Administration for Children's Services

The New York City Council,
Committee on General Welfare
December 14, 2016

"Oversight- Preventive Services at the Administration for Children's Services"

Testimony by
New York City Administration for Children's Services
Dr. Jacqueline Martin, Deputy Commissioner
Division of Preventive Services

Good afternoon, Chair Levin and members of the General Welfare Committee. I am Dr. Jacqueline Martin, Deputy Commissioner of the Division of Preventive Services (DPS) at the New York City Administration for Children's Services (ACS). With me today are Dr. Jacqueline McKnight, Executive Deputy Commissioner for Child Welfare Programs, and Jill Krauss, Deputy Commissioner of Communications and Community Affairs. Thank you for the opportunity to discuss preventive services in New York City and the legislation before the committee today.

New York City is one of the few jurisdictions in the country where families have access to a comprehensive, holistic, and fully-funded continuum of services and supports to strengthen families and prevent entry into foster care. ACS funds over 200 programs, delivered by 57 contracted providers that support families throughout the City. These services range from case management to high intensity evidence-based interventions for families with significant mental health or other challenges.

Although providing families supportive services has always been a priority for ACS, the agency continues to increase investments in preventive services in order to better serve children and families.

In my 30 years working in preventive services, I have seen firsthand how quality services can change the trajectory of a family in crisis. Since the start of my career as a case planner to overseeing the Division of Prevention Services at ACS, I have had the opportunity to serve families at different levels. From my experience, I have learned about the challenges of meeting the often complex needs of families. Our role in prevention is to help keep children safe by partnering with families. I have found that most families want the best for their children. I have also found that while compassion

and dedication are critical to this work, they are not enough. We also have to hold ourselves and our agencies accountable for delivering services that are high quality and have real impact.

This is not easy work. Our frontline ACS and provider staff work to support children and families in some of the most challenging situations, during what is often a very tumultuous time in a family's life. At every stage, preventive staff must constantly evaluate the safety and well-being of children and identify interventions that aim to stabilize and strengthen families, and reduce the risks of further child welfare involvement.

I would like to take this opportunity to share with you some of the work the Division of Prevention Services is doing in order to improve the range and quality of services being offered to children and families to better address their complex and evolving needs.

ACS Continuum of Preventive Services

The goal of preventive services is to help at-risk families develop skills to manage crises, maintain safety and stability within the home, and strengthen their ability to thrive within the community. Through our network of providers, ACS delivers preventive services that are child centered and family-focused, community-based, and culturally competent. This means that services must address the individual needs of the child and the needs of the family members residing with the child, while recognizing the socio-economic realities which impact their daily lives. Preventive services provided in

such a manner protect children and reduce the need for foster care placement by creating a community of care.

Each year, ACS investigates more than 55,000 reports of alleged child abuse or maltreatment from the State Central Register (SCR), approximately 36% of which are found to have some credible evidence of maltreatment. In cases where there is no imminent danger to the child that would warrant removal, but the family is in need of support, ACS may refer the family to preventive services to help the family address the concerns which led to the investigation and maintain the child's safety in the home.

Because we recognize that families are almost always the best resources children have in their lives, we are committed to supporting the whole family by providing services and supports that strengthen safety and stability of children within their homes. ACS' network of 57 community-based organizations across New York City offer some 13,000 child welfare preventive services slots that serve over 20,000 families citywide each year. Our contracted providers are located throughout the five boroughs and are fixtures in the communities they serve. These interventions that are designed to strengthen struggling families, address concerns that may lead to child maltreatment, prevent the need to remove children from their families, and support families when children return from foster care.

ACS' continuum of services include three main categories of preventive services:

1. prevention and treatment (which include general preventive, family treatment/rehabilitation (FT/R) services and Special Medical preventive services)
2. Evidence-Based Preventive services, and
3. Primary prevention, an area in which we are very excited top primary preventive

Funding for Preventive Services

The de Blasio administration has made substantial investments in child welfare, which also supports ACS's preventive services. ACS's budget for preventive services has increased substantially. In fiscal year 2013, our preventive budget was $222 million dollars per year. When the City's recent investments are fully funded in Fiscal Year 2019, our preventive services budget will be $279m, an increase of 13%. These funds allow ACS to undertake a significant expansion of our preventive services continuum. The overall number of preventive services slots that the City funds has increased from 12,458 in Fiscal Year 2013 to a projected 15,949 in Fiscal Year 2019, which, as we testified last spring, includes funding for 580 slots for trial discharge that can serve up to 1,000 families a year.

General Preventive and Treatment Programs

General Preventive, our largest service model, serves families with children between the ages of birth to 18 years, as well as young people between 18-21 years who were formerly in foster care. General Preventive services last a full year, and include case management, individual and family counseling, support groups for parents and youth, help in meeting children's developmental needs, referrals and help accessing benefits, education, prenatal care, substance abuse, mental health, and domestic violence counseling, as well as vocational services and early care and education services. Across the city, ACS funds 7,048 general preventive slots.

Family Treatment and Rehabilitation services (FT/R) are designed for higher-risk families and include treatment for substance abuse and mental illness. FT/R programs

offer clinical diagnostic teams comprised of licensed therapists, Credentialed Alcohol Substance Abuse Counselors (CASAC), case planners, psychologist consultants, psychiatric consultants and other providers who work with families to develop treatment plans.

ACS' Special Medical Prevention Program provides specialized services for families whose members suffer medical conditions and/or developmental disabilities. These services are tailored to families who have come to the attention of the child welfare system and either the child or an adult member of the family suffers from a chronic or terminal condition such as HIV, visual or hearing impairments, and other severe disabilities

Evidence Based Models

ACS has recently expanded its continuum of preventive services to include eleven Evidence-Based models, services that have been proven effective through documented rigorous scientific study. Evidence-Based Models (EBMs) require intensive staff training and they require clinical and case practice to adhere to strict fidelity standards. Three examples of these evidence-based programs and services include the following:

- **Child-Parent Psychotherapy (CPP)** is an attachment-focused clinical intervention for parents and children under five years of age who have experienced a traumatic event. During therapy, CPP clinicians focus on how the trauma histories impact the parent-child relationship and the child's development. CPP seeks to support and strengthen that relationship in order to restore the

child's sense of safety, attachment, and improve the child's functioning. As adapted for the child-welfare context, this clinical model also includes case management, with a focus on child safety and family stability.

- **SafeCare** is a structured home-based parent training program for lower-risk families with children under five years of age. Parents learn to improve home safety, to recognize and respond to symptoms of illness and injury, and to engage with their children in a positive, responsive way. SafeCare providers, called "Home Visitors," come to the family home on a weekly basis and train parents by first explaining and modeling the skills, and then having the parent practice and provide feedback.
- **Functional Family Therapy (FFT)** is an intervention for families with teenage children who are acting out at school, engaging in destructive behaviors or involved in the juvenile justice system. FFT is a home based intervention focused on both the factors leading to the youth's behavior.

