



**The New York City Council,  
Committee on General Welfare  
February 27, 2015**

***“Oversight- Interagency Coordination Between DHS and ACS to Protect Homeless Children”***

**Testimony by:  
New York City Administration for Children's Services  
Dr. Jacqueline O. McKnight, Executive Deputy Commissioner, Child Welfare Programs**

Good afternoon, Chair Levin and members of the Committee on the General Welfare. I am Dr. Jacqueline McKnight, Executive Deputy Commissioner of Child Welfare Programs at the Administration from Children's Services. With me from ACS, is my colleague Andrew White, Deputy Commissioner of our Division of Policy, Planning, and Measurement. Thank you for the opportunity to discuss the ongoing work at Children's Services, in partnership with the Department of Homeless Services (DHS) and other city agencies, to ensure the safety and well-being of children and families experiencing housing instability and homelessness.

Families and children experiencing housing instability and homelessness are among the city's most vulnerable families. Since the beginning of Mayor de Blasio's administration, ACS has, in close collaboration with DHS, developed a series of new measures to better understand the needs of ACS child welfare-involved families in shelters and to increase interagency coordination to ensure that proper services and supports are in place.

In particular, the agency is focusing our efforts on coordinating with DHS to ensure that all families in shelters are able to access a wide variety of preventive services. These services, offered by community-based providers, include individual and family counseling, prenatal care, substance abuse, mental health, and domestic violence counseling, as well as vocational services and early care and education services. We also offer services for families with medical conditions and/or developmental disabilities. These services can be obtained without having an open child protective investigation. Community organizations and other city agencies can make referrals. In addition, families can also refer themselves to these services. Referrals for preventive services from DHS are high priority referrals and ACS and DHS regularly coordinates to address the needs of specific cases.

## **Better Understanding the Needs of Families in Shelter**

To assess practice and inform program improvement efforts, ACS and DHS gathered information on child welfare-involved families residing in DHS shelter. Together with DHS, we developed a tool that caseworkers affiliated with both of our agencies can use to assess child safety and risk issues, as well as services that are or could be put in place. We also reviewed physical space concerns such as cleanliness, upkeep, and presence of safe sleeping arrangements. This review reinforced the importance of ACS and DHS jointly and regularly conducting visits together to coordinate service delivery.

Through this review, we identified 3,629 families with an active ACS child welfare case either in preventive services, foster care, or an open investigation by Child Protection Services during the period of June 30, 2014 through September 30, 2014. When conducting any safety and risk assessment, ACS considers a variety of factors, including the family's history of ACS child welfare involvement, age of children, signs of domestic violence, as well as substance abuse and mental illness. Some of the findings of the case review include:

- One-fourth of the families in shelter during the review period were actively involved with ACS, either through a preventive program, a child protective investigation, court-ordered supervision, or they had children in foster care.
- Almost two-thirds of the families in shelter who were actively involved with ACS had a youngest child from birth to 4-years-old. More than half had a youngest child from birth to 3-years-old.
- We made visits with 1,168 of these families to make sure they were receiving appropriate services and to assess safety and risk. More than one-fifth (21%) of the

families we visited had a child with special medical needs, and one-quarter of them had a parent or child with a developmental disability.

- Of the ACS-involved families in shelter, we found that on average they had entered shelter three times.
- We also found that one-quarter of the families had a concern related to domestic violence.

In other words, as the data shows, many of the families jointly served by DHS and ACS have very high needs. The review also identified several areas of practice to be strengthened – including better connecting these families to appropriate services, and continuing to encourage *all* families to participate in supports such as child care. We have already integrated these into our current practice and there are additional measures we plan to implement this year.

### **Current ACS Practice with Families At-Risk of and Entering Shelter**

Entering the homeless shelter system should be our families' last option. Working with DHS, NYCHA, Housing Preservation and Development (HPD), Human Resources Administration (HRA), and other partners, ACS makes all possible efforts to locate other resources to keep families in stable housing, including DHS' HomeBase homeless prevention program. ACS also has housing subsidies for families receiving preventive services or reunifying with their children placed in foster care and young adults transitioning from foster care. We encourage and work with provider agencies to identify eligible families and youth for supportive housing through New York/New York III. In addition, we work closely with NYCHA to ensure applications submitted by our reunifying families as well as youth leaving foster care maintain a priority code for rental purposes. Our providers help families advocate for themselves

in housing court and public assistance as well as mediate issues between family members and/or landlords. When there are domestic violence concerns, ACS collaborates with the Family Justice Center.

If no options are available other than to enter to shelter, ACS will notify DHS about the incoming family prior to their arrival at PATH. This notification includes demographic information, general reasons for ACS involvement, any mental, medical, and educational service needs and domestic violence issues. Whenever possible, ACS or our provider case planning staff will accompany the family to PATH. Currently, four ACS Child Protective staff are located at the DHS PATH Intake Center in the Bronx. This ACS unit primarily performs child maltreatment clearances on incoming families to determine whether the family has an active protective or preventive case.

### **Bolstering our Work and Strengthening Coordination**

Over the past year, ACS, in collaboration with DHS and others, has developed new initiatives to bolster our work and coordination efforts. They include:

- Establishing Additional Child Protection Units at DHS Shelter Intake
- Developing an ACS Predictive Analytics Risk Assessment Tool
- Launching an Early Childhood Education Enrollment Campaign
- Building a City-wide Collaboration to Prevent Homelessness

#### *Establishing Additional Child Protection Units at DHS Shelter Intake*

Given the small size of the current ACS presence at DHS intake, ACS has been limited in being able to fully help families. ACS is planning to add two additional child protection units at

DHS intake facilities. The units will include 17 staff (one Child Protection Manager, two Child Protective Supervisors, and ten Child Protective Specialists, in addition to the four current staff members). Working in tandem with DHS intake staff, these units will assess families and help them access a wide array of preventive services, community supports, and childcare.

