know we  
16 have an office at ACS. We've done a comprehensive  
17 training across our system and our provider system.  
18 We're very much engaged in working with these young  
19 people and providing our agencies including our  
20 staff with the skill set and support they need to  
21 be working effectively with young people. We  
22 created a monitoring and reporting system so that  
23 we could actually know what's happening on the  
24 ground. So there are liaisons in each of our  
25 provider agencies that have access to our LGBTQ

office to report back any complaints and issues and challenges that they're experiencing, our young people are experiencing. We're ensuring that our foster parents are, have affirming homes, that that training is required on recertification of all our foster parents. We have a resource manual that soon we will be able to issue that provides the resources and information that our provider network and the larger community needs to know and ways that they can help and what the requirements are and how they work and engage our LGBTQ youth. We're, we're doing a recruitment program during pride month, participating in the parade. Better recruitment program for foster parents. We did that last year, we're continuing to do that this year. So we're very focused on ensuring that we're providing, that we're aware, and we're providing for the needs of the, the LGBTQ population.

COUNCIL MEMBER MENCHACA: Great. Well thank you for that comment and we'll again be I think holding each other accountable as we move forward throughout the reforms and, and thank you again. You deserve a lot of praise today for, for these reform, reforms and looking forward to

hearing from, what the advocates are, are also thinking as we move forward. So thank you so much for your work.

COMMISSIONER CARRION: Thank you.

CHAIRPERSON LEVIN: Thank you Council Member Menchaca. Council Member Torres do you have a question. I'm just going to step next door for a moment and vote and then I'll be right back.

COUNCIL MEMBER TORRES: Great. Thank you Mr. Chairman and thank you for your testimony. I, it seems to me one of the core problems is a, a failure of interagency information sharing. And so I have a question about Myls Dobson. I know the father of Myls Dobson was incarcerated for five months without ACS knowing. And, and I'm curious to know is there some kind of database if you have a ACS supervised parent or guardian who enters the criminal justice system is that flagged for ACS, is that information shared with ACS? And if there is no database are there plans to create one?

COMMISSIONER CARRION: So their state has the E-justice database and we have limited access where we can see convictions, what we are moving as part of the reform to be able to gain

1  
2 access, to be able to see active arrests. And so  
3 that's the legislation that we're proposing in this  
4 legislative session in Albany to be able to expand  
5 our access to E-justice so we will have the  
6 information that we will need.

7 COUNCIL MEMBER TORRES: And I have a  
8 question about Ms. Edwards as well. I know the  
9 police went to her home on nine occasions to  
10 respond to domestic disputes. And when, when the  
11 NYPD goes to the home of, of an ACS supervised  
12 child for reasons of domestic dispute or domestic  
13 violence is that information shared with ACS?

14 COMMISSIONER CARRION: Yes it is.

15 COUNCIL MEMBER TORRES: Was it shared in  
16 this case?

17 DR. MCKNIGHT: So domestic violence  
18 information is available at the investigation  
19 stage. This was a family that was actually on trial  
20 discharge. So any incidents that occurred while,  
21 during the child discharge period we would not  
22 necessarily have seen and it is information that is  
23 actually within the investigative processes. So it  
24 really kind of stays with the child protection  
25 team. We could summaries and share with the

1 provider agency trends, patterns, concerns. But any  
2 alerts or anything like that it really isn't  
3 information based on that current MOU that we have  
4 that we can actually give them reports. In this  
5 particular situation though the provider agency  
6 was concerned about what they did know, the  
7 history. And there, it was opportunity to basically  
8 do a protocol on domestic violence.

10 EDEN HOUSELAB: And additionally NYPD  
11 obviously has a mandated reporter so if they come  
12 upon a situation whereby there is a caretaker and a  
13 child in the home they are mandated reporters and  
14 they also could be calling the state central  
15 registry which would then trigger our involvement  
16 to then go and investigate the situation.

17 COUNCIL MEMBER TORRES: And this might  
18 not be the right question for ACS but I still want  
19 to make a comment about it. I'm just, I'm horrified  
20 by the details around the death of Myls Dobson. You  
21 know my briefing indicates that she was, that Ms.  
22 King beat the child with a belt buckle, an electric  
23 cord, seared his legs with an oven rack, gagged him  
24 with a rag, and bound his wrists and ankles for two  
25 or three hours at a time, forced the boy to stand

1 on an eleventh floor balcony in his underwear  
2 during frigid weather as punishment, and starved  
3 the child, feeding him nothing in the last days of  
4 his life. And the child lost more than 20 pounds  
5 and died as a result of child abuse syndrome. And  
6 Ms. King was charged with assault, reckless  
7 endangerment, and endangering the welfare of a  
8 child. I mean it seems to me the child was tortured  
9 to death. And I'm wondering how could you torture a  
10 child to death and not be charged with murder? And  
11 again that might not be the right question for you  
12 but I'm wondering what are your thoughts on the  
13 charges?  
14

15 COMMISSIONER CARRION: Well you know  
16 it's tragic. I will, I will add to that that you  
17 know we're, we're waiting for the medical, I think  
18 they're, they're waiting for the medical examiner's  
19 report to be able to then change those charges if  
20 necessary. But I, I will add to your outrage is,  
21 and which is why I think it's really important for  
22 us to move on a public awareness campaign, where  
23 were we all of us no one saw that child, no  
24 neighbor saw that child on that terrace. We have to  
25 be more present in the life of children in this...

COUNCIL MEMBER TORRES: And if the, if the final determination verifies that it was, that the child did die as a result of child abuse syndrome is, do you think the appropriate charge would be murder? I don't know if you have any... [crosstalk]

COMMISSIONER CARRION: Speculating and certainly that is for the district attorney but it's something that they will certainly consider.

COUNCIL MEMBER TORRES: Okay. That's the extent of my questioning for now. Thank you.

CHAIRPERSON LEVIN: Thank you Council Member Torres. So I... Commissioner I apologize in advance because I might be jumping around in terms of questions from topic to topic. So I want to apologize in advance for that. But I wanted to start out just on some nuts and bolts issues. With regard to the new positions, the 362 new positions that are being added. Last night when I was reviewing material the, the latest child welfare report from the quarterly report at ACS for this quarter has a budgeted for a child protective specialist, the budgeted positions there's 1243 budgeted positions for child protective specialists

1  
2 but there's currently only 1,132 positions that are  
3 filled right now. So there's, there's 110 positions  
4 that are budgeted that aren't currently filled. Do  
5 we know why that is and is there a plan to fill  
6 those and is that counted towards the 362 or are  
7 those additional staff members?

8 COMMISSIONER CARRION: Those are  
9 additional staff members that as you know the  
10 hiring process is a dynamic hiring process. Some  
11 people retire, people leave their job, and so  
12 we're... a flow. I will, I will share with you that  
13 I'm actually not that prepared to answer all of  
14 your budget questions but will be at our budget  
15 hearing...

16 CHAIRPERSON LEVIN: Okay.

17 COMMISSIONER CARRION: ...on the 19<sup>th</sup>.

18 CHAIRPERSON LEVIN: I appreciate that.  
19 But speaking to that can you just talk a little bit  
20 about training and education qualifications for  
21 child protective specialists and how that's, where  
22 that is now and how that's maybe evolved over the  
23 last few years. What type of education does, does a  
24 child protective specialist have? And then what  
25

type of training do they get once they enter in the process at ACS?

EDEN HOUSELAB: So currently for, to become a child protective specialist the child protective specialist a person must pass a test that's issued through DCAS. And we can get you the specific details or even the job, the notice of existence which is what, is, what the requirements are. But it's my understanding that a bachelors level degree is required with a preference which I, again it's not a, I don't believe it's a qualification, but a preference obviously in having a degree in some sort of social service area. But again we can get you the specifics on that. Regarding a training, the training process once, once a CPS gets hired by the Administration for Children Services they do go through a rigorous training process that is done through our James Satterwhite Academy, part of ACS. They go through a core training. It is two months of training in the classroom and then three months of on the job training in the borough with a training supervisor closely obviously overseeing them. And then that's the initial training which is again together about

1  
2 five months. And then there's ongoing sort of  
3 comeback trainings to get more advanced training in  
4 specific areas.

5 CHAIRPERSON LEVIN: Thank you. So I, I  
6 want to move over towards the recommendations that,  
7 that you and the mayor announced in January, and  
8 kind of go through those one by one. I know we kind  
9 of covered the, the issue around court ordered  
10 supervision. But I kind of want to go through the  
11 other ones and to see where they are in terms of  
12 their status right now. So the first recommendation  
13 was to require an end of supervision court  
14 appearance to fully explore the child's wellbeing  
15 and receive accrual from a family court judge. Is  
16 that currently occurring? Has that, has that reform  
17 been implemented yet? And then if you could... I'll  
18 ask that question first and then I'll, I got a  
19 couple of follow-ups...

20 COMMISSIONER CARRION: Effective January  
21 27<sup>th</sup> ACS's family court legal services attorney  
22 begin requesting an end of supervision hearing in  
23 every case involving court ordered supervision. The  
24 attorneys are requesting that the family court  
25 judges convene all parties to a high risk child

welfare case in order to ensure that ending supervision is in the best interest of the child. So we started to do that on January 27<sup>th</sup>.

CHAIRPERSON LEVIN: For every case?

COMMISSIONER CARRION: For every court ordered supervision case.

CHAIRPERSON LEVIN: Okay. Is that, is that putting a burden on, on ACS staff? Is that, I mean is that, is that, is that as an additional step in the process that your child protective specialists and supervisors have to do, is that creating an extra burden, is that affecting caseload or is that affecting their workload in general.

COMMISSIONER CARRION: So you know certainly is an extra burden because they have to make a, a court appearance. They were already doing the reports that are required to present to the court. So it requires an additional appearance in court. But as you know one of the other reforms that we're putting in place is the hiring of additional staff to lower case loads. So we will see caseloads lowered and reduce the burden of additional work to compensate for the required, one

1 additional having to go to court. Right now it's,  
2 it's well documented that there's a shortage of  
3 family court judges in, across the state and here  
4 in New York City. And I know that there's some  
5 additional that have been agreed to in the state  
6 budget this year. Is that, is that... have we heard  
7 from Office of Court Administration about whether  
8 that is going to be additional burden on family  
9 court judges and when those, those appearances can  
10 be done in an expeditious fashion or whether  
11 there's going to just be a backlog because of the  
12 shortage of family court judges.  
13

14 COMMISSIONER CARRION: So we certainly  
15 have heard from the judges that this constitutes an  
16 additional burden and you know were... the mayor  
17 enthusiastically supported the additional judges  
18 for family court. And so we're very pleased that  
19 they will receive the resources that they need. But  
20 certainly we have some judges that have agreed to  
21 schedule the hearings and other judges have done it  
22 on a case by cases basis and other judges have said  
23 no, we will not schedule the hearings.  
24  
25

CHAIRPERSON LEVIN: So it's at the discretion of the judge. So ACS can request it but it's really up to the judge. [crosstalk]

COMMISSIONER CARRION: We can request. It is at discretion of the judge.

CHAIRPERSON LEVIN: Okay. And so there are some judges... is there a breakdown, how many, how many are being, how many have been heard, how many have been rejected or, I mean, I'm sure, it'd be tough to have that right now but...

COMMISSIONER CARRION: About 50 percent of the requests that we have made have been honored by the judges and they have scheduled the hearings.

CHAIRPERSON LEVIN: Okay. So ACS on its own does not have the discretion to mandate that because that's really, it's an, judged case by case OCA issue so...

COMMISSIONER CARRION: That's correct.

CHAIRPERSON LEVIN: Okay. Okay, that's, that's certainly something that's helpful to know and helpful to have out in, in the public sphere at this point. The, even despite ACS's best efforts to get every single case to do that that's, it's, it's up to the judge.

COMMISSIONER CARRION: That's correct.

CHAIRPERSON LEVIN: We talked a little bit about the, the, the, the review of all the cases. So I won't belabor that one. When, just really quickly when the administration announced the reform did they commit to doing all the cases or did, did you commit to doing all the cases or was it an effort to ascertain trends and...

COMMISSIONER CARRION: We committed to doing all the cases in Brooklyn.

CHAIRPERSON LEVIN: Okay.

COMMISSIONER CARRION: And so we did all the cases in Brooklyn and then we did a significantly, statistically significant sample from across the city which added about 300, additional three, four hundred additional cases to the review process.

EDEN HOUSELAB: And also as was mentioned we did the formal review of those approximately 16 hundred cases centrally but we also did on every single active court ordered supervision case in the boroughs, the status checks to make sure that we were evaluating the safety of

every child and speaking to the parent or caretaker under court ordered supervision.

CHAIRPERSON LEVIN: Right. Okay. Okay so we'll move onto the third recommendation. Conduct a thorough review of the family support unit which provides preventive services through a network of community based organization without clear expectations including how frequently FSU personnel must contact a probation or parole officer when a caregiver or parent is on probation or parole. You did speak to that in your, in your testimony. So I, I, I think that that was satisfactory. The fourth one, expanding access to court databases by seeking to amend the social services law and executive law in order to allow the agencies access to information, an act of arrest, not just convictions, and allow all caseworkers, not only those that are investigated in report of suspected abuse or neglect to access arrest and conviction information for any person coming forward as a resource for the child. You spoke a little bit about this as well. What I wanted to ask is how I think, I forget exactly how the mayor described Albany but it was not in the most glowing terms in

terms of how opaque it is and how difficult it is to navigate. Do we, is, do we have a status update on how that effort is going in terms of seeking that amendment to state law? Because obviously it, does it have a, is it an active bill in the assembly and senate, has the governor expressed his approval, disapproval, ambivalence...

COMMISSIONER CARRION: So we have drafted a bill and the bill is now being discussed by our mayor's office in Albany with the legislature and looking for a sponsor.

CHAIRPERSON LEVIN: Okay. In both the assembly and senate?

COMMISSIONER CARRION: Yes.

CHAIRPERSON LEVIN: Okay. If there's any assistance that we can give here it's, it's, we want to offer that. If you need me to go to Albany and you know bother those guys I'm happy to do that with, with the administration. I think it's obviously it's very vital but the ways of Albany are, are, are complex and confusing and so...

COMMISSIONER CARRION: Well we have good partners in Albany but I'm sure they would always

welcome the opportunity to hear from you and how important this work is.

CHAIRPERSON LEVIN: Happy to do it. Same question really for the, for the, for the fifth recommendation introduce legislation to strengthen ACS's authority to supervise parents who are not the subject of a child welfare investigation but are caring for a child who's under ACS revision. Is there a separate bill that's been drafted for that and...

COMMISSIONER CARRION: Yes. There has been and it's, it's with our, the mayor's office in Albany. And once again working with the legislature to identify sponsors.

CHAIRPERSON LEVIN: Great. The sixth one working with Office of Court Administration to establish interagency collaborations with the department, New York State Department of Parole, New York City Department of Probation and have OCA or ACS send court orders notifying the respective agencies when a caretaker under the supervision of the family court is on parole or probation. That something that doesn't require state law change, it's an interagency thing. How's that going? And is

1  
2 it, is that process kind of completed or is it in  
3 the process?