Community and Primary Prevention

Using a public health approach for preventing child maltreatment, this year's budget allows us to expand our continuum of preventive services to include community and primary prevention services. The goal of these programs is to reach families before they come to the attention of the child welfare system.

Beacon Prevention Program

The Beacon Prevention Program is a school-based community program in locations throughout the five boroughs that is funded by ACS and administered by the NYC Department of Youth and Community Development (DYCD). There are currently 15 ACS Beacon sites across the city. The program serves families and children ages up to 18, as well as adults, and aims to prevent child welfare involvement through programming that is conducive to healthy development and socialization for at-risk families. All families receiving services through ACS' Beacon Prevention program have access to the same services as those offered through DYCD's Beacon programs, which serve lower-risk families.

Family Enrichment Centers Primary Prevention Demonstration Project

In Spring 2017, ACS will launch ACS' first primary preventive strategy, the Family Enrichment Centers (FEC), as a three-site demonstration project. The centers will provide a welcoming, supportive environment where parents and children can help develop and participate in free, accessible programming, classes, coaching and other activities designed to strengthen protective factors and promote family stability without having an open ACS case. Parents will play an active role in leadership and program design within the centers, with the goal of building capacity for neighbors to help neighbors, promoting communities' resilience and wellbeing over time. Proposals for the three sites were due on December 12th, and we are currently in the process of selecting providers. The centers are scheduled to open in Spring 2017 and will each serve approximately 1,000 families per year.

New Investments in Prevention

Group Attachment Based Intervention (GABI)

By next spring, ACS will also provide citywide access to trauma-informed, intensive attachment-focused therapy for the youngest children in our preventive system through Group Attachment Based Intervention (GABI) initiative. GABI will serve our hardest to reach families – parents and very young children (ages 0-3) who have experienced significant trauma, housing instability, mental illness, domestic violence, and other challenges. GABI will directly address the needs of these families by operating on a drop-in basis, and providing a group setting where parents can connect with others experiencing similar challenges. GABI seeks to improve children's social, emotional, and cognitive development, decrease their exposure to trauma and maltreatment, reduce parental stress, and boost parental social support and mental health. GABI will serve up to 680 families that are currently enrolled in General Preventive and FT-R programs at 7 sites across the city.

Monitoring Preventive Providers

ACS holds our contracted preventive providers to rigorous accountability standards through various review processes. Each month, ACS' Division of Policy, Planning & Measurement (PPM) reviews safety-related data for each preventive program and performs a safety check with provider staff. ACS collects case data from providers to verify that all children and families receiving preventive services are being visited and seen regularly. For any case where it is determined that insufficient visits occurred during the previous month, provider staff are required to respond with

documentation of the actions they have since taken to see each child and confirm their safety. If the provider is struggling to engage or make contact with a family, the provider is referred to the ACS Office of Preventive Technical Assistance for case-specific support.

Twice per year, ACS' Provider Agency Monitoring System (PAMS) team performs a detailed and extensive review of a statistically meaningful sample of cases for each provider. The PAMS includes more than 100 questions to determine whether casework practice on each case meets ACS standards. If a review indicates a safety concern, the provider agency is required to take appropriate action immediately.

Each year, ACS produces a scorecard that rates and evaluates each provider agency and program on specific benchmarks. The Scorecard offers a comprehensive analysis of performance across key areas of practice: safety, assessment, engagement and service provision. The data focuses on the outcomes providers are expected to achieve, the key areas of practice that lead to those outcomes, as well as the timely achievement of preventive service goals.

Additionally, in 2015 ACS implemented the Collaborative Quality Improvement (CoQI) process, in which our monitoring team collaborates with every contracted provider to develop and implement an annual improvement plan, focusing on key areas of weakness that we identify with them through data analysis and case reviews.

Legislation

The Council has proposed three bills related to preventive services:

Intro 1062 seeks to require ACS to provide language classes for children who are removed from parents/guardians with limited English proficiency and who are in the custody of ACS for at least 6 months; the language classes must also be provided in the parents'/guardians' primary language.

ACS shares the Council's support in seeking to ensure that limited English proficient families have the same support in reunification that English-speaking families do and we would like to explore with the Council ways in which we can partner to address these concerns on a broader level.

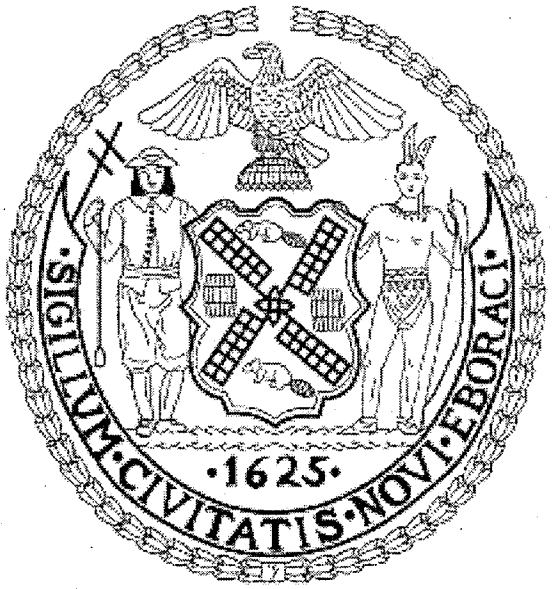
Intro 1374 seeks to require ACS to provide monthly reports on the utilization of preventive services and various metrics. ACS is committed to maintaining transparency in the work that we do, and we are happy to share information about available preventive services and how they are currently utilized. ACS currently provides information in our monthly Flash reports including new child welfare preventive cases, new child welfare preventive cases by program type, child welfare preventive cases opened and closed, and referrals to child welfare preventive services by source. The Mayor's Management Report includes annual reports of families entering child welfare preventive services, families entering child welfare specialized teen preventive services, the daily average of children receiving child welfare preventive services, and an annual total of children who received child welfare preventive services during the year. We are happy to discuss with the Council how our current reports can be used to provide the information you are seeking.

Resolution 1322 calls on OCFS to develop a parents' bill of rights to be distributed at initial home visits in child protective investigations and made available

online. ACS currently provides A Parent's Guide to Child Protective Services in New York City. Child protective specialists are required to have copies with them when they are making visits. When they are meeting a parent for the first time while initiating SCR investigations, they provide the parent with a copy of the pamphlet. The pamphlet contains answers to various questions including: What is NYC Administration for Children's Service, Why has an ACS Child Protective Specialist Contacted me, and Who can I talk with to get more information? Each borough office has copies and the guide is available online on ACS' website in ten different languages.

Conclusion

Thank you for the opportunity to discuss the continuum of preventive services offered by ACS and our contracted provider partners, and to comment on the proposed items of legislation. As always, we are happy to work with the Committee in our continuing efforts to improve the system and to better serve children and families. We look forward to further cultivating our partnership with the City Council in carrying out this critical work. We are happy to take your questions.



