

CITY COUNCIL
CITY OF NEW YORK

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TRANSCRIPT OF THE MINUTES

Of the

COMMITTEE ON GENERAL WELFARE

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February 27, 2015

Start: 1:11 p.m.

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HELD AT: Committee Room - City Hall

B E F O R E: STEPHEN T. LEVIN
Chairperson

COUNCIL MEMBERS:

Annabel Palma
Fernando Cabrera
Ruben Wills
Donovan J. Richards
Vanessa L. Gibson
Corey D. Johnson
Carlos Menchaca
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A P P E A R A N C E S (CONTINUED)

Jahmani Hylton
Deputy Commissioner
Family Services
Department of Homeless Services (DHS)

Judge Jody Adams
Special Advisor
Children and Families (DHS)

Dr. Jaclyn Mc Knight
Executive Deputy Commissioner
Child Welfare Programs
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Alexis Henry
Policy Associate for Education and Early Education
Citizens Committee for Children

[sound check, pause]

CHAIRPERSON LEVIN: Good afternoon, everybody. I am Council Member Stephen Levin, Chair of the Council's Committee on General Welfare.

Today, the committee is going to be examining interagency coordination between Administration for Children's Services and the Department of Homeless Services to protect children living in the homeless system today.

Before we begin, I would like to thank the staff that worked on today's hearing, Tonya Cyrus, Dohini Sompura, Brittany Morrissey, Andrea Vasquez and Matt Rojara [sp?], and Ronnie Mettle from my staff. I would also like to thank the Administration for coming today to testify. Judge Jody Adams, Special Advisor for Children and Families for DHS; Jahmani Hylton, Deputy Commissioner of Family Services at DHS; Dr. Jaclyn McKnight, Executive Deputy Commissioner of Child Welfare Programs at ACS, and Angie White, ACS Deputy Commissioner. And all of the advocates and members of the public who are here today to testify and discuss this important topic.

The three agencies that this committee oversees, the Administration for Children's Services, Department of Homeless Services and the Human Resources Administration very often serve the same families. Coordination among these three agencies is, therefore, crucial to provide effective services to these families. One of the most important ways that these agencies work together is the coordination between DHS and ACS in order to ensure the safety of almost 25,000 children living in the DHS shelter system today. With one-quarter of the families in the shelter system involved with ACS and all families in the shelter system having undergone the trauma of losing their housing, it is essential that DHS is working with these families along side ACS in an effective and efficient manner.

This past October, two very young children were tragically beaten to death by their caregivers while living in the DHS shelter system. In response to those incidents, DHS initiated a new policy of targeting families that are deemed to be high risk. Which is based on factors such as a single parent raising more than three children; a parent who is 18 to 24 years old; a man living in the household

who is not the biological father; children with medical needs; and past or current involvement with ACS. An estimated 2,500 families have been identified in the shelter system as being high risk, according to these categories. We will ask this panel to expound upon this new program as well as what criteria they're looking for, and how they're going about identifying these families.

DHS plans to send 33 social workers into the shelters to work with these high-risk families. Today, we expect to hear from DHS and ACS more about this effort including how these agencies will work together to best serve these families, services that will be offered to them, and what the agencies hope to achieve through the efforts of these social workers. Being able to provide families with services before a tragedy occurs is the goal. Today, we are here to discuss how ACS and DHS plan to achieve that together to protect all children under their care and supervision.

Thank you, and I will now swear in the witness if you could all raise your hand and answer this question. Do you affirm to tell the truth, the whole truth, and nothing but the truth in your

testimony before this committee, and to respond
honestly to council member questions?

PANEL MEMBERS: I do.

CHAIRPERSON LEVIN: Thank you. You may
proceed. Thank you.

DEPUTY COMMISSIONER HYLTON: Good
afternoon, Chair 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 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 policy 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 enhancement provision from ECS 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's Services, ACS, Executive Deputy Commissioner Jaclyn 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 wellbeing across the system. And details of collaborative efforts between DHS, ACS as well as sister agencies and external partners.

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% of New Yorkers live near poverty, and approximately 22% live below the poverty line. One in three New Yorkers work low wage jobs. Some are working full-time at a minimum wage while

earning 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, manifest itself in the City's shelter system. Which currently houses approximately 58,000 individuals including 11,900 families with children. Income equality 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.

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 Catherin Street Shelters, transferring 400 children and their families to more appropriate Tier II shelters. He also initiated a new stage of our partnership with ACS to center and families who 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 a central component of DHS' operational practice. Working in

tandem with ACS, DHS realized that we can make a course correction around the issue of safe sleep and child wellbeing. With guidance from ACS, DHS trained its providers to created clear expectations of what is mandated to be units for mothers with infants. And DHS frequently reminds providers that all rooms of families with infants less than six months old are inspected weekly with specific attention to the infant's sleeping environment.

Additionally, City agencies including the Department of Health and Mental Hygiene, DOHMH; 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 they 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.

In the midst of these early reforms, we experienced two tragedies. On Saturday, October 18, 2014, three-year-old--a three-year-old died in

shelter. She had been in shelter with her mother, five-year-old brother and stepfather. Then four days later, on Thursday, October 23rd, we experienced another tragic loss of life. This time a four-year-old. Both of these children died allegedly at the hands of their caretakers, leading our agency to examine from a systems 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 steps 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 researched based criteria, DHS identified over 2,500 high-risk families that could potentially benefit from enhanced social services supports. That criteria includes single-parent households with more than three children; households

with children under the age of four; young parents ages 18 to 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 wellbeing 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 enhance services. Furthermore, we recognize 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 party 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 for their needs.

Depending on available capacity, DHS prioritized 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 ongoing 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. At DHS we recognize that we can and must do even more to improve the lives of children in our 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. At DHS, we recognize that we can and must do even more to improve the lives of children in our shelters. With input for Casey Family Programs, a nationally

recognized policy instituted committed to the wellbeing 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 DOHMH 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. So these 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 the children age out of Nurse Family Partnership program. We are also working very closely with the Department of Education. DOE has education specialists on site at many families with children shelters to assist parents with children in school. More recently, DHS created the Director of Educational Services position to serve as the agency's primary liaison with DOE. This position is responsible for creating policy and

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2 to ensure children who reside in shelter receive the
3 services they are entitled to under the Federal
4 McKinney-Vento Homeless Assistance Act. And
5 coordinates with DOE shelter and DHS staff to address
6 educational issues such immediate enrollment,
7 attendance, transportation, access to free meals, and
8 services available to children in schools and the
9 community.

10 The Director of Educational Services will
11 represent DHS at City and State wide educational
12 related meetings and conferences in addition to
13 participating as a member of interagency task forces,
14 and work groups involving educational and
15 homelessness issues as determined. In this role, the
16 director will coordinate with sister agencies and
17 external partners to develop and provide training to
18 a wide range of audiences. And create policies and
19 best practice guidelines to assist youth and young
20 adults with educational and vocational services.

21 Finally, this Administration is committed
22 to all of its agencies working in consort to prevent
23 families and individuals from becoming homeless. DHS
24 has begun to engage its sister agencies to enlist
25 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. 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 security. We are proud to collaborate with ACS and all our sister agencies to better serve our children, and we'll continue to look for ways to increase our connection as well as expand our partnership 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.

CHAIRPERSON LEVIN: Thank you

Commissioner Hylton.

JACLYN MCKNIGHT: Thank you Deputy

Commissioner Hylton. Good afternoon, Chair Levin and members of the Committee on General Welfare. I am Dr. Jaclyn McKnight, Executive Deputy Commissioner of Child Welfare Programs at the Administration for 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 and other city agencies to ensure the safety and wellbeing 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, pre-natal 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 opened child protection investigation. Community organizations and other city agencies can make referrals. In addition, families can also refer themselves to these services. Referral for full preventive services from DHS are a high priority referral, and ACS and DHS regularly coordinate to address the needs of specific cases.

To assess--to assess practice and inform program improvement efforts, ACS and DHS gather information on child welfare involved families residing in the Department of Homeless Services. Together with DHS we developed a tool that case workers 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 for 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 including one-fourth of the families in shelter during the review period were actively involved with ACS either through a preventive program or child protection 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 four years old. More than half had a youngest child from birth to three-year old--three 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, 28% of the families we visited had a child with special medical needs. And one-quarter of them had a parent or child with a development 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 the Department of Homeless Services 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 childcare.

We have already integrated these into our current practice, and there are additional measures we plan to implement this year. Entering the homeless shelter system should be our family's last option. Work with the Department of Homeless Services the New York City Housing Authority, the Housing and Preservation and Development, Human Resource Administration and other partners, ACS makes all possible efforts to locate other resources to keep families in stable housing. Including the Department of Homeless Services home based Homeless Prevention Program. ACS also has housing subsidies for families receiving preventive or reuniting--

reunifying with your 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 for other than to enter shelter, ACS will notify the Department of Homeless Services about the incoming family prior to their arrival at PATH. This notification includes demographic information, general reasons for ACS involvement, any mental, medical or educational service needs, and domestic violence issues.

Whenever possible, ACS or provider case planning staff will accompany the family to PATH. Currently, four ACS child protection staff are located at the

Department of Homeless Services Path Intake Center in the Bronx. This ACS unit primarily performs child maltreatment clearances or on incoming families to determine whether the family has an active protective or preventive case. Over the past year, ACS in collaboration with the Department of Homeless Services and others has developed new initiatives to bolster our work and coordination efforts. This includes establishing additional child protection units at the Department of Homeless Services shelter intake. Developing an ACS Predictive Analytic Risk Assessment Tool, launching an early childhood education enrollment campaign, and building a citywide collaboration to prevent homelessness.

Given the small size of the current ACS presence of the Department of Homeless Services Intake, ACS has been limited in being able to full help families. ACS is planning to add two additional child protection units at the Department of Homeless Services Intake facilities. The units will include 17 staff; one child protection manager; two child protection supervisors; ten child protection specialists; in addition to four current--in addition to the four current staff members. Working in tandem

with the Department of Homeless Services Intake staff, these units will assess families and help them access a wide array of preventive services, community supports, and childcare.

The most important and challenging part of child protection working 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 our jurisdictions like Los Angeles and Pittsburgh in developing a Predictive Analytic 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 in contact with who are most in need of support. Using aggregate data from hundreds of thousands of child welfare cases, we are able to determine what factors predict that family already know to ACS is more likely to be the subject of a future substantiated report of abuse or neglect. Such flat--I'm sorry. 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 Department of Homeless Services and ACS. We anticipate having a tool ready for trial use in general child protection practice by the end of 2015.

In addition to providing child welfare services, ACS administers the largest publicly funded childcare system in the country serving approximately 100,000 infants, toddlers, pre-school and school age children through Early Learn New York City. As well as other options such as vouchers issues in--to eligible families, which may be used to purchase care in a variety of settings. High quality early childhood education programs like Early Learn NYC are invaluable for children coming from highly stressed environments. Last year, ACS launched an initiative with the Department of Homeless Services, and the Department of Education to facilitate the enrollment of children in the Department of Homeless Services shelter in Early Learn. 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 Early Learn vacancies in proximity to nearby shelters

in preparation for enrollment drives to be held with the Department of Homeless Services 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, Department of Homeless Services and provider staff on how best to engage families around the benefits of quality early childhood education and to assist them in applying to programs that best serve their needs.

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 the Deputy Mayor Barrios-Paoli, ACS hosted a meeting last month with the Department of Homeless Services, New York City Housing Authority, the Mayor's Office to Combat Domestic Violence and HPD as well as 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 to make sure our staff understand each other's programs and

to find ways to help our families navigate complex patchwork of benefits 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 front line staff along with our foster care and preventive service network. Thank you for the opportunity to share with you the important work we are doing along with our partners to serve families facing homelessness, and the homeless shelter--homelessness 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're happy to take any questions you may have.

CHAIRPERSON LEVIN: Thank you very much, Dr. McKnight. I appreciate your testimony as well as Commissioner Hylton's, and thank you to this panel for being here. I want to acknowledge Council Members Corey Johnson, and Vanessa Gibson who have joined us as well. So at the outset, I want to let you know that in looking at this issue, which we see as really one of the most essential issues that this

committee will take on in terms of oversight. We are thinking right now that this is going to be the first of two hearings because we-- I think the issue is broad enough so that we would do a disservice to try to condense it into a single hearing. So this hearing we're going to try to focus as much as possible on the immediate safety needs of children who are living in the shelter system. And then, in a subsequent hearing talk more about the mental health services, education, services. But there will be some overlap. So I will be asking about some of those issues today, and then in a few months I think we're going to call you guys back if that's all right with you.