4 COMMISSIONER CARRION: We are in  
5 discussions in pursuing with the Family Court  
6 Administration an amendment to their court rules  
7 that would permit access via the New York State  
8 Department of Parole and New York City Probation to  
9 family court records on Child Protective Matters.  
10 We're working with them, we're having some very  
11 good conversations. And so that is ongoing.

12 CHAIRPERSON LEVIN: If you can, if it's  
13 possible to check back in with the committee  
14 periodically to, to kind of update us on how that,  
15 how that reform is going that would be...

16 COMMISSIONER CARRION: Sure.

17 CHAIRPERSON LEVIN: Okay. Enhance  
18 Department of Corrections' intake procedures by  
19 establishing an interagency agreement with New York  
20 City Department of Corrections directing correction  
21 officers to ask incoming inmates where the primary  
22 caregivers about what arrangements they have made  
23 for their child. Is Department of Corrections doing  
24 this yet?

COMMISSIONER CARRION: So we had a meeting with them in March. We met with DOC, Department of Corrects, NYPD, Department of Probation, the Criminal Justice Coordinator's Office to address ways that we can better collaborate around our child protective investigations. We discuss whether corrections might be willing to modify their intake procedures to illicit the information about the care of a child and a, for a parent that's just been incarcerated which was the issue in the Dobson case.

CHAIRPERSON LEVIN: Mm-hmm.

COMMISSIONER CARRION: And the Department of Corrections was very willing to pursue this change but they pointed out to us that they received custody sometimes between 24 and 48 hours after an arrest and by then the Department of Corrections may be too late in assisting us in assuring the safety of a child. And so they identified other avenues for ACS to receive important information about potentially unsupervised children which we are exploring now with their assistance. So it's been a really

pruteful [phonetic] discussion with all the agencies in a real willingness on their part to work with us and so we're pursuing that.

CHAIRPERSON LEVIN: Okay.

COMMISSIONER CARRION: And continue to do that.

CHAIRPERSON LEVIN: I'm assuming prior to custody in the Department of Corrections those individuals are in the custody of the New York City Police Department. So is the Police Department agreeing to ask those questions if some is... [crosstalk]

COMMISSIONER CARRION: The, the Police Department has expressed a willingness to work with us to identify the best way to do that.

CHAIRPERSON LEVIN: And is it like adding a new box to the form...

COMMISSIONER CARRION: I don't know it's their form... [laughter] [crosstalk] figuring it out together. Yeah.

CHAIRPERSON LEVIN: Right. But there's a, is there a, so there's a commitment from the Police Department that in, on the initial arrest or how, how would that go?

COMMISSIONER CARRION: Well we're trying to explore which would be the most effective way to do it that doesn't create additional burdens for their workforce you know and, and ours. And so... But I, I will tell you that they're very productive conversations and, and we will figure it out.

CHAIRPERSON LEVIN: Okay. If you could check back in with us periodically how that, how that's progressing that would be helpful.

COMMISSIONER CARRION: Will do.

CHAIRPERSON LEVIN: We talked about the Children's Cabinet. We're very excited about that and we think that that's a new very fruitful enterprise. So if, I did want to ask... I don't know if... I had to run out for a second. Is, is there a, is there a set meeting schedule for the Children's Cabinet and is it producing a report or has, what's the, what are, what are the outcomes... [crosstalk]

COMMISSIONER CARRION: So we do have set already, set meeting dates. And we are developing a subcommittee structure. And all of us at the first meeting got homework that we had to, in fact I think the deadline is the end of this week or early next week that we have to respond. So you know it

1 is being structured in, in a way to facilitate our  
2 work. We have four more meetings this year and the  
3 quarterly after that. So this first year we're  
4 going to have four meetings and then quarterly  
5 after that and then have a robust subcommittee  
6 structure to facilitate the work. Each agency must  
7 identify a point person that will work with the  
8 staff for the Children's Cabinet and so we are  
9 identifying what our initial focus will be.

11 CHAIRPERSON LEVIN: Okay. Is there a  
12 plan to have a report as a result or do we not know  
13 that yet.

14 COMMISSIONER CARRION: Well I, I don't  
15 know yet. I should tell you, I'll be remiss if I  
16 tell you the Mayor went to our first meeting so  
17 that, to express his support and to make sure that  
18 all the agencies understood how important it was to  
19 work collaboratively and align their work with the  
20 work that ACS does. And into, really conveyed  
21 everyone that it's everybody's responsibility to  
22 keep children safe and promote their wellbeing.

23 CHAIRPERSON LEVIN: Is there, is there  
24 any role for providers or advocacy organizations in  
25 this process?

COMMISSIONER CARRION: So yeah, we actually that, that was raised at the meeting. And I think that there is a lot of willingness in the children's cabinet to hear from the community and advocates and providers and so we're going to explore which would be the best venue to do that. It might be an advisory committee or it might be participation in the subcommittees. I think that those details are being worked out.

CHAIRPERSON LEVIN: Okay we look forward to, to hearing about the progress. The meetings, will there be minutes made available to the public or is there any, is there a recording secretary or how would the public know kind of what's being discussed and, and...

COMMISSIONER CARRION: Those are really good questions and I'll take them back to Deputy Mayor Richard Buery. I know that lots of people were taking notes.

CHAIRPERSON LEVIN: There just not necessarily available to the public. It would be, it would be, you know if there's a, if there's a, a structure where there's some public minutes I think

it would be, it would be helpful. I'll stop short of you know demanding that it's webcast but...

COMMISSIONER CARRION: I'll convey that.

CHAIRPERSON LEVIN: The, and you made some reference to this but one of the last recommendation was launching a public awareness campaign to encourage New Yorkers to speak out when they see abuse and take corrective steps to get involved in the life of a child such as signing up to be a mentor. How's, how is that in terms of the process of implementation?

COMMISSIONER CARRION: So we've been working very closely with the Department of Health and Mental Hygiene to help craft the messages. The campaign is, as I said will emphasize the importance of recognizing and reporting child safety concerns but really just as important is really the message of how we have to support families. And really engaging the larger community and making a difference in the life of a child. The campaign we expect will launch in the summer of 2014 we're actually right now reviewing some of the messaging and you know kind of right now. So we're, we're very close. And we've done some focus groups

and before we finalize anything to get import,  
input from the field.

CHAIRPERSON LEVIN: Okay. That'd be,  
that'll be great. You know the Department of Health  
has a very robust messaging department. And so...

COMMISSIONER CARRION: That's why we're  
partnering with them.

CHAIRPERSON LEVIN: So I'm going to, I'm  
going to pivot a little bit. I might pivot back but  
I wanted to move onto a couple of other questions.  
Last night I was able to bring up a, a report by  
then public advocate Bill de Blasio's office from  
2012 called Lessons from Tragedy; a Review of Child  
Fatalities in New York City. Which is a very  
helpful report. It, it was based on OCFS data and  
they did a review of that data. This would be for  
calendar year 2011. So looking at the child  
fatalities during that year, looking at trends,  
coming up with a set of recommendations. And in  
reading it I, I, you know one thing that struck me  
there was, it was released on the sixth anniversary  
of the, the death of Nixzmary Brown. And one of  
the, the themes that was, is running through the  
report which I think is important to note is that

as tragic as the death of Nixzmary Brown was and the fact that it lead to a whole series of reforms in ACS. There are hundreds of other children that die and you know there's, there's dozens that die every year in New York City, some that have, some have had some interaction with ACS, some that have not, some that are homicides, many more that are not. But each of those deaths is a tragedy and each of those deaths is, can provide as, just as many lessons as, as, as the others and... We ought to make sure that we're not just looking at the ones that are making the headlines to take away lessons and, and spur us to reforms but really all of these cases are their own tragedies in and of themselves and, and speak to you know could perhaps speak to larger systemic problems. And it's not just obviously the deaths. It's, it's also the near misses and the prolonged cases of abuse and, and so forth, so on and so forth. There are three recommendations that this report made that I was curious what your opinion on, would be on these recommendations. The first one, and they each correspond to problems that were identified or that, that the public advocates office at the time

identified. So with, with regard to the, the first recommendation it is in response to finding that fatalities often occur following multiple reports of abuse or neglect. It says that deaths occur in families with on average more than... deaths occurred in families with on average more than five such reports for families out of those, the 75 child fatality reports that year had over 15 accounts. So there were 15 incidents where there's a allegation of abuse or neglect. And so the recommendation was to implement the system at ACS that triggers comprehensive assessment of cases involving multiple reports of abuse or neglect by an internal review team. Submit a portion of these cases to a panel of outside experts for additional review with the goal of developing recommendations for the rest of, of ACS's high risk case load. I don't know if, if, if that's been considered in terms of, of having that specific recommendation adopted and if not what other measures are we looking at in terms of families that are having multiple reports of incidents because that, that is a, obviously an, a risk indicator right. So if you could speak to that a little bit.

EDEN HOUSELAB: Sure. So you would ask is essentially what have we done to address that. And so what we have done at this point is for any case that comes in, again through the SCR and assigned to our child protective team if it's a case that has had four or more prior reports the manager is required to actually review that case and, and do the approvals on the case which is a higher level of scrutiny than for other types of cases.

COMMISSIONER CARRION: We also have the accountability review panel which is a multidisciplinary advisory body that consists of experts in social work, medicine, psychiatry, psychology, meets monthly and reviews child fatality among families that are known to ACS. We have representatives from the Department of Health, Office of Medical Examiner, Department of Education, HHC, NYPD, and OCFS attend and assist and review of cases. The panel was charged with reviewing ACS Child Protective Services and Legal Activities making findings and if necessary making recommendations and assessing the appropriateness of protective activities undertaken by ACS.

Contract Agencies schools hospitals, the courts and other systems both public and private to determine what measures might have been prevent, might have prevented the death. And the family you know is considered to have been known to ACS if it meets a criteria which is if an adult in the family has been the subject of child maltreatment, allegations to the SCR within the ten years preceding the child fatality, when the fatality occurred ACS was investigating an allegation. I guess an adult in the family or when the fatality occurred a family member was receiving ACS services you know through the, so it's comprehensive through the reviews the panel makes specific and systemic recommendations. We analyze that data that's collected, their minutes from the panel and suggestions made to the panel. The work is summarized and a report is issued and in fact one of the responsibilities for our new internal monitor is going to be to be able to look to review all of the recommendations that we've received over the many years including this report for instance but the recommendations that come out of these accountably review panel for instance to see what have we done, what has been

the implementation? Do the recommendations make sense? And how were they informing our work? And so that part of it that needs to be strengthened and that's one of their jobs and responsibilities that our internal monitor is going to have.

CHAIRPERSON LEVIN: In terms of, of... So there's a, preventive services have a role in that then as well?

COMMISSIONER CARRION: Yes.

CHAIRPERSON LEVIN: So if, if a, if a family has a, a form or is that mean that they're going to be, that there's going to be a, a greater increased effort to avail those families of the preventive services that you know... Or is there, how does that, what, what does that then lead to? Is there a higher level of engagement or is it just a closer monitoring of the family?

EDEN HOUSELAB: So I will say again it's hard to talk generally because every family is different but obviously yes it's form or you're doing a very thorough review at the managerial level of what the needs and, of that family are. And obviously it's a case by case assessment of what the needs of, are of that family at that

CHAIRPERSON LEVIN: And is that, is that regarded as a risk factor if so, if there's a higher number of incidents of, over the last, that then informs ACS's decision as to whether to pursue court ordered supervision or foster care?

CHAIRPERSON LEVIN: Oh, okay. The, the second recommendation of the public advocate, then public advocate Bill de Blasio's report is to broaden outreach for safe infant sleeping arrangements by enlisting pediatricians, community health providers, and other community leaders to convince parents to adopt sleeping practices that reduce the risk of injury and death. I wanted so if, if ACS wanted to speak a little bit about efforts that you have made on that issue that is a significant contributor to, to child fatality in

1  
2 New, in New York City both with families that are,  
3 that have a history with ACS or with families that  
4 don't have a history with ACS. It's obviously,  
5 it's, it's a major risk in and of itself. And so I  
6 mean if you could speak a little bit about public  
7 awareness campaign so you're doing it, I know right  
8 now the Brooklyn Borough President I think is like  
9 currently having a meeting about this at Brooklyn  
10 Borough Hall as we speak. But I want to know what  
11 the administration is...

12 COMMISSIONER CARRION: It has been a  
13 focus of ours and certainly a focus throughout the  
14 state of New York. So Dr. MckNight will tell you  
15 what we're doing.

16 DR. MCKNIGHT: So some of the work has  
17 been related to training and education. In November  
18 2013 ACS held educational events with the early  
19 care network in both Brooklyn and the Bronx and  
20 also a larger form was held on December 6<sup>th</sup> with  
21 over 230 health and hospital cooperation medical  
22 staff providers, preventive providers and community  
23 partners focusing on the needs related to Safe  
24 Sleep in Brooklyn and the Bronx. And the reason we  
25 focused on Brooklyn and Bronx because those are the

two boroughs which had the highest level of, of infant deaths. Additionally ACS has planned four divisional and city wide borough base training sessions. Two were held in the month of April and we have two additional sessions scheduled for this month. These six hour training, train the trainer workshops include a focus on motivational interviewing as a tool to overcoming some of the resistance. At the conclusion of these sessions ACS will have trained over 250 ACS staff as well as staff related to the, to DOE community based providers and community leaders. Two half day follow-up sessions are actually going to occur in the month of June. There has also been a lot of interagency collaboration. ACS has served as a member of the mayor's Infant Safe Sleep interagency workgroup convened in the summer of 2012 and has participated in the current administration's safe sleep advisory group which has convened on April 10<sup>th</sup> 2014. In 2011 ACS Department of Child and Family Health partnered with the Department of Homeless Services and they've conducted co-facilitative training for the staff on safe sleep practices. Out of that there has been house checks,

1 safety sleep checks that actually came out of that  
2 and there was a reduction in infant losses. ACS has  
3 began working with the Department of Mental Health,  
4 I'm sorry Department of Health and Mental Health in  
5 securing national and local data as well. That's  
6 actually informing how we conduct the work. That's  
7 why we focus on Brooklyn and the Bronx. And we also  
8 in conjunction with the Office of Communication  
9 launched a public service announcement and  
10 developed palm cards that were distributed  
11 throughout the hardest hit communities. In July  
12 2013 an interagency coalition which included ACS  
13 Health and Hospital cooperation and the Office of  
14 the Medical Examiners launched an infant safe, safe  
15 sleep campaign somewhat sponsored by the KC Family  
16 Program so we've done an enormous amount of work  
17 related to this area. And I do want to just add  
18 being a former borough commissioner those losses  
19 did come to my attention and we have been addressing  
20 them very aggressively.