#### *ACS Predictive Analytics Risk Assessment Tool*

The most important and challenging part of child protection work is making accurate risk and safety assessments. We must continuously enhance our process to identify families who have the greatest need for support. New York City is joining other jurisdictions like Los Angeles and Pittsburgh in developing a “predictive” risk assessment tool that is driven by data. This dynamic tool will vastly improve our capacity to provide appropriate services to the families we come into contact with who are most in need of support. Using aggregated data from hundreds of thousands of child welfare cases, we are able to determine what factors predict that a family *already known to ACS* is more likely to be the subject of a future substantiated report of abuse or neglect. Such factors include a history of foster care involvement, history of domestic violence, age and number of children, and the absence of services following their first involvement with ACS. We are currently analyzing how key characteristics align with potential risk factors for children involved in both DHS and ACS. We anticipate having a tool ready for trial use in our general child protection practice by the end of 2015.

#### *Early Childhood Education Enrollment Campaign*

In addition to providing child welfare services, ACS administers the largest publicly-funded child care systems in the country, serving approximately 100,000 infants, toddlers, preschool, and school-aged children through *EarlyLearn NYC* as well as other options such as

vouchers issued to eligible families, which may be used to purchase care in a variety of settings. High quality early childhood education (ECE) programs like *EarlyLearn NYC* are invaluable for children coming from highly stressed environments.

Last year, ACS launched an initiative with DHS and the DOE to facilitate the enrollment of children in DHS shelters in *EarlyLearn*. ACS routinely conducts presentations and trainings on the importance of high-quality early education and how to access these services for families. Currently, ACS is reviewing *EarlyLearn* vacancies in proximity to nearby shelters in preparation for enrollment drives to be held with DHS later this spring to better reach families in shelter who are not enrolled in early education programs. In addition, we are working with frontline ACS, DHS and provider staff on how best to engage parents around the benefits of quality early childhood education and to assist them in applying to programs that best serve their needs.

#### *Building a City-wide Collaboration to Prevent Homelessness*

The entire city shares a role in addressing the housing needs of children and families. Numerous agencies administer various services that can promote stable housing. As directed by Deputy Mayor Barrios-Paoli, ACS hosted a meeting last month with DHS, NYCHA, Mayor's Office to Combat Domestic Violence (OCDV), HPD, Human Resources Administration (HRA) to collaborate more closely. Leaders from each agency pledged to continue to share data, information about each of our services and programs, and advance creative strategies to maximize the resources of our agencies. One of our overarching goals is make sure our staff understand each other's programs and find ways to help our families navigate a complex patchwork of benefits, programs, and supports often with different eligibility criteria, regulatory schemes, and limited funding. Beginning next month, ACS leadership will be hosting borough-

based convenes to continue sharing information and resources with our frontline staff along with our foster care and preventive services network.

### **Conclusion**

Thank you for the opportunity to share with you the important work we are doing to along with our partners to serve families facing homelessness and in the homeless shelter system. We look forward to sharing broader ACS initiatives to improve our practice in our Preliminary Budget hearing in a few weeks. And now we are happy to take any questions you may have.





Testimony of

Stephanie Gendell, Esq.  
Associate Executive Director  
For Policy and Government Relations  
Citizens' Committee for Children

Before the

New York City Council  
General Welfare Committee

*Oversight Hearing:*

*Interagency Coordination Between DHS and ACS to Protect Homeless Children*

February 27, 2015

Good afternoon. My name is Stephanie Gendell and I am the Associate Executive Director for Policy and Government Relations at Citizens' Committee for Children of New York (CCC). CCC is a 71-year-old independent, multi-issue child advocacy organization dedicated to ensuring every New York child is healthy, housed, educated and safe.

I would like to thank Chair Levin and the members of the General Welfare Committee for both holding today's hearing and for their attention to the safety and well-being of the children living in the shelter system. We know that housing instability causes stress and trauma for families and children and that there are more children living in the shelter system than ever before. It is therefore critical that as a City we take measures to promote the safety of these children and to ensure programs and services are available to address the needs of these vulnerable families.

Today's hearing comes at a time when homelessness is at an almost unprecedented level, although thankfully the shelter census has started to decrease since about November 2014. Currently there are over 24,500 children from nearly 12,000 families living in the shelter system.<sup>1</sup> Last year at this time, there were 22,500 children from nearly 11,000 families in shelter.<sup>2</sup> And as we know, children and families have longer and longer lengths of stay in shelter. In Fiscal Year 2014, the average length of stay was 427 days<sup>3</sup>, which is well over a year. Given the striking number of children living in shelter for such long lengths of stay, it is critical that the City take a close look at their safety and well-being.

Furthermore, the data and research on the impact homelessness has on children paints a disturbing picture regarding the well-being of the record numbers of children who sleep in DHS shelters each night. Notably, homelessness creates risks to the physical and emotional well-being and educational success of children.

For example, children experiencing homelessness have an increased risk of illness compared to children who are not homeless: they suffer from four times as many respiratory infections, five times as many gastrointestinal infections, and twice as many ear infections.<sup>4</sup> Additionally, they are four times as likely to suffer from asthma and have high rates of asthma-related hospitalizations.<sup>5</sup> Homeless children also suffer disproportionately from food insecurity, as they are twice as likely to go hungry as non-homeless children, and, due to these nutritional deficiencies they are at an increased risk of obesity.<sup>6</sup>

Being homeless has also been demonstrated to be harmful to children's emotional well-being. Homelessness causes traumatic disruptions in the lives of children, who, in addition to losing their homes, experience loss of their friends and community, sense of security, routines,

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<sup>1</sup> New York City Department of Homeless Services, Daily Report, Feb. 18, 2015. Available at: <http://www.nyc.gov/html/dhs/downloads/pdf/dailyreport.pdf>.

<sup>2</sup> New York City Department of Homeless Services, Daily Report, Feb. 20, 2014.

<sup>3</sup> Preliminary Mayor's Management Report Fiscal Year 2015. Department of Homeless Services, at page 164. <http://www.nyc.gov/html/ops/downloads/pdf/pmmr2015/dhs.pdf>

<sup>4</sup> The National Center on Family Homelessness, The Characteristics and Needs of Families Experiencing Homelessness, Dec. 2011. Available at: <http://www.familyhomelessness.org/media/306.pdf>.