So I wanted to start out by asking a little bit about the 33 new social workers that have been hired at DHS. So, what is the training and background of those social workers and qualifications? If you could just speak a little bit to that and have they been hired yet? Have all of them been hired, and I'm interested to hear how they then interact with ACS as well.

DEPUTY COMMISSIONER HYLTON: Sure. So we have, in fact, recruited social worker staff.

These are individuals who met a minimum standard in terms of qualifications. So they're all masters' level social workers. These are individuals who actually have experience in child welfare. They also have to some extent-- some of them have experience working with regards to individuals who are actually homeless. And part of our interest in terms of hiring these individuals obviously, as stated was to ensure that they could immediately on board, and quickly be deployed to meet the needs of families in shelter. And so the training actually included an orientation to the Department of Homeless Services. We wanted to make sure that at least they had a baseline understanding of the work that would be undertaken. And so we oriented them to the Family with Children Shelter system giving them insight into the various types of shelters that they would be visiting. We also shared with them what we call a Family with Children profile. So that they had an understanding of what the needs are of families actually in the shelter system. We also had them complete a mandated reporter training. We thought it would be helpful for them to understand that if you are encountering an issue that speaks to risk or

safety, what would be available in terms of being able to reach out to provide some assistance and supports. And bringing that--those issues to light, and to the attention of ACS, and so these are staff. We were able to hire on 21 staff. We are obviously looking to hire on additional staff so that we can continue to deploy them to meet with families.

JUDGE JODY ADAMS: And they're a great tool to have.

CHAIRPERSON LEVIN: If you can identify yourself first.

JUDGE JODY ADAMS: I am Judge Jody Adams, former Judge Jody Adams. They're a remarkable tool that we have because one of my tasks is to sort of be the eyes and ears for Commissioner Taylor. So when I visit shelters and see particular families I report back to the Commissioner. And if he wants more information, we can send one of these social workers to visit, and make a deeper report. So they have been a great help.

CHAIRPERSON LEVIN: Are there any support staff associated with the social workers as well, any administrative staff, or are they able to kind of handle all the administrative duties themselves?

DEPUTY COMMISSIONER HYLTON: Actually, so the way in which we've structured it we brought the staff on, and they are supported by-- The way in which we're structured at DHS is we have two program administrators who actually are overseeing this initiative. The program administrators are folks that actually work currently for the Department of Homeless Services, and they manage the portfolio for shelter providers. And so, these two individuals provide oversight to the initiative. But within the subset of social workers that we hired on, we created hierarchy so that we could actually have two supervisors. And so, there are actually two teams within the social work Safety First Team. And the teams are then deployed by the supervisors that actually do in-person supervision. They do group supervision, and in many instances, they actually visit with the social worker families in shelter as a means of being able to provide supports and on-site supervision to the staff as well.

CHAIRPERSON LEVIN: So, if we could take actually one step back and talk about the status quo prior to the social workers coming on, can you speak a little bit to the variety of services that are

associated with the different types of shelters that we have in the Family Shelter System. So can you speak a little bit about what type of social services are affiliated with a Tier II versus a cluster versus a hotel model and how that all works. So we can get an accurate picture of the situation as it was when you can into office.

JUDGE JODY ADAMS: Right. Well, as you know, there are three shelter types. The first, and what Jahmani likes to call the Cadillac version are the Tier II shelters, and they're called Tier II because that language comes from a State Regulation in our enabling statute essentially. And they are required in order to qualify as Tier II shelters to have certain minimal social services in place, recreation areas, after school, child care. In many cases there's a healthcare facility on site. And that's what we have in the Tier IIs. The hotels and the clusters are less rich. We are reliant for all three types of providers. DHS only directly operates two family shelters. They're both Tier IIs. One is in Flatlands in Brooklyn, and is in Jamaica in Queens. All of the other 120 something shelters are operated by private providers which whom we contract.

So in the hotels and the clusters both the physical space does not lend itself as well to the provision of on-site services because clusters are apartment buildings, and hotels are old hotels. And the quality of the provider, and the richness and ability of a provider leads to a variation in how many services are provided.

Often in clusters families have to go off site to the central office of the provider to meet with a case manager. Case managers are bound to visit clusters and hotel units weekly in some cases, and bi-weekly in others. But there is no day care. There is no after school, and they tend to be less rich. And one of our challenges is first of all, we're trying to move away from clusters as much as possible. But to the extent that they remain and that the hotels remain to devise a way that these services will be more intense in those two settings.

CHAIRPERSON LEVIN: Do you see a difference in the risk level, the actual risk level for families that are placed in Tier II versus a hotel? I mean is that something that you would take into account as you're making an assessment of that family?

JUDGE JODY ADAMS: I'm not sure I understand the question.

CHAIRPERSON LEVIN: As you're looking at developing a protocol for each family or a plan for each family, and you're trying to make an accurate assessment of what types of risk factors that family has, are you taking into account whether they're in a Tier II or a hotel? And whether that makes a difference?

JUDGE JODY ADAMS: WE try to as much as possible to place, you know, families in the most appropriate setting. Our capacity constraints limit our ability to do that.

CHAIRPERSON LEVIN: Right.

JUDGE JODY ADAMS: But when you say does a family fall into a risk category depending on--

CHAIRPERSON LEVIN: [interposing] No, I'm not saying whether it informs the risk assessment, or whether it informs the-- You know, whether it informs perhaps, as you said the placement, which it does. But then the--

JUDGE JODY ADAMS: [interposing] Well, to some extent--

2 CHAIRPERSON LEVIN: --prescription of
3 services?

4 JUDGE JODY ADAMS: To some extent
5 because, you know, again the richness of the Tier II.
6 Social Services it is not present as much in the
7 other settings,

8 CHAIRPERSON LEVIN: Uh-huh. So I'm going
9 to ask a little bit about the assessment of the
10 families. I want to ask another--one more question
11 about the social workers at this time. Can you take
12 us a little--through exactly what the interaction
13 between social workers and the families that they're
14 servicing, what those--what those interactions look
15 like on a day-to-day basis? How often are they
16 meeting with these families? What--how--where do the
17 array of services that the social worker is able to
18 offer to the families, and then how is that--how is
19 that then delivered? Are they linking in with ACS?
20 Are they linking with the social services provider?
21 And I want to talk more about the ACS services in a
22 little bit, but in terms of just what is the-- If
23 you could take us to exactly what--what the
24 interactions are like, what the tracking is like.
25 Who they're--who they're reporting to when they're--

when they're providing--when they're, you know, writing up their reports, who is going to, and then who's--where is it going from there?

DEPUTY COMMISSIONER HYLTON: Sure. So to begin, we look at-- So we run every other week data because we realize that when we say 2,500 families that's a point in time that there are families that are entering our system. And so, we want to make sure that we have an awareness at any given point in time in terms of those families that actually meet the high-risk criteria that we described. And so we run that data, and a risk is produced that tells us which families we need to target an intervention with or that needs to be seen by a social worker for assessment. Those families are divided up in terms of providers, the shelters that they reside in. A social work team is then identified, and the way in which the social workers work, they work as--in pairs. And so, a social--two social workers will actually go to a shelter, and reach out to the provider in advance of to let them know that we'll be on site, and to really work with the families. If the family is available to be seen by the social worker.

The social worker-- We--we make sure that we are available during hours that we know families would be available. So the social workers work evenings as well as weekends. And so, the social worker makes an appointment. Goes to the family's unit, and the interaction and engagement is fairly straightforward in the sense that need to make sure that all children are present and they can be seen. And so, if there's an instance where a family-- If all the household composition, particularly children are not present, we will actually begin the assessment process. But we will make a follow up appointment so that all children can be seen. There is a tool that's used by the social worker. It's a tool that we actually have automated, and it's on a tablet that the social worker can use as well. But there's also a hard copy. It really is looking at it from a person and environment perspective. So for those of you who are social workers, we're looking at the environment that the family lives in. And so, it would also include a look at the unit.

We want to make sure that there are window guards, that there is food present. And that, you know, there anything that would speak to safety

concerns within the unit itself. There is an interview that's conducted with the family where the parent is in the household to really talk about what their needs are, what's the last time they actually saw their case manager. What the services are that they're currently receiving. And so there's a rich dialogue that happens. We also observe the interaction between the parent and the child while we're actually doing that visit. At the end of the visit what will happen is if we identify immediate needs, the social worker is armed with knowledge of resources that exist in the families community. And will make referrals as part of the intervention. If there are concerns, as I stated before, that speak to safety or risk, the social worker has been trained as a mandated reporter to call and report to the State's Central Register. Once that is completed, the information is actually reported out to the supervisors that are aligned with the Safety First Team. So there's a Team A and there's a Team B. The information, as I stated before, is captured via a database. And what we're doing currently is we're really using our colleagues at Policy Planning to

2 really do an analysis of the data that's being
3 collected to date.

4 CHAIRPERSON LEVIN: How many families
5 have been seen to date since the program has been
6 rolled out?

7 DEPUTY COMMISSIONER HYLTON: So, since
8 it's launched, we've seen over 1,000 families.

9 CHAIRPERSON LEVIN: And there's been
10 3,600 identified, is that right, or 2,500 or--

11 JUDGE JODY ADAMS: 2,500.

12 CHAIRPERSON LEVIN: 2,500. But there are
13 3,600 children living in the shelter system, Dr.
14 McKnight that you mentioned that have had some
15 interaction with ACS whether it's through preventive,
16 protective, foster, some interaction?

17 JACLYN MCKNIGHT: The 3,600 number that I
18 quoted was with regard to a review period that
19 occurred last year.

20 CHAIRPERSON LEVIN: Okay, but--

21 JACLYN MCKNIGHT: [interposing] But that
22 is kind of like the number.

23 CHAIRPERSON LEVIN: That's the number.

24 JACLYN MCKNIGHT: Uh-huh.

CHAIRPERSON LEVIN: So, these social workers are not seeing all 3,600 then because it's-- because the--the risk--the risk assessment is not just based on an ACS--an ACS interaction? Is that correct?

DEPUTY COMMISSIONER HYLTON: That is correct. So once again, as we listed out there are six areas that we're looking at. You know, we're looking at really young parents. We're looking at the unrelated male in the household. And so, what we did was when we looked at the six criteria, the decision was that there needed to be-- If the family met three out of the six criteria, those are the families that we prioritize to be seen by a social worker.

CHAIRPERSON LEVIN: And how did you--

JUDGE JODY ADAMS: [interposing] They're not all necessarily-- They're not necessarily all ACS families.

CHAIRPERSON LEVIN: Right.

JUDGE JODY ADAMS: This is a subset of it.

CHAIRPERSON LEVIN: Yeah, and how is--how are those criteria identified?

2 DEPUTY COMMISSIONER HYLTON: We
3 consulted with others in child welfare. We confirmed
4 that with partners in terms of best practice.

5 CHAIRPERSON LEVIN: [interposing] Uh-huh.

6 DEPUTY COMMISSIONER HYLTON: And what
7 we saw as being sort of predictive in terms of risk
8 and maltreatment.

9 JUDGE JODY ADAMS: And there are now a
10 number of good empirical studies that invariably
11 yield up these categories.

12 CHAIRPERSON LEVIN: Got it. And in terms
13 of the nuts and bolts of making these assessments.
14 So you're able to do that at PATH for incoming
15 families, correct? But then for families that are
16 currently in the shelter system. So obviously the
17 stay in shelter for families has gone up
18 increasingly. So we're talking 450 days on average.
19 For those families that have been in for six months,
20 nine months, a year how do you then make-- What's
21 the-- Practically, how do you make the assessments
22 for these criteria for families that are not coming
23 to you through PATH?

24 DEPUTY COMMISSIONER HYLTON: Well,
25 actually, the assessments are for families that are

2 actually currently in the shelter system. And so
3 those are the families that we're targeting. So not-
4 -so it's--it's actually families in shelter. And so
5 families that have been with us for periods of time.

6 CHAIRPERSON LEVIN: So you're going
7 through their--their files or through the data, and,
8 you know--I mean, what's the process there? How are
9 you doing that?

10 DEPUTY COMMISSIONER HYLTON: We have a
11 system of record called CARES and so once again as a
12 reference, our colleagues in Policy and Planning run
13 the data for us based on the information that's in
14 our system of record.