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"Oversight - Preventive Services at the Administration for Children's Services"

Testimony by
New York City Deputy Mayor for Health and Human Services
Dr. Herminia Palacio

Thank you for having me today, Chairman Levin, and members of the General Welfare Committee.

I am Dr. Herminia Palacio, Deputy Mayor for Health and Human Services, and I oversee the Administration for Children's Services and eight other agencies and offices. With me today are Deputy Commissioner for Preventive Services Dr. Jacqueline Martin and Deputy Commissioner Jill Krauss.

Preventive services are critically important in reducing the risk of a child being abused or neglected and reducing the trauma of a child being removed from his or her family. This Administration has made an unprecedented investment in preventive services and today we will present the positive results we're seeing in the 22,000 families we work with each year.

But first I must discuss something that went terribly wrong: ACS's handling of the Zymere Perkins case. Mayor de Blasio directed ACS to produce a report, which was released yesterday. This report uncovered a troubling series of lapses in ACS's failed effort to protect Zymere. Our mission is to ensure the welfare of every child, but in this case, the City failed.

This report was the result of a thorough investigation of all available records of ACS's prior interactions with the family, including a review of the work of the ACS and provider agency staff who had worked with the Perkins family. This report includes:

- Findings which reveal numerous and significant failures to thoroughly investigate issues regarding Zymere's safety and welfare, both by ACS staff and St. Luke's, one of their provider agencies.
- A summary of all available ACS and St. Luke's case records, which detail interactions with Zymere Perkins, Geraldine Perkins (Zymere's mother) and Rysheim Smith (her boyfriend) prior to September 26, 2016.

- Disciplinary actions ACS has taken against nine staff who failed in their duties.
- Fifteen critical reforms that address the core failures found in both ACS frontline and supervisory processes as well as the broader deficiencies of interagency coordination intended to strengthen the safety net for our most vulnerable children.

When I testified before the City Council on October 31, we were prohibited from discussing the specifics of the Zymere Perkins case for two reasons. First, because of the State Social Service Law, and second, because the Manhattan District Attorney requested that we not discuss the details of case publicly to avoid jeopardizing the ongoing criminal investigation. We committed to sharing additional information with the City Council and the public as soon as we were able – and now we can.

Firstly, regarding State Law: the DA recently shared with ACS statements that were made by Ms. Perkins against Mr. Smith during the criminal case. These statements, taken together with the Medical Examiner's October 12, 2016 ruling that Zymere's death was a homicide caused by fatal child abuse syndrome, gave ACS sufficient evidence to indicate the fatality investigation against both Geraldine Perkins and Rysheim Smith, which ACS did yesterday.

But even after a child welfare investigation is indicated, State Social Service Law precludes ACS from releasing case-specific information unless specific circumstances are present and certain criteria have been met. The unique circumstances presented in Zymere's case have permitted ACS to take the unusual step of publicly releasing this information. State law permits ACS to release this report due to the fact that the five following conditions have been met:

- ACS has indicated the case; AND
- The child named in the child welfare report has died; AND
- The subject(s) of the child welfare report have been charged with a crime; AND

- There are no surviving siblings; AND
- The Commissioner has issued a written statement to the Mayor prior to disclosing setting forth the statutory basis for disclosure.

Secondly, regarding the DA: ACS has confirmed with the DA that the information contained in this report and releasing it publically does not jeopardize the ongoing criminal investigation of Geraldine Perkins and Rysheim Smith.

The report details eight major findings. First, our investigation found that the ACS Child Protective Specialists (CPS) consistently failed to completely and thoroughly investigate issues regarding the welfare of Zymere Perkins, including failing to locate or contact family members, contact medical and mental health providers, obtain medical records, seek medical examinations, or recognize signs of domestic violence.

Second, the ACS Child Protective Supervisors involved failed to follow protocol, did not adequately supervise the CPS team, and did not properly assess casework or make recommendations regarding timely and appropriate interventions. Supervisors allowed CPS staff to prematurely close cases, and, in two cases, failed to direct CPS staff to further investigate allegations of physical abuse, where further investigation might have found evidence to substantiate abuse claims.

Third, the ACS Child Protective Manager failed to provide proper supervisory oversight, did not review case work files within the required timeline, and did not offer appropriate guidance, resulting in failure to amend reports to include additional relevant allegations as well as in premature case closure.

Fourth, an additional 4 senior ACS Managers failed to follow up on specific concerns about the prior deficient case practice of one ACS CPS in May 2014; this CPS was later involved in a 2015 Perkins investigation.

Fifth, during the April 2016 investigation of allegations of physical injuries and inadequate guardianship, which included a multi-agency interview at the Manhattan Child Advocacy Center (CAC), ACS staff did not follow up on meaningful, conflicting information, which should have prompted a deeper investigation.

Sixth, in early 2016, ACS received two SCR reports from Zymere Perkins' school regarding suspicious physical injuries. During the course of those investigations ACS learned that Zymere had been absent from school 24 times in the 2015/16 school year and been regularly late when he did attend. Despite this information, ACS failed to amend the investigation to include an allegation of Educational Neglect.

Seventh, ACS was aware that Mr. Smith had a documented history of domestic violence prior to his relationship with Ms. Perkins. Although caseworkers appropriately reviewed and documented his prior Domestic Incident Reports, Mr. Smith's history, combined with the physical abuse allegations involving Zymere, should have led caseworkers to probe more deeply about potential domestic violence.

Lastly, Mt. Sinai St. Luke's Family Treatment Rehabilitation Program, one of ACS's contracted providers, also failed to follow important protocols. Despite concerns about the frequency of Zymere's injuries, St. Luke's failed to call the State Central Register or an elevated risk conference, adequately conduct risk assessments, or properly address safety and risk prior to case closing.

As these findings make clear, those involved in the Zymere Perkins case markedly failed in their duties. However, it is important to note that the vast majority of the 6,500 ACS employees who have chosen this difficult, complex, and sometimes dangerous work are dedicated individuals who work hard day-in and day-out to protect our City's most vulnerable children. This Administration will not lose sight of the often excellent work of ACS employees, but we will hold workers who fail in their duties accountable.

In this case, as soon as ACS learned of Zymere's death, ACS immediately placed five child protective staff who worked directly on the 2015 and 2016 Perkins investigations on modified duty pending further review, which removed them from conducting case work or interacting directly with families. Yesterday, ACS initiated additional disciplinary actions against all five staff members – 2 CPSs, 2 CPS Supervisors, and 1 Child Protective Manager. ACS has initiated termination proceedings against three and suspensions against two.

These actions are in addition to the disciplinary actions taken in October against four staff members, two managers in the Child Protective Division and two managers in the General Counsel's office, who were suspended without pay for thirty days and demoted.