<sup>5</sup> *Id.*

<sup>6</sup> *Id.*

possessions, and privacy.<sup>7</sup> Homelessness also makes families more vulnerable to other forms of trauma, such as witnessing violence, physical or sexual assault, and abrupt separation from family members.<sup>8</sup> And the experience of homelessness is itself traumatic. As a result, homelessness increases a child's risk of experiencing mental illness. For example, half of school-age homeless children experience anxiety, depression, or withdrawal, compared to 18 percent of children who are not homeless, and one in three homeless children ages eight and under suffers from a major mental disorder.<sup>9</sup> A study published just last month found that in a North Carolina shelter, 25% of children ages 2 months to six years needed mental health services compared to 10-14% of children of the same age in the general population.<sup>10</sup>

Finally, the impact of homelessness on a child's education can be devastating, because it often causes disruptions affecting their attendance and academic performance. Nationally, only 77 percent of homeless children attend school regularly.<sup>11</sup> While the attendance rate for children in New York City shelters is higher, at 85.4%,<sup>12</sup> this is still insufficient to meet the Department of Education's 90 percent attendance requirement for promotion.<sup>13</sup> Additionally, homeless children are twice as likely to repeat a grade compared to non-homeless children.<sup>14</sup>

While the families and children entering the shelter system are facing stress and trauma, living in shelter and coming into contact with city agencies and programs also presents tremendous opportunities for interventions that can stabilize and strengthen the families and literally turn their lives around. It is critical that the City, particularly ACS and DHS, seize the opportunity presented when a family is in the shelter system, to ensure the families receive the services and assistance they need before there is ever a need for a safety intervention. With this in mind, CCC makes the following recommendations to strengthen the City's ability to enhance the safety and well-being of children in the shelter system.

### **1) Preventing Family Homelessness**

The best way to prevent the trauma of homelessness is to prevent children from and their families from becoming homeless in the first place. Preventing family homelessness will require the City to address the affordable housing crisis, ensure wages are sufficient, increase anti-eviction assistance, increase the supply of supportive housing, continue providing rental assistance to families, and provide after-care services to families leaving the shelter system.

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<sup>7</sup> The National Child Traumatic Stress Network, Facts on Trauma and Homeless Children, 2005, at page 2. Available at:

[http://www.nctsn.org/nctsn\\_assets/pdfs/promising\\_practices/Facts\\_on\\_Trauma\\_and\\_Homeless\\_Children.pdf](http://www.nctsn.org/nctsn_assets/pdfs/promising_practices/Facts_on_Trauma_and_Homeless_Children.pdf)

<sup>8</sup> *Id.*

<sup>9</sup> *Id.*

<sup>10</sup> Haskett M, Tisdale J, Armstrong, J. Developmental Status of and Social-Emotional Functioning of Young Children Experiencing Homelessness. *Early Childhood Education Journal*. 2015.

<sup>11</sup> National Coalition for the Homeless, Education of Homeless Children and Youth, Sept. 2009, at page 1. Available at: <http://www.nationalhomeless.org/factsheets/education.pdf>

<sup>12</sup> Preliminary Mayor's Management Report Fiscal Year 2015. Department of Homeless Services, at page 163. <http://www.nyc.gov/html/ops/downloads/pdf/pmmr2015/dhs.pdf>

<sup>13</sup> New York City Department of Education, Regulation of the Chancellor. Available at:

<http://schools.nyc.gov/NR/rdonlyres/DB08E4BD-DE50-4D96-87FF-9260B3C1AB4D/0/A501.pdf>

<sup>14</sup> The National Child Traumatic Stress Network, Facts on Trauma and Homeless Children, *supra*, note 9.

We were pleased to see that the Mayor's Preliminary Budget for Fiscal Year 2016 included several new investments aimed at preventing homelessness including \$665,000 for Early Warning Homeless Prevention, \$4.3 million for a homeless prevention demonstration project at the PATH intake office, and funding for new DHS and HRA staff to work on LINC, prevention, housing permanency, and after-care.

On the other hand, we were disappointed to see that the Preliminary Budget failed to include \$5 million in eviction prevention services the administration funded in FY15, nor the City Council initiatives such as the Citywide Homeless Prevention Fund, the Citywide Task Force on Housing Court/Housing Court Answers, the Housing Preservation Initiative, Community Consultants, and City Council funded legal services to prevent evictions. We hope to see these items restored and baselined in the Executive Budget, as they all help prevent homelessness.

CCC will also be supporting the Mayor's request for the State to invest an additional \$32 million into eviction prevention, homeless prevention, and rental assistance programs for the homeless.

## 2) **The Shelter Placement**

- **Reduce and ultimately eliminate the use of cluster sites:** The expansion of cluster site shelters is an unfortunate result of New York City's record homelessness. Cluster sites provide less access to both the services that help families move out of shelter faster, as well as other family support services. Unlike conventional Tier II shelters, which generally provide services such as case management and housing search assistance onsite, families in cluster site shelters often must obtain services offsite. This can pose additional obstacles for homeless families, especially for those who work long or irregular hours, or who must accompany their children on long commutes to their schools.

We appreciate the commitment of Mayor de Blasio and Commissioner Taylor to phase out the use of cluster sites when it is feasible. We urge the administration to in the short-term ensure that all cluster sites are safe for children and that the services discussed in this testimony are also made available to these families. And in the longer-term, we respectfully request that this type of shelter be eliminated from the system.

- **Provide more services on-site:** Unfortunately, the Bloomberg Administration was concerned that if homeless shelters offered homeless New Yorkers too many services, more families and individuals would seek shelter. As a result, many services were cut or eliminated from shelters. Despite this, the shelter population is at a nearly an all-time high.

We believe that the time a family spends in shelter is an ideal time for the City to ensure families are receiving the services they need. Due to the many complexities and competing demands in the lives of families living in shelter, such as getting their children to school, working or looking for work, attending appointments at HRA and DHS, looking for housing, etc., the more convenient services can be for these struggling families, the better. In addition, addressing the basic needs of homeless families will ultimately produce better outcomes for the families and thus prevent and reduce longer-

term costs to the City. Thus, we suggest bringing back some of the on-site services that used to exist more widely in the shelter system, such as on-site health and mental health services, child care, tutoring and recreational activities for adults and children.