15 CHAIRPERSON LEVIN: Okay, and it--it will
16 trigger will trigger these criteria? These are sort
17 of--they're not--they're easy enough to assess that
18 there's--there's already that data available for
19 those families?

20 DEPUTY COMMISSIONER HYLTON: Correct.
21 So when I reference the bi-weekly refresh, the data
22 that we're looking at for families that are currently
23 in shelter.

24 CHAIRPERSON LEVIN: And then you go back
25 and you're reassessing that from time to time. I

mean you're going back and kind of-- If a family at one point in time does not meet three out of the six criteria, but may fall into one--one or more criteria that they're able to be captured in a subsequent assessment?

DEPUTY COMMISSIONER HYLTON: That is correct?

CHAIRPERSON LEVIN: Okay, and so then-- and then who--who then ultimately is responsible for making--for deciding who's high risk? Who ultimately has that responsibility?

DEPUTY COMMISSIONER HYLTON: It's actually the data has that responsibility to be quite honest. So when we refresh the data, we're still applying that overlay of the three out of six criteria. And so it's all families actually that meet that threshold that are being seen.

CHAIRPERSON LEVIN: I see. And then can you speak a little bit about then what the process is for families coming into the shelter system through PATH.

JUDGE JODY ADAMS: Well, it's one of the focuses of our internal view is to try to enhance the--

CHAIRPERSON LEVIN: I'm sorry. Can you speak a little bit closer into the microphone?

JUDGE JODY ADAMS: Oh, no.

CHAIRPERSON LEVIN: That's okay. That's okay. You didn't break it. That's fine.

JUDGE JODY ADAMS: You're saving money on equipment I guess. Okay. Can you hear me now?

CHAIRPERSON LEVIN: Yes, better.

JUDGE JODY ADAMS: Okay, we are revisiting the information gathering process at PATH, and we are trying to get richer information both through the enhanced ACS presence, enhanced domestic violence information and enhanced criminal justice information. And family demographic information. So we are setting out to redesign our intake process at the same time that we are looking to decentralize. Because as you know now, any family seeking shelter, anywhere in the city has to come the PATH Center on 151st Street in the Bronx even if you live in Far Rockaway. So we are beginning the process of decentralization. And hope by the spring to have an office located in East New York that will also I think broaden the initial information gathering process.

2 CHAIRPERSON LEVIN: So when a family then
3 going into PATH or a new intake center, is found to
4 meet the criteria of high risk, they are then paired
5 with a social worker at the outset and directed into
6 a Tier II. Or what's the--can you tell us a little
7 bit about it. I don't know. Has then been--has this
8 portion of it been implemented yet or is it in the
9 works?

10 JUDGE JODY ADAMS: Yeah.

11 CHAIRPERSON LEVIN: Okay. But the plan
12 would be then--because there are obviously going to
13 be families that come into the shelter system need
14 these--

15 JUDGE JODY ADAMS: [interposing] Right.

16 CHAIRPERSON LEVIN: --these criteria at
17 the outset. Obviously, the earlier the intervention
18 the better the outcomes for the children.

19 DEPUTY COMMISSIONER HYLTON: So, if I
20 can just actually give an example that I think speaks
21 to your question. So we had an instance in which ACS
22 referred a father with a two-year-old child to
23 shelter, and obviously, there was concern. We have a
24 single father with a three-day-old. And so--

CHAIRPERSON LEVIN: A two-year-old or a three-day-old?

DEPUTY COMMISSIONER HYLTON: A three-day, a three-day old. Sorry.

CHAIRPERSON LEVIN: A three-day old?

DEPUTY COMMISSIONER HYLTON: Yes. The child is three days old, and so what we--what we did in that instance is we quickly partnered with ACS to gather additional information about the family that was coming to PATH. We quickly alerted the PATH family intake staff that this father would be arriving. And we then assigned a social worker from the Safety First Team to visit that father. So this was a Friday that this occurred. The social worker was deployed on Saturday, and then finally made connection with the provider as well as with the father on Sunday. And did a really thorough assessment to make sure that this new father had a full awareness in terms of his infant's needs. And so, that is an example in which, you know, we were able to quickly partner with ACS, and then deploy this new social worker, this Safety First Team social worker as part of this initiative.

2 CHAIRPERSON LEVIN: We've been joined by
3 Council Member Fernando Cabrera, a member of the
4 Committee. Council Member Cabrera, do you have any
5 questions?

6 COUNCIL MEMBER CABRERA: [off mic] I do.
7 [on mic] Thank you so much, Mr. Chair. Welcome. I
8 just have two quick questions. One is there was an
9 incident that took place a few months ago that
10 actually I remember it hit the news, that a family--
11 Help me understand the process. There was a family--
12 there were certain families that came I believe from
13 Brooklyn, and some of them came from Puerto Rico, if
14 I understand. And then there were children involved
15 in this family. And then they went through the
16 process-- It's like a two-week process to where they
17 assess to see if they are homeless, and then I think
18 that the assessment that came from your agency was
19 that there were some families that were willing to
20 help out. Here's my question. Sometimes-- And I
21 would like to know what was the final outcome of
22 these families. But sometimes is it possible then
23 when your social worker or case worker or whoever is
24 calling this family, also our external families, or
25 whoever could possibly post them. Is there the

factor of that family shame or embarrassment that, you know, nobody wants to say, No, I'm not really into hosting. Yeah, they can stay here but then they go back and the family says, No I don't want you here. You know, I already told you not to come here. And I don't know why these people are calling over here, and, you know, why you're letting my business out. What do you do in situations like that?

JUDGE JODY ADAMS: Correct. Council Member I'll explain the intake process and eligibility process because we are required, as you know, by law to provide shelter to anybody who seeks it. But for families there's an eligibility determination. So if a family arrives on Friday afternoon at PATH and applies for shelter, that family will be placed on a conditional placement for ten days. And during that ten-day period, the two criteria of eligibility are applied. One is cooperation with inquiry, providing birth certificates, documentation of prior residents for the past two years. But also, they have to establish a need for temporary shelter by showing that there is no other reasonable housing option. And we have investigators, personnel who visit family members

that they may have stayed with before, friends that they may have stayed with before. And if it's an out-of-country prior residence, there's telephone hookup that's set up with say a maternal grandmother in another country. And our investigators make a determination as to whether or not this family can go back to that other housing option. I don't know what the outcome was in the case that you're referring to. If you give us the name, we will absolutely look it up, and find out. But that is the eligibility process. And sometimes there is unquestionably a difficult family dynamic if the grandmother has been housing her daughter, and the daughter's three children and it's become too much. And the overcrowding has become too much, and then the daughter applies for shelter with her children at PATH. And the grandmother is ambivalent sometimes about taking them back for-- You know, she may not have the space, et cetera. So it's a--it's often a delicate negotiation and complicated negotiation.

COUNCIL MEMBER CABRERA: [interposing] So do--

2 JUDGE JODY ADAMS: That's the process.
3 So it's a ten-day conditional placement while those
4 other eligibility criteria are investigated.

5 COUNCIL MEMBER CABRERA: And thank you so
6 much for explaining and giving clarity to the
7 process. But what do you do if the family has come
8 in through PATH, says, you know, they won't take me,
9 but the other family-- How do you determine veracity
10 here? Who is telling the truth, and yet the other
11 family possibly could be saying to the investigators,
12 yeah, you know, they can come, but in reality,
13 they're closing the door. How do you--how do you
14 assess that.

15 JUDGE JODY ADAMS: It's very hard.
16 [laughs].

17 COUNCIL MEMBER CABRERA: Okay.

18 JUDGE JODY ADAMS: That's the best I can
19 say. You make credibility determinations. You talk
20 to as many people as you can, and there's a window.
21 There's a 10-day window. So you're not, you know, in
22 15 minutes having to make a decision. But it's a--
23 it's authority that we wrestle with.

24 COUNCIL MEMBER CABRERA: Have you ever
25 seen families that actually you could go back to that

family. They went back, the doors were closed, and they came back to you and said, Look, I went back. And then what happens at that moment?

JUDGE JODY ADAMS: Then if, in fact, that was not a reasonable housing option, and there is no other place for the family to go, they would be found eligible for shelter and placed in a shelter.

COUNCIL MEMBER CABRERA: Okay, and I don't know if this question got answered. How many social workers--license social workers you hired? I see you're hiring 33. Is this--that's in addition to--these are brand spanking new, but you had licensed social workers before?

DEPUTY COMMISSIONER HYLTON: So the social workers that we hired on recently those are new staff, a new headcount to the agency. We would have to get you the number of licensed social workers that were already with DHS.

COUNCIL MEMBER CABRERA: And do you have a ratio of--or what's the max? What's the capacity? You know, what's the maximum amount of the cases they're allowed to see, and do you happen to know if there is criteria or if there a maximum amount of cases that they are allowed to see?

DEPUTY COMMISSIONER HYLTON: So the question is with regards the social workers and caseloads for social workers?

COUNCIL MEMBER CABRERA: Yes.

DEPUTY COMMISSIONER HYLTON: I would need to speak with our Personnel Department about that.

COUNCIL MEMBER CABRERA: Okay. Thank you so much.

DEPUTY COMMISSIONER HYLTON: Okay.

COUNCIL MEMBER CABRERA: Thank you, Mr. Chairman.

CHAIRPERSON LEVIN: Thank you, Council Member Cabrera. Okay, I want to go back a little bit to the meat and potatoes of this. So in terms of the fiscal impact of this initiative, how much is it costing in FY15, and what's it going to cost in the out years? And then how is that budgeted? Is it baseline funding? Is it kind of discretionary in DHS' budget? Can you talk a little bit to that?

DEPUTY COMMISSIONER HYLTON: Sure. So the staff that were brought on are part-time staff, per diem staff. And so those were staff that we were

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2 able to do a request immediately through OMB. It is
3 not at this time baselined into the new fiscal year.

4 CHAIRPERSON LEVIN: Okay.

5 DEPUTY COMMISSIONER HYLTON: We were--
6 it was really positioned as an initiative, a pilot.
7 Our interest is obviously to have this pilot
8 continue. But at this time we are working to secure
9 additional funding.

10 CHAIRPERSON LEVIN: And what's it costing
11 in FY15 as a pilot?

12 [background conversation]

13 CHAIRPERSON LEVIN: I didn't mean to
14 stump you. I just, you know, we could talk. I mean
15 if you don't have it now we can--

16 DEPUTY COMMISSIONER HYLTON: We could
17 probably get back to you with this.

18 JUDGE JODY ADAMS: We're going to have to
19 get back to you with this.

20 CHAIRPERSON LEVIN: Okay. So we can talk
21 about it in the preliminary budget hearing as well.
22 But obviously I think it's in everybody's interest
23 particularly the families--

24 JUDGE JODY ADAMS: [interposing] We'll
25 get it to you.

2 COUNCIL MEMBER --to continue the
3 funding after July 1st, right? So, it's using the
4 existing city tax levy funding? That would be
5 something else that we would want to know.

6 DEPUTY COMMISSIONER HYLTON: That is
7 correct. It is.

8 CHAIRPERSON LEVIN: Okay. Going back to
9 the families themselves, if a family refuses to work
10 with the social worker, what is the process if that
11 happens? Are they found to be out of compliance with
12 their ILP or how does that-- Is this part of their
13 ILP or is--?

14 DEPUTY COMMISSIONER HYLTON: It's not
15 something that would be considered as part of their
16 ILP. But what we--what we would do is we would
17 actually engage the contracted provider to assist.
18 And, in fact, we initially had an instance in which a
19 family refused initially to work with the social
20 worker. And what we did in that instance is we
21 quickly engaged the social services staff through the
22 provider agency. Because there was that pre-existing
23 relationship between the family and the social
24 services staff, we were able to leverage that
25 relationship to then allow the social worker into the

unit to actually to meet with the family and to complete the assessment.

CHAIRPERSON LEVIN: Is there a--is there a potential for the family to be removed from shelter or be moved out of shelter if they--if they continue to refuse? What if the family says absolutely not?

JUDGE JODY ADAMS: We are loathe to do that.

CHAIRPERSON LEVIN: Okay.

JUDGE JODY ADAMS:

JUDGE JODY ADAMS: And one of the interesting tensions in the child and family shelter system is that any kind of a sanction or removal of a parent affects the children. So if there is persistent non-cooperation or behavior that could lead to a managerial desire to remove the adult, her children are still there. So it's a--it's a discontinuing shelter is the last possible, possible resort in the Children and Family setting.