22 CHAIRPERSON LEVIN: Thank you very much.

23 And I look forward to, to working with you if  
24 there's any role that this committee and the  
25 council can play in assisting ACS we're certainly

1 eager to do so. And thank you very much for, for  
2 that. One second as an aside we've been joined by  
3 the Dominican American Chamber of Commerce who has  
4 joined us in the balcony. So thank you very much  
5 for joining us. Welcome. As a guest of Council  
6 Member Ydanis Rodriguez. Okay back to the  
7 questions. So I wanted to, I want to be respectful  
8 of your ability to speak about specific cases and  
9 then there's ongoing investigations and there is  
10 things that are known and not known and I don't  
11 want to put you in a difficult position of, of you  
12 know asking you to answer questions that you're not  
13 able to answer. But in light of, of the  
14 recommendations that have come out of various  
15 reports and wanting to make sure that we are  
16 learning lessons from every case and that there are  
17 takeaways and that we're not just stopping in terms  
18 of looking at reforms for, just at, at the case of  
19 Myls Dobson and that we're looking at other cases  
20 as well and seeing what, what went wrong. I do want  
21 to ask just a few questions about some of the other  
22 cases that have come to light this year. With  
23 regard to the Myls Dobson case actually starting  
24 with that case ACS child protective specialists

were court ordered to monitor the father for a year after he received custody of Myls. So the family court removed Myls from his mother's custody, placed him with his father and ACS had a relationship then for a year court ordered and then after that ACS was not required to have an ongoing relationship. There were nine instances where ACS visited the home and the father was not present. And so, if not all of those instances he was in jail. And during each of those instances the caregiver at the time, I don't know exactly who it was, told the, the child protective specialist that the father was at work which was obviously not true. Is there, that seems like an unusually long and consistent time for, for him to be not present and at work and... Did that not raise any red flags that he was never present any time that child protective service, specialist was there and is that a standard protocol? If the primary guardian is not present why wouldn't the child protective specialist then make arrangements to be there and insist on being there when the guardian is there to truly, you know to, to follow up on lines of questioning and ensure childcare and other things

1 ensuring the health and safety and wellbeing of the  
2 child. And, and just as another aspect of that  
3 question is was it the same child protective  
4 specialist in each of those visits or was that  
5 rotate, was it rotating. I'm assuming if a child  
6 protective specialist has a case they see that case  
7 through to completion. So I just was, was wondering  
8 if you could, if you're able to address any of  
9 those questions.  
10

11 COMMISSIONER CARRION: So let me respond  
12 to the first part of your question. I think that  
13 what I'd like to make clear and emphasize then  
14 court ordered supervision in this particular case  
15 the focus is the child. We have jurisdiction so to  
16 speak over the child. This was a non-respondent  
17 father who was not part of the petition where an  
18 allegation of, of neglect was made. We have limited  
19 authority over a non-respondent parent. So the  
20 focus is the child and how is the child doing. And  
21 that is the focus of in this particular case we  
22 certainly saw that focus where the caregiver which  
23 was a former girlfriend who had gone through the  
24 background checks was doing a good job of taking  
25 care of this child. I think that we would agree

that the focus needs to be the family, that it's just not that individual child.

CHAIRPERSON LEVIN: Right.

COMMISSIONER CARRION: Child's in the, you know grows up in the context of the family. But in court ordered supervision cases our ability is very limited to compel a non-respondent parent who has not been charged with any allegation of abuse or neglect to respond to any request from us. And I think that's why we're moving for legislation to enhance our scope of authority to be able to have the ability to provide more oversight over the family of that child that's involved in court given that the judge has directed us to have these court ordered supervision cases. So the focus has been the child. I would agree with you that we need to look at the family that this child is growing in, with.

CHAIRPERSON LEVIN: So, so in this instance the, the girlfriend who is there as the caregiver during each of, each, each of those visits was, had gone through the background check and she was, she...

COMMISSIONER CARRION: This is another girlfriend.

CHAIRPERSON LEVIN: Right, right I know that, I know that. But that she had, she had gone through the background checks and she was known to the court, to the family court judge or known to ACS. Who did the background check, ACS did.

COMMISSIONER CARRION: ACS, ACS... yes.

CHAIRPERSON LEVIN: But when the court ordered the, when the court ordered the custody...

COMMISSIONER CARRION: The court knew.

CHAIRPERSON LEVIN: ...to the father that was, there's a, a contingency that there's can be somebody else that's a caregiver as long as they go through the background check or...

COMMISSIONER CARRION: That, that was made, that information was provided to the court.

CHAIRPERSON LEVIN: Okay. So then that's... [crosstalk] So then it didn't raise a red flag because there was a caregiver that had...

COMMISSIONER CARRION: Mr. Chairman Levin my council's telling me that I should not be providing any more information on the case and that I'm treading very dangerous territory here.

CHAIRPERSON LEVIN: Okay, okay. And I don't, I don't want to compromise. But I, okay. It's a, it's an issue obviously when in reviewing the case that came up as to why there were nine visits where he wasn't there and he was in jail and we didn't know about it. And I know that a lot of the recommendations are, are set to address that through official channels of, of interagency coordination with parole, probations, etcetera but wondering what we can do in ACS that child protective specialists can do themselves to, to enhance that. And so that, you don't have to respond to that. I do want to, to move onto another case. And again I, if you can't answer a question I'm happy to, to, to accommodate that. With the case of Jaden Smith who was, who was killed earlier this year. His mother was in the foster care system. She was, she's 19 years old. And Council Member Torres, I'm sorry Council Member Menchaca asked a question earlier about after care services for, for children in the foster care system. In light of, in light of this particular instance is it, is it not wise to look towards expanding aftercare services that... I know that you said that,

1  
2 that organizations can do that with private dollars  
3 or dollars that they're able to raise from  
4 foundations etcetera but, but is that, is it, is  
5 it, maybe it's, maybe we should look at, at, at  
6 expanding government supported aftercare services  
7 for, for foster care.

8 COMMISSIONER CARRION: We certainly, I,  
9 I, you know I, I think that we certainly should  
10 provide support and financial support to enable  
11 community based organizations to continue to work  
12 with young people that have aged out of foster care  
13 and continue to work with families. I think we have  
14 to draw the line and give some thought as do we  
15 really, how long do we want government to be  
16 involved in the lives of our, our, of our citizens  
17 and whether or not the approach needs to be one  
18 more where we involve community and resource  
19 communities so they can support their young people  
20 and their families rather than relying on  
21 government who tends to be a lot more intrusive in  
22 the lives of people even when we really don't need  
23 to be involved in their lives anymore. I think that  
24 I'm, I'm sure that others could debate that with  
25 me. And we want to keep everyone safe and we want

1 to provide the supports. But I, I do think that  
2 there're other systems in communities that are  
3 better poised to provide those kinds of supports. I  
4 think in some instances that's correct but in this  
5 instance it was a young mother. Perhaps is there,  
6 particularly with that population of, of  
7 specifically children, I mean she's a child, she's  
8 19 years old or close to a child aging out of the  
9 foster care system who are parents or, or are  
10 pregnant teens who are in the foster care system  
11 whether that specifically because obviously they're  
12 going to be caring for a child whether they... so not  
13 necessarily for all children aging out of foster  
14 care but specifically for those that are mothers or  
15 expectant mothers whether that's a, a specific  
16 population that may warrant services.

18 COMMISSIONER CARRION: So I think it's a  
19 specific population in terms of with, with the end  
20 of services that we're focused and ensuring that we  
21 provide supports. But you raise an area where the  
22 agency that I ran before actually provided services  
23 to pregnant and parenting teens in foster care and  
24 we provided services, aftercare service in the  
25 context of the community where they lived. And so I

1 would continue to argue that the agencies and  
2 community based organizations that have the  
3 expertise to continue to do this work and provide  
4 the support the young women that were in, that were  
5 residing in Inwood Houses maternity residence were  
6 giving after they gave birth during that time were  
7 provided with the services and supports they needed  
8 after they aged out of foster care. We certainly  
9 could have used a lot more resources from the city,  
10 from the state from private foundations to enable  
11 us to do this work. But I, I think that they are  
12 the right agencies to do this work.

14 CHAIRPERSON LEVIN: I agree 100 percent.  
15 This is very into a budget question but it's up to  
16 the city I believe as a public, as the public  
17 institution of municipality to provide the, the  
18 resources for these, for the community, community  
19 based organizations to do that work. And so I'm,  
20 I'm not, I'm not disagreeing with you. I don't  
21 necessarily think that ACS workers should  
22 necessarily doing that work but we should be  
23 looking as a city to provide the financial support,  
24 the budgetary support, the programmatic support

for, for, for community based organizations to do that work.

COMMISSIONER CARRION: And I would welcome those resources.

CHAIRPERSON LEVIN: Okay. So we'll work on that together. Okay. Because in, that kind of leads to another question that I had which is around and there's partnerships and other models like that that do exist, they're expensive. They're expensive and maybe they require partnerships with other agencies, Department of Health and Mental Hygiene, the state I know Senator Daniel Squadron's brought to me social impact bonds in supporting New York's family partnerships. I mean are there, is there an appetite to kind of look towards working with other agencies to create that type of, of web of support right that we can financially so that organizations can do that.

COMMISSIONER CARRION: Absolutely. And I think that's one of the purposes of the children's cabinet to be able to have those conversations and have this interagency work done. And you know New York State, New York City there are two models Healthy Families.

CHAIRPERSON LEVIN: Right.

COMMISSIONER CARRION: And then nurse practitioner with our home evidence based home, home visitation programs. I think that we need to do a better job of connecting our families to make sure that they're accessing those services. Every family that has every, ever pregnant teen in particular could be connected to a home visiting program that's in my system. That should be automatic and that's where we need to make sure that the systems are working together to make those connections.

CHAIRPERSON LEVIN: I agree and just I think I mentioned it to you before my, my aunt Natalie Busby [sp?] in Plainfield New Jersey did this for 10 years as a home, home visiting nurse for, for young mothers. But that was, again that was supported through private foundations. And so I think that maybe working together we can go to the powers that be and say that we need funding for this.

COMMISSIONER CARRION: Yeah. Well you know there are a couple, there's federal dollars for that. We certainly did more funding. I think

there's a look at whether or not they could be financed with Medicaid dollars...

CHAIRPERSON LEVIN: Yep.

COMMISSIONER CARRION: So there are different models. But we certainly need more financial resources.

CHAIRPERSON LEVIN: Money, yes, okay. Okay, thank you. Moving to one other case this year, child fatality of Kevasia Edwards. In that instance her mother had, there was court ordered supervision. I'm sorry I wanted to ask did her mother have court ordered supervision after getting her children back into her custody in 2013. That was a case where in 2012 the children were removed from the home after substantiated allegations of, of abuse. Kevasia herself was, was I think burned by her mother and the other children, there was I guess allegations of neglect. I have to go back and, and confirm that. But there was substantiated allegations of abuse, children removed from the home, given back to mother's custody in 2013 and then a little over a year later is, is when Kevasia was killed. And were, my, my first question would be was there a court ordered supervision after the

1 children were given back to the mother. And then,  
2 and then in terms of instances like that where  
3 there's been substantiated allegations of abuse  
4 there's been action taking in this case foster  
5 care, I think it was foster care where the children  
6 were removed from the home. And, but then the... you  
7 know so the children are back with mom but there's  
8 been a history of, of real abuse there, not just  
9 allegations but real abuse. Do we, is there, is  
10 court ordered supervision fit into that continuum  
11 and if it does for how long and is it a case by  
12 case thing or... And then, and then in this instance  
13 was that occurring.

15 COMMISSIONER CARRION: So Chairman  
16 Levine I'm really not free to respond to that  
17 question. I can tell you generally that there are a  
18 number of ways that children are returned to the  
19 home. It could be through a court ordered  
20 supervision or it could be a trial discharge. And  
21 services can be attached to either method of  
22 releasing children to families generally.

23 CHAIRPERSON LEVIN: Okay. Because that  
24 would be something that, and I know there's legal  
25 restricts and, and other legal obligations. But I

1  
2 would... I think and in exploring how we're moving  
3 forward that as a, as a population that kind of  
4 speaks to a little bit about oh we, we kind of  
5 addressed it with cases of ongoing or multiple  
6 instances of, of abuse or neglect. I mean this is  
7 kind of an extreme example of that. But how  
8 children that are back in the home fit, fit in,  
9 into that and how we are able to ensure from  
10 protective perspective that those children are  
11 protected. I think that's, that's essential.

12 COMMISSIONER CARRION: So I think as a  
13 system we must consistently convey to both our  
14 staff, our workers and agency providers that we  
15 almost miss, always have to have a safety and risk  
16 lens when we work with these cases, that that's  
17 really important wherever in the continuum of  
18 services our families are engaged in. Our  
19 responsibility is always to make sure that we're  
20 assessing the risks and that we are maintaining a  
21 safety lens when working with families.

22 CHAIRPERSON LEVIN: I just have a couple  
23 of more questions.

24 COMMISSIONER CARRION: That's fine.  
25

CHAIRPERSON LEVIN: In regard to the most recent incident I know that that's under investigation, can't speak to it but it was a, this actually goes in line with one of, then Public Advocate now Mayor de Blasio's recommendations. It was his third recommendation which was ACS and the Department of Homeless Services should jointly review the demographic profiles of families in shelter to identify those facing multiple risks, in particular families with a history of multiple prior contacts with the child welfare system that would benefit from supportive housing. Speaking specifically to Department of Home, of Families that are in the Department of Homeless Services System there are 22,000 children in Department of Homeless Services shelters every night. Those children before going into the shelter system faced major housing and stability factors. They didn't go into the shelter system because they had stable housing to begin with. So they've gone through significant amount of trauma, the families have gone through a significant amount of trauma. And that has a destabilizing affect all around. This, obviously this, the case of, of Juan Sanchez that

1 family was in a DHS cluster site shelter contracted  
2 sight but did not have you know wrap around  
3 services and, and other things that might, we might  
4 see in other DHS shelters. But speaking to  
5 coordination specifically with DHS, outside of  
6 maybe the Children's Cabinet because in Children's  
7 Cabinet I think we're looking at broader issues,  
8 but this recommendation from then Public Advocate  
9 de Blasio speaks to specifically identifying  
10 children in the homeless shelter system that have  
11 multiple contacts with, with ACS. Is that something  
12 that we're looking at in, in terms of doing some  
13 reforms around coordination with DHS for that  
14 specific population.

16 COMMISSIONER CARRION: So I'm really  
17 pleased to report that almost day one Commissioner  
18 Taylor and I have been working together. You know  
19 we have a unique situation, the Commissioner of  
20 Department of Homeless Services was a deputy at  
21 ACS. So he has a deep knowledge of this work. And  
22 so day one we started to meet and, Commissioner and  
23 I and our relevant staff to look at his population.  
24 And in fact even before the Children's Cabinet of  
25 how do we work together to align our services and

supports with the family identifying the families that are dually involved. And in fact we know there're about 25 percent of his families have some prior child welfare involvement.

CHAIRPERSON LEVIN: And that's a lot because that's...