ACS has also taken swift and deliberate action to address St. Luke's practice and supervisory failings. In October, ACS placed St. Luke's on a Corrective Action Plan, which included: closing St. Luke's intake; placing the case worker and supervisor involved in the Perkins case on modified duty; conducting a comprehensive review of all active cases; and retraining staff. If St. Luke's fails to follow or complete actions required in the Corrective Action Plan, ACS could terminate their contract and reassign the families to another provider.

In addition to taking disciplinary actions, ACS has implemented fifteen reforms that further address the failures uncovered in the Zymere Perkins case. These reforms are all designed to

strengthen the practices, policies, and procedures that ensure effective investigations and prevent critical errors, and improve ACS's coordination with other city agencies.

For example, preventive services providers who are seeking to end services on cases that involve allegations of physical abuse against children must now include ACS in the decision-making process. Prior to October 6, 2016, preventive providers were not required to include ACS in these decisions. ACS now mandates that these high-risk cases have a Service Termination Conference, initiated by the provider and facilitated by ACS, to ensure that safety concerns and other important issues are addressed directly with ACS before any determinations on closing the case are made.

ACS is also drawing on the expertise of the Mayor's Office to Combat Domestic Violence (OCDV). OCDV and ACS will bolster and expand the questions that ACS caseworkers ask to elicit information about potential Domestic Violence, and will develop enhanced domestic violence training for all new ACS employees. OCDV will also develop ongoing trainings and technical support that can be provided to ACS on domestic violence cases.

The 15 reforms are listed below:

1. **Increase staff and enhance case review process at all five Child Advocacy Centers.** ACS made several reforms to the staffing and processes at the five CACs, including:
    - Stationing a Child Protective Manager in every CAC to provide tracking and oversight of all cases that come to the CAC. This Child Protective Manager will review all CAC cases that do not result in law enforcement action to ensure that all child safety objectives have been met.
    - Increasing the number of Child Protective Specialist Supervisors during day and evening hours to ensure expanded coverage and manageable supervisory caseloads.
    - Placing a Family Court Legal Services attorney at each of the CACs to reinforce follow-up, even in cases that do not result in law enforcement action.
    - Convening an automatic Child Safety Conference for all CAC cases that do not result in a Family Court filing or law enforcement action to ensure that the case continues to receive a heightened level of oversight.

In addition, Safe Horizon is adding medical staff, including doctors and nurse practitioners trained in child abuse, and expanding their presence during day and evening hours.

2. **Require ACS participation in the decision to end contracted preventive services in high-risk cases.** Preventive providers who are seeking to end services on cases that involve allegations of physical abuse against children must now include ACS in the decision-making process. Prior to October 6, 2016, preventive providers were not required to include ACS in these decisions. ACS now mandates that these high-risk cases have a Service Termination Conference, initiated by the provider and facilitated by ACS, to ensure that safety concerns and other important issues are addressed with ACS before any determinations on closing the case are made.

3. **Establish heightened DOE guidelines and protocols for closely monitoring the attendance of child welfare-involved students and for triggering an educational neglect investigation by schools whenever a student has 10 or more consecutive unexplained absences.** The Department of Education released an emergency protocol in November that establishes clear guidelines for when the absence(s) of a child welfare-involved student must be reported to ACS. The new protocol establishes an automated system to track the daily attendance of these students and directs school staff to timely escalate concerns to ACS if they are unable to reach the family or have any reason to suspect maltreatment. The protocol reiterates the strict and explicit guidelines set forth in Chancellor's Regulation A-750 for making timely reports of suspicions of abuse or neglect to the State Central Register. These policies will guide school outreach efforts in response to student absences and strengthen interventions for students and preventative services for families when necessary. In addition, revised Chancellor's Regulations that codify these policies will be presented this month for approval from the Panel for Education Policy. The DOE will continue working closely with school staff and will be providing additional guidance to support the implementation of these policies.

4. **Conduct ongoing, enhanced training for all caseworkers on how to handle suspected physical abuse.** ACS Child Protective Specialists and Supervisors and frontline staff at all provider agencies will attend a new, specialized, in-depth course at the ACS Workforce Institute on the proper assessment and analysis of evidence, including on cases of suspected physical abuse and excessive corporal punishment. Child Protective Managers will receive enhanced training, led by expert investigators, covering the supervisory review of cases using an investigative lens, case-specific guidance for staff after the review, and confirmation that the guidance is followed.

5. **Create a new, specialized accountability unit to strengthen oversight of the Division of Child Protection.** The ACS Division of Policy, Planning and Measurement (DPPM) will now conduct performance reviews and audits of work done within the ACS Division of Child Protection (DCP). This new specialized accountability unit will screen and review case practice on all child fatalities and critical incidents, as well as other cases where there are concerns about staff performance.

6. **Establish dedicated ACS liaisons to each of the five District Attorney's Offices.** Ten CPS Supervisor Level I staff are serving as liaisons to each of the five DA's offices to share information, refer cases, and enhance investigations and case contacts between the DA, NYPD detectives, and ACS child protective specialists. This restores a staffing cut made during the prior administration.

7. **Move oversight of the Instant Response Team, which handles the most serious cases, to the ACS Senior Advisor for Investigations.** The ACS Senior Advisor for Investigations now oversees the Instant Response Team, previously overseen by the Division of Child Protection. The IRT began in 1998 to ensure that ACS and NYPD respond jointly on the most serious abuse and neglect cases. The Senior Advisor for Investigations, a former Commanding Officer of the NYPD's Special Victims Unit, has established a new oversight and review process to ensure that IRT Coordinators follow the protocol on serious physical injury cases that require collaboration with the NYPD. This team will also prevent cases from being improperly screened-out of IRT.

8. **Require managerial oversight on all serious physical injury cases.** Child Protective Managers (CPMs) are now required to review all cases alleging serious physical injury. Previously, CPMs only reviewed cases involving families with four or more reports, as well as all cases involving child fatalities. ACS has issued guidance that will require CPMs to also review all serious physical injury cases.

9. **Strengthen guidance to child protective staff on working on cases involving suspected physical abuse.** CPS workers are currently required to seek a medical examination or consultation whenever there are concerns of serious physical abuse. ACS will revise and reissue "Child Safety Alert 17: Gathering and Assessment of Information from Medical Providers During a Child Protective Investigation," which will require CPS workers to seek medical exam or guidance when they suspect serious physical abuse or a pattern of repeated physical abuse.

10. **Increase access to legal consultations on high-risk physical abuse cases.** ACS has expanded the use of its Family Court Legal Services (FCLS) unit to provide legal consults with DCP staff on cases with allegations of serious physical abuse and/or sexual

abuse, and cases with frequently encountered families. The ACS attorneys are an additional check on high-risk cases to confirm that ACS makes accurate decisions about when court intervention is warranted and how it should be pursued.