Generally, the way we try to deal with is just focus more on the family. Have more frequent ILP meetings. Have group meetings. Often if there's a repeated ILP non-compliance, we'll bring the client to 33B to meet with the program analyst, the program administrator,

and to impress upon her the importance of cooperation, and we stay on with the family. That tends to be the way that we do it. Discontinuing shelter is very hard to do with children.

DEPUTY COMMISSIONER HYLTON:

[interposing] If I can also--

CHAIRPERSON LEVIN: Just from a technical perspective I mean is it grounds--is non-compliance with the service grounds for removal from the shelter?

JUDGE JODY ADAMS: Not with the social worker, but ILP again we are a creature of the State. We are subject to State regulations, and when TDA sets out grounds for notice --

CHAIRPERSON LEVIN: [interposing] Right.

JUDGE JODY ADAMS: --of possible removal and not non-compliance with ILP is one of them. But we are loathe to put a family out because of that non-compliance.

DEPUTY COMMISSIONER HYLTON: If I could add. If the non-compliance speaks to safety, we would then-- And it would be a matter of the social services provider would call in a report to the State Central Register, and that would be a case that would

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2 be reported to ACS. And so, potentially there would
3 be ACS involvement to really then bring services and
4 efforts to bear.

5 CHAIRPERSON LEVIN: The instance that you
6 spoke of before where the social services provider,
7 the shelter provider was brought in to assist was
8 that in Tier II facility, or was that--or do you
9 recall?

10 DEPUTY COMMISSIONER HYLTON: It was a
11 Tier II.

12 CHAIRPERSON LEVIN: It was a Tier II. Do
13 you think that that would have been more difficult in
14 a cluster or hotel setting?

15 JUDGE JODY ADAMS: I don't think so
16 necessarily because the providers are--

17 SERGEANT-A-ARMS: Quiet please.

18 JUDGE JODY ADAMS: Well, initially, this
19 thing is self-effacing. I don't think it would have
20 necessarily been more difficult because we would have
21 made an appointment, appeared in the unit with the
22 provider, case manager with our program analyst. And
23 we would have had the same--

24 CHAIRPERSON LEVIN: [interposing] Yeah.

25

2 JUDGE JODY ADAMS: --I think the same
3 process.

4 CHAIRPERSON LEVIN: Okay. Okay, fair
5 enough. With--you described the initial meeting
6 with--between the social worker and the family. What
7 is the process for subsequent interactions? Is there
8 a set timeframe where they're meeting on a bi-weekly
9 basis or more frequent than that, and what then do
10 the subsequent interactions entail?

11 DEPUTY COMMISSIONER HYLTON: That's
12 really dependent. It's really case-by-case and
13 dependent on the needs that are identified. But in
14 most instances, it is really point in time. And so
15 there is-- So once again we have to be mindful of
16 the number of staff that are brought on, and the want
17 to reach as many families as possible. And so the
18 way in which it currently works is that a social
19 worker is assigned to visit with a family to do the
20 assessment. To really to bring intervention to the
21 family. To provide a referral, to report back to DHS
22 around the interaction as well as to report to the
23 social services provider, the contracted provider as
24 to that intervention and direction for follow-up. If
25

there is a need for additional services, it's really to be brought by the contracted provider.

CHAIRPERSON LEVIN: Okay. Are there any specific plans to work with families that are homeless due to domestic violence? So both within the DHS system and the HRA system because there are obviously a number of families that are very high-- high need and have serious risk factors in the HRA system.

JUDGE JODY ADAMS: I think you know the HRA Domestic Violence shelters are also having a capacity problem.

CHAIRPERSON LEVIN: Yes.

JUDGE JODY ADAMS: And we house a number of survivors of domestic violence in the Link 3 program. One of the subsidies to Link 3 is aimed specifically at families who have survived domestic violence.

CHAIRPERSON LEVIN: But these--these social workers can they--are they-- Say a family is identified as meeting three or more criteria and are determined to be high risk. That family is in HRA-HPD shelter. Does DHS'-- Your social workers can they go into an HRA shelter?

2 DEPUTY COMMISSIONER HYLTON: So, so
3 these are families that are actually-- So we're
4 employing social workers to our--our shelter system.

5 CHAIRPERSON LEVIN: [interposing] Uh-huh.

6 DEPUTY COMMISSIONER HYLTON: So this is
7 families with children. So a DHS oversight systems.
8 So those are--those are the families that we're
9 currently see, not HRA shelters.

10 CHAIRPERSON LEVIN: So if you when you're
11 running--if you're running this data set, right, and
12 a family comes up that they're--if they're identified
13 as high risk, right, according to that data. And they
14 are in an HRA shelter, what then is the process to
15 work with that family?

16 DEPUTY COMMISSIONER HYLTON: So the
17 data set wouldn't include HRA shelters. It's
18 actually--it's DHS' system or record.

19 CHAIRPERSON LEVIN: Oh, so it's not
20 because there's the-- It's my understand that there
21 is-- I thought you were using the CARES system to do
22 that, and shouldn't that be--

23 DEPUTY COMMISSIONER HYLTON:
24 [interposing] So we're just--
25

CHAIRPERSON LEVIN: --across the agencies
as part of the--

DEPUTY COMMISSIONER HYLTON: --running
the data as it relates to DHS. So DHS shelters. Not
HRA shelters.

CHAIRPERSON LEVIN: Okay. Might it not
make sense to include families in the HRA shelter
system because, you know, in that instance, obviously
they're--they're already meeting a criteria to begin
with by being survivors of domestic violence.

JUDGE JODY ADAMS: They are, but Council
Member, as I understand it, they're separate systems.
Whether they should be or not is a different
question. But--

CHAIRPERSON LEVIN: [interposing] Uh-
huh.

JUDGE JODY ADAMS: --I don't think that
the HRA shelter families data goes into CARES.

CHAIRPERSON LEVIN: Oh.

JUDGE JODY ADAMS: It's just DHS.

CHAIRPERSON LEVIN: Okay. I thought that
there was an interagency. That they were able to
share information possibly.

JUDGE JODY ADAMS: Someday we might take a look at that. It's a good idea, but for now we-- it--it was only DHS and CARES.

CHAIRPERSON LEVIN: I thought that being--that they're all part of the same social services jurisdiction under--

JUDGE JODY ADAMS: [interposing] We are but I think the--

CHAIRPERSON LEVIN: --under state law.

JUDGE JODY ADAMS: --the data collection entities are distinct.

CHAIRPERSON LEVIN: Okay. We should look at that--

JUDGE JODY ADAMS: [interposing] It's a good idea.

CHAIRPERSON LEVIN: --because we don't want any--any families that are--

JACLYN MCKNIGHT: [interposing] That you miss, right.

CHAIRPERSON LEVIN: Right, exactly. In terms of evaluation of the program itself, is there an internal evaluation system that's been set up as part of the pilot? Is there--and you speak to what that is?

DEPUTY COMMISSIONER HYLTON: Sure. As I mentioned before so it's--it's been quite interesting. So we started with a paper tool. We were able to automate that paper tool so that social workers could actually use Tablets while they're actually in the field and the families units having the interaction completing the assessment. We were then able to upload data that is actually in the automated tool, and we are having our colleagues at Policy and Planning run the data for us. It's rather rich the data that we're seeing. And so, there are fields that speak to the narrative, the information that's collected from the families during the interview. But there are data elements that speak to specific items that we are looking at. And so, there is an internal analysis that's currently taking place that will help us strengthen the assessment process. We have also used the form of group supervision with the social workers to really hear from them what they're experiencing as they engage and interact with families, and when they're in communities. And so their feedback is also informing how we're going to strengthen the pilot moving forward.

CHAIRPERSON LEVIN: Okay. I want to ask about specifically the families like the two children that were killed last fall. Would--in reviewing their circumstances with those children and their families, would they have showed up on--as meeting the criteria to be high risk?

JUDGE JODY ADAMS: They would have yes.

CHAIRPERSON LEVIN: The would have?

DEPUTY COMMISSIONER HYLTON: Yes.

CHAIRPERSON LEVIN: Okay. And you had started this effort prior to those incidents correct?

JUDGE JODY ADAMS: No, it was subsequent to the--

CHAIRPERSON LEVIN: [interposing]
Subsequent. Okay.

JUDGE JODY ADAMS: --deaths.

CHAIRPERSON LEVIN: And which criteria would they have had then?

JUDGE JODY ADAMS: Oh, let's see. I think they were-- Well, the first child was a young mother with a young child. The other family had an eight--a child welfare history with multiple children, medical issues.

2 DEPUTY COMMISSIONER HYLTON: And the
3 unrelated male in the household. So there were a
4 number. There would have been a number of hits, if
5 you will--

6 CHAIRPERSON LEVIN: [interposing] Yes.

7 DEPUTY COMMISSIONER HYLTON: --that
8 would have brought them to our attention using the
9 criteria.

10 CHAIRPERSON LEVIN: [clears throat]
11 When--when there is a concern about child safety,
12 actual immediate risk what would be then the process
13 if there's--if there's a determination or a fear on
14 the part of the social worker that there's immediate
15 risk to the health and safety of the child? What
16 would then be the process of involving an ACS, Child
17 Protective Services?

18 DEPUTY COMMISSIONER HYLTON: You would
19 make a--you would a report to ACS the way any other
20 citizens would an SCR report.

21 CHAIRPERSON LEVIN: Okay. So moving over
22 to ACS, obviously this is such an important part of
23 this picture, and I wanted to--I wanted to read a
24 quote and this is from the *Child Welfare Watch Report*
25 for that last month, and I'm going to ask you about

the recommendations that were in that report later.

And that kind of-- Honestly, the report speaks a lot to issues that I would like to cover in another hearing because it's a much broader set of--a more holistic set of recommendations. But this is a quote from Geniria Armstrong who's the Deputy Program Officer at Henry Settlement for Transitional and Supportive Housing. I know her and she's a phenomenal program officer. And she was speaking about--about the services that ACS can provide, and I want to ask about preventive services. She said, quote "There is no way frame that as a positive. Trust me. We've struggled. We tell the parents look at the resources here, but they're hearing quote 'bad mother.'"

And I think when--when I look at what we need to do for these kids, the first thing that comes to my mind is how do we access the programs that are already out there that we know work? That are evidence-based, that are funded, that have multiple funding streams, that are federally funded, state funded. How do we make sure that those families have access to those programs, to those services? How do we make sure that we are removing as many obstacles

as possible, as many hurdles, as many stigma? So that--so that those services can get to those families without having to get to the point where there's a call to SCR or that there's-- You know, that there's mandated services. So if you could speak first about what preventive services, and how that falls into ACS' mission. What the--what the budget is like for it, and then how we're doing as a city in terms of delivering those resources in a robust way as possible?

JACLYN MCKNIGHT: So with regard to the overall budget, I'm actually going to kind of have that presented at the preliminary budget meeting.

CHAIRPERSON LEVIN: [interposing] Fair enough. Yes.

JACLYN MCKNIGHT: I do want to share that we have just under 12,000 preventive slots that are available to families, of course, in New York City. And they range from anywhere from general preventive to more specialized programming, which includes the evidenced-based practice programs. We have intensive teen programs in that umbrella. We are able to also serve families who have special medical needs, including those who may be hearing impaired. We also

have programs that are specialized with regard to families that may have mental health and/or substance abuse as well. We also have a very small program that serves the youth that are trafficked also. There is also a very small program that is respite care as well, very small. These programs basically are to support families. They do not have to be accessed through an ACS referral. In other words, an active investigation. It does not have to be that type of referral. Quite honestly, we have done a lot of work to engage the community around primary prevention that they themselves actually-- A family member can actually walk in and ask for services. And we have also worked with our colleagues like the Department of Homeless Services as well as NYCHA. And we've done actual networking sessions where we've had an opportunity for 59 preventive providers to be in the room with some of their senior leadership to meet each other and build those relationships. So there have been opportunities there. We've also done forums with the Department of Education as well. So these again are services that support families. The evidence-based practice models, of course, are much more intense. They can be in the family. It's a

2 home and it's in-home services on a weekly basis.

3 These are trained social workers with a clear model

4 that they use--a clinical model that they're using to

5 serve the families.

6 CHAIRPERSON LEVIN: So, yeah, now just--
7 speak into the mic, please.

8 Sorry.

9 CHAIRPERSON LEVIN: And identify
10 yourself.

11 ANDREW WHITE: Deputy Commissioner for
12 Policy and Planning, Andrew White at ACS. More than
13 26,000 are in families in preventive services right
14 now.