COMMISSIONER CARRION: Right.

CHAIRPERSON LEVIN: ...20, that's 25 hundred families or...

COMMISSIONER CARRION: That's right.

CHAIRPERSON LEVIN: ...5,000 children.

COMMISSIONER CARRION: His children are my children. And so we've even before, start even before these fatalities have started to work together to align our systems and to leverage our resources for... And, and so I'm happy to report on that. And also looking at how we have a, a rent subsidy and looking at how we can leverage that rent subsidy. Unfortunately it's very low. It's 300 dollars. So how can we, you know and it's by statute at the state level. So is there a way to increase that subsidy for the families that are involved in, in ACS and are in a homeless shelter to really expedite their leaving a shelter. How can

we use the 300 dollars that we have and improve more cases? How can we align our preventive services with his providers?

CHAIRPERSON LEVIN: Mm-hmm.

COMMISSIONER CARRION: What, and how do we share information? So we have been working together. We're meeting now to review all the cases that are, that have ACS involvement and we're going to do a case by case review in collaboration with the Department of Homeless. And that's beginning very soon.

CHAIRPERSON LEVIN: I'm very encouraged to hear that. And I think that, I, I missed the executive budget announcement but I think that there's going to be a rent subsidy program coming out of, of DHS as part of the budget. So... or I hope so. And so that's, that's, that's, that's great to hear that there's a coordinated effort because using that 300 dollars towards...

COMMISSIONER CARRION: Mm-hmm.

CHAIRPERSON LEVIN: you know that, that goes probably a very long way and it, it certainly adds up in terms of how we could support those families. So I appreciate that. So my final

question and it's, it's, it's more of a, it's kind of a statement kind of a question. So in, in doing research there was a, in 2011, in April of 2011 shortly after the death of Marchella Pierce here in New York City there was a, a noped [phonetic] in the New York Times by Olivia Goldman who was the Director of Washington, Washington DC's child welfare system in the previous decade. And in speaking about how to fix systems and in her case she took over a system that was in real disrepair. But the, one of her recommendations that struck me, and this is something that I've spoken about before and I just want to reiterate. Says you can't learn what's wrong with the system from just one case. Understanding what to fix requires analyzing many cases including deaths, injuries, and near misses. That's why airline safety analysts collect information about maintenance problems in planes that come too close to each other on the runway or in the air and why hospital study, hospitals study medication errors. Looking at just Marchella's death focuses attention on the caseworker while looking at more cases gets us closer to understanding trends and patterns. And the, the

1  
2 takeaway for me is that while we welcome all of the  
3 reforms that have been proposed by the  
4 administration in response to the Myls Dobson case  
5 we want to make sure that there are more reforms  
6 forthcoming and that there are through, and that in  
7 every case and death or injury or near misses that  
8 we're, that we're learning and we're continuing to  
9 evolve and that we're open to additional reforms  
10 when, when they're appropriate. And so I just want  
11 to ask is, do we have a commitment from, from, from  
12 ACS that, that we're not just stopping here at this  
13 case but that, that we're looking continuously at  
14 reforms that we can make and learning lessons from,  
15 from, from every instance so that we can better  
16 protect New York City's children.

17 COMMISSIONER CARRION: You can count on  
18 it.

19 CHAIRPERSON LEVIN: Thank you.

20 COMMISSIONER CARRION: I will tell you  
21 that I know Olivia. She was the Deputy Secretary  
22 for Health and Human Services in the Spitzer  
23 Administration for a short period of time. So I had  
24 the opportunity to work with her closely. That's  
25 certainly what this administration is about and

1                   it's the continuous learning that we need to do and  
2                   how we can improve our system in moving forward.  
3                   And so we will be continuously reviewing our work,  
4                   learning what we can do better, learning from  
5                   looking at the trends, doing these assessments that  
6                   we're doing, and learning from others and what's  
7                   working in other jurisdictions to better improve  
8                   and continue to improve our work. So you have that  
9                   commitment from me and from my staff.  
10

11                  CHAIRPERSON LEVIN: Thank you very much  
12                  Commissioner. Thank you very much to your staff for  
13                  being here. I will take a couple of minute break  
14                  and then we'll hear testimony from the public.  
15                  Thank you so much for joining us.

16                  COMMISSIONER CARRION: Thank you.

17                  CHAIRPERSON LEVIN: Thanks.

18                  [pause]

19                  CHAIRPERSON LEVIN: Thank you all for  
20                  staying with us. We look forward to your testimony  
21                  and hearing from the public on these very important  
22                  matters and ensuring that the providers and workers  
23                  and the clients and the advocacy community have a  
24                  role in this process and have a voice and have a  
25                  seat at the table. Because it's essential for, for

us on our end here at the committee if we're to understand effectively what is going on day to day in the field it's important for us to have a dialogue. So I want to thank you all for being here. We're going to hear first from Anthony Wells of SSEU local 371. Is anyone else testifying. Michelle are you... okay. Okay, so just Anthony Wells testifying here on behalf of SSEU local 371 thanks.

ANTHONY WELLS: Good morning Chairman.

I'm joined at the panel today by the Vice President of Political Action Michelle Akyempong and the Vice President of Research and Negotiations Rose Lovaglio-Miller. We thank you for the, for convening this hearing on ACS as you say I'm President of SSEU local 371 Social Services Employees Union, local 371 representing over 18 thousand social service workers and particularly in ACS over 48 hundred workers. Our members are engaged in one of the most difficult and critical jobs in the city protecting children. However they tackle their responsibilities with care, concern, and commitment every day. In the area of child protective services they often work under the most adverse conditions. There are high case loads,

repetitive and redundant paperwork, inconsistent policies, hostile work environments just to name a few. They go into homes not knowing what is on the other side of the door often in dangerous and unstable environments. The recent deaths of the, of the, the recent death of children has once again brought ACS into the public light. When there is the unfortunate and terrible death of a child in a family known to ACS the first thought is what did the workers do wrong. This has been the history of BCW, CWA, and now ACS. When something goes wrong the workers are the first and sometimes the only source of blame. Too often the workers are scapegoated because the public and yet sadly public officials do not understand the nature of the job or what ACS workers do. This is not making excuses but rather trying to get to an understanding of what ACS is, what do workers do, and how the public can be involved in the saving of children's lives. While there is time to stop scapegoating and blaming workers and improve the system the present administration is seeking to change the trend. Thus far it has not gone out the workers to blame but instead to look for real solutions to the problems.

We contend this new administration for the creation of the Children's Cabinet which brings other agencies into the discussion of protected children and their families. It is also a way to hold other agencies accountable when they are involved with the families. We also commend their efforts to review the family support unit and improve our comfort children program in addition to hiring. At ACS morale is at all-time low. Workers are overburdened with caseloads as high as 15. They have required to complete templates on each child that often require answers to an exhaustive list of questions. And there are midlevel managers who are more concerned with deadlines and statistics than protecting children and supporting children. We look forward to working with Commissioner Carrion to implement changes that ensure that services are provided to families and workers are able to do their jobs. We have suggested the creation of screening units that would be able to assess cases that may be valid or need many services. ...not... screening unit. ...ACSS had screening units of workers who go out and get two cases per, per worker and they go out and screen cases to see if

further services are needed. The immediate impact will be the reduction of cases on caseloads. For example often times child welfare services are used in disputes between parents in custody battles and they may call a report in and really the report has no substance. Often at the end of the school year Department of Education finds all these kids that haven't been to school for a year and there are reports of education neglect. The screening units would go out and filter a lot of these cases. They handle more cases in a shorter period of time and they either direct it to, to a PD worker, a CPS worker, or they close the case, or if there's any minimum amount of notice, minimal amount of services needed they're in that position to make that assessment. And I've spoken to the commissioner about that and that would provide immediate relief for caseloads. Back to this stuff here right. So we have recommended that every protective, well the screening unit workers would make more case, would take more cases, help reduce case loads, and make determinations as to whether further services were needed. The screening unit would provide immediate relief to high case loads.

...recommended that every protective unit have a child protective specialist supervisor that's referred to as a CPSS, the CPSS would not carry case load but would provide assistance to a unit supervisor and unit workers. Once again let me give you some, some insight of how that would be helpful. If, if a units... in 1987 BCW was reorganized to create a unit headed by a supervisor level two, five workers, and a supervisor level one. The purpose of the level one were to provide assistance on difficult cases to also maybe do a visit if only a visit was done to provide additional supervision for workers as a resource. Over the years two things have happened. One, they started giving supervisors full caseloads which is totally ridiculous. Supervisors now carry as many as 25 cases. Two, in a budget exercise under Commissioner Mattingly they actually sacrificed 94 positions and therefore their units. In one of, in the Marchella Pierce case, one of the issues in that case was that unit didn't have a supervisor one. If they had had there would have been some more oversight, more involvement, and maybe we could have prevented that tragedy from happening.

So CPS workers and CPS supervisors in units would help immediately also, and also help reduce caseload and work, and work. But I'm going to go to the next page... finished that paragraph... We have recommended that workers go to the field in pairs as a matter of policy. This way it creates a safety factor for workers but also it would provide another set of eyes to do assessments. It would also provide another set of eyes while the interview process is going on for the worker to assess the situation around the environment and even the reaction to the questions asked by the primary worker. In the Brooklyn DA's report after the, the death, the recent death of Marchella Pierce it came out that workers should go out in pairs as a matter of policy. Okay, and we, we, we were there, we support that, and we encourage that. Changes in ACS do not come quickly but these recommendations and the administration's pointers can have immediate impact and start the process. ACS has suffered privatization in areas such as foster care, group homes, preventive care, and oversight. I don't think the public understands there is not an agency run group home. There's not

an agency run foster home. Okay. And under the improve, outcomes of children they have contracted out oversight of these agencies. And some of these cases that you mentioned earlier that oversight has failed. That oversight has failed. And also there was an overinvestment in the lines on the improved outcomes for children that resulted in the layoff of hundreds of ACS workers in 2008 and 2010. Finally there needs to be more mental health services and creation of social work units in the field offices. Mental health is a common threat in many ACS cases where there is drug abuse, alcoholism [phonetic], alcoholism or domestic, domestic violence. By creating social work units staff are licensed social workers of which ACS has plenty those hard to engage families, those historically engaged family of ACS that you actually mentioned earlier, resistant families, and families with a long history of ACS involvement can receive the services they need. These units of social workers who are trained and most of them came out of ACS. So they have a, a, a historical knowledge of ACS, can provide additional services and do things that, that the case, CPS workers

1 don't have time to do. And this would also help  
2 reduce caseloads but also provide services and  
3 close some of these gaps. This administration  
4 appears to be on the right track. It wants to  
5 include all parties of interest including the  
6 unions in the discussions to improve child welfare  
7 services. It must support the workers through  
8 hiring, training, and creating a work environment  
9 conducive to resolution not retribution. And the  
10 city council has wherewithal and also must be  
11 prepared to provide support as well. I wanted to  
12 give two comments if I may about Commissioner  
13 Carrion's testimony. By the way I've been in this  
14 room for ACS hearings before and the general  
15 services. And I've never seen such a calm quiet  
16 exchange between the administration and the city  
17 council. What a welcome relief. Maybe now we can  
18 get some things done council.

20 CHAIRPERSON LEVIN: I was up late  
21 preparing for, for the hearing so I was a little  
22 tired.

23 ANTHONY WELLS: [laughter] You a little  
24 tired?

25 CHAIRPERSON LEVIN: Little tired.

1  
2 ANTHONY WELLS: No you, no you act no,  
3 you asked good questions. It's just that one, the  
4 agency was not hostile and neither, and neither  
5 were you. This is a serious problem so let me just  
6 talk about a couple of things. We welcome the  
7 additional hiring of the additional 362 workers.  
8 Part of the problem is you must find ways to retain  
9 them. You must keep them, those who want to stay.  
10 And that has to do with a change in the attitude of  
11 ACS. The focus must change from paperwork to  
12 preserving lives. And often times they are adverse  
13 to each other. We spend more times worried about  
14 deadlines and, and... as for example we have a issue...  
15 there's a form that's due in seven days. And they  
16 actually trying to get the workers to do it in five  
17 days. It doesn't, it doesn't make it conducive to  
18 work. The environment needs to change. FSU, the  
19 Family Service Unit what you didn't deal with is  
20 that this unit receive cases after the Marchella  
21 Pierce case. They dump cases in the Family Service  
22 Unit under the Mattingly administration to reduce  
23 the caseloads in the protective units, protective  
24 diagnostic units. We told them at the time you were  
25 going to have a problem on the road because you're

1 putting cases in a FSU unit without putting  
2 resources in that unit. So now this administration  
3 wants to add workers and that's good. But they also  
4 need to look at the policies, the inconsistent  
5 policies. One borough does it this way, one borough  
6 does it that way and hopefully the future... But this  
7 FSU situation did not develop overnight. It is a  
8 result of bad management, poor management, and poor  
9 foresight to see that this was going to happen down  
10 the road when you put cases into a unit and don't  
11 do it. As for teenage pregnancy there was a program  
12 that was state, that was state months, state funded  
13 called TASA which means the Teenage Services Act  
14 and they dealt with pregnant teenagers. And that  
15 program was defunded. ACS did not pick it up and  
16 therefore you have these teenage parents are  
17 falling through the crack. Finally, finally it  
18 takes a commitment from everybody around. There is  
19 legislation that needs to be changed also in terms  
20 of, and this is on a state level, the reporting  
21 structure. There are states where if you keep  
22 filing false reports you're going to be held  
23 responsible. That needs to happen in this state  
24 too. Okay, that overburdens the system. People are

1 using the child welfare system not just to protect  
2 children but to get retribution and get poor  
3 neighbors or angry neighbors or, or custody  
4 battles, divorced cases, I'm mad at you I'm going  
5 to call the case on you. I've had a case where in  
6 another agency a supervisor called a case in on a  
7 worker. So...

9 CHAIRPERSON LEVN: In ACS.

10 ANTHONY WELLS: Another agency, not even  
11 in ACS okay... And, and, and they got in, they got  
12 into a dispute. So I got to dispute, you got kids,  
13 I know how to take care of you. I'll call ACS  
14 because no one wants ACS to come to their house.  
15 You know I don't care who you are when that knock  
16 on your door and you say by the way, BCW because  
17 that's what the community don't know what ACS is  
18 right, BCW, [knocking sounds] the first thing is oh  
19 my god why are you here. And, and we need to  
20 address that so that one is not using us that way,  
21 two, to help change the public perception. So  
22 we're, we're in concert. We did a radio campaign  
23 about a week and a half ago talking about our  
24 workers and what they do. People should know that  
25 when a child dies on ACS case the workers are

1 affected. We have a crisis intervention program now  
2 when we send cased... people out... every child welfare  
3 death in the last six months we have sent a crisis  
4 team to that work location to address those workers  
5 because they feel their pain. But we also must  
6 change this fear about workers being afraid to do  
7 their job for they may be brought... criminal  
8 charges. The, well Brooklyn DA hires... those two  
9 workers are ACS are persecuting them. For two and a  
10 half years they were on trial longer than the  
11 people who did the crime. Their life was, who would  
12 want to work for child welfare if... end of the day  
13 your life is going to be destroyed from a, for a... A  
14 death of a child is horrible, horrible at any  
15 level. It's sad on any level. But if you want to  
16 give the people whose job it is to protect your  
17 children and keep families together you must give  
18 them support from this council, from the agency,  
19 and from the public. Thank you.