11. **Require non-social service staff at homeless shelters serving families to undergo mandated reporter training.** While social service staff at DHS shelters are already mandated reporters, DHS is now requiring non-social service staff at all family shelters to undergo training in identifying and reporting child abuse and maltreatment. Now, all staff that interacts with clients, including front desk, security, and maintenance staff, will be able to better recognize and report suspected child abuse or neglect.

12. **Require school nurses to photograph injuries when child abuse is suspected.** The Department of Health and Mental Hygiene's (DOHMH) Office of School Health will issue enhanced guidance and provide training to DOE school nurses on how to photograph suspected child abuse injuries and how to include the photographs in their SCR report; nurses will also be trained in steps needed to protect the privacy of the child.

13. **Train parent coordinators on child welfare and safety procedures.** ACS Workforce Institute will expand ACS' current efforts to train DOE school staff to include parent coordinators, providing training on the assessment of safety and risk, follow up and referral to preventive family support services, and navigation of the child welfare system.

14. **Enhance communication and information sharing between ACS and DHS**. DHS and ACS are developing an agreement to allow DHS to obtain more information about a family's child welfare case as they enter the shelter system in order to better facilitate service provision to the family while they are in shelter. While this agreement is being finalized, DHS and ACS have convened a workgroup that includes ACS and DHS providers to discuss policy changes that may be made to facilitate communications and information sharing between the agencies when a family in shelter has a child welfare case.

15. **Strengthen guidance and increase training on identifying domestic violence for child protective, preventive and foster care staff**. The Mayor's Office to Combat Domestic Violence (OCDV) is working with ACS to strengthen the current procedures that child protective, preventive and foster care staff use to identify domestic violence throughout a family's interaction with ACS. OCDV and ACS will bolster and expand the questions that ACS caseworkers ask to elicit information about potential Domestic Violence, and will develop enhanced domestic violence training for all new ACS employees. In addition, OCDV will develop ongoing trainings and technical support that can be provided to ACS on domestic violence cases.

The safety of New York City children is ACS's number one priority. ACS is committed to continuous reform and is working diligently to address the system gaps identified in this case, both within the agency and at their contracted providers, and make the essential reforms and improvements required to prevent the lapses and failures that can lead to tragedy. The City Council is a crucial partner in this work, and I thank you for your commitment to this issue.

CFR
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Every Family Matters

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Center for Family Representation (CFR)
Submitted Testimony for the New York City Council Committee on General Welfare Hearing
December 14, 2016

CFR is grateful for the opportunity to submit testimony to the New York City Council's General Welfare Committee regarding Preventive Services in New York City. We thank the Committee for its focus on this important issue.

About CFR

In 2002, CFR piloted an interdisciplinary model of legal representation that offered parents accused of neglect and abuse in family court the services of an attorney, a social worker, and a parent advocate. Our parent advocates personally experienced being investigated by the Administration for Children's Services (ACS), being prosecuted in family court, having their children placed in foster care and successfully reunifying their families.

CFR received early support from the City Council as it began its work: CFR started with a staff of two and a budget of $250,000. Now, CFR has two contracts with the Mayor's Office of Criminal Justice (MOCJ) to be assigned counsel in Queens and Manhattan family court for parents accused of abuse or neglect. We currently employ over 80 staff that represent 1900 parents annually with a budget of approximately $8 million. Several of our key management staff hail from ACS, the Juvenile Rights Practice of Legal Aid (the agency that represents the majority of children whose parents are accused in family court) and foster care agencies. CFR trains more than 500 practitioners annually, throughout the country, on effective parent engagement and family preservation strategies, including judges, child protective and foster care workers, and attorneys. CFR also partners with ACS and other City advocacy agencies to collaborate on policies and practices that can both address a family's service needs while being mindful of the importance, whenever possible, of supporting parents to raise their children safely and minimizing the use of foster care.

Recently, City Council provided CFR with generous funding to expand our services to families through our *Home for Good* Initiative. Child-welfare involved families do not experience problems in neat silos--very often CFR's clients are homeless or at risk of eviction, are in need of assistance to secure or maintain public benefits, or are struggling with educational issues impacting their children. *Home for Good* has enabled CFR to provide representation and advocacy for parents in housing court, on immigration matters, and in securing critical public benefits.

By combining in-court litigation with out-of-court social work referrals and case management, individualized service planning, and parent mentoring, CFR has dramatically improved

outcomes for families. CFR has consistently kept 50% of our client's children out of foster care entirely, and for those that do enter care, the children spend, on average, half as long in foster care as they did prior to 2007, when CFR first became high volume providers through contract awards by MOCJ. Importantly, our clients' children also re-enter foster care less often than they do in other parts of the state. Each year, approximately 1/3 of CFR's cases are dismissed, either because there was no merit to the allegations or, pertinent to this hearing because the family had achieved enough stability that court oversight was not needed.

Our testimony focuses on the following:

(1) The importance of supporting preventive services for families and urges the Council to consider more expansive and creative definitions of "preventive" to include legal services, individualized services such as pastoral services, and a longer time limit that families may receive such services; and
(2) Comments on the proposed legislation and resolutions, including Res No. 1322 (A Parents' Bill of Rights), Int. No. 1374 (Reporting Regarding the Utilization of Preventive Services), and Int. No. 1062 (Language Classes for Children in Foster Care).

The Importance of Supporting and Expanding Preventive Services Available to Families in New York City

Every child deserves to grow up in a safe and stable family, and an increase in preventive service availabilities ensures that more children have that opportunity. According to ACS, preventive services are "designed to help families keep their children safely at home and help to promote safety, permanency, and well-being for children and their families in their own homes and communities."[1] These services may include mental health, substance abuse, domestic violence, special medical needs services, aftercare programs, and home care services. While these are all extremely important services, we urge the Council to think creatively about expanding this menu of services to better benefit families as described below.

- **Consider Including Legal Services as a Potential Preventive Service.**

Over the years, ACS has created and then repeatedly modified a scheme for bringing parents and their supports together to develop service plans during a child protective investigation. In 2004 and 2005, CFR and ACS piloted an approach to families during an investigation that had many of the same attributes as the programs above that we would urge the Council to consider supporting again. *Project Engage* was a unique partnership between CFR and ACS that supported parents in Community District 10, an area that in 2004 had a high volume of child protective investigations and removals. Essentially, in a small number of cases, ACS agreed to refer a parent to CFR's interdisciplinary staff at the point in an investigation when an 'elevated risk' was identified by ACS workers investigating a family. At that time, one of the conferences employed by ACS was referred to as an "Elevated Risk Conference" and was designed to bring a parent, his or her community supports and any providers already working with a family

[1] https://www1.nyc.gov/site/acs/child-welfare/preventive-services.page

together; the goal of the conference was to determine if a removal would be necessary or could be avoided. In theory, and pursuant to ACS's conference policy at the time, at the point of an Elevated Risk conference, no decision had yet been made by ACS about removal or filing a family court case. [2]

The rationale behind *Project Engage* was that if a parent could have a skilled advocate assigned to them at this point, outcomes would be better. A social worker employed by CFR would support the parent at that first conference and beyond, ensuring that ACS was not being inflexible, making sure the parent felt heard and supported, and assisting with identifying other programs, making referrals, and supporting the parent throughout. If ACS did file a case against the parent, CFR's attorney would represent the parent and the prior work that had been done by both agencies would benefit the court—unlike most instances, where a legal provider meets the parent on the day a case is filed, in *Project Engage* cases, CFR would already have knowledge of the family and could avoid protracted litigation as well as work toward a settlement of the case quickly. Legal staff with knowledge of the family gleaned from the project would have additional incentives to work on expeditious reunification.