### **3) Services and Collaboration Between the Administration for Children's Services (ACS) and the Department of Homeless Services (DHS)**

Ensuring the safety and well-being of children in the shelter system requires effective collaboration between ACS and DHS. CCC is very pleased with the work these two agencies have been doing together since the de Blasio administration began about a year ago. In addition, we believe that having a Commissioner, First Deputy Commissioner and other high-level DHS staff with child welfare backgrounds is invaluable for infusing safety into the services and interventions for families in the shelter system.

First, identifying families in shelter with open ACS cases (protective, preventive and/or foster care) is a critical means to ensuring some of the highest risk families are identified and can receive the services they need. We also support the work ACS and DHS are doing to ensure more ACS families are accessing Homebase services, rather than seeking shelter as a first step. We look forward to learning more about the ongoing collaboration between ACS and DHS at today's hearing.

We respectfully submit the following recommendations to ACS, DHS and the City Council, which we believe will enhance the safety and well-being of children in shelter.

- **Place families with open preventive service cases in shelters near their preventive service program:** When families seek shelter, DHS works with ACS to identify those families with open ACS preventive cases. When a family has an open preventive service case it is because their children are at risk of entering the foster care system and community-based services have been put in place to enable the child to remain safely in the home. The success of these services is often dependent upon the engagement of the family by the service provider. Preventive service programs are by their very nature located in the community where a family lives. Thus, when a family enters the shelter system, it would be very disruptive to place a family in a community far from their preventive service program.

In 2010, CCC released a report on ACS preventive services, which documented a number of findings and recommendations that were based on a survey of the preventive service providers.<sup>15</sup> In that survey, we found that over ¾ of the surveyed program directors reported that when a family moved in or out of the shelter system, it negatively impacted their ability to provide preventive services. At the time, CCC believed this was a critical finding given that moving in or out of the shelter system creates stress for families and thus, is a very bad time to disrupt the continuity of support services.

At that time, we recommended that steps be taken to place families in shelters in or near the same communities as their preventive program. Specifically, we mentioned that the shelter system is already supposed to place families in a shelter that is in the youngest

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<sup>15</sup> Citizens' Committee for Children. *The Wisest Investment: New York City's Preventive Service System*. 2010.

child's school district of origin. Thus, we suggested that as a starting point, for families with young children (under 4), DHS could focus on ensuring that these families with open preventive cases were placed in their communities—thereby better ensuring continuity of care for high risk families with young children. CCC makes this same recommendation once again today.

- **Maintain the MSWs Reviewing the Needs of High Risk Families in DHS Shelter and Make Strategic Use of the Tremendous Amount of Data They are Gathering**

CCC was very pleased to learn that DHS had employed MSWs to review the cases of 2,500 high risk families in shelter to determine what support services the families might need. DHS defined high risk families to include families with past or current ACS involvement, single parents with three or more children, a parent who is 18-24 years old, families with a man living in the household who is not the biological father, and families with a child with medical needs. The goal is for the MSWs to assess the families, meet with the families and then help families access any services they might need. Notably, most of these families have not been accused of abuse or neglect nor have ACS involvement, so many of the families are being referred to services through DHS providers rather than ACS providers. This is important because of the stigma and fear that often times accompanies accessing ACS's services.

DHS allocated \$2 million in Fiscal Year 2015 to temporarily hire 33 MSWs to review the 2,500 cases. CCC urges DHS to baseline this funding and maintain the MSWs so they can continuously perform this work and be available to families in shelter.

In addition, the MSWs reviewing these cases are learning so much—even if it is qualitative—about the strengths and challenges of high-risk families in shelter. This incredible wealth of information could be used by DHS, ACS, the Children's Cabinet, the Administration and others, to develop, fund, expand and/or change programs and services for families both while they are in shelter and when they leave shelter to permanent housing. CCC urges DHS and the Administration to ensure that the invaluable information that could be culled from these reviews is analyzed and used for future planning efforts.

- **Invest in Targeted Interventions for Families**

While the State's funding stream for accessing reimbursement for ACS preventive services currently requires opening up a case for an individual family with a child at risk of entering foster care, the City could still choose to fund targeted interventions that would prevent child abuse and neglect before it occurred. CCC also encourages the City Council to consider creating a Council Initiative that would create this new program, perhaps as a pilot in several city shelters.

Specifically, we believe that the City could analyze data about the types of reports of abuse or neglect, as well as the data from the MSW reviews, to determine what services would most benefit families in particular shelters. The City could then contract with ACS preventive programs, DHS shelter providers and/or other service providers to provide these services in specific shelters. Services could include parent coaching,

fatherhood programs, domestic violence prevention programs, counseling, etc. based on the needs identified.

- **Work with HRA to make home-visiting participation hours count towards the public assistance requirement**

Many families in the shelter system are on public assistance. Thus, in addition to making their DHS shelter appointments, they need to meet with HRA, look for a job and engage in work hours. This is very time-consuming.

Home visiting programs such as Nurse-Family Partnership and Healthy Families New York, have been proven to produce good outcomes for children and families. In these programs, nurses, social workers or other professionals visit the homes of mothers with young children and provide one on one supports. Evidence has shown these programs reduce child abuse and neglect, improve academic performance, reduce childhood injuries, reduce later juvenile justice involvement, etc.

New Jersey currently allows families to count the hours they participate in a home visiting program affiliated with their HRA-equivalent to count towards their work requirement. CCC urges HRA to consider creating a similar program in New York. Furthermore, we believe that a pilot program like this, focusing on families in shelter with young children, could be invaluable.

- **Ensure the safety and well-being of children after they leave the shelter system**

With the creation of the LINC rental assistance program and the ability for some families in shelter to obtain NYCHA public housing units, we should soon see the shelter population decrease. For many families, the move from shelter to permanent housing will be a positive one that will also be stressful. Given that families will have on average spent over a year in shelter, the shelter system may have been the most housing stability they have ever had.

While the LINC program includes services and supports to help families adjust to paying rent and being employed, we believe it is also critical to ensure that these families also have access to services that ensure that their other social service needs are met. We believe that for some families ACS preventive programs could play a huge role in strengthening and supporting families during and after the transition from shelter to permanent housing. We urge ACS and DHS to enhance their collaboration efforts to focus more on families leaving shelter.

CCC appreciates all of the efforts that DHS, ACS, the Mayor's Office and the City Council are making to address the homeless crisis in the City and ensure the children in the shelter system are safe. We look forward to working together on our priorities in this area.