15 CHAIRPERSON LEVIN: 26,000, but there are
16 13--I'm sorry. There are 13,000 slots?

17 ANDREW WHITE: Slots. So there's more
18 than one child in a family so--

19 CHAIRPERSON LEVIN: [interposing] Got
20 it.

21 ANDREW WHITE: So--but my point really is
22 that lots of people are using these services. There
23 is this concern about stigma that we all worry about
24 with ACS funded programs. One of the reasons
25 preventive services are run by non-profit

organizations, they don't necessarily have to engage the family by saying this is part of the Child Protection System. It's not--you know the idea is to help families--

CHAIRPERSON LEVIN: [interposing] Right. It's protective phrase. It's a preventive service. Exactly.

ANDREW WHITE: Some families do come to preventive services through Child Protection. That's, you know, more than--more than half. But the reality is we're trying to make this system so that it's broad so that it can reach all kinds of families. So that it can be tied in. In fact, with the Department of Health Services they're even lower--for lower risk families. A whole continuum in New York City needs to provide families that have mental health issues whether it's domestic violence or substance abuse issues. It's a way to get help. And a lot of the families in the shelters, you know above and beyond the 2,500 that DHS is talking about, many of those families are also-- Out of the 3,600 that we did the review of, many of those families are in preventive services already. So they have social

workers from non-profit organizations visiting them in shelter on a regular basis.

CHAIRPERSON LEVIN: A non-profit network of prevent providers--

ANDREW WHITE: [interposing] Uh-huh.

CHAIRPERSON LEVIN: --does that overlap at all with the network of DHS, Tier II providers or other types of shelter providers? Does it overlap in terms of the actual agencies?

JACLYN MCKNIGHT: There--there will be some overlap, and hopefully we as we continue to do the work, we'll be doing much more teamwork. And coming together, convening conferences, and having the stakeholders at the table and having those conversations.

CHAIRPERSON LEVIN: So for each family then, there is a--there is a--is there a--is there a mechanism in place then for each family that's of these 2,500 families who are identified? Where each family is then discussed between the two agencies that you say that there is a discretion that says--as you go through your array of services--that can be provided through preventive services? And you say, okay we've identified the family. They're not--

they're not currently receiving any ACS services. There's never been a referral to ACS, but they meet these criteria because, you know, whatever. There's a young mother. There's a child with a mental health concern, and a non-biological father living in the household. It meets three criteria. It does not have an ACS case. Is that family the subject of an interagency discussion specifically as you run through your menu to say that makes sense for that family. That doesn't make sense for that family. That does make sense for that family and so on and so forth.

JACLYN MCKNIGHT: So there could be an opportunity for that to occur. As Deputy Commissioner Hylton has said as they are actually are developing their program, it would be an opportunity for us to be at the table to have those conversations? Also, as we're able to enhance the services through the PATH or intake process, we'll also be able to be there, and be part of that decision-making earlier on as families are transitioning in it as well. So it would be an opportunity, and we have more staff to actually help with those connections.

2 CHAIRPERSON LEVIN: But it's not--we're
3 not currently there yet?

4 JACLYN MCKNIGHT: We have had individual
5 cases--

6 CHAIRPERSON LEVIN: [interposing] U-huh.

7 JACLYN MCKNIGHT: --over the last several
8 months where we've been able to partner and put
9 services in place as they have come up.

10 JUDGE JODY ADAMS: And we are on the
11 phone every other week. We have a bi-weekly at last
12 hour, hour and a half telephone conference call. And
13 that's an opportunity to bring up specific cases and
14 we do.

15 CHAIRPERSON LEVIN: Okay. So it's not
16 just--that's not just broad policy discussions. It's
17 a--you're talking about individual cases.

18 JUDGE JODY ADAMS: Very specific cases.

19 CHAIRPERSON LEVIN: Okay.

20 JACLYN MCKNIGHT: A specific population.
21 A specific population.

22 JUDGE JODY ADAMS: Uh-huh.

23 CHAIRPERSON LEVIN: Deputy Commissioner,
24 you brought up before the Nurse Family Partnership,
25 and that's something that I've advocated for

increased funding for-- My aunt was a doing that as an RN in New Jersey back in the '90s before it was called Nurse Family Partnership. And she speaks to the impact that it had on families and children. That's one of the reasons I started doing this in the first place. So it is a program I believe in. It's a model. I think it's fantastic. I think it could be expanded beyond the current confines of the program even. But, it has been the subject of a lack of funding. There's not--there's not enough funding to meet every family that qualifies now. How--how were you looking to--are you actively having discussions with DOH to talk about increased funding and targeting it to these families? That would be fabulous if we could get to--

JUDGE JODY ADAMS: Well, we are. This is I think Deputy Commissioner Hylton and I hold this one deep in our heart, and we are talking to DOHMH. We had an ongoing really from the prior administration, a Nurse Family Partnership presence in the shelters visiting women pregnant with their first baby.

CHAIRPERSON LEVIN: Right.

JUDGE JODY ADAMS: What we are hoping to do is expand that focus because the numbers of-- And we've run the numbers. There are 7,200 children in shelter from zero to three, and 1,800 babies were born in shelter last year. And the number of babies born in shelter has gone up by 300 every year for the past three years. So there is an obvious need to focus on this population. And we are hoping to be able to enhance it. It's a--an enormously vulnerable population.

CHAIRPERSON LEVIN: [interposing] Yeah.

JUDGE JODY ADAMS: And yet, the consequences of the--the life paths that they can be sent on are very, very significant. So we're really working very hard on it.

CHAIRPERSON LEVIN: So one thing that Senator Squadron from Brooklyn and Manhattan has advocated for is having social impact bonds.

JUDGE JODY ADAMS: Social impact--?

CHAIRPERSON LEVIN: Social impact bonds, which is simply working with the private sectors. They make an investment and the city is able to determine-- We've had conversations and meetings with OMB about this. He presented--he convened an

entire roundtable discussion about this late last year. And he's advocating for it in the State budget right now. They should--we should--we should really loop in--loop in the State at this point to start talking about that. And see if we can-- Council Member Johnson was here before. He's our Health Chair--

JUDGE JODY ADAMS: [interposing] Uh-huh.

CHAIRPERSON LEVIN: --and start to kind of have this conversation on the City level as well. This is--this is the type of investment that yields real savings, obviously. And not to mention the tremendous benefit to these children.

ANDREW WHITE: Yeah, I just want to chime in on that. You know, beyond Nurse Family Partnership is a whole range of different kinds of engines that are for different types of families with zero to three-year-olds. I mean one of the things--

CHAIRPERSON LEVIN: [interposing] Right. Can you speak--actually, can you speak to those?

ANDREW WHITE: Safe Care is something that's in Brooklyn right now, and that's available to shelter families and families in the general public,

but it's a home visiting, coaching, parenting, program.

CHAIRPERSON LEVIN: That's the one that CANBA [sic] is doing, is that right?

ANDREW WHITE: Exactly. And Child Welfare Watch talked about it as, you know, hoping to-- There's some talk about trying to root it in a shelter as well. But, you know, child-parent psychotherapy. We just got a bunch of new funding to do a whole range of programs for families with children zero to three. Not only those in shelter, but when you look at the numbers we found in that case review--I mean the data review last summer, the ACS involved families in shelter tend to be a lot younger. They tend to be a lot younger than the DHS population as a whole. So we're very concerned with those families. So we're trying to find different ways to get child-parent psychotherapy programs, Safe Care and other types of things to these families.

CHAIRPERSON LEVIN: How--how do we go about working on funding for that? Is there--are there private--is there foundation funding that's available? Is there--

2 ANDREW WHITE: There some foundation
3 funding. There's some City. You know, some
4 significant City funding and State and Federal
5 funding through Preventive Services that we can use
6 for that, but I think, you know, the social impact
7 bond idea has come up as well. It fits for a whole
8 slew of programs potentially?

9 CHAIRPERSON LEVIN: Right. We didn't
10 really get OMB to bite on that one, but we'll keep on
11 working on it. These are--but these are programs
12 that could be--could fit in with the other--into the
13 preventive services model. So they could go in
14 through that.

15 ANDREW WHITE: Some of them already are.
16 I mean we already do child-parent psychotherapy, and
17 Safe Care, and we just got funding to double the size
18 of those programs in Brooklyn and the South Bronx.

19 CHAIRPERSON LEVIN: Funding from the
20 City?

21 ANDREW WHITE: Yeah.

22 CHAIRPERSON LEVIN: Okay.

23 ANDREW WHITE: City tax dollars, which
24 are matched. The preventive system is matched with
25 63% by the State.

CHAIRPERSON LEVIN: Got it. Got it.

Well, that's--that's all very encouraging. I think that--I think that one thing that we would be looking to see as this pilot goes forward is if that matching up on-- You know, of those programs available to these families and then that kind of sustained-- You know, it--I guess my-- Who's--who's going to be in charge of ensuring that--that those programs are getting to the families? Is it the social worker? Is it the social services, the not-for-profit provider that runs the shelter program? Is it ACS or the preventive provider that has this array of services that they can tap into? Who is ultimately going to make sure that the family identified is matching with the services out there?

DEPUTY COMMISSIONER HYLTON: So I think that that's really sort of my responsibility is it's all hands on deck if anything. And it would have to be organized by both agencies in partnership. That we would carve out and create really sort of peer guidance for our providers particularly where there is rollout in terms of providers having contracts with both agencies. And so we would actually be working in consort to really create guidance for

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2 those providers about how best to bring services to
3 families. Particularly when families are actually
4 shared between both agencies.

5 CHAIRPERSON LEVIN: We've been joined,
6 and as I mentioned and was acknowledging earlier
7 Council Member Ritchie Torres of the Bronx. Council
8 Member Torres, do you have any questions to ask.

9 COUNCIL MEMBER TORRES: [off mic] A few,
10 yes. [sic]

11 CHAIRPERSON LEVIN: Thank you. Okay.

12 COUNCIL MEMBER TORRES: [off mic] Just a
13 second. [on mic] I guess for the Deputy
14 Commissioner of DHS how frequently do you inspect the
15 conditions of the shelters stock?

16 DEPUTY COMMISSIONER HYLTON: So, I mean
17 that's really--that depends. When you say
18 'inspection' are you talking about unit inspections?

19 COUNCIL MEMBER TORRES: The individual
20 units.

21 DEPUTY COMMISSIONER HYLTON: The
22 individual units. So the responsible partner
23 provider is to do weekly unit inspections.

24 COUNCIL MEMBER TORRES: On the partner of
25 the provider?

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2 DEPUTY COMMISSIONER HYLTON: Yes, the DHS
3 contracted providers.

4 COUNCIL MEMBER TORRES: Does DHS--are
5 there independent inspections in addition to the
6 providers?

7 DEPUTY COMMISSIONER HYLTON: We do. We,
8 in fact, as part of our monitory tools, we make our
9 annual visits with our providers.

10 COUNCIL MEMBER TORRES: Does--does HPD--I
11 mean HPD conducts, obviously conducts inspections of
12 the housing units. Does it have a role in the
13 inspection of shelter units or--?

14 DEPUTY COMMISSIONER HYLTON: So my
15 understanding of HPD's role in this is that they're
16 doing inspection of privately owned buildings. And
17 so it's not city owned in this instance.

18 COUNCIL MEMBER TORRES: Okay. Do you
19 keep record of the conditions that you inspect or--?

20 DEPUTY COMMISSIONER HYLTON: Yes. So
21 those would be captured via our monitoring tool.

22 COUNCIL MEMBER TORRES: Okay, and I
23 imagine the--the homeless youth that you're serving
24 are probably at the greatest risk of becoming
25

disconnected. So what intervention are you pursuing to closely monitor those youth and--?

DEPUTY COMMISSIONER HYLTON: So that-- those young people actually sit outside of the Family with Children system.

COUNCIL MEMBER TORRES: [interposing]
Yeah.

DEPUTY COMMISSIONER HYLTON: They--so my counterpart, Deputy Commissioner Jody Rudin they would be seen as part of the Single Adult or the Adult Family System. So, I wouldn't be able to answer that question, but I could follow up with--.

COUNCIL MEMBER TORRES: Would you?

DEPUTY COMMISSIONER HYLTON: Yes.

COUNCIL MEMBER TORRES: And just one more clarity on the difference between cluster sites and purpose-built sites. So, I know you've probably mentioned this question a number of times, but--

JUDGE JODY ADAMS: [interposing] Not at all.