21 CHAIRPERSON LEVIN: Thank you very much  
22 Mr. Wells. Couple of things. First you know I want  
23 to acknowledge and I want it to be on the record  
24 that the council and this committee acknowledge the  
25 extremely difficult work that your members do. If

1  
2 I, you know I was thinking about this and if I was  
3 you know child protective specialist I don't know  
4 how I would be able to fall asleep. I would be so  
5 wound up and worried and it's an immense  
6 responsibility that your members take on. It's,  
7 it's, it's exceedingly difficult circumstances and  
8 you know they put themselves at, at real risk.  
9 It's, so I, I want to commend your workers for, for  
10 their selfless work. It's, it's just difficult and,  
11 and I would imagine just immensely scary to kind of  
12 go into that line of work knowing the  
13 responsibility that they have. So just want to  
14 acknowledge that.

15 ANTHONY WELLS: Thank you. Also I do,  
16 need you to take this minute because you, today  
17 you're focused on CPS but the child welfare system  
18 is beyond CPS. And there are still other children  
19 at risk who are not young, maybe a little older but  
20 they are also at risk. They're, they, ACS also  
21 responsible juvenile justice system..

22 CHAIRPERSON LEVIN: Yep.

23 ANTHONY WELLS: They're also responsible  
24 for placement of teenagers and the teenage problem  
25 that we have in this country and in the city

1 because of lack of services. So as we focus on the  
2 CPS and that's, and that's always a thing that  
3 grabs the public's attention is the child from  
4 birth to adulthood that we must also focus on. And  
5 they are also involved in the child welfare system.  
6 And we got to make some changes there too. It was a  
7 mistake, visually relieves to have merged juvenile  
8 justice and ACS together. There's two different  
9 focus in their mission and their goal. So I don't  
10 know if that's going to be undone but at the very  
11 least it must be addressed as two different  
12 missions, same goal, protecting children,  
13 protecting society, but the missions are a little  
14 different.

16 CHAIRPERSON LEVIN: Mm-hmm.

17 ANTHONY WELLS: And that needs to  
18 happen.

19 CHAIRPERSON LEVIN: I, I hear you. I  
20 mean there are a lot of, a lot of people put a lot  
21 of work into the merger but you know here at this  
22 council we have a, it's a standalone committee on  
23 Juvenile Justice as well that we conduct joint  
24 hearings with but there's a committee chaired by  
25 Council Member Fernando Cabrera that focuses

specifically on Juvenile Justice. So I, I just wanted to... one other thing, encourage, I would like to work with you on creating the, creating the social work unit because I think that that's a good idea because in, in reviewing the instructional for this hearing, you know knowing that child protective services or specialists are not, they're not social workers. And they have you know very specific job and role to play but it's, they're not there to be a social worker necessarily. And so I think that, that is something that I would love to explore with you. I would also love to sit down and talk about FSU a little bit more which we didn't delve in too much in this hearing but, but we should talk offline and, and, and I can hear your concerns on that and maybe bring it up in the budget hearing.

ANTHONY WELLS: Thank you for the opportunity and we will look forward to working with you. Thank you.

CHAIRPERSON LEVIN: Thank you very much. Thank you for this panel. Next panel Rose Vitale from the Child Welfare Organizing Project, Kim Kennedy, Iris Parra, and Damaris Figural [sp?].

[pause]

CHAIRPERSON LEVIN: Whoever wants to go first go ahead. Make sure that the microphone is on and speak directly into the mic and please identify yourself for the record.

DAMARIS FIGURAL: Damaris Figural from Child Welfare organizing project. My, I'm a parent organizer, parent advocate, community representative. There's a host and then there's a coach. Okay I'm here to talk about the family assessment response, family assessment response also known as FAR is the ultimate approach to providing protection to children by focusing on engaging and informal and formal support services that meet their needs and increases their ability to care for their children. This has been a program in Queens and it has been successful. Family Assessment Response needs to be in all five boroughs. Families need help. Resources support instead of automatically moving into state center registry. Example of my situation. My son is 14 years old and special needs child that has, had incidents in school with teachers and staff and now my child does not want to go to school. I try my

1 best every day to get him to go. Sometimes I  
2 succeed, sometimes I don't. Being that I work for  
3 Child Welfare Organizing Project I have learned to  
4 navigate and put services in place in my home for  
5 me and him. If not I would have had ACS. So why is  
6 it that I'm getting threatened by the school to  
7 charge me with educational neglect. This is why we  
8 need Family Assessment Response in every borough to  
9 help parents like me who are in a difficult  
10 situation to get help and resources to help  
11 ourselves, our family, and children thrive. Thank  
12 you.

14 CHAIRPERSON LEVIN: Thank you very much  
15 for your testimony.

16 ROSE VITAL: Hi, my name is Rose Vital.  
17 I've been participating with CWOP for about the  
18 past three or four months. My experience is a  
19 little different prior to my involvement as a  
20 parent in the child welfare system I was a case  
21 planner, a supervisor, and an assistant director  
22 for preventive agencies for over seven years. I  
23 went to Adelphi University. I obtained a masters in  
24 social work. I got my license. It was actually my  
25 dream to become commissioner of ACS. Or in

September 1<sup>st</sup>, 2013 my husband and I took our two week old son to the hospital because we noticed something was wrong with his leg. Upon x-rays we found out he had a fractured femur which we had no idea how it happened. According to SCR protocol the hospitals are mandated to contact ACS which I understood, I even provided the resident with the number to the SCR because he was new in pediatrics and didn't have the number. I fully expected the investigation and expected to be treated as I treated my clients during my seven years with honesty, with dignity, with respect to find out what happened, how do we protect the children and how do we move on. I was shocked to say the least when on September 4<sup>th</sup> my two week old son and 19 month old son were remanded to Commissioner Carrion and placed into foster care. I didn't understand how this happened where not just my background but having been a mother since I was 14 years old I have never had interactions with the child welfare system outside of employment. I have a husband, two older children who are attending a prestigious boarding school in Vermont on scholarship. I have sisters and brothers who are professionals. Parents

1 immigrated here. We've never ever had this  
2 interaction with child welfare. Could not  
3 understand how this happened. At the child safety  
4 conference I had the supervisor constantly role her  
5 eyes at me, spit policy at me which I corrected her  
6 and spit back her and apparently she didn't like  
7 that. In court the judge didn't ask any questions.  
8 We weren't allowed to speak. She bang, she said  
9 remand, banged her gavel and that was it. My 19  
10 month old was with us at court because I didn't  
11 know they would, I didn't think they would take  
12 him. We stepped outside of the courtroom. There's  
13 an empty stroller, two empty cups and a baby bag.  
14 And my son is gone. No one would tell me where he  
15 was. My son also suffers from retinoblastoma,  
16 that's cancer in his eye. He's, doesn't like people  
17 to snatch him. I have no idea how fearful he was. I  
18 have no idea what he was thinking, looking for us,  
19 no one could tell us where he was. We made  
20 arrangements for kinship care with my sister.  
21 Michael was to be brought home on Friday. Friday  
22 morning I called the supervisor to ask her what  
23 time was my son being brought home to my sisters  
24 and she said I'm sorry to tell you but your son was

placed in a foster home. Why was my son placed in a foster home when on Wednesday we discussed this, it was cleared off, both my sisters and my brother were all cleared to be foster parents. Why was he placed in foster care? I don't know Ms. Vitale that's where he is. I could give you the number and you can call and find out. My son spent Friday... My son spent Wednesday and Thursday at ECS. I don't know who changed his diaper. I don't know who fed him. I don't know what they fed him. They didn't ask me if he was allergic to anything. They had no knowledge of him. They had no knowledge of his medical treatment. They had no knowledge of him as a person. He came home Monday at 7:00 p.m. ran to my brother and would not let his leg go. I understand the work of CPS. It's hard. I do it with them. I go to the houses with them. I get cursed out with them. I get dogs released with them. I understand the work. But there needs to be an accountability. There's no way my son could be placed somewhere and you don't know where he is when it's another branch of your agency that placed him. And when I ask you a question you need to speak to me with respect. Now as it stands I have

1 an indicated ACS case for abuse against my two,  
2 against my now eight month old. I cannot work. I  
3 cannot do anything that I prepared myself to do. I  
4 have 80 thousand dollars in student loans that are  
5 going to be paid how? Nobody cares. I was fortunate  
6 enough that my kid's legal law guardians understood  
7 where we were coming from and petitioned to have a  
8 suspended judgment. ACS even agreed to the  
9 suspended judgment. You agree to this but you're  
10 the one that said I did this. But you agreed to it  
11 after I said I would take the finding. So were you  
12 concerned about my children? Were you concerned  
13 about their safety? Or were you concerned about  
14 having a finding on your record?

16 CHAIRPERSON LEVIN: So can you clarify.  
17 So you, you agreed to take the finding.

18 ROSE VITALE: Yes we did because prior  
19 to, on November 18<sup>th</sup> we took the finding, prior to  
20 this my husband and I were Googling, searching law,  
21 lexes nexus, everything trying to find legal  
22 precedent how can we beat this. We found a case of  
23 a four year old girl named Nicole C in Kings County  
24 who went to the hospital at the same age as Gabe  
25 with a fractured femur like him and a broken

1  
2 clavicle. She was immediately removed. From 2009 to  
3 2013 this case went on. And in 2013 is when the  
4 case was finally dismissed. But during those years  
5 she was in care away from her parents. I wasn't  
6 going to spend the next four years an agency that I  
7 cannot fight by myself.

8 CHAIRPERSON LEVIN: Do you have legal...  
9 Your son is home?

10 ROSE VITALE: They're both home, yes.

11 CHAIRPERSON LEVIN: They're both home.  
12 Do you have legal representation? Do you have a  
13 lawyer?

14 ROSE VIATALE: We did. We were advised  
15 against taking the finding because they wanted to  
16 go to trial because they felt this would be  
17 rectified in trial but again there's a shortage of  
18 family court judges and also until there's a  
19 finding ACS does, typically does not increase  
20 visitation. So my two week old who was breast fed  
21 immediately from birth I was seeing twice a week. I  
22 took the finding on November 18<sup>th</sup>. On November 19<sup>th</sup>  
23 my visits went to five days a week. Two weeks later  
24 my visits went to seven days a week with my sister  
25 supervising. The judge allowed ACS to allow my

1 sister to supervise from September 4<sup>th</sup>. ACS always  
2 said no because my sister didn't complete a foster  
3 care training. On November 19<sup>th</sup> she still had not  
4 competed that training but they had a finding so it  
5 no longer mattered. So which I ask my question  
6 again. Did you care about a finding or did you care  
7 about the safety of my children? Because nothing  
8 changed between those two days with the exception  
9 of the finding.  
10

11 CHAIRPERSON LEVIN: Can I ask is there,  
12 is there any recourse now, maybe I should know this  
13 but is there any recourse for undoing the finding  
14 or is there, is that on...

15 ROSE VIATALE: I have to wait until  
16 March 18<sup>th</sup>, 2015. That's when this, they ordered me  
17 to do preventive services which I have nothing to  
18 do and they ordered court ordered supervision for a  
19 year which is a waste of resources. Prevention has  
20 already been cut in the budget cut and now you're  
21 ordering me to participate in preventive services  
22 where I don't need parenting, I don't need mental  
23 health, my home is stable, we've been there for  
24 seven years. What is prevention coming to my house  
25 for?

CHAIRPERSON LEVIN: Yeah. Have you contacted anyone... I mean have you, have you had any contact with ACS outside of the official... I mean like outside of those channels where you have court ordered supervision, preventive services...

ROSE VIATLE: Not as of yet.

CHAIRPERSON LEVIN: Okay. Is there anyone from ACS that's, that's currently here so maybe we could follow-up on this case and, and...

ROSE VITALE: Thank you.

CHAIRPERSON LEVIN: I appreciate your testimony. We'll make our, my office available and we'll, we'll have to follow-up after the hearing but I appreciate your testimony very much.

ROSE VITALE: Thank you.

KIM KENNEDY: Hello, My name is Kim Kennedy. I'm a mother of six. I have children that's in the system for two years since 2012. I'm really striving to really get them back into my care. I have everything situated. The way how my children got sent to foster care is when I was placed in a, when I was in a family shelter. Our case manager had reported me because I asked if I could make a phone call to get another like a copy

1 of a WIC form because I moved out here from  
2 Pennsylvania. And just to call and make a phone  
3 call out there to Pennsylvania to request for a new  
4 WIC form to, to apply for WIC for my baby since I  
5 moved down here. And she really got nasty with me.  
6 Didn't I make, didn't I let... She said didn't I let  
7 you make a phone call... This is not for personal use  
8 but it wasn't really for, it wasn't really  
9 personal, like it was basically business. It's  
10 something that basically I needed for my child. And  
11 she just basically, she got nasty and she decided  
12 to basically after all let me make a phone call.  
13 And after that, after I got off the phone she  
14 reported me to CPS. She reported me to the, she  
15 called my caseworker on me or whatever, say that  
16 I'm going to call your caseworker and tell them  
17 that you needed help. That's when I was placed,  
18 when I was in a shelter with my, my children. And  
19 then I just went about my way. I just left her, her  
20 position and I just took me and my children and I  
21 just went upstairs to my apartment to take care of  
22 my children and do whatever I needed to do with  
23 them. Make sure that they eat and they're well  
24 taken care of and things like that. Because I, you

1 know... Then I got a knock on the door from a  
2 security guard. Then the security guard... alright.  
3 My, one of my children went to, to go answer the  
4 door but I was like no, don't answer it. So I just  
5 got up, put my baby I believe in a crib or just  
6 carried her with me to the door. And I asked who is  
7 it. It was the security guard that works at the  
8 shelter. He was like the case, the case manager  
9 needs to talk with you or needs, or said that  
10 somebody needs to talk to you on the phone. And I  
11 went, I took all my children with me downstairs  
12 with me to see what was going on, what, what they,  
13 what the, what was, you know why, why I was you  
14 know who really needed to talk to me over the phone  
15 or whatever to see... So I went downstairs. I got, I  
16 got on the phone and it was a, it was a case, it  
17 was the caseworkers, no not the case worker the  
18 supervisor. In fact I remember that was all the way  
19 back in 2012 so it was the supervisor of the  
20 caseworker. The caseworker wasn't there at the  
21 time. So she was like what was the problem or  
22 whatever. I said that, I asked the, the caseworker  
23 if I could make a phone call and she got nasty with  
24 me and just one thing led to another she, she got  
25

nasty with me. And so... you know she got an attitude with me and things like that and all I just asked if I could make a phone call so that I can reach out, you know I can call the WIC office out there in Pennsylvania if I can get a... request for a new WIC form. That's all, it was just that, that simple. And she, then the supervisor on the phone told me what am I doing at the time because I was basically, at the same time I was register, trying to register my children for school, my two older children into school. I was just doing a lot. And she was like I... what I was doing. She told me to come down there to the ACS office. It's not that like, it's not like they took my children from me. I took them with me to the ACS office to see what they wanted. So I took, I, I'm, I waited for, because I was waiting for the Board of Ed at that time too to register my, my two older ones back into school since we move out here. And so I had to wait to get transportation to take all my children down there to the office with me. I stopped whatever I was doing, went down there to see what they wanted and I, when I got there I had to wait a moment. Like because we was called into this room.