Thank you for the opportunity to testify.



## Advocates for Children of New York

Protecting every child's right to learn

### Testimony to be delivered to the New York City Council Committee on General Welfare

#### Re: Oversight: Interagency Coordination Between DHS and ACS to Protect Homeless Children

February 27, 2015

Thank you for the opportunity to speak with you today. My name is Robyn Bitner, and I am a staff attorney and legal fellow at Advocates for Children of New York, where I focus on early childhood education for children in temporary housing. For more than 40 years, Advocates for Children has worked to promote access to the best education New York can provide for all students, especially students of color and students from low-income backgrounds. Every year, we help thousands of New York City parents and students navigate the education system.

In discussions of ways to protect children experiencing homelessness, early childhood education is too often left out of the conversation. It shouldn't be. We know that early childhood education has a significant, positive impact on children's education and lives. But few children need these programs more than children in temporary housing, who are three times less likely to access early childhood education than their peers.

Preschool programs help mitigate the chronic stress and trauma that many children and families in temporary housing experience. These programs serve as a protective buffer by providing a safe, supportive environment where children can prepare for kindergarten and families can access needed support. In addition to providing an educational program, Head Start and EarlyLearn offer services such as health, mental health, and parent workshops to families. Moreover, preschool staff are trained to identify children who may be at risk, offering additional help and serving as a source of stability in their lives. As an important additional benefit, while children attend preschool, parents are free to pursue work, educational training, and housing opportunities. For all of these reasons, the preschool environment helps decrease the likelihood that children will experience abuse or neglect. In fact, one Chicago Child-Parent Center study found that children from low-income backgrounds who attended high-quality preschool programs were 50% less likely to experience child maltreatment than similar children who were not enrolled. Of course, preschool programs are critical for young children for numerous other reasons, most notably that these programs lay the foundation for long-term academic success.

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Currently, over 10,000 children under age five are living in the City's shelters. Thousands of these children are not enrolled in EarlyLearn programs.

Critical to ensuring that children in temporary housing are enrolled in early childhood education programs is interagency collaboration between ACS and DHS. To make a real impact, ACS and DHS need to create a long-term plan to enroll all eligible children in preschool programs. ACS and DHS have already taken positive steps, such as performing a data match to identify children under five who are not yet enrolled, conducting several joint trainings for shelter staff, and encouraging EarlyLearn providers to reach out to local shelters.

We recommend that the City identify a high-level leader to set targets for increased enrollment of children in temporary housing and measure the success of enrollment efforts. Additionally, we recommend that DHS ensure that all young children are screened for EarlyLearn child care eligibility at the time of intake into the shelter system and that DHS and shelter staff provide information about EarlyLearn programs to parents at every opportunity, including initial intake and case management meetings. This information should include clear explanations of the eligibility requirements, including how to obtain any necessary documentation. ACS and DHS should also partner with local EarlyLearn programs to make presentations at shelters and facilitate parent visits at EarlyLearn sites. Finally, ACS and DHS should make it easier for shelters to identify EarlyLearn programs with open seats in their neighborhoods. The current EarlyLearn directory, organized by zip code, provides no information on open seats.

We look forward to collaborating with ACS, DHS, and the City Council on this important work. Thank you for the opportunity to speak with you today. I would be happy to answer any questions.

**Testimony of James F. Purcell**  
**CEO**  
**Council of Family & Child Caring Agencies**  
**Chief Executive Officer**  
**Before the**  
**New York City Council General Welfare Committee**  
**February 27, 2015**

Good afternoon, I am Dr. Sophine Charles, Director of Preventive Services Policy and Practice for the Council of Family and Child Caring Agencies (COFCCA). I am presenting this testimony today on behalf of our CEO, Jim Purcell. COFCCA is the primary statewide membership organization for child welfare services providers, representing over 100 not-for-profit agencies that contract with the New York City Administration for Children's Services and the county departments of social services to provide foster care, preventive services, adoption, juvenile justice, and aftercare services as well as education for children on our facility campuses. Our member agencies provide foster care to over 99% of the City's children in foster care and preventive services to well over 85% of the families served by NYC.

On behalf of the tens of thousands of at-risk children and their families, I want to thank the City Council for championing preventive services during the past decade. Without the City Council's strong support there would not have been a Child Safety Initiative in 2005 that lowered caseloads in Preventive Services to the nationally approved standard of 12 families per caseworker. And when the funding for the Child Safety Initiative was in jeopardy, it was the City Council that restored the funding and ensured that children at risk in their homes could get the attention needed to keep them safe and stabilize their families.

We especially thank the City Council General Welfare Committee for safeguarding preventive Services funding in 2010 and restoring slot capacity for all preventive programs. Your efforts and those of many Council members resulted in the restoration of funding and ultimately in a collaboration with the Mayor's Office to baseline the funds that were otherwise available only on an annual basis.

Today, fifty-nine voluntary nonprofit agencies have active Preventive Services contracts with New York City's Administration for Children's Services and they are currently providing services to stabilize families and prevent placement of children who are at risk for foster care placement. Preventive services is one of the most effective tools for protecting children and supporting families involved in the child welfare system. Families utilize preventive services to access essential resources such as food, child care, medical insurance, medical and mental health services, housing subsidies, parent education, employment services, homemaking assistance, and educational services.

Preventive agencies such as the Good Shepherd Services, Jewish Child Care Association, Harlem Dowling, Sheltering Arms, Sauti Yetu, Puerto Rican Family Institute, Arab American Families, OHEL, the Chinatown YMCA, the New York Foundling, and many other providers work in partnership with ACS to keep children safe and support families through difficult periods. Preventive services are cost effective and the programs have made it possible to reduce the reliance on foster care to a historic low.

It is important to note that many of these agencies play a significant role in the DHS/ACS Collaborative by visiting families in DHS facilities to assess for child safety. According to 2014 ACS data, caseworkers from preventive agencies assessed more than 3,600 ACS families residing in DHS shelters from July 2014 through September 2014; this survey found that 64% had at least one child under the age of five, 90% had at least one indicated child welfare case, 31% had some substance abuse history, 37% had mental health issues and 25% had documented incidents of domestic violence.