COUNCIL MEMBER TORRES: But a clear delineation of the services provided on-site and--

JUDGE JODY ADAMS: A Tier II shelter is called Tier II because of the language in Regulate--

New York State Regulations, who govern our operations essentially, and monitor our procedures. So Tier II are purpose-built shelters. They're buildings that are only homeless shelters. They have in most cases child care, day care, after school, medical facilities, recreation spaces, outdoor play area. And social services on site with a provider having an office on site with a number of caseworkers in the building. A hotel is built to be a hotel, and it's been transformed into a homeless shelter. There are some hotels that we have in which there's a portion that's still a regular hotel, and portion that's a shelter. In those instances simply because of the physical plant, the services on site are less rich. There's generally not a day care or a medical facility. There's an office with a provider, but not as elaborate as in a Tier II. And then the clusters are partners. And either all of the apartment building is given over to homeless families, or it's a mix of rent paying tenants and homeless families. And in the clusters there's generally not on site-- It's an apartment building so there's no recreation area or medical clinic. And the providers tend to provide services to families in their central

2 offices. So the family generally has to leave the
3 cluster, and go to an office to meet with a case
4 manager to do the independent living plan, et cetera.
5 So that's broadly the difference.

6 COUNCIL MEMBER TORRES: That's see, the
7 hotel units, the cluster site units--

8 JUDGE JODY ADAMS: The clusters are
9 apartments; hotels are hotels; and Tier IIs are what
10 we call purpose-built shelters.

11 COUNCIL MEMBER TORRES: And all of that
12 is part of the shelter stock?

13 JUDGE JODY ADAMS: Right, that is--

14 COUNCIL MEMBER TORRES: [interposing]
15 What is the distribution? So what percentage is
16 purpose-built and what percentage is--?

17 JUDGE JODY ADAMS: A good ask.

18 COUNCIL MEMBER TORRES: Okay.

19 JUDGE JODY ADAMS: Okay. This is--
20 Actually, this is a very interesting number.
21 Children zero to three what the distribution is,
22 okay.

23 COUNCIL MEMBER TORRES: Okay.

24 JUDGE JODY ADAMS: Tier II-- the total--
25 All right. Children zero to three in Tier IIs 6,843.

2 Hotels, children zero to three, 1,904, and clusters
3 2,931. So we've been doing a good job of getting
4 them into Tier II's the most vulnerable, the most
5 vulnerable children being on the street.

6 COUNCIL MEMBER TORRES: You're doing a
7 fine and good job so what was it before? Do you have
8 numbers as to how many more people are in Tier II as
9 to--as opposed to--

10 JUDGE JODY ADAMS: Overall numbers?

11 COUNCIL MEMBER TORRES: Yeah.

12 JUDGE JODY ADAMS: I have to get back
13 with you. I don't have that in my head.

14 COUNCIL MEMBER TORRES: But I'm assuming
15 the ultimate goal is to put as many people into Tier
16 II as possible. Is that the--?

17 JUDGE JODY ADAMS: That is our goal.

18 COUNCIL MEMBER TORRES: Okay. That's the
19 extent of my questioning.

20 CHAIRPERSON LEVIN: Thank you, council
21 member. That would also require that those of us
22 that represent those communities be willing to take
23 Tier II shelters as well so.

24 COUNCIL MEMBER TORRES: I have plenty of
25 them. I'd be willing to take more actually.

2 CHAIRPERSON LEVIN: That wasn't aimed at-
3 -at you. It was aimed at somebody else.

4 COUNCIL MEMBER TORRES: [interposing] I
5 knew it wasn't.

6 CHAIRPERSON LEVIN: It was aimed at
7 somebody else from the broader accommodations. [sic]
8 Let's see. I wanted to--I wanted to go back to some
9 other further questionings. With ACS, I'd say a
10 great resource is our Early Childhood Education
11 system. Do you have numbers on the number of
12 children that are enrolled in Early Learn programs
13 for the living in the shelter system? That's a tough
14 one. I don't know if you have that, too.

15 JACLYN MCKNIGHT: So, yeah. So, Chair,
16 if it's--if it's okay with you, we'd like to have
17 Shari Gruber come up.

18 CHAIRPERSON LEVIN: Sure, of course.

19 JACLYN MCKNIGHT: Yeah, is the Early Care
20 and Education Executive Director for Policy and
21 Procedure.

22 CHAIRPERSON LEVIN: Great.

23 JACLYN MCKNIGHT: Uh-huh.

24 [pause]

SHARI GRUBER: Thank you. Good afternoon. We are currently working with DHS. We have a work group where we are currently reviewing the data. So we don't have final numbers right now, but we are looking to see how many children currently are already enrolled in our system and how many are unmatched. The grand total that we have found so far that are unmatched looks to be around 3,700, and that's the number that we are now working to break down to determine how many have already a cash assistance cash. How many are receiving preventive services, and trying to figure out what their eligibility will be for our Early Learn system.

CHAIRPERSON LEVIN: But the number of-- Do we have--do we have an accurate account of the number of children that are between the ages of two and four in the shelter system?

SHARI GRUBER: I don't--

CHAIRPERSON LEVIN: [interposing] From zero to three, right.

SHARI GRUBER: Yeah, zero to three is 7,200 system wide. Two to four I don't know actually.

2 CHAIRPERSON LEVIN: Just because those
3 would be the children that are--

4 SHARI GRUBER: [interposing] Right.

5 CHAIRPERSON LEVIN: --eligible for Early
6 Learn. And then so, can you describe the efforts
7 that are being made currently to ensure that more
8 children are enrolling in the Early Learn centers or
9 Early Learn programs?

10 SHARI GRUBER: Right. So we are working
11 to--looking at the data. We are also working
12 together doing an enrollment drive later this spring,
13 and we're doing a tremendous amount of outreach. We
14 have done webinars, and spoken to--directly ECE,
15 Early Care and Education staff directly to the DHS
16 workers--

17 CHAIRPERSON LEVIN: [interposing] Uh-huh.

18 SHARI GRUBER: --and the DOE liaisons to
19 the shelters for families who are in temporary
20 housing. And then, we have also had advocates for
21 children come and do training for the Early Learn
22 providers on the importance of engaging these
23 families in the Early Learn system. So we have
24 ongoing outreach efforts.

2 CHAIRPERSON LEVIN: How about--can you
3 describe the engagement with the DHS not-for-profit
4 providers that are running the Tier IIs and
5 clustering hotel programs?

6 SHARI GRUBER: Right. So we have done
7 some prior outreach--

8 CHAIRPERSON LEVIN: [interposing] Uh-huh.

9 SHARI GRUBER: --providing information,
10 the brochures to have in the facilities. We are
11 working also to find out the information being
12 provided on the frontline, and we are also gearing up
13 towards an enrollment drive this spring. So that we
14 will have the providers from the DHS system at the
15 table along with the Early Learn providers to engage
16 the families jointly.

17 CHAIRPERSON LEVIN: Okay. Specifically,
18 the high risk families that DHS is now engaging with,
19 with the social workers, is that something that they
20 are asking about? Are they asking about whether the
21 children are enrolled in an Early Childhood program?

22 DEPUTY COMMISSIONER HYLTON: They are
23 asking me that as part of their assessment. Yes.

24 CHAIRPERSON LEVIN: Okay, and if they're
25 being told that the child--the children are not, then

do they then affirmatively identify where they can go? I mean part of this is that it's great to have brochures, and it's great to say okay, you know, if you want this, call this number. The person takes the brochure. They may or may not call. There needs I think to be a little bit more hand-holding. You know, and maybe that the social workers is making that call. Calling the number and saying, I think this--

SHARI GRUBER: [interposing] Uh-huh.

CHAIRPERSON LEVIN: Because you have to identify the obvious things. You know the Early Learn center that are, or the centers that are closest to you, and so on and so forth.

SHARI GRUBER: We agree. One of the next steps that we are taking is to review the actual script of those front line workers to see how we need to provide additional supportive information to them in that script--

CHAIRPERSON LEVIN: [interposing] Uh-huh.

SHARI GRUBER: --so that they are providing that information. We are also working, our agencies with CIDI to do some mapping of the shelters and the under-enrolled Early Learn facilities.

2 CHAIRPERSON LEVIN: Right, right. And
3 then, is HRA part of those conversations? Because
4 there's this--

5 SHARI GRUBER: [interposing] We-- as we
6 bread down--

7 CHAIRPERSON LEVIN: --PA [sic], and it
8 needs to be part of this as well.

9 SHARI GRUBER: As we break down the
10 numbers and we see that--what the cash assistance
11 population looks like, we will then engaging HRA as
12 well. We know that it's crucial to have them since
13 so many of the families are going through cash
14 assistance system's door, and we've had some
15 discussion minimal so far, you know, about what we
16 can do to sort of reduce the amount of going back and
17 forth that these families do.

18 CHAIRPERSON LEVIN: Is enrollment in
19 child care, is that part of an ILP? Is that
20 addressed in an ILP? Is it--say a family meets the
21 criteria. The child is between two and four.
22 They're cash assistance eligible. Their child should
23 be in a child care setting. Is that--can that be
24 required as part of an ILP or not required but
25 strongly encouraged?

SHARI GRUBER: Yes, I think so.

CHAIRPERSON LEVIN: Okay. Thank you.

That's helpful. I think the more that we can strengthen that and that work it helps the Early Learn system. It helps the children. I think there's a mutual benefit. I think there's a logistical challenge that just needs to be met. I mean I, you know, in having done what I do for a few years in doing constituency services sometimes you might just have to have somebody with them making the call over to the Early Learn. You know, saying-- talking to the director and saying, I'm going to link you up with this family. You guys are going to be friends. You know, possibly.

SHARI GRUBER: I will say we are also looking at our end about how we can do an expedited enrollment of these families.

CHAIRPERSON LEVIN: Great. Thank you.

And I think that HRA needs to be part of that conversation also. I want to go back, and we're wrapping up. I promise. Go back to the--the children that are not found to be in the high risk situation or circumstance, what are--what are we doing for that nine--that's 9,000 children in the

shelter system. Can you explain kind of how-- What are we looking to do to make sure that those children that are meeting perhaps two of the criteria, but not three or one. You know, what are we doing for them?

DEPUTY COMMISSIONER HYLTON: So, I mean as we--as I explained in my testimony, I mean there are a number of various services that are being offered to families in our shelter system. And so, in that instance, once again we do have a contracted provider. And part of their responsibility is to assess the social services needs of families and to connect them with services. And so, those services could range from educational services through the DOE liaison that's actually on-site at shelters. To then there's Family Partnership, as we referenced before to a whole host of community-based options that are available to families as well. So that is something that's being brought to the families' attention, and the families are being lined and connected to the services by way of the provider.

JUDGE JODY ADAMS: And there's another thing that Deputy Commissioner Hylton and I aspire to that is in early stages, and we're looking to house it somewhere at DHS, which is an arts--a children's

arts initiative for children in shelter. The Deputy Commissioner and I have met with about six or seven organizations that want very much to work with children in shelters. So we're trying to figure out how to house it at DHS.

CHAIRPERSON LEVIN: And that would be funded with multiple services funding has that? How do you aim to do that?

JUDGE JODY ADAMS: We don't know.

[laughs]

CHAIRPERSON LEVIN: So, okay, so actually that leads to another-- I have a piece of legislation that you might be interested in that I'm working on for a citywide cultural plan.

DEPUTY COMMISSIONER HYLTON: Oh, okay.

CHAIRPERSON LEVIN: And one of the things that we're calling for in that legislation is that every agency had a plan to incorporate cultural resources. So are you guys talking to DCLA o this, or is this something that's kind of new?

DEPUTY COMMISSIONER HYLTON: Well, so I mean I'm not sure if you're familiar with it. So Carnegie Hall. There's work that's--

CHAIRPERSON LEVIN: [interposing] Right.