The project was ambitious, requiring unprecedented collaboration between child welfare staff who were investigating families and a legal services provider whose mission is to provide advocacy for parents and prevent wherever possible, the placement of children in foster care. Over the course of two years, staff from both agencies had to confront philosophical differences over the dual goals of engaging parents while ensuring child safety and ACS had to become comfortable with an advocate supporting the parent who often disagreed with ACS and with whom the parent enjoyed a confidential relationship. Nonetheless, of the 48 families supported by *Project Engage*, in 38, there was no child protective removal and no filing in family court. The project was unfortunately discontinued after the tragic death of Nixmary Brown and a reduction of TANF funding.

The idea behind *Project Engage* was that parents had the opportunity to build a relationship with a skilled advocate *that did not work for ACS or an agency that contracted with ACS, but assisted the parent in engaging with ACS—the most important difference was that staff from CFR are not mandated reporters and thus have the chance to engage the parent differently.* The extent to which parents mistrust child protective workers cannot be overstated. Especially when parents fear they will lose custody of their children, they have difficulty accessing an array of services, and this may be the point when they have the most need.

Giving a parent a skilled social work ally and advocate at what may the most tumultuous period in their lives has numerous benefits. Assessments of the family are more meaningful because of the advocate's role, among other things, is to help ACS resist formulaic approaches and helps

[2] Currently, the Elevated Risk Conference is not routinely employed by ACS, at least in our cases. Rather, the conference that parents attend happens on the same day a case is filed and is called a Child Safety Conference. At a CSC, most of the time the decision to file a case and remove a child has already been made—thus, the opportunities to support a parent, put additional services in place, or avoid foster care is much more difficult.

the parent engage with ACS more productively. Whether a Social Worker or a Parent Advocate, the Advocate can make additional referrals, make additional home visits, and troubleshoot housing, public benefits, and educational issues, thus giving the ACS worker an additional resource in supporting a family. Last, if the case does go to court, the attorneys teamed with that social worker can represent the parent armed with historical information that can reduce the need for hearings and can promote settlements of the cases. Perhaps most important, family safety and stability will be a combined responsibility, and no child who can stay safely at home will have to enter foster care.

While it is perhaps counter-intuitive to think that an advocate with whom the parent enjoys a confidential relationship will actually promote child safety and permanency, that was the experience in Project Engage and, in fact, is CFR's experience in the more than 1900 parents we work with every year--no matter the point in time in a case, parents who feel they can trust the person supporting them are more likely to engage in productive discussions about their own needs and those of their children. In our view, now that there are four institutional providers working in the city, all of whom employ social workers and other non-legal advocates, there is a rich opportunity to consider piloting the Project Engage approach in cases.

- **Consider Expanding Preventive Services to Include Programs that Might Not be Subcontracted with ACS, like Pastoral Services or other community-based programs.**

One hallmark of New York City social services is the dedication to culturally competent services. The OCFS Preventive Services Practice Guidance Manual from September 2015, specifically states that "a culturally competent care system is based on three unifying values: being different is positive, services must be responsive to specific cultural needs, and services must be delivered in a way that empowers family members."[3] However, for some parents, the services that "empower" them are beyond what has traditionally been accepted by ACS. For example, a parent may feel most comfortable engaging in substance abuse support groups or domestic violence counseling provided through their religious institution of choice, or through a community-based agency that supports families with similar backgrounds or with similar immigration challenges.

Unfortunately, we have found that such programs are frequently not recognized by ACS or considered acceptable. As the focus of preventive services is to encourage families to engage in appropriate services, CFR would respectfully request ACS review identified services on an individualized basis as opposed to what seems to be an automatic rejection of a service that is not provided through a subcontracted agency. Even when non-traditional, there are ways for either ACS or a Family Court judge to verify participation and our experience is that non-traditional services, that usually are very invested in the groups of parents they support, are very willing to cooperate in any way that will help a family remain intact.

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[3] OCFS Preventive Services Practice Guidance Manual (September 2015), http://ocfs.ny.gov/main/publications/Preventive%20Services%20Guide%202015.pdf.

- **Address Artificial Time-Limits and Performance measures that May Prevent Successful Support from Preventive Services**

We urge the council to investigate the history behind and the current rationale for making some critical preventive services time-limited. If services are provided for too brief time, they are unlikely to provide the support needed. Currently, as we understand it, some preventive services are time-limited because of federal or state funding streams. A critical service may only be available for a set number of weeks or months. In situations regarding substance abuse, unstable housing, domestic violence or mental health, families may need more time with preventive services to succeed, but they may never be found eligible because of time limits on the service; as well, if the service has to cease before the family is stable, children are at risk of entering or re-entering foster care (as preventive services are also available when children are initially discharged from care.)

As well, from our observations, some preventive service workers tend to focus their work on fulfilling a set number of performance measures, like required home and school visits instead of engaging parents in developing meaningful and individualized service plans. Parents report that they feel the workers are just 'monitoring' them, rather than providing hands-on case management and support that is unique for every family. While we appreciate the need for consistent performance measures, 'success' cannot be gleaned merely from a completion of a list of tasks and we urge the Council to ask questions regarding this as well as explore the extent to which parents, as 'consumers' of these services, ever participate in the evaluation of various programs; likewise, observations of those also working with parents, like legal providers, could be useful in determining the efficacy of various programs.

- **Address Planning and Implementing Preventive Services in Situations where a Parent is Expecting another Child**

When a parent is engaged with ACS (and either children are home or about to return home), and that parent is expecting, there seems to be ample time to explore preventive services that will be needed to keep a baby at home and develop a service plan that supports the parent immediately after the birth. Yet time and time again, we see an inconsistency in this situation as well as a delay in convening any meeting about services until just prior to the birth--when it is often far too late. Often, a meeting is not convened until a few days before a parents' due date and frequently, those attending the meeting lack knowledge of all the prior services a parent may have engaged, the court case, the status of the other children, etc. When we as a provider ask for a planning meeting, we are often told that our request cannot, by itself, trigger a meeting, yet very often service providers already working with the family or ACS seem to lack an understanding of who should convene it and at what point.