The structure of the current preventive system provides a good avenue to aid families enrolled in the DHS system. We think there is room for improvement as regulatory oversight and contract governance can sometimes create barriers for families seeking services and unintentionally impact the agencies' capacity to provide quality services.

Since 2010, preventive agencies have encountered a significant increase in the number of families that reside in DHS shelters, a surge in families seeking preventive services to access a limited number of ACS housing subsidies, and a growing number of untimely preventive services disruptions when families are

relocated due to changes in shelter placements. We believe certain DHS and ACS business processes sometimes unnecessarily complicate pathways to preventive services. For example, the DHS placement and relocation business process tends to move families away from well-established relationships with a community-based service provider and forces them to seek services in other parts of the city. This is particularly true of families in temporary shelter placements. Too often, families sign for services in one borough and it takes time to identify a new preventive program for the family in the new location. Further, the ACS business process for identifying and transferring a family to another preventive agency could be streamlined to help families quickly access services in the borough. As you know preventive services are community-based programs and when families are required to relocate to other boroughs, this frequently results in travel hardships for families to maintain contact with agencies that are outside of their neighborhoods. Swift and smooth case transfers are necessary for families to continue receiving badly needed services and support. There are also other impediments and valid reasons why preventive agencies are not able to open preventive cases with some families.

For the first time, preventive agencies are working under performance-based funding contracts in which providers must open 25% of their contracted capacity in each quarter or be subjected to a loss of 10% of annual funding. We understand the need, and we support ACS's efforts to increase productivity in preventive services and to establish better child welfare outcomes by implementing a system of performance-based measures. However, we believe that the Performance-Based Funding Plan should be reassessed to determine the feasibility and timeliness of its implementation and to prevent unintended consequences that could result in the closure of small community-based preventive agencies.

It is important to note that there are a number of children, youth and families touched by preventive services through foster care prevention, aftercare services, youth aging out of foster care, post adoption services, juvenile justice/crossover youth services, and DHS populations. Preventive services are a far-reaching, low cost investment designed to support families during crisis, and we believe that families in DHS facilities stand to benefit greatly from these services.

We have a very collaborative relationship with NYC Children's Services and we are particularly encouraged by Commissioner Carrion's focus and support of preventive services.

We thank the Council for your attention to these critical issues and we hope that you will continue your interest and support for these programs that are so necessary to the safety and well-being of New York City's most vulnerable children.

**Department of Homeless Services Hearing Testimony  
New York City Council Committee on General Welfare  
Oversight - Interagency Coordination Between DHS and ACS to Protect Homeless Children  
Friday, February 27, 2015**

Introduction:

Good afternoon Chairman Levin and members of the New York City Council Committee on General Welfare. Thank you for the opportunity to testify today. My name is Jahmani Hylton, and I am the Deputy Commissioner of Family Services at the Department of Homeless Services (DHS). It is my responsibility to make sure we are doing all that we can for families and children in our system, in addition to managing more than 12,000 units of shelter at 150 locations for families with minor children. Joining me today is Jody Adams, a former judge of the Family Court who now serves as the Special Advisor for Children and Families in Shelter to Commissioner Gilbert Taylor. She is currently engaged in an internal review of DHS policies and procedures. Judge Adams has more than four decades of experience focused on serving the most vulnerable populations of children in the city. In her role, Judge Adams personally visits shelters and conducts in depth assessments. Her reports have led to the removal of individual units from our shelter stock, repairs of units, transfers of families to different units, and enhanced supervision by ACS and the Family Court, of families with children who appear to be at risk. Later on you will hear testimony from the Administration of Children Services (ACS) Executive Deputy Commissioner Jacqueline McKnight and Deputy Commissioner Andrew White.

In today's testimony, we will discuss the actions that have been taken to protect children living in shelter, agency wide reforms we are implementing to ensure safety and well-being across the system, and details of collaborative efforts between DHS, ACS, as well as sister agencies and external partners.

Overview:

New York City is facing pronounced economic inequality because of low wages, the lack of affordable housing, and the increased cost of living. Today approximately 46-percent of New Yorkers live near poverty and approximately 22-percent live below the poverty line. One-in-three New Yorkers work low-wage jobs: someone working full-time at a minimum wage will earn less than \$20,000 a year. The reality of this income inequality, combined with the drivers of homelessness such as eviction, domestic violence, and overcrowding, manifests itself in the City's shelter system, which currently houses approximately 58,000 individuals, including 11,900 families with children.

Income inequality and these drivers have led more families with children to shelter than ever before, which is why this Administration made a deliberate decision to identify DHS leadership through the lens of child welfare practice. In December 2013, Mayor de Blasio appointed Commissioner Gilbert Taylor, a former Executive Deputy Commissioner in the Division of Child Protection for ACS who has spent more than two decades in various leadership capacities serving low-income children and families. This appointment set a clear tone that families with children would be a focus of the Commissioner's agenda, and that child safety would be at the top of it. Since his appointment Commissioner Taylor has put together a senior leadership team that is steeped in the practice of child welfare work and social service delivery.

### Child-Centered Reforms:

As I mentioned, Commissioner Taylor's appointment was followed by immediate change throughout the agency to direct greater attention to children and families. First, DHS instituted a series of changes at the Auburn and Catherine Street Shelters, transferring the 400 children and their families to more appropriate Tier II shelters.

He also initiated a new stage of our partnership with ACS to center on families that needed additional services. Specifically with ACS, we began doing joint case reviews of high-risk families and are developing methods of accessing criminal histories, enhanced domestic violence information, and more detailed child welfare histories of applicants in our system. We further strengthened our communications by creating standing bi-weekly meetings to focus on those families that have cases with both agencies. We are taking a deliberate approach to refining both policies and practices that impact these families. We have also created leadership provider forums as a means of learning more about each other's work. This builds upon the previous efforts of DHS and ACS, such as the safe sleep initiative, which remains an essential component of DHS' operational practice.

Working in tandem with ACS, DHS realized that we could make a course correction around the issue of safe sleep and child well-being. With guidance from ACS, DHS trained its providers to create clear expectations of what is mandated to be in units for mothers with infants. And DHS frequently reminds providers that all rooms of families with infants less than 6 months old are inspected weekly, with specific attention to the infants sleeping environment.