2 DEPUTY COMMISSIONER HYLTON: --actually
3 been happening with DHS in Carnegie Hall.

4 CHAIRPERSON LEVIN: [interposing] Okay.

5 DEPUTY COMMISSIONER HYLTON: There is a
6 whole host of programs--

7 CHAIRPERSON LEVIN: [interposing] Yes.

8 DEPUTY COMMISSIONER HYLTON: --that were
9 actually brought to bear to families from concerts
10 and arts activities.

11 CHAIRPERSON LEVIN: That's phenomenal
12 what they've Carnegie Hall has been doing is just
13 really great.

14 DEPUTY COMMISSIONER HYLTON: There is
15 Rudolph the Red Nosed Reindeer event during the
16 holiday season--

17 CHAIRPERSON LEVIN: [interposing] Uh-huh.

18 DEPUTY COMMISSIONER HYLTON: --with our
19 families--

20 CHAIRPERSON LEVIN: [interposing] Yeah.

21 DEPUTY COMMISSIONER HYLTON: --at Carnegie
22 Hall, and so there is that work. And so the
23 relationship has really bridged through DCLA

CHAIRPERSON LEVIN: Anybody else doing it? Anybody else doing it? I know Carnegie Hall has been doing it.

JUDGE JODY ADAMS: I know because the Children's Museum of Manhattan received a grant actually--

CHAIRPERSON LEVIN: [interposing] Uh-huh.

JUDGE JODY ADAMS: --to create in four of our shelters both environments that are more beautiful and friendly to children. And classes, I think sessions for providers who work with the children, and the children themselves. So that's ongoing. Well, that's beginning now in four shelters. But they got a grant to do that.

CHAIRPERSON LEVIN: Right, and I think some of your Tier II providers could almost afford to do some of this on their own with the funding that they're able to raise on their own. I mean I know that some of them are able to-- Obviously, there a-- You know, kind of a wide variation in terms of what providers are able to raise. But there are some that are able to raise substantial funds, and this is something that they may be able to do on their own as well.

DEPUTY COMMISSIONER HYLTON: I was just going to add that there is also a library initiative that we're beginning in shelter as well where we actually have identified several shelters where we're actually going to work with scholastic. We're bring books to the table, and building out space to actually have libraries be on site. So, yes.

CHAIRPERSON LEVIN: That would be fabulous as well. So these are all things that we would love to--to work with you on, and I think that there's a great--a tremendous opportunity. I mean there's huge amounts of growth that can happen here. Okay, so I'm going to wrap it up. I wanted to--I wanted to ask to just get your responses, and whoever cares to answer. And these are kind of new, introducing some new ideas here, but-- And these are things that we want to follow up on in a subsequent hearing. But from the Child Welfare Watch Report from last month, they had a list of recommendations. So I'm going to read them to you, and your reaction, your initial reaction to these recommendations.

So, the first one, and this is actually something that's interesting because we didn't really talk too much about the Children's Cabinet, which you

know from the administration. But a lot of this obviously in terms of policies is under that, you know, jurisdiction. So the Children's Cabinet should implement a pilot program to define the nature and scope of serious emotional problems among parents with young children in homeless shelters as well as to screen caretakers and their children for histories of trauma. So, could you speak to that a little bit. I mean do you think that some of that is being covered right now as part of the social worker initiative? But is it really getting to some of the maybe histories of trauma or emotional problems that may be experienced by some of the parents?

DEPUTY COMMISSIONER HYLTON: I would say in brief that is an area that we could probably delve into deeper as part of the assessment that's taking place with families in shelter.

ANDREW WHITE: I would just add that there is kind of a funny twist to this, which is the Child Welfare Watch was my project for 20 years until about six months ago when I came to ACS. [laughter]

CHAIRPERSON LEVIN: So did you work on this report?

ANDREW WHITE: No, I didn't. Well, I helped raise money for it, but no way-- But the reality is that, you know, we had been doing a lot of work on early childhood trauma, and toxic stress and so on. And a lot of that work is happening now in government. I'm involved with that on the Children's Cabinet. The Department of Health is heavily involved with that. DHS and others are participating in it. I mean it is a major focus of this administration to address these issues that are affecting children zero to three. So I think that--I mean that's part of the genesis of the new money that's going into things like child-parent psychotherapy.

CHAIRPERSON LEVIN: Great. So, and we want to delve into this. This will kind of be the-- part of the meat and potatoes at our next hearing. The second recommendation is that DHS should provide funding and resources to train and support shelter staff in addressing the emotional and cognitive needs of young children. And this is a really important issue because I think that our partners are not-for-profit partners, are the ones that are on the front lines everyday with these children and these

families. They are there and they need more resources. They need better training. They need probably more funding for salaries and benefits, and things like that. But, what is it about really upping the efforts on training resources to our frontline staff and our social services providers?

DEPUTY COMMISSIONER HYLTON: Absolutely. So as part of the work-- So I've been in my role now at DHS for a little over four months? And one of the--one of the items that we identified, that I identified with my staff very early on is the need for training. And it's interesting because when I meet with my staff, I kind of liken it-- I liken it to working out at the gym. You really need to first work on your core. And so the emphasis initially has actually been on bringing training to the internal staff, the DHS staff. But as part of that work, we realized that we also need to make those resources and trainings available to our contracted providers as well. And so, there is a robust effort that we are launching. One of the things that we'd like to do is begin is focus groups to talk with our providers about what their needs are.

CHAIRPERSON LEVIN: [interposing] Uh-huh.

DEPUTY COMMISSIONER HYLTON: We don't really want to sort of want to sort of create this in vacuum. We want to be very targeted in the--in the work that we will do with providers. And so, those are focus groups that will occur. But we also want to bring those focus groups to our families and parents so we can hear from them what they think the social services should look like, and our providers should be trained around. So there is an interest obviously from our part to training providers, and to bring greater resources to them.

CHAIRPERSON LEVIN: Great, great. I think that's something that we can certainly-- We would like to be working with you guys on as well because I mean this all going to-- It's something is going to require greater resources, more funding I believe, and we want to make sure that it's a priority both from the Administration's side and the Council's side. And as we go through our budget, I mean this is something that we would like to partner with you guys on.

JUDGE JODY ADAMS: And can I just build on something that the Deputy Commissioner mentioned adding families as part of focus groups in

determining what the training should look like and include. I think one thing that we have done in our administration is an attempt to bring in families as part of the deliberative process. We've worked with the Children's Welfare Organizing Project. We've pictured the homeless. [sic] We've met with them in talking about policies and procedures in the shelters. And I think training it's very important to make them a part of that effort.

CHAIRPERSON LEVIN: Yeah. Great. The next recommendation is-- There are three more recommendations. We'll get through them quickly and then we'll send you on your way. DHS should take low or no cost measures--we always like low or no cost measures--that ease the stresses of shelter life for homeless families and also shelter staff. So to elaborate that--on that further, it says, Restrictive shelter rules can add unnecessary stress to parents and children, undercut a parent's authority within the family. In some instances, for example, shelters deny children the opportunities to spend holidays with grandparents. Surely a happy medium can be found that protects children's safety, supports a parent's ability to

make decisions. For families it encourages healthy ties to families and communities. So, the recommendation is to kind of take a fresh look at some of the rules and protocols.

JUDGE JODY ADAMS: [interposing] And we hope that we are. This is something that is--that we have noticed since we've come to DHS that there is a kind of social isolation that gets imposed on families, and particularly children in shelter because of some of these rules.

CHAIRPERSON LEVIN: Yeah.

JUDGE JODY ADAMS: So we are looking at that, and are aware that it needs to be revisited.

CHAIRPERSON LEVIN: That's great. That's great. The next recommendation is really kind of what we talked about throughout this hearing. So I'll just say it, but you don't need to respond to it. DHS and Children's Cabinet to ensure that families in homeless shelters have greater access to support services, encourage evidence-based parenting programs to develop and deliver services inside shelters. That's kind of been the subject of our hearing the whole time. So we don't necessarily need to address that.

1 The next one as well, actually. DHS
2
3 should provide intensive interventions for the
4 families most in need of them. Obviously, we've been
5 talking about that as well. And then the third one
6 is with Early Learn and other early childhood
7 programs. So I think that we've really addressed
8 those issues, but certainly a very interesting
9 report. We want to kind of delve into it further at
10 a subsequent hearing, but this sounds like both
11 agencies here have, you know, have the right focus.
12 This has been a very welcome tidbit [sic] from--to
13 the new administration's efforts to address these
14 issues. I realize that Rome wasn't built in a day,
15 and that these things do take time. And as long as,
16 you know, we see that the Administration is moving in
17 the right direction, you know, we certainly want to
18 work with you to ensure that we're achieving these
19 great results. But, were there areas that we can
20 really make these innovations, and I'm, you know,
21 looking at these new programs and Nurse Family
22 Partnership and increasing the interaction between
23 your two agencies, and looping in HRA where
24 appropriate and effective. I think that, you know,
25 these are all a lot of our goals. So I want to thank

this panel very much for your testimony today. And we look forward to working with you all in the future. Thank you.

JUDGE JODY ADAMS: Thank you very much.

DEPUTY COMMISSIONER HYLTON: Thank you.

ANDREW WHITE: Thanks for doing this.

DEPUTY COMMISSIONER HYLTON: Thank you.

CHAIRPERSON LEVIN: So our first panel of public testimony will be Alexis Henry from Citizen Committee for Children; Robyn Bitner from Advocates of Children of New York; and Dr. Sophie Charles from the Council for Family and Child Care Agencies.

[pause, background comments]

SERGEANT-A-ARMS: [off mic] Here today there are folks to make statement. [sic]

[gavel]

[background comments, pause]

CHAIRPERSON LEVIN: Hi, everybody. Thank you for your patience. So whoever wants to begin, feel free. And we don't have a lot of speakers. So we're not going to keep you on the clock. You can testify for as long as you want. Thanks. If you could turn on the mic. Flip the red light on. There you go.

DR. SOPHINE CHARLES: I'd like to begin.

I think the sequencing is good to follow my ACS colleagues. I am Dr. Sophine Charles, Director of Preventive Services, Policy and Practice at the Council for Family and Child Caring Agencies. And I'm testifying on behalf of my CEO, Jim Purcell at COFCCA. We are the primary statewide membership organization that represents child welfare agencies across the state, about 99% representation of all foster care agencies. About 85% representation of the preventive service agencies, and our agencies provide foster care, preventive services and juvenile justice. The whole spectrum of the child welfare continuum. And I would just like to thank the City Council on behalf of our thousands of children receiving services. And just to say that you were essentially responsible for restoring the preventive services in 2010, and also base lining working in collaboration with the Mayor's Office to baseline preventive services. Our agencies to children and families are especially appreciative of what you've done. And it's been working really well. The slot capacity, as you hear our ACS colleagues mention are providing some 26,000 children preventive services.

And currently, we have approximately 59 preventive service agencies that are providing preventive services across the city. And that's because of the work that you've done by getting those programs funded. And preventive services essentially is one of the most effective tools in protecting children and supporting families that are involved in the child welfare system. Families utilize preventive services for a wide variety of essential services such as helping to access resources for food, clothing, shelter, medical insurance, health insurance. And the housing subsidies that are connected to the ACS resources for families that are accessing subsidies through preventive services.

Our preventive agencies include some of our well known agencies such as Good Shepherd Services; Jewish Child Care Association; Harlem Dowling; Sheltering Arms; Sette Atu [sp?]; Puerto Rican Family Institute of American Families; Ohel; the Chinatown Y; the New York Foundling, and many other agencies. So these agencies are delivering the services, and they're very cost-effective preventive services. I won't get into how much you're saving, but the City is saving an incredible amount of money

for families that are accessing these services. And the primary function is to reduce the number of children that go into foster care. So it's a preventive measure to stabilize families, and keep children in the home.

I think it's important to note that many of these agencies play a significant role in the DHS/ACS collaborative by visiting families in DHS facilities, and accessing families and the children for safety. ACS really they have already provided some of the data, but I'd just like to reiterate it because it's really important. The 2014 ACS data caseworkers from preventive services assessed more than 3,600 children that are residing in DHS shelters from July 2014 through September 2014. And those reviews found that 64% of those families had at least one child under the age of five. Ninety percent had at least one indicated child welfare case. Thirty-one percent had substance abuse histories. Another 37% had mental health issues, and 25% had documented incidents of domestic violence.

The structure of the current preventive service system it's an excellent avenue for aiding families who are in the DHS system. And we think--we

think there's room for improvement certainly because of the regulatory oversight, and the contract governance that can sometimes create barriers for families to access services. And unintentionally create some consequences, unintended consequences that impact that agency's ability to provide quality services.

So since 2010, preventive service agencies have actually 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 families are untimely-- their preventive services are untimely disrupted when they are transferred from one borough to the next as a result of relocations in the various shelter tiers. For example, a family may sign for preventive services in Brooklyn, and while they are in the shelter, they may be transferred two months after beginning those services in Brooklyn. And the relocation of the shelter may be in the Bronx or Staten Island. So that's a part of the disruptive services that create hardships for the families, and for the agencies to continue providing service.