1 I was like basically being interviewed by the  
2 supervisor and some ACS worker that wasn't even on  
3 the case, or that wasn't even what... yeah... So and  
4 they called me into the room and I was being  
5 questioned about my personal situation that  
6 happened when I was in Pennsylvania because there  
7 was already a case against my spouse, it was  
8 already a case against him because he, says he  
9 sexually abused my oldest daughter and that's been  
10 reported, been situated, taken care of, I took  
11 care of all of that. And he got reported, he wind  
12 up getting arrested. And they just brought the,  
13 they just try, got into my personal life asking me  
14 questions about my daughter, about what happened,  
15 about you know the, the, about the case that  
16 happened and, against my spouse and, and what was  
17 said or whatever like that, like it's just like I  
18 don't know where to go with this. But this is... it's  
19 just like so much is on me you know. I just I  
20 don't know. I don't know what to do. It's like I'm  
21 in this whole situation and I'm the one that  
22 basically sought help for my family to get out of a  
23 bad situation from being abuse, from my daughter  
24 being abused and being, me being abused and the

1 rest of my family. And it's like this is penned  
2 upon me as being abusive and neglect. And so I'm  
3 like in this whole thing and I'm the one that  
4 sought help for my family. You understand. I'm, I'm  
5 the one that sought help out of this whole  
6 situation to get, to, to give my, my children, my  
7 family a better living. I don't know. I'm just  
8 trying to basically being the fact that I'm stable  
9 and I got everything situated I'm just trying to  
10 get my children out of the child welfare system.  
11 What do I do, like I don't know like...

13 CHAIRPERSON LEVIN: Where are your  
14 children currently?

15 KIM KENNEDY: They are in, placed in,  
16 out of my care, foster care.

17 CHAIRPERSON LEVIN: Okay thank you very  
18 much for your testimony. We can follow-up with our  
19 committee, our staff here so make sure that we  
20 exchange information and we continue to follow-up  
21 and... [crosstalk]

22 KIM KENNEDY: This whole thing is, is  
23 confusing because I'm like stepped up to really  
24 help my family, I did that. I, I've been very  
25 compliant. I go to my visits. I don't spend, I

1 don't have enough time with my children. My  
2 daughter, my, my baby got removed from my care and  
3 I was breastfeeding, doing all of that stuff a  
4 mother needed to do for her child, children. Three  
5 months and I was breastfeeding. I let them know  
6 what I was doing. I let them know was, was going  
7 on. Like I did not hold nothing back but I really  
8 needed help for my family, not for my children to  
9 be removed from me. And talk about its imminent  
10 danger. If it was I would have been removed for my  
11 kids since I moved out here. I just saw much, I  
12 spent a lot of money coming out here to New York.  
13 You understand? I got, I got, I had to go to, into,  
14 into a shelter from living with my brother. My  
15 sister to, to my brother, to a friend that wasn't  
16 even supportive and to a family shelter that I  
17 didn't really want to go into because I know how it  
18 is. It really is not, it's not no help, it's no  
19 help. You got case workers that don't want to work  
20 with you but work against you. You got CPS workers  
21 that really don't understand situations but they  
22 getting themselves involved. It's not right to  
23 remove my children from me out of my care when I'm  
24 really, you know I'm there for them and supportive,

1  
2 I take care of my children, I'm stable, well put,  
3 well kept... I, I don't, I don't abuse my children. I  
4 don't neglect them. Like that's a big, that's, I  
5 take that seriously.

6 CHAIRPERSON LEVIN: So if you could  
7 follow-up as well with ACS. I, I thank you very  
8 much for your testimony. We'll have to follow-up  
9 after the hearing but I thank you very much for  
10 coming down and for supplying, supplying your  
11 testimony. Thank you.

12 KIM KENNEDY: Your welcome.

13 IRIS PARRA: Hi, my name is Irris Parra.

14 CHAIRPERSON LEVIN: If you could speak  
15 closer to the microphone please.

16 IRIS PARRA: My name's Irris Parra. My  
17 two children are in the foster care system.... I was...  
18 sticks to anything. They remove the children. They  
19 bring me to the hospital. I stay three day in the  
20 hospital. When I, I went to the court. I, I have...  
21 they, they put a lot of false allegation in this  
22 case, in my case. I can prove that because I have  
23 like seven evaluation by the doctor that say that,  
24 that they, they was including the, the doctor that  
25 went to the court and say that the diagnose is no,

1 is not true. And he can prove it because he was my  
2 doctor... with, you know like the year before that  
3 happened. And the children are still in the, in  
4 care and now I have in June for the TPR. They... in,  
5 in ACS in my case they, besides the false  
6 allegation about my health they, they call people  
7 including Marries [sp?] when she was my visiting  
8 coach to chain a letter that was... planner. Now I go  
9 to the ACS Commissioner Gladys Carrion because I no  
10 have case planner. I request her that I need a case  
11 planner that work with me because I have a  
12 concurring goal to return to me the children. And  
13 the foster mom have false allegation because she  
14 neglect my child in different way and the children  
15 is still in, in her home. And in 2012 they... I... see  
16 Amy Lefarrio [phonetic] she's a social work that  
17 she bring ACS to the meeting and she requires that  
18 then they let her to take the children out to  
19 another foster home, the children is still in the,  
20 in the foster home the, they have false allegation  
21 against them. I still in court. I need family  
22 therapy. And just to they... Dolfu Toferrizone  
23 [phonetic] she's my supervisor because I no have  
24 case planner and she say the children no long go to  
25

1  
2 Queens to the family therapy and the children no  
3 longer to the visits. I have visit every Tuesday  
4 and Wednesday. I go to sign the book only because  
5 they no bring the children the last time they, I  
6 saw the children is, was in December 24, Christmas  
7 day I bring everything to them food, toys, they,  
8 they was fine but they, they, they, the agency do a  
9 lot of false allegation against that... I bring the  
10 consulate of Venezuela to the visit with them but  
11 they know the children say they... and they no want a  
12 lot of people in the visit because they bring the  
13 children in very poor conditions. They no take care  
14 very like, like the basis to them and they no want  
15 more people in the visit and they, they no bring  
16 the children. I request that bring the children and  
17 family therapy and the case planner... she speak  
18 Spanish it's better for me because they bring...  
19 language. Now I have to go to court in June four.

20 CHAIRPERSON LEVIN: So I, thank you all  
21 for your testimony. And we'll follow up with, with,  
22 with all of your, of your cases. And I very much  
23 appreciate you bringing this perspective to this  
24 hearing not only for your individual circumstances  
25 but overall in how we can, we're looking to address

systemic issues within, within the system. But with regard to specifically your cases we will follow up and we'll, we'll provide whatever assistance we can.

KIM KENNEDY: I do have concerns too about my seven year old receiving psychotropic medication. She's receiving two kinds... And I... [background comments] Yes. [background comments] I'm just... [background comments] Okay.

MAXINE KING: [off mic] I'm with CWOP.

CHAIRPERSON LEVIN: Oh okay. We have to... We're, sorry we're, we're, we're calling... We're calling testimony in terms of panels. So I don't know if you, if you've signed in... So, okay. Okay yeah if we could...

KIM KENNEDY: Yes, I'm sorry my concerns are my seven year old is receiving... [background comments] Thank you. Alright.

CHAIRPERSON LEVIN: I want to thank this panel very much and, and we'll, we will follow-up on your cases. So it, you have that commitment. Thank you very much. We do have a lot of, of people that are waiting to testify so... Next up Tracy Carter, Maxine King, Meg Byer, and Nadine Simon.

Oh, and we've been joined by Council Member Vanessa Gibson of the Bronx.

UNKNOWN MALE: Miss, Miss...

CHAIRPERSON LEVIN: Okay. I apologize but if we could keep our, our testimony [crosstalk] somewhat, somewhat concise... [crosstalk]

TRACY CARTER: Got it.

CHAIRPERSON LEVIN: I appreciate...  
[crosstalk]

TRACY CARTER: It'll be short and brief.

CHAIRPERSON LEVIN: Go ahead.

TRACY CARTER: Oh, okay. Hi, good afternoon.

CHAIRPERSON LEVIN: Marry Rotan if we can have Marry Rotan come up.

TRACY CARTER: Proceed? Oh, okay. Hi, good afternoon. My name is Tracy Carter. I'm a parent organizer CWOP, also known as Child Welfare Organizing Project. And I'm also a parent who's been affected by the system as, for a very long time since 1988 after giving birth to my fifth child. I know why my children was removed from that point because of my drug habit that I had. I'm grateful recovering addict. I have 13 years clean.

1 And I was blessed to have family in my life and my  
2 sister adopted my five oldest children who are now  
3 back in my life, they're adults. But also due to my  
4 addiction I also continue to have children that  
5 went into the system. My rights was terminated for  
6 all nine of my kids and I was grateful to had  
7 gotten back my two youngest children at the age of  
8 two and three who are now 15 and 13, they're  
9 teenagers now. But being clean for 13 years and  
10 being affected by the system has affected my life.  
11 And I wanted to do something by giving back. I'm  
12 not really reading what's on the paper. I'm coming  
13 from my heart because I just want to speak direct.  
14 I know first-hand on how it has been being affected  
15 from the time it was BCW, now CWS, and now ACS. So  
16 my job as a parent organizer is to be there to give  
17 support to the parents who has been affected by the  
18 system. I can relate on a lot of levels from being  
19 homeless, from being addicted to drugs on getting  
20 my life back together, getting my children back out  
21 of the system. And I want to be there for these  
22 parents because I didn't have that support when I  
23 was going through it myself. But at the same token  
24 I did advocate for myself not knowing I was  
25

advocating for myself but I have done so successfully. I was very fortunate because my two youngest children had went back to the same agency where my other children. So they knew me but when they came back it was a different me. So I came back with a new attitude, a new Tracy. I wanted them to know that this was not the Tracy that was all, that's still on drugs. This is a new Tracy that who's now getting her life back together and wanted to be a mother to her children. When I went back to get my two youngest kids, actually I went back for all six but at the time when they found I was coming back for all six now my rights was terminated for the four that I have lost contact with. But never the less by the grace of god I am in contact with all my children that was adopted. They are back in my life except for two. And I also, I'm a grandmother of four. So I got to see my grandchildren. My son who was adopted by my sister served in the army, did 11 years, he just came out of the service. He served in Iraq. And we also been to Washington and spoke about that, about the TPR one families, how it does affect children, who would like to know where their biological parents

are for whatever reason give that parent opportunity to say why they was not in their children's life. Working with CWOP for the past nine years I had come in contact with so many different parents from all different aspects of life, from all different professions and just being there for them and letting them know I been there, you're not alone, it's okay but also we want to take that frustration and make it into a positive thing because we don't want to go there angry at these workers. We want to be able to show them that in spite that you might have our children at this moment is not an ongoing thing. Eventually they will come home. And that's my role as giving these parents support that they need so that way they can feel a sense of confidence that okay you know what, Tracy's been through it. She's got her kids back even the ones that was terminated that was adopted are back in her life. I can do this too. So we have our weekly support group where we hold every Wednesday from 11:00 a.m. to 1:00 p.m. in the East Harlem Office and this is the parents group, this is their group to come vent, talk, cry, laugh, whatever their situation might be. So we'd rather



1  
2 and I am a mother, a grandmother, a community  
3 organizer, formerly incarcerated with a history of  
4 child welfare involvement. I'm also upcoming  
5 masters of social work graduate. I'll be graduating  
6 this month from this Hunter's School of Social  
7 Work.

8 CHAIRPERSON LEVIN: Congratulations.

9 MAXINE KING: Thank you. I'm also Child  
10 Welfare Organizing Project board member and I'm  
11 also credential alcoholism substance abuse  
12 counselor. I named all of those things that I do  
13 and all those roles. However when I come in contact  
14 with ACS all those things that I just said, the  
15 thing that comes out at them is my history and the  
16 fact that I'm formerly incarcerated. And I heard  
17 you guys earlier talking about some of the reforms  
18 that you plan on making in regard to the last child  
19 that died. And I think those reforms are very  
20 important. I'm also requesting a reform. I, in 2011  
21 I was blessed with my first grandson Kevin. And  
22 healthy, healthy boy. Three months later a case was  
23 called in on his mom and he was placed in care. And  
24 me having worked in social services for the last  
25 ten twelve years I thought I would be a prime

1 candidate for getting my grandson. However when I  
2 first approached them what was told to me, I'm a  
3 community organizer, active community organizer  
4 working strongly in the issue of stop and frisk.  
5 And in 2011 I intervened on my neighbor's behalf  
6 and ultimately got arrested. And the case was  
7 pending and that's what AC, that's what the foster  
8 care agency informed that I couldn't be a resource  
9 for my grandson because the case was still active.  
10 So I fought that case from 2011 to 2013 and  
11 ultimately was found not guilty. Went back to the  
12 agency, my grandson he's still in care now, and,  
13 and, and I said to them the case is over I want to  
14 be a resource for my grandson. And they said Mm-mm.  
15 He's been moved too many times and we are in the  
16 process of returning him back to his parents. Okay,  
17 they're going to, he's going to be returned to his  
18 parents. Great. I'll back off and I support this.  
19 Ultimately what happened he was returned to his  
20 father who is my son. And my son had no place to  
21 live so he came to live with me with Kevin in  
22 November. In December I was getting my floors done.  
23 They were waxing my floors and stripping and the  
24 little boy has asthma so I told my oldest son. I  
25

said Kevin you can go to your sister's house with the baby and, you know until this is done. And he left. My son is 32 years old. He is the, the parent of his child and I've allowed him to be the parent of his child. He resides in my house but he is the primary caretaker for his son. So he left with his kid and on Monday the foster care worker came to my home and asked me where was my son and the baby. And I said I'm getting my floors done as you can see he's not here, he went to his sister's house. And she said okay and she left. That was about 9:30 in the morning. And I tried calling my son that whole day and he didn't answer and the foster, the, the agency folks called me and they kept asking if he had returned. And I told them no he did not. And about 5:30 in the evening the child's mom come to my home and she's in tears. And I said what happened and she said that my son had left the baby with her and the foster care, the, the agency came to her home and found him there and removed him. And I said to her where is he now she said he's in the agency and I said but I've been speaking to them all day and no one told me that they removed my grandson again. And I immediately called my