Additionally, City agencies, including the Department of Mental Health and Hygiene (DOMHH), Human Resources Administration (HRA), Department of Education (DOE) and ACS are working together on a holistic approach to address the many drivers of homelessness and how it affects families and children.

Finally, we have reduced our reliance on cluster site shelters, where there are not built-in supports for children. Our goal is to move families into purpose-built shelter with stronger on-site social services that meet the needs of high-risk families.

### Challenges:

In the midst of these early reforms, we experienced two tragedies: On Saturday, October 18<sup>th</sup>, 2014 a 3-year old died. She had been in shelter with her mother, 5-year old brother and stepfather. Then, four days later, on Thursday October 23<sup>rd</sup>, we experienced another tragic loss of life, this time a 4- year-old. Both of these children died, allegedly at the hands of their caretakers, leading our agency to examine, from a system's perspective, what elements may have contributed to these incidents in shelter. Commissioner Taylor has tasked Judge Adams and me with leading an internal review of the agency's work as it relates to family sheltering policy and practice. This internal review is currently underway and is multi-pronged in nature. Building on our initial efforts, these deaths have further served as an impetus to strengthen our social service delivery to families and to ensure that New York City's children in shelter are in a safe and nurturing environment.

Learning from these two tragedies, our reaction was swift and immediate. Using established research-based criteria; DHS identified over 2,500 high-risk families that could potentially benefit from enhanced social service supports. That criteria includes single parent households with more than three children, households with children under the age of 4, young parents (ages 18-24), the

presence of an unrelated male in the household composition, medically fragile children, and families with past or current child welfare system involvement. After identifying these families, DHS committed to hiring 33 social workers as part of a Safety First Team that would engage families and carry out ongoing assessment. These social workers monitor family and child safety and well being while in shelter, and they provide qualitative and quantitative feedback to DHS to inform policy and practice. They continue to screen, assess, and refer families for enhanced services.

Furthermore, we recognized that in order to identify high-risk families, we needed to begin this process at intake, our Prevention Assistance and Temporary Housing (PATH) Center in the Bronx. At PATH, each family goes through a comprehensive diversion, intake, and evaluation process. Working together with ACS, we created new procedures to gather broader and richer information on each family, and to immediately flag families who fall into one of the high risk categories for priority placement and service intervention. We are developing instruments, based on the case reviews and enhanced information, to assign risk categories to families so that they can be placed in shelters most appropriate to their needs. Depending on available capacity, DHS will prioritize high risk families for placement in Tier II type shelters where they will be surrounded with enhanced social services and supports. The families will receive on-going monitoring and service interventions beyond the currently required weekly Independent Living Plan (ILP) meetings.

DHS will also participate in Child Safety, Elevated Risk and Preventive Conferences for families with ACS history being placed in shelter. ACS and DHS have plans to further increase ACS' involvement at some of our locations, as they will report to you in greater detail.

#### DHS Continues to Expand Its Partnerships:

At DHS we recognize that we can and must do even more to improve the lives of children in our shelters. With input from the Casey Family Programs, a nationally recognized policy institute committed to the well-being of children, we have engaged in conversations with other municipalities across the country to further refine our own practices. We are also in the process of developing a risk assessment instrument to identify families in which children may be at risk for maltreatment.

Our partnership with DOMHH has led to a sustained collaboration with the Nurse Family Partnership (NFP), who engages women that are pregnant with their first child and living in shelter. Studies have documented the program's effectiveness in preventing child abuse and neglect, improving a child's readiness for school, and helping mothers become more self-sufficient. However, our commitment to children in shelter continues even after children age out of the Nurse Family Partnership Program.

We are also working very closely with the Department of Education. DOE has education specialists on site at many of the families with children shelters to assist parents with children in school. More recently, DHS created the Director of Educational Services position of to serve as the agency's primary liaison with DOE. This position is responsible for creating policy to ensure children residing in shelter receive the services they are entitled to under the federal McKinney Vento Homeless Assistance Act, and coordinates with DOE, shelter, and DHS staff to address educational issues such as immediate enrollment, attendance, transportation, access to free meals and services available to children in schools and the community. The Director of Educational Services will represent DHS at city and state-wide education-related meetings and conferences, in addition to participating as a member of interagency task forces and workgroups involving educational and homelessness issues as determined. In this role, the director will coordinate with



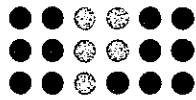
sister agencies and external partners to develop and provide training to a wide range of audiences, and create policies and best practice guidelines to assist youth and adults with educational and vocational services.

Finally, this administration is committed to all of its agencies working in concert to prevent families and individuals from becoming homeless. DHS has begun to engage its sister agencies to enlist them in these prevention efforts. We are sharing information with ACS so their staff is aware of the resources available to keep families in their homes.

Conclusion:

As outlined today, the new leadership team at DHS is committed to improving the safety and security of all children residing in shelter. DHS recognizes that it is imperative that we keep our children safe and secure. We are proud to collaborate with ACS and all our sister agencies to better serve our children, and will continue to look for ways to increase our connection as well as expand our partnerships across the city and the nation.

Thank you for all your support and attention. I will now turn it over to my colleagues from ACS.



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FOR THE RECORD

**Executive Director**  
Karen J. Freedman, Esq.  
**Deputy Executive Director**  
Glenn Metsch-Ampel, Esq.

## TESTIMONY OF LAWYERS FOR CHILDREN

The Council of the City of New York  
Committee on General Welfare  
Stephen T. Levin, Chair

Oversight:  
Interagency Coordination Between DHS and ACS to Protect Homeless Children  
February 27, 2015

Submitted by:  
Karen Freedman, Executive Director  
Betsy Kramer, Public Policy Project Director

Lawyers For Children (LFC) thanks the Committee on General Welfare for providing us with an opportunity to submit this testimony regarding the interagency coordination between DHS and ACS to protect homeless children.

LFC is a not-for-profit legal corporation dedicated to protecting the rights of individual children in foster care and compelling system-wide child welfare reform in New York City. Since 1984, LFC has provided free legal and social work services to children in cases involving foster care, abuse, neglect, termination of parental rights, adoption, guardianship, custody and visitation. Currently, we represent children and youth in more than 6,000 judicial proceedings in New York City's Family Courts each year. LFC, along with The Legal Aid Society and Davis Polk & Wardwell, represents the Plaintiffs in *D.B. v. Richter*, a class action lawsuit addressing ACS's failure to provide appropriate housing services to youth aging out of foster care and post-discharge services to youth who leave foster care to live on their own before the age of twenty-one.