CHAIRPERSON LEVIN: So, just to focus on that point, is there a considering given to keeping them or a priority given to keeping them with the same social services provider? Or is the priority on making sure that they have social services for preventive services. The provision of that to be close to where they are? In other words, does it-- what's more important?

DR. SOPHIE CHARLES: So, I can't speak for DHS, and how they prioritize how families are relocated, but I can tell you that families are going to go with the relocation because that becomes the priority in order to maintain some shelter. So the priority does not necessarily from our perspective take precedent over the shelter relocation.

CHAIRPERSON LEVIN: Right, right, but the--but it's obviously a better service model to have them stay with the same case worker and the same agency if possible, right?

DR. SOPHIE CHARLES: Exactly. Especially since it really takes time to engage families and create a working trusting relationship.

CHAIRPERSON LEVIN: [interposing] Uh-huh.

DR. SOPHIE CHARLES: And once that is established and families are relocated, then there's a process where until they--that family receives a transfer to the new borough at another preventive service agency, the agency that has that family on its caseload must continue to try to provide services--

CHAIRPERSON LEVIN: [interposing] I'm getting it.

DR. SOPHIE CHARLES: --across the city--

CHAIRPERSON LEVIN: [interposing] Right.

DR. SOPHIE CHARLES: --and it can be difficult for the families as well trying to travel back to access the former services in the community that they've left.

CHAIRPERSON LEVIN: Right. I'm sure from--from your membership organization's perspectives, they want to keep that relationship going, too, right. I mean there's investment on the part of the case worker, social worker to maintain that relationship as well.

DR. SOPHIE CHARLES: That is correct. An incredible amount of work goes into developing these relationships, and it would certainly speed the

family's self-sufficiency process if they could remain with that agency until those services have been completed exhausted based on need.

CHAIRPERSON LEVIN: Yeah, exactly. You can go ahead with the rest of your testimony, please.

DR. SOPHIE CHARLES: So, you know, and I just gave you an example regarding how those untimely terminations occur, and there are some ways in which the business process could be streamlined and improve to make a swifter, smoother transfer. And there are also some impediments in terms of the governance-- governing contracts. Where agencies are currently under performance-based funding, which require provider to open up 25% of their contracted capacity in each quarter, or they lose 10% of the annual funding. And so, we think that that performance while it's important. And we certainly understand the agencies should be held accountable for performance, there's a rationale for having improved outcomes for children. But at the same time, the smaller community-based preventive agencies will experience the impact when they're not able to deliver those targets in a timely fashion. And there are many reasons as to why those targets may not be

met. And one example would be families may be reluctant to sign on for services when they know that ACS is involved. And so, that becomes a barrier to families accessing services even when they need those services. But because of fear that they may be targeted in some way by ACS, families are sometimes reluctant to sign on for services. And so, it's important to note that, as mentioned earlier, a number of the children, youth, and families are touched by preventive services through the full spectrum of the non-profit voluntary agencies providing those services including the DHS population. Preventive services are far-reaching, and, you know, on the last note I'd just like to mention that we work very closely with our colleagues at Children's Services, and we are particularly encouraged by Commissioner Carrion's focus and support of preventive services. It's a really very collaborative relationship that is paying off for families and children. And I just wanted to say thank you. We just wanted to go on record to say that preventive services is a system in place to help families in the shelter system recover, and come back to self-sufficiency.

CHAIRPERSON LEVIN: Thank you. And in preparing for this hearing, I think the thing that stuck out in my mind the most is how do we link with our preventive services networks through these efforts? Because we're happy that DHS is doing this. We're happy that they're increasing these efforts. They have social workers that are now dedicated to this. Do you--are you seeing your membership organizations-- Are they experiencing the collaboration from--from part of DHS? Are they--are you--are they seeing DHS reach out to them, and their wide array of services for the families that they're now working with? Is it too early to tell, or I mean this is something that I think is so essential to the success of this program.

DR. SOPHIE CHARLES: So, Children's Services they have done, I think, a really good job in trying to organize better collaboration with DHS staff, and more now than probably a year ago based on the various DHS/ACS initiatives. And keeping in mind that it's our agencies. When we say DHS/ACS initiative, we are talking about the preventive providers who are on the frontline--

CHAIRPERSON LEVIN: [interposing]

Absolutely.

DR. SOPHIE CHARLES: --and actually doing the work. And there are some ways that we can strengthen those relationships. And one way would certainly be to create a process where agencies' staff can have access to the families as they are in those shelters. There are some shelter that will not allow case workers from the provider community to access the shelters. And I can't identify exactly whether it's a Tier II or--

CHAIRPERSON LEVIN: [interposing] Right.

DR. SOPHIE CHARLES: --one of the other models, but there are some impediments.

CHAIRPERSON LEVIN: Because they're--I mean they're not allowing them because the--the provider that's running the shelter program doesn't-- doesn't want another provider accessing the families, or is it a DHS thing or--

DR. SOPHIE CHARLES: There are some limits, and I cannot attribute, you know, whether it's the--the DHS provider or DHS regulations. But there are restrictions on how preventive case workers can access the families inside the shelters.

CHAIRPERSON LEVIN: Okay. Well, that's certainly something that we need to be examining further then. Because we want to remove those hurdles as much as possible.

DR. SOPHIE CHARLES: Right.

CHAIRPERSON LEVIN: Well, thank you very much. One other question really quickly. Does your organization have representation on the Children's Cabinet?

DR. SOPHIE CHARLES: Yes, we do.

CHAIRPERSON LEVIN: Okay, thank you very much for your testimony. I look forward to working with you in the future.

DR. SOPHIE CHARLES: Thank you.

CHAIRPERSON LEVIN: Thanks.

ROBYN BITNER: Thank you for the opportunity to speak today. My name is Robyn Bitner, and I'm 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 had worked to ensure access to the best education New York can provide for all students especially students of color and students from low-

income backgrounds. In discussions of ways to protect children experiencing homelessness, Early Childhood Education is too often left out, but it shouldn't be. We know that these programs have a significant positive impact on children's lives, but few children need these programs more than children in temporary housing who are three times less likely than their peers to enroll in pre-school program.

Pre-school programs help mitigate the chronic stress and trauma that families in temporary housing may experience. These programs serve as a buffer by providing a safe, supportive environment where children can prepare for kindergarten and families can access needed support. In addition to providing an education, Head Start and Early Learn both offer services such as health and mental health counseling to families. While children attend pre-school, parents are also free to pursue work, educational training and housing. Together, 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 pre-school programs were 50%

less likely to experience maltreatment than children who were not enrolled. Currently, there are over 10,000 children under age five living our city's shelters. Thousands of these children are not enrolled.

Interagency collaboration between ACS and DHS is critical to ensuring these children's participation. To make a real impact, ACS and DHS needed to create a long-term plan to enroll all eligible children in pre-school programs. These agencies have already taken positive steps such as performing a data match to identify children who are not enrolled, conducting trainings for shelter staff, and encouraging Early Learn providers to reach out to local shelters. We recommend that the City identify a high level leader to set targets for increasing enrollment of children in temporary housing and measure the success of outreach efforts.

Additionally, DHS should ensure that all young children are screened for Early Learn eligibility during shelter intake that DHS and shelter staff provide information about Early Learn programs to parents at every opportunity. And that ACS and DHS encourage local Early Learn programs to make

presentations at shelters. Finally, ACS and DHS should make it easier for shelters to identify programs with open seats in their neighborhoods. We look forward to working with ACS, DHS and the City Council. Thank you for the opportunity to speak today, and I am happy to answer any questions.

CHAIRPERSON LEVIN: Thank you very much for your testimony. Are you being consulted or as-- when we were talking before with ACS they had efforts underway here. And I think that they have a significant amount of work to do to maximize their efficiency and make sure that we have as many children that are qualifying and in need of Early Childhood Education services matched up with the appropriate Early Learn setting. Are they working with you, or are you having conversations with them?

ROBYN BITNER: Yes, Advocates for Children has been working with both ACS, DHS, and the DOE to improve outreach efforts for children in temporary housing.

CHAIRPERSON LEVIN: Okay. So far how would you assess the efforts or the results so far?

ROBYN BITNER: So I think that the outreach last spring went well. But because the data

match hasn't been finalized, it's a little difficult to tell how many of the students that or families that were reached by the outreach last spring actually enrolled this year in Early Learn programs in particular.

CHAIRPERSON LEVIN: Uh-huh.

ROBYN BITNER: So once that data is finalized, I think we may have a better idea.

CHAIRPERSON LEVIN: Okay. It's really important. I agree. I think that this is something that they need to get right, and I think that-- As I said before to the Deputy Commissioner, I think that making sure that the--that the social services providers that are working with the families at the shelters or the preventive services providers that are working with the families that they have the information that they need at their fingertips. To make sure that that connection is made, because that's ultimately where it needs to go is that we need to make sure that these children are enrolled. That there is no reason in the world why if they're not-- If they're not enrolled currently and they have a slot available and they're eligible, there's no reason in the world why they shouldn't be

enrolled. So, thank you very much for your time.

Thank you.

ALEXIS HENRY: Good afternoon. My name is Alexis Henry, and I am the Policy Associate for Education and Early Education at Citizens Committee for Children. I am testifying on behalf of Stephanie Gendell, CCC's Associate Executive Director. CCC appreciates Chair Levin and the members of the General Welfare Committee's commitment to ensuring the safety and wellbeing of children in the shelter system. We know housing instability causes stress and trauma for families and children. It is, therefore, critical that we ensure the safety of the nearly 25,000 children in shelter. While the families and children entering the shelter system are facing stress and trauma, living in shelter and coming into contact with the City agencies and programs also presents opportunities for interventions that can stabilize and strengthen the families, and literally turn their lives around. It is critical that we seize the opportunity presented when a family is in shelter. In that spirit, CCC makes the following recommendations:

1. Invest in programs and services that prevent family homelessness;

2. Reduce and ultimately eliminate the use of cluster sites.

3. Provide more services on site. We suggest bringing back the on-site services that used to exist such as Health and Mental Health Services, child care, tutoring, and recreational activities for adults and children.

4. Place families with open preventive service cases in shelters via the Preventive Service program. 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. Preventive services programs are by their very nature located in the community where a family lives. When a family enters the shelter system, it is disruptive to be placed in a community far from their program.

5. Maintain the social workers reviewing the needs of high-risk families. CCC is pleased that DHS employed 33 social workers to review the cases of 2,500 high-risk families in shelter to determine what

support services the families might need. We urge DHS to baseline and maintain the social workers. In addition, the social workers 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 needs to be captured and used by the city.

6. Invest in targeted interventions for families. While the State's funding stream for preventive services currently requires opening up a case for individual families with a child at risk of entering foster care, the city could still choose to fund targeted interventions in shelters that would prevent child abuse and neglect before it occurred. We believe the city should work with ACS preventive programs, DHS shelter providers and other services providers to devote services for shelters, including parent coaching; fatherhood programs; domestic violence prevention programs; and counseling.

7. Work with HRA to make home visiting participation always count towards the public assistance requirement. New Jersey currently allows families to count the hours they participate in the 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. We believe a pilot program like this focusing on families in shelter with young children will be invaluable.

8. Finally, ensure the safety and wellbeing of children after they leave the shelter system.

Thank you for the opportunity to testify.

CHAIRPERSON LEVIN: Thank you. Thank you very much. These very helpful suggestions and I thank CCC for all of the great work in making sure that the positive solutions are on the table. And I look forward to working with you to see that these are implemented. And we will be working together closely in the near future.

ALEXIS HENRY: Thank.

CHAIRPERSON LEVIN: Thank you very much. Thank you to this panel.

[pause]

CHAIRPERSON LEVIN: The final panel is Sandra Collette from Child Welfare Organizing Project and Joyce McMillan from Child Welfare Organizing Project. I'm not sure if they're still here. From

CWOP? I think that they have--they've left for the day. So apologies to Child Welfare Organizing Project. We will I think at this time conclude the hearing. I want to thank everybody for your attendance today. We still have a lot of work to do. We're glad to see that the administration has renewed focus on this issue, and are taking concrete steps with the funding behind it to make an impact. But we need to make sure that there--that we're holding the Administration accountable. And that there's the most effective communication with the providers, and advocates so that we get this right. So, with that, we will adjourn this hearing.

[gavel]

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 March 4, 2015