1 daughter and we got in a cab and we went to the  
2 agency and we wanted to have a meeting with them to  
3 find out what was going on and why nobody called me  
4 and it, apprised me what was going on, they said to  
5 me that they had to speak to his father. They  
6 didn't have to give me any information. And so  
7 ultimately what happened is my grandson is back in  
8 care after being with his father for a month the  
9 agency is treating me as if I did something wrong.  
10 They said to me when they spoke to my son that  
11 evening when he came to the office and they ask,  
12 they said to him why did you leave the kid with the  
13 mom. Part of the stipulation for the TPR, for the,  
14 for the trial discharge was that mom couldn't be  
15 alone with the baby. Okay. He said he got a job  
16 that day and he needed childcare. When they were  
17 returning the kid back to him for trial discharge I  
18 asked them can you put child care in place. And  
19 they said no because he doesn't have a permanent  
20 job they can't put childcare in place. I'm a  
21 student. I'm an organizer. I'm there to support my  
22 son but I'm not a babysitter. I'm there to teach  
23 him how to be a better father to his son. And so  
24 now the agency is saying to me that I was supposed  
25

1 to be the support. I said I was the support. I  
2 allowed him to live in my house. I, you know I took  
3 care of them but I'm not, I, I move around. I'm  
4 here today. I move around. This is what I do. And  
5 so again I asked them if I could be a resource for  
6 my grandson and they refused to give me the, you  
7 know the clearance form. They didn't allow me to  
8 fill out the clearance form. My daughter was there.  
9 They wouldn't allow her to fill out the clearance  
10 form. My daughter's a state employee, have been a  
11 state employee, does not have any child welfare  
12 involvement. They refused to allow her to fill out  
13 the form. And then took it back to court, took it  
14 back to court and told the judge that the trial  
15 discharge failed. And personally I feel they set it  
16 up to fail. But they're not admitting to that.  
17 Months. Like when we, when we had a meeting with  
18 ACS... they called this meeting with ACS about the  
19 failed trial discharge and now the agency is saying  
20 ooh, we're going to change the goal to adoption.  
21 Why are you changing the goal to adoption? He has  
22 family that loves him. He has a grandmother. He has  
23 an aunt. He has uncles. Why are you changing the  
24 goal to adoption? And now Kevin has been in the  
25

1 foster, this new eighth foster home, he's three  
2 years old and luckily the court changed the goal  
3 and say return to parent. And now they are looking  
4 to have Kevin return to his mom, the woman who they  
5 said was not fit to babysit her kid for the day. So  
6 here we are. Now I feel if the goal of the foster  
7 care system is to ensure the safety of children and  
8 as for, ensures that children no longer languish in  
9 the system why is it that my grandson Kevin has  
10 been in the system for three years. He's been in  
11 the system since he was three months old despite  
12 the fact that he has family that love him. I think  
13 a formerly incarcerated family member should be  
14 given the opportunity to be evaluated to become  
15 kinship resource for their, for their family.

17 CHAIRPERSON LEVIN: Thank you.

18 MAXINE KING: Thank you.

19 CHAIRPERSON LEVIN: Thank you Maxine for  
20 your testimony.

21 NADINE SIMON: Hi, my name is Nadine  
22 Simon. I'm a parent, I'm a grandparent, and I go  
23 to, I'm a parent of the self help support group  
24 CWOP. I have had past experience with ACS and  
25 preventive services. 24 years ago they took my

grandchild. I was able to get help. I've been in recovery for 24 years. My granddaughter...

CHAIRPERSON LEVIN: If you could speak into the microphone...

NADINE SIMON: Oh.

CHAIRPERSON LEVIN: Thank you.

NADINE SIMON: My granddaughter is 24 years old, went to college, and I was able when she came out of the system and back to her daughter, I mean to my daughter I was there on every occasion, every graduation, every field trip, and been in their lives. I'm back here again. My son was killed and, at 24 years old and he has a son. And I'm in court for visitation because the mother doesn't want to give me visitation with him. I was tremendously hopeless after that. I was, I needed some support. I went to CWOP again. A friend said you know go to CWOP you need support. And I said okay. And I've been there ever since. And with their help I get support. I get resources that I need to, in order to help me through this time. I want to thank, take a minute just to thank CWOP and Sandra Kellet [sp?] and their staff and the parent advocates that are there. By me staying at CWOP

1 what I've learned and what I've done was with the  
2 system have supported me to engage in the system,  
3 in the court system, but a place to go like Tracy  
4 was talking about where I could vent and I can get  
5 clear on what I have to deal with. It's a scary  
6 situation. I want visitation but CWOP and their  
7 staff have helped me and I in return would like to  
8 continue to help other parents and you know be a  
9 support to them. I bring an issue about ACS because  
10 ACS workers have been there 20 to 30 years and a  
11 lot of the information that we have to deal with,  
12 it's a lot of attitude and behaviors of the staff  
13 that work there. The parents go to visit their  
14 children and they are harassed and there are biases  
15 and they are talked, their degraded in front of  
16 their children. They go there to see their children  
17 that are, kids are in foster care or have visits  
18 with them and it's an ongoing thing. So I'm  
19 speaking up to have continued collaborative and  
20 committees with ACS to help you know for parent  
21 advocates to be there because their experience and  
22 ACS to have committees to talk about this, how  
23 they're treated when they go there to visit. So I,  
24 I see it as an ongoing well hopefully could be a  
25

1 collaborative effort and then maybe ACS workers can  
2 be still trained... You know regarding their stresses  
3 that they have to deal with and then they deal with  
4 us. So I want to thank you all for the, this time  
5 and to you know just be aware there are still  
6 biases and unhealthy you know attitudes out there  
7 that we hope, that we can you know bridge that gap.

8 CHAIRPERSON LEVIN: Thank you very much  
9 for your testimony.

10 MARRY ROTAN: Good afternoon. My name is  
11 Marry Rotan. I'm a doctorate candidate and I'm in  
12 the process of writing my dissertation on youth  
13 aging out of foster care specifically black males  
14 in group homes. And I have a great concern because  
15 there have been studies that show that when youth  
16 age out of foster care they cross over to the  
17 criminal justice system. And that is one of my  
18 concern because they get involved with gangs you  
19 know and also they become homeless and also human  
20 trafficking, they get involved in human trafficking  
21 which is, which is in New York City is on the rise  
22 right now, is a big issue. And they're also getting  
23 involved with commercial sex. And so my concern is  
24 why foster care agencies does not prepare, does not  
25

1 have aftercare services for these youth aging out.  
2 When I look at the drug, when I look at people who  
3 are abused to drugs and they have, and you know  
4 they go to a program they have aftercare for those  
5 adults. And yet this population of youth they do  
6 not have care, have aftercare for. And that is my  
7 greatest concern and that's why I'm doing this  
8 study. I mean there are studies and I'm just  
9 building on a knowledge that's already out there  
10 about youth aging out of care and what we can do to  
11 help those who are aging out of care not only in,  
12 with different services but also with policy. So  
13 that's why I'm here.

15 CHAIRPERSON LEVIN: Thank you very much  
16 for your testimony. I know we spoke before I'm glad  
17 that we can follow, we'll be able to follow up on,  
18 on that particular issue and that, and that  
19 particular need throughout the system. I want to  
20 thank this panel very much. Your testimony has been  
21 very affecting and, and, and very emotional and I  
22 want to thank you and the previous panel for having  
23 the courage to come up here and testify and help  
24 inform us on not only on your own circumstances but  
25 also the issues that those raise across the system.

Please consider this committee and this, this council and my office a resource and maybe we can meet sometime in the near future and go over some of the reforms that we can start looking at. Thank you very much to this panel.

[collective 'thank you's]

CHAIRPERSON LEVIN: Thank you very much.

Okay we have one more panel Barbara Grace Pollard [sp?] of MFY Legal Services, Stephanie Gendell of Citizens Community for Children, Syod Curom [phonetic], Curomma [sp?] of Muslim and Arabic Community, oh excuse me represent Muslim and Arabic Community, CPP Community Partnership of Elmhurst, Herman Morales Cornell Hospital Community Advisory Board, and Mellisa Plowden Norman [sp?] Community, sorry, Bed-Stuy Advocates. Thank you.

BARBARA POLLARD: Good Afternoon...

CHAIRPERSON LEVIN: And thank you to this panel for, for your patience. I, I appreciate it.

BARBARA POLLARD: I know we're bringing up the rear here so I'm going to give some highlights from the written testimony that you have and hope that this is just the first in a, a number

of opportunities that we'll have to work with this committee. But thank you for allowing us to testify today. My name is Barbara Grace Pollard [sp?] and I supervise the Kinship Caregiver Law Project at MFY Legal Services. Children should be raised by their parents but if a parent is unable to care for their child or in some cases unwilling MFI works to ensure that the child is placed with a family member and does not end up in a home of a stranger in the foster care system. I would like to briefly address the components of the Mayor's Directive that we started out talking about earlier; the Impact Kinship Caregivers. When ACS first comes into contact with a child who has to be removed from his or her parents sometimes for unjustified reasons but in any event the agency is supposed to identify and provide notice to all adult relatives of the child who are able to offer care. This includes but is not limited to any adult relatives suggested by the parents. ACS testified earlier that they follow that policy. But as you heard from the last panel they obviously don't, not in every case. Every week MFY receives calls from distraught relatives who were denied an opportunity to take in

1 a young family member who needed help. And I just,  
2 I'm not going to be able to speak like our last  
3 panel. I'm an advocate but not a parent or kinship  
4 caregiver. But I want to give the example of one of  
5 our clients. It really illustrates this tension  
6 between ACS's goal of trying to quickly find an  
7 emergency placement for a child and the rights of  
8 family members to offer care for their relatives.  
9 We worked with Ms. L. She was a grandmother who  
10 lived outside of New York City and she'd been  
11 caring for her teenage daughter and granddaughter.  
12 Ms. L reached out to her local child welfare agency  
13 for help. Her daughter had suffered some, some  
14 pretty difficult circumstances and instead of  
15 offering support the agency just commenced an abuse  
16 and neglect investigation and threatened to put the  
17 child into foster care. Not long after that ordeal  
18 Ms. L's daughter traveled to New York City with the  
19 grandchild and she came to the attention of ACS  
20 when she was arrested. And so this somewhat tracks  
21 the Dobson case you started out talking about  
22 because Ms. L contacted ACS to claim her grandchild  
23 and bring that child home. But the agency turned  
24 her away saying that the child had been placed with  
25

1 a friend whom the mother had met during her few  
2 months in the city and she was unable to get her  
3 family member. We have case after case of family  
4 that's turned away and not every parent who's in  
5 the throes of a illegal crisis or an arrest can or  
6 will identify every family member who's available  
7 to them. Yet federal and state laws acknowledge  
8 that it's in the best interest of these children to  
9 be with their families and have them engaged as  
10 caregivers. The Mayor's directives call for  
11 enhanced ACS supervision authority outside of the  
12 abuse and neglect investigation context but that  
13 plan does not improve the family notification  
14 procedures such that these family members will be  
15 able to offer support nor does the plan offer  
16 better enforcement for the existing notification  
17 procedures to avoid some of what we just heard in  
18 the last panel. Moving on all of the caregivers  
19 that we work with are low income New Yorkers. 97  
20 percent of them are women of color. Given the  
21 disproportionate and unnecessary contact that many  
22 poor minority communities have with the NYPD we  
23 strongly oppose the proposed expansion of  
24 caseworker access to court databases on arrests for  
25

purposes of assessing potential caregiver placements. This plan will exacerbate racial disparities and arrests as well as the frequent arrest of domestic violence survivors that happen as part of New York's mandatory arrest policies. ACS caseworkers already have many tools available to them to assess the backgrounds of parents and other caregivers and they can also observe the conditions of care first hand when they rely on arrest information for child placement purposes this will impose a variety of criminal justice disparities onto the search for caregiving resources. Next we applaud the mayor's call for a thorough review of the ACS Family Support Unit. The FSU is supposed to strengthen and stabilize families and the commissioner earlier talked about extending whether through FSU or otherwise extending the preventative and support services available to high needs communities. But not one of our clients who has taken in a vulnerable child but was not subject herself to investigation has received support from the FSU. Most of them have never heard of it but what our clients do tell us just like we just heard from the last panels is

that they are terrified of being reported to ACS for child abuse or neglect and losing custody of the children if they reach out for help. Forging a closer relationship between the FSU and law enforcement will only deepen the already significant fear that our clients experience with regard to ACS intrusions. So in conclusion I just want to offer four very brief recommendations to the directives. First caseworkers who come in contact with children who need supervision should conduct an investigation into all the child's relatives who can serve as a caregiving resource. Using language that protects a parent's privacy about the need for supervision the agency should notify those relatives that the child is about to receive services and that the family is invited to participate in the child's care. Second for the reasons already stated we oppose expanding caseworker access to arrest records for child placement purposes. Third most caregivers who need help are not potential abusers and they do not know that there are a range of services available through the FSU's affiliated community based organizations. They could be useful outside of the

1 abuse context. ACS should redefine the ASU to  
2 clarify those supports that are available to  
3 caregivers and it should also establish a dedicated  
4 hotline for families to obtain information  
5 resources that is separate from the child abuse  
6 hotline. And finally I just want to go back to the  
7 public awareness campaign that you touched on in,  
8 in the earlier questioning. Any public awareness  
9 about child welfare has to address the rights and  
10 resources available to families. The commissioner  
11 testified that nothing can substitute for the  
12 judgment of its workforce. I don't agree with that.  
13 Their workforce judgment is incredibly important  
14 but families have incredibly important resources  
15 that these children need. Relatives do not know  
16 about the available preventative resources in  
17 communities nor do they know that they can  
18 challenge ACS child placement decisions in family  
19 court. So these issues also have to be folded into  
20 any public awareness campaign that's undertaken as  
21 part of this initiative. So thank you again for the  
22 opportunity to testify today.

24 CHAIRPERSON LEVIN: Thank you very  
25 much for your testimony and recommendations and

we'll be certainly taking those into account as we review the, the hearing. Thank you.