We urge the New York City Council to use its oversight powers to see that ACS and DHS work together to ensure the safety of a particularly vulnerable group of young people: youth who leave foster care at (or shortly after) age eighteen and soon become homeless. While an eighteen year old is a legal adult for many purposes, young people in and discharged from foster care between the ages of eighteen and twenty-one are entitled to protection and services from the Administration for Children's Services. Because former foster youth are over represented among the homeless population, it is crucial that ACS and DHS work together to ensure that former foster youth who end up in the shelter system receive the services and supports to which they are entitled.

New York State laws and regulations recognize that youth who leave foster care to live on their own often require additional assistance from the child welfare agency. Thus, even "after custody terminates," ACS must maintain supervision of young person until

twenty-one years of age. “In all cases, the district must provide referral to needed services, including income and housing services, with sufficient follow-up efforts to ensure that the child has begin to receive the services for which he or she was referred.”<sup>1</sup> Former foster youth who become homeless before turning twenty-one have the right to return to foster care, in certain cases, so that they can have a stable place to live while participating in educational and vocational services.<sup>2</sup>

The statistics regarding youth who leave foster care at age eighteen to live on their own are abysmal. The United States Interagency Council on Homelessness reports that one fourth of foster youth experience homelessness within four years of exiting foster care.<sup>3</sup> In New York City, a full 26% of the shelter population are graduates of foster care.<sup>4</sup>

ACS recently announced that it had “entered into a partnership with the Division of Homeless Services (DHS) to increase coordination and communication, in an effort to better service families involved with both agencies.”<sup>5</sup> According to ACS, the coordination and communication includes creation of an information-sharing database.<sup>6</sup> While the focus of that partnership appears to be on ensuring the safety of families in the shelter system, it is essential that the partnership also be used to ensure the safety of former foster youth who are living on their own in the shelter system.

We know from our work in *D.B. v. Richter*, as well as through conversations with our clients, that ACS too often fails in its obligation to assist youth who leave foster care at or shortly after turning eighteen. We understand that this failure is due, in part, to the difficulty in contacting youth who leave foster care to unstable housing situations.

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<sup>1</sup> 18 N.Y.C.R.R. § 430.12(4)(i)(b).

<sup>2</sup> Fam. Ct. Act § 1091.

<sup>3</sup>

[http://usich.gov/usich\\_resources/fact\\_sheets/opening\\_doors\\_homelessness\\_among\\_youth#.VOy\\_3ZNbPLA.email](http://usich.gov/usich_resources/fact_sheets/opening_doors_homelessness_among_youth#.VOy_3ZNbPLA.email)

<sup>4</sup> [www.commonground.org/who-we-serve/homeless-youth/#.VO8EcLDF\\*rM](http://www.commonground.org/who-we-serve/homeless-youth/#.VO8EcLDF*rM)

<sup>5</sup> [http://www.nyc.gov/html/acs/html/support\\_families/housing.shtml](http://www.nyc.gov/html/acs/html/support_families/housing.shtml)

<sup>6</sup> *Id.*

Moving from place to place, without a regular address and without the resources to maintain a steady phone number, former foster youth are often difficult (if not impossible to contact). Given the large number of former foster youth who come into contact with the DHS system, the information-sharing database puts DHS in a critical position for connecting these young people with ACS, and with age-appropriate referrals to housing, education, and employment services.

Although ACS and DHS now have the capacity to share information, they have not developed a plan for using that information in a regular systematic way to assist young people who have come into the crosshairs of both City agencies. ACS and DHS must use the database to assist vulnerable youth who are struggling on their own. ACS and DHS must use this database to identify young people who are entitled to supervision and supports, and to offer that supervision and support to those young people. When a young person between the ages of eighteen and twenty-one seeks assistance from DHS, the database should be reviewed to determine whether that young person was discharged from foster care after age eighteen. If so, a coordinated effort must take place to ensure that the young person understands all of the services that he is entitled to receive from ACS, and (if desired) connected to an appropriate ACS or foster care agency worker who can provide those services.

The City Council should use its oversight power to ensure that an appropriate coordinated effort is made between ACS/DHS to assist young people who become homeless after leaving the foster care system to independence. To this end, the City Council should require ACS and DHS to develop a procedure/policy/plan for using the shared database as a tool for reducing the numbers of former foster youth in the shelter system and for ensuring that ACS complies with its obligation to provide ongoing support and services to those youth until they turn twenty-one. The City Council should also require that ACS and DHS publish regular reports regarding the numbers of youth identified through the database, the services offered to those youth, and the results of the coordinated efforts.

These steps are crucial to ensuring that ACS and DHS work together to ensure the safety of homeless youth.

If we can provide you with any additional information, do not hesitate to contact us. We are available to assist in any way possible to improve the services and quality of care for children who are in need.

***Contact Information:***

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Date: 2/27/15

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Name: JAHMANI HYCTON

Address: 33 BOAZOR STREET NY NY

I represent: DHS (DEPT OF HOMELESS SERVICES)

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

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

(PLEASE PRINT)

Name: Jacqueline O. McKnight

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I represent: NYC ACS

Address: Same as above

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

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Name: Andrew White

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I represent: ACS

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Date: 2/27/15

(PLEASE PRINT)

Name: Robynne Bithner, CE

Address: 1517 W. 30th St. 5th floor

I represent: Advocate for Children of New York

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

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

(PLEASE PRINT)

Name: Dr. Sophie Charles

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I represent: The Council of Family & Child Care Agencies

Address: S/A

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☐ in favor ☒ in opposition

Date: 2/27/15

(PLEASE PRINT)

Name: Joyce McMillan

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I represent: Child Welfare Organizing Project

Address: 80 E 110<sup>th</sup> St. Suite 1E, NYC 10029

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☐ in favor ☐ in opposition

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

(PLEASE PRINT)

Name: Alexis Henry - Citizens Committee for Children

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

I represent: Citizens Committee for Children

Address: 14 Wall St

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