We urge the Council to ask questions about what ACS considers best practice in this area, whether it keeps statistics on the timing of planning meetings to discuss preventive services and what reforms it should make, if any. We would also welcome any Council action that makes

clear that any provider working with a family can request such a meeting (including a legal services provider) and that the meeting will be scheduled soon after the request.

Comments on Proposed Legislation and Resolutions

CFR supports the proposed legislation and resolution introduced at this Hearing, including Res No. 1322 (A Parents' Bill of Rights), Int. No. 1374 (Reporting Regarding the Utilization of Preventive Services), and Int. No. 1062 (Language Classes for Children in Foster Care). However, we have some comments, questions, and concerns laid out below:

- **Resolution No. 1322- A Parents' Bill of Rights**

CFR strongly agrees with the language in the Resolution that describes "parents who are involved with the child welfare system are often initially frightened, suspicious, and intimidated because they lack information about and are unfamiliar with system rules and regulations." CFR also strongly supports the creation of a Parents' Bill of Rights. We would respectfully encourage ACS and OCFS to consult with various stakeholders, including parent advocates, children's' advocates, and parents who themselves have been through the child welfare system, such as those involved with RISE Magazine or CWOP (Child Welfare Organizing Project), in developing such a document and review those that already exist across the country. For example, in 2003, the American Bar Association, in collaboration with RISE Magazine, the Annie E. Casey Foundation, and the Center for the Study of Social Policy, developed an Action Agenda for child-welfare involved parents, which included a Bill of Rights.[4] This Bill of Rights included (among many more) statements that a parent has a right to not lose their child because they are poor, the right to supportive services that will allow children to remain in the home, the right to competent representation, the right to support by someone who has "been in their shoes", and the right to have their culture, language and religion respected. CFR would encourage all entities interested in developing a Parents' Bill of Rights to consider these types of questions.

- **Introduction No. 1374 – Reporting Regarding the Utilization of Preventive Services**

CFR supports increased reporting requirements on the utilization of preventive services in New York City. We would respectfully suggest that the requirements be expanded to include information regarding the race, religion, and language spoken by those receiving such services, and the staff providing the services, as well as the number of families utilizing atypical services, such as pastoral counseling (if available).

- **Introduction No. 1062- Provision of Language Classes to Children in Foster Care**

CFR strongly supports the provision of language classes for children placed in foster care where a language different than their primary language is spoken. However, we do have some concerns with the language of the Introduction as currently drafted, which provides for language classes for children who have been in the custody of ACS for "at least 6 months." While we appreciate the logistical and financial difficulties of providing such services to every

[4]http://www.americanbar.org/content/dam/aba/publications/center_on_children_and_the_law/parentrepresentation/blueprint_for_parentadvocacy_and_family.authcheckdam.pdf

child in care, we have concerns that these services would not be available until a child has been in care for 6 months. For a young child, even 6 months removed from their primary language could be irreparably detrimental to their retention of such language. Additionally, the stress a child experiences being removed from a parent is well-documented. The inability to communicate could only exacerbate this for a child. CFR would also caution ACS not to use language classes in lieu of more rigorous efforts to find foster parents who speak the primary language of the child. We urge the Council to include in its proposed legislation a requirement that if ACS sets up language class for a child, it must also make a showing that it has engaged in vigorous efforts to find a culturally competent foster parent or custodian, and why that was not possible.

In support of this Introduction, we would like to share the story of Ms. G:

Ms. G became a CFR client after the City alleged that she disciplined one of her daughters too harshly and put that child and her sister in foster care. A Chinese immigrant family, Ms. G and her daughters spoke only Mandarin. However, the City placed the girls with a foster parent who only spoke English and Spanish.

From the moment her children were taken, Ms. G diligently attended parenting classes and participated in therapy with the help of her CFR social worker. At the same time, her daughters were in this foster home for over a year, losing their ability to speak Mandarin. Even though Ms. G had made tremendous progress, the City asserted that the lack of a common language meant the girls would be at risk if returned home. CFR's attorney secured a court order that required the City pay for Mandarin tutoring for the girls. Now, Ms. G can communicate with her daughters, and they are successfully living together, along with a new little sister.

CFR appreciates the Committee on General Welfare and all of City Council for devoting time and energy to addressing the needs of the child welfare system. If you have any questions about this testimony or CFR's work, please contact Michele Cortese, Executive Director, at mcortese@cfrny.org or 212-691-0950, ext. 209 or Rebecca Horwitz, Manager for Government and Community Affairs at rhorwitz@cfrny.org or 212-691-0950, ext. 275.

BROOKLYN DEFENDER SERVICES

TESTIMONY OF:

Kaela Economos
Social Work Supervisor, Family Defense Practice
BROOKLYN DEFENDER SERVICES

Presented before
The New York City Council
Committee on General Welfare
Oversight Hearing on
Preventive Services at the Administration for Children's Services

December 14, 2016

My name is Kaela Economos and I am a Social Work Supervisor in the Family Defense Practice at Brooklyn Defender Services (BDS). BDS is a public defender organization that provides inter-disciplinary, holistic, client-centered representation in the areas of criminal, family, and immigration defense, as well as civil legal services, for tens of thousands of clients every year. The BDS Family Defense practice represents almost 2,000 respondents in child welfare cases every year and has helped thousands of children remain safely at home with their families or leave foster care and safely reunite with their families. Our attorneys, social workers and parent advocates are in the field every day interacting directly with the Administration for Children's Services and foster care agency workers.

We thank the New York City Council Committee on General Welfare and, in particular, Chair Stephen Levin, for the opportunity to testify today. I will address both the

quality and effectiveness of preventive services available to low income communities in New York City and offer BDS's support for Resolution 1322 and Introductions 1062 and 1374, along with our reactions and recommendations to the bills.

Background

BDS's family defense practice regularly interfaces with preventive service programs in three situations: (1) when ACS files a neglect petition against a parent whose family is already receiving voluntary preventive services because the agency believes that those services are not adequately addressing safety concerns in the home; (2) when preventive services are required by the Family Court in the context of neglect cases in order to keep children home with their families instead of being removed; and (3) when preventive services are required by the Family Court in order for children to return home to their families.

BDS strongly supports funding preventive services robustly for the intended purpose of these programs, which is to prevent the need for children to be placed in foster care and to reduce the time children spend in care. In large measure, preventive service programs have been effective in helping to reduce the foster care population which has been reduced from almost 40,000 in 1999 to fewer than 10,000 children in foster care in New York City today.[1] Keeping families together or reuniting families with services in place instead of placing children in foster care prevents the harm and trauma of removing children from their families and the harm and poor outcomes that children in foster care

[1] Center for New York City Affairs, The New School, *Watching the Numbers: A Six-Year Statistical Survey Monitoring New York City's Child Welfare System* (November 2016), available at https://static1.squarespace.com/static/53ee4f0be4b015b9c3690d84/t/5849a22f725e254385d753eb/1481220657883/FINAL_Watching+the+Numbers_2016.pdf.

face.[2] This also conserves limited social services resources and reduces the burden to taxpayers.