STEPHANIE GANDELLE: Good afternoon. My name is Stephanie Gandell and I'm the Associate Executive Director for Policy and Government Relations at Citizens Committee for Children. Wanted to thank you and the committee for holding today's hearing on child welfare. There's probably no role of government more sacred than its mandate to keep children safe. Child welfare is hard. The system is like a tripod with three main components; protective, preventive, and foster care and all three must be strong and stable for the system to properly function. ACS and its provider agencies are responsible for the safety, permanency, and wellbeing of the children with whom they come into contact. This means that ACS and its child protective staff are often faced with the impossible task of deciphering which families will be safe perhaps if they receive some support and which are the families where they need to intervene to prevent a tragedy. As you've heard today and as you see in the news but also from everyone who's testified today inaccurate decisions in either

direction hurt children. Those who might suffer more abuse and those who are needlessly removed from their families. ACS must also ensure that the care given to foster children meets all of their needs, that children in foster care stay in foster care for the shortest amount of time possible and that both parents and their children receive the services they need. All of this must be done in the context of the children's wellbeing. Children only get to be children once. They need love, support, and the stability of a family so that they can thrive. In addition they need a solid education, housing stability, health and mental health care, and access to social and developmental opportunities that we would want all children to have. Often times the needs of the children touched by the child welfare system are greater than those of other children because of the trauma they have faced both in their homes and from the separation from their families. We know all too well in the midst of this really difficult system the names of the tragedies. Lisa Steinberg, Elyssa Excurdo [sp?], Nixzmary Brown, Myls Dobson, most recently Juan Sanchez. While all of these tragedies can

offer us lessons it is important not to base decisions and changes on fatalities alone. They are not representative of the system. I just wanted to touch on a couple of the areas we've talked about starting with FSU. In 2010 CCC released a report on preventive services and part of that report took a look at FSU. I agree with what everyone has said about the unit. It really needs attention and help. In a lot of ways they are the highest risk cases in the system because a court believes that there is, has been some neglect or abuse and the child is at home and they are not often times receiving services from preventive service agency. In that report we also talk about ACS's at that time decision to put into place a medium length of service for preventive services of 12 months. We think it's very hard for a caseworker to have a caseload and decide what their median and average lengths of stay for all the cases on their case load are. And that that's not the way to decide when to open and close cases. We believe they should reassess this policy and think about whether there's a way to provide guidance and or a risk assessment tool to caseworkers to figure out when

1 is the right time to close a case not just based on  
2 time. We are really pleased with the interagency  
3 collaboration that has both been talked about and  
4 that we have started to see amongst the agencies so  
5 far. The most recent tragedy of Juan Sanchez raises  
6 again issues around the Department of Homeless  
7 Services. We've testified at hearings when they  
8 were present about their needs and review all of  
9 their homeless shelter facilities both tier two and  
10 cluster sites to see if they are safe for children.  
11 It doesn't sound like the one Juan Sanchez was in  
12 was safe for children. I think it's also important  
13 to note that while foster care is at an all-time  
14 low homelessness is at an all-time high. We think  
15 that when we, when I, we've looked at a lot of  
16 cases that have resulted in tragedies you'll see a  
17 lot of housing instability amongst the families.  
18 The average length of stay in shelter now is over  
19 400 days, so over a year or longer that families  
20 are living in shelter which actually gives families  
21 housing stability. We're, I'm hoping that as we  
22 speak, as I'm speaking right now the mayor is  
23 talking about his new housing subsidy program that  
24 will help homeless families get out of shelter.  
25

Assuming that is the case we need to think about what services we need to put in place to help families who are leaving shelter and transitioning to permanent housing which we would want but it'll be the first time maybe where they're having to pay rent, work, etcetera and create stresses for the families. We talked a little bit earlier about ensuring their preventive services available before there's a report of abuse or neglect that's the real prevention that we need in New York City. We need services available in communities so that children never need to be abused or neglected. We think there's a targeted way to do that by looking at the data about where reports are happening, where there are families in crisis who might need help like in shelters and that there one could put in place be it a drug treatment program or parenting program, something where no one ever has to be reported to ACS to receive the services. We also believe that ACS should be assessing their removal protocols and how they conduct removals and how they can do that with less trauma to children. Some of what we've heard earlier today reveals that. No child really should be coming into foster

SYOD CUROMMA: Hi, good afternoon everybody. I was about to leave to pick up my daughter from school and I lost hope. Then my ethnic name was Kuerama Suaua [phonetic] I said well let me stay. I want to thank you so much for give the opportunity. I wasn't, I didn't come prepared writing any, anything because I, somebody told me you only have the right to speak for three minutes so I said it doesn't need any writing material. I was misinformed. Thank you again for the opportunity. As a parent advocate community activist for over 20 years I'm very passionate

about reforming childcare, welfare, child welfare system. I'm very determined being involved with child care, child welfare system 10 years ago working as a family court interpreter for 15 years. I've seen it all... all. My involvement as well with, with the system has enabled me to navigate the system and work passionately with all my dedication to help families navigate and advocate for them. Wide range of ethnic group Muslims, Latino, African American I have helped all families. My, the best experience I've had sitting on a very important initial child, child safety conferences where the decision to remove children are made before going to court. It's a very important conference where all parties should be equal partners. Parents should have a meaningful participation. Democracy, transparency, giving a chance to parents who make their case, defend themselves but is not, is not the case at all. We, we realize that supervisors come to the table already determined to remove the child unnecessarily. I have looked into supervisors and ask can you please tell me what are the imminent risk that you are basing this removal. I never got straight answers. And either the child

protective specialist have no answer, the supervisor, but the decision is made. Also I have witness and allow me to describe it. You may disagree with me but some barbaric removal of babies after 24, 24 hours of birth mothers who have no substance abuse, no indicated cases, just anger management whom they completed the, the classes and their children were placed in care while they were pregnant. Those babies are, the child, the child in the initial child conference take place in the hospital after 24 hours of birth the mother's going through her postpartum hormones on the air still heavily bleeding, trying to breastfeed her baby and six people show up in her room without her knowledge. She had visitors who brought, brought cakes and balloons. She was so embarrassed, so devastated yet ACS have had no mercy went in, remove that child, and there were no imminent risk, just because the mother did not provide satisfactory answers to please that supervisor. I have note, I have witness and this is a removal where ACS set up mothers to come to this conferences and bring their, their little ones and immediately make the decision before, be, without

going to court to remove that child. And I witnessed mother passing out in the room. You know the, the system needs a lot of compassion and we are very hopeful with Ms. Carrion. I sit on the PWAG group which is Parent Work Advisory Group. We meet with her once a month and we have expressed this, these issues. She's dedicated and determined to bring a lot of compassion and common sense. And she needs help. Also we have, I have my, my reservations on the mayoral directives especially making kinship go through thorough clearance. In the Muslim and Arabic community unfortunately we don't have any well-established foster care agencies so kinship you know jumps in and help. And if we going to make you know any friend or relative go through thorough clearance I think people would hesitate to help. And of course that will only, only empower foster care agencies where we have our reservations as well. Also I work as anti-drug in children in school. I have noticed that school have played a negative role in misdiagnosing and over diagnosing children with HDAD where parents are coerced at a certain point to medicate their children. And if the parents have, have

1 reservations or they're looking into other  
2 alternative treatment like, like acupuncture,  
3 nutrition, play therapy, ACS comes in. The, the,  
4 the, the school would report to ACS that there is  
5 medical neglect. ACS comes in only expose the  
6 family to further stress investigation. And you  
7 know oversize classes is no solution to drugging  
8 children who are, every child is different. Every  
9 child has different character and personality. We  
10 cannot every so called hyperactive child need to be  
11 medicated with brain altering dangerous medication.  
12 So ACS has been used as tool of manipulation and  
13 control. Also after 9/11 ACS has been used as tool  
14 and manipulation from landlords to kick out Muslim  
15 and Arabic families. You know I, I'm very, it was  
16 very unfortunate when Ms. Carrion earlier mentioned  
17 about 311. Anyone can make malicious calls. 90  
18 percent of cases in Muslim Arabic community are,  
19 are, are unfounded yet she has mentioned that when,  
20 when someone call three, calls 311 there is  
21 evidence of, of child abuse. That's not correct.  
22 Every call could be malicious. We have, we, the,  
23 the system has been used for retaliation between  
24 partners, landlords, you know ex-girlfriend, ex-

1  
2 boyfriends and we know that the system could be  
3 used to, to, for tool as manipulation. So I'm very  
4 honored to meet the, the child welfare committee.  
5 It's been a pleasure meeting Mr. Levine and I think  
6 we're going to have an ongoing discussions. We  
7 should have been there with you. And, and our voice  
8 should have been heard. This testimony would have  
9 lasted six hours, not only two hours. Again thank  
10 you so much for allowing me the chance. I'm going  
11 to have to run out of the room to catch up with my  
12 daughter pick up. Thank you so much.

13 CHAIRPERSON LEVINE: Thank you and thank  
14 you for your patience.

15 SYOD CUROMMA: You're welcome.

16 CHAIRPERSON LEVINE: Whoever's next.

17 MELLISA NORMAN: Good afternoon. Thank  
18 you for the honor to speak. My name is Mellisa  
19 Plowden Norman. I do not have ACS history however I  
20 do have two wonderful sons 11 and 18 and have many  
21 extended children. My mother retired as an office  
22 manager of emergency child services. I am a  
23 founding member of Bed-Stuy Advocacies Inc. I am  
24 co-lead for Family Team Conferences and visiting  
25 other Bed-Stuy community partnership. I'm also a

co-chair of the Brooklyn Farleyhood [sp?]  
Partnership and I'm a Department of Education  
parent leader. I have sat on conferences with ACS.  
I'm a community representative since 2007 visit  
host visit coach. On, as far as sitting on  
conferences when I first started sitting on  
conferences they were very heavy to the point where  
I used to cry in conferences. I've seen tremendous  
change and I come from a whole different standpoint  
dealing with ACS and as a community member because  
I've seen some very positive things happen. And so  
I just wanted to have the opportunity to voice  
those things as well. And as a community  
representative my role in a conference was, is to  
be neutral or support the process, support the  
parent to where I talk with the parent prior to  
coming into the conference and make sure they're  
okay with me being in the conference and to get a  
little update on maybe why they're there and also  
to make sure that they understand everything that  
is happening in that room and that ACS understand  
where the parent is coming from and provide  
resources for the family. I am a resource queen so  
where if they may not have resources we have plenty

1 in the community from community base organizations,  
2 faith based and so on. So I also do visit host and  
3 visit coach within foster care and on that. And I  
4 do visiting with families that have their children  
5 in foster care but take them out of the agency and  
6 into the community like Chuck E. Cheese,  
7 Applebee's, to the park and things like that. So I  
8 feel that I've seen some great strides and I do  
9 have to give ACS credit for bringing in the  
10 community to start this role model which came under  
11 Commissioner Mattingly and we have been embraced I  
12 find where I am, and I am located in Brooklyn in  
13 the field office 185 Marcy. And now the Brooklyn  
14 Borough Commissioner Derrick Heinz I've worked very  
15 closely with him and he has been very community  
16 focused. And I heard in earlier testimony about the  
17 two workers that had been prosecuted. I had  
18 personally sat in conferences with them and they  
19 were great workers. And I was devastated in what  
20 had happened to them and how they were treated  
21 after... unfortunate incident. And I am a community  
22 advocate and I love children and I push for  
23 families like nobody business. I'm passionate and  
24 I'm, I come after them if I need to. We sit down  
25

1 and we talk. They listen. They do take advice. I've  
2 been offered job opportunities that I would not  
3 take because I will not lose my voice. I'm here for  
4 the community strictly to be you know a advocate to  
5 provide resources to empower the families. So... But  
6 they have embraced and we continue to work  
7 together. And I recently met with the commissioner  
8 and he's looking to do even more with the  
9 community. And I even had as DOE parent leader...  
10 previous testimony was talking about a lot of the  
11 cases that are called in from DOE which is  
12 absolutely true because I've sat in on middle  
13 school and high school and watch it happen. And so  
14 I initiated the ACS coming in to train the district  
15 family, advocates, parent coordinators and stuff on  
16 truancy versus educational neglect because our  
17 parents are getting hit with so many cases about  
18 children not going to school when they have no  
19 control over what is happening. In that area was  
20 actually something that was great as well. And as  
21 far as the foster care and preventive agencies what  
22 I would say is that they need to be held to a  
23 higher standard and have more accountability. And  
24 the fact that I have collaborated and have went  
25

1  
2 into help ACS, foster care, and preventive I've  
3 seen all sides of the coin. And ACS funds  
4 preventive and foster care and they're also being  
5 blamed for everything that they do wrong. And where  
6 I see that they need to hold them to a higher  
7 standard and more accountability because I have  
8 families that I work with that I don't understand  
9 why they don't give them back their children. And I  
10 feel that some of them are being targeted because  
11 of mental health, because of disabilities, and  
12 things like that. And that's something that needs  
13 to be addressed. I believe that it takes a village  
14 to raise a child. I am a part of that village is,  
15 coming from the community and I think we should all  
16 continue to work together for even better outcomes.  
17 Thank you for your time.

18 CHAIRPERSON LEVINE: Thank you for your  
19 testimony. I appreciate it. Nice to see you.

20 Good afternoon.

21 CHAIRPERSON LEVINE: Good afternoon.

22 HERMAN MORALES: Good afternoon  
23 honorable city council. My name is Herman Morales.  
24 I work with Cornell Hospital... Cornell Hospital and  
25 I would like to thank the council and, and for its

1 leadership alone with Mayor de Blasio for the  
2 positive progressive agenda that will finally bring  
3 New York City into the 21<sup>st</sup> century. With its 350  
4 million dollar pre-k program, 100 million dollars  
5 for the Rockaway boilers, 100 million dollars for  
6 the, for the Sandy storm survivors, Vision Zero  
7 which has already reduced traffic deaths by 33  
8 percent and, and, and by securing over 1,000  
9 affordable low and middle income apartments working  
10 with developers to understand that they have a  
11 grave social responsibility to, to, to the poor  
12 children. By, by developing projects, programs and  
13 projects that, that, that will address their  
14 investors needs and at the same time build  
15 affordable housing for the homeless for this, for  
16 our senior citizens and for the 22 thousand homes  
17 shelter, homes shelter children to finally end the  
18 scourge of homelessness of homeless shelters and  
19 turn them into emergency, emergency shelters and to  
20 address slumlords that there day has come to fix  
21 and renovate their properties or be forced to sell  
22 their properties and not be allowed to participate  
23 in the right to own any housing in which children  
24 live directly or indirectly and not have another  
25

one die from rat poisoning. Alright and, and, and the groundbreaking New York City ID cards for all New Yorkers I hope will be some day free of charge because they will be helping the poor, the homeless, and the undocumented Irish, Russians, Asians, Hispanics, and others who needs. And, and, and, and I would like to conclude that we all have a social responsibility to each other by working cooperatively to forge a better city for all. Thank you.

CHAIRPERSON LEVINE: Thank you very much for your testimony. I want to thank this panel for all of your hard work and for putting in a lot of the difficult and unrewarding work that it takes day in and day out. And Ms. Grace Pollard I just want to commend you for your program the, the Kinship Caregiver Law Project which I think is, can be a, a very effective component and affective model in, in how we can ensure that expanding resources available to caregivers, to kinship caregivers and, and ensuring that that is fully utilized in the city and that there's a, a, an option that is not overlooked or, or missed like we've, we've heard in testimony today. So I want to

[gaveɪ]

C E R T I F I C A T E

World Wide Dictation certifies that the foregoing transcript is a true and accurate record of the proceedings. We further certify that there is no relation to any of the parties to this action by blood or marriage, and that there is interest in the outcome of this matter.



Date           May 23, 2014