The goal of preventive services is to connect families with services and benefits so that ACS involvement is unnecessary to keep children safe. Ideally, preventive services would give agencies the ability to connect with the community in meaningful ways so that families could turn to them before ACS becomes involved in a crisis. If families could identify preventive services as a supportive option in their communities when they are having problems, much of ACS involvement could be avoided. Instead, ACS mandates preventive services after problems are identified which becomes another intrusive and invasive system in our clients' lives which breeds suspicion and undermines the potential for meaningful and beneficial relationships.

Preventive services are most successful when they remain voluntary and are community based. The most effective preventive agencies are ones that have deep roots in the neighborhood they serve and have an established track record with the community.

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[2] In our testimony submitted to this Committee in October, we noted that although most foster parents are well intentioned and provide a safe environment, there is overwhelming evidence of the negative outcomes of foster care placements. Children placed in foster care are more likely to experience psychopathology than children who are not in foster care, with children in foster care being between 2.7 and 4.5 times more likely to be prescribed psychotropic medication than children not in foster care, according to one study. Studies have found that rates of safety are actually worse for children in foster care than for those in family preservation programs. For example, one study shows that children are actually twice as likely to die of abuse in foster care. New York State ranks the third worst for rates of substantiated or indicated reports of maltreatment of children in foster care. Even these statistics are likely underestimations, as "abuse or neglect by foster parents is not investigated because agencies tolerate behavior from foster parents which would be unacceptable by birth parents." Children who are on the margin of placement tend to have better outcomes when they remain at home as opposed to being placed in out-of-home care. In one study, a researcher looked at case records for more than 15,000 children, segregating the in-between cases where a real problem existed in the home, but the decision to remove could go either way. Despite the fact that the children who remained home did not get extraordinary help, on measure after measure the children left in their own homes fared better than comparably maltreated children placed in foster care. All of this evidence demonstrates that keeping children together with their parents, even within homes that are not ideal, is usually preferable to foster care placement. *See* Testimony of Brooklyn Defender Service and The Bronx Defenders before the NYC Council Committee on General Welfare October 31, 2016, pp. 5-6 (internal citations omitted).

This results in communities and neighbors trusting them, which enables families to seek and receive help before anything rises to ACS involvement or mandated services. For example, our Mandarin-speaking families report the greatest satisfaction in cases involving Mandarin-speaking preventive service workers and organizations. When our clients feel like the preventive service agency understands them and their community, and is working with them, and not against them, our clients are more successful in achieving goals for their families.

Preventive service programs can and should be delivered more effectively to help families provide safe and stable homes for their children and to reduce the number of children who enter foster care. In our experience, monitoring requirements placed upon preventive services agencies; formulaic service planning that does not take into account the complex needs of at risk families; and delays in assigning preventive services to families in need all have contributed to reducing the effectiveness and availability of preventive service programs. BDS testified extensively on these points during the preliminary budget hearing before this Committee in March 2015 and offered specific recommendations for ameliorating each of these concerns. A copy of our testimony is available online at http://bds.org/wp-content/uploads/3.17.15-NYC-Council-Committee-on-General-Welfare-Testimony.pdf.

My testimony today revisits some of these issues with new case examples. Suffice to say that the issues we reported on in 2015 have not yet been resolved. Indeed, ACS' reaction to the recent tragic death of Zymere Perkins has been to remove even more children from their homes. These are *the highest numbers of filings and removals* that we have seen in all of our nine years of representing indigent parents in Family Court.

Delays in Assigning Preventive Services to Families in Need

As we noted in our March 2015 testimony, the lag between preventive services need identification and service provision often spans months. In some cases, this gap between identification and provision results in ACS seeking to remove children from their families unnecessarily. For example, in one case alleging inadequate housing conditions and leaving an 11-year old alone with younger children, ACS made a removal application where there had been a prior agreement to arrange preventive services that were not put in place in a timely manner. Because the delays in arranging preventive services are well-known in Family Court, judges are often reluctant to return children to their families, regardless of whether there is a plan that preventive services will quickly respond to the families' service needs, leading to children staying in foster care for longer than necessary. Since only ACS is authorized to make the referral in cases where the judge mandates preventive services (non-voluntary cases), often our clients have no way to access services until ACS puts them in contact with the preventive services agencies.

In July 2015 ACS removed three-month-old twins from the care of their father, a BDS client, without a court order and placed them at the ACS Children's Center. The reason ACS gave for the removal was that our client had left the babies in the care of their mother who was not supposed to be alone with the children. The Family Court held a hearing at which the ACS worker testified that she had requested preventive services for the family months earlier but they had yet to be assigned to an agency. She admitted that our client had requested assistance with housing and childcare which she never provided. He was forced to enter the shelter system with his children, and the shelter rules prohibited him from leaving the children with anyone other than their mother while he went to work in

the evenings. The hearing lasted six days, during which time the babies remained at the Children's Center. At the conclusion of the hearing, the Family Court denied ACS' application to remove the babies and returned them to their father's care.

More than a year later, we see that our clients still suffer significant delays in receiving necessary preventive services. In late October BDS picked up a case involving a client whose children were released to her with court-ordered supervision. ACS spoke about providing the family with preventive services and our client kept following up with CPS as to status of the preventive services and whether or not ACS sent in a request, but ACS had not done so. At this point, our client decided to get the ball rolling and enrolled one of her sons to receive counseling due to behavior issues and her other son to get an appointment for early intervention, all on her own. Our client returned to court in December and her attorney informed the court about the delay in the preventive services. ACS stated that they only put in the request for services at the end of November, a full month after the first court date. Upon hearing this, the CPS supervisor reported that the family would be transferred to a Family Support Unit (FSU) worker. FSU workers are similar to preventive services workers, but in-house for ACS. FSU workers are often assigned to families after the CPS investigation where there is no foster care involvement but there is still court-ordered supervision of the family.

Recommendation: *Preventive workers should be immediately assigned in all cases where families indicate they are willing to participate in preventive services. Worker performance should be assessed on the time between identification of family needs and the provision of services.*

Overuse of Preventive Services Causes Backlogs

Overuse of Preventive Services Cause Backlogs

One major concern is that we often see ACS ask judges in Family Court to mandate preventive services, often without an articulable reason as to why the family needs services or how these specific services can benefit the family when ACS is already supervising the home and/or the parent is receiving other services such as counseling. When ACS asks for unnecessary services, this clogs up the pipeline and makes it even more difficult for families who do want and would benefit from specific services to get the help that they want and need.

As any social service provider will tell you, and social science research confirms, that people are best served when they are able to receive voluntary services narrowly tailored to their needs.[3] Anything beyond this scope often results in worse outcomes for the intended recipient, and greater costs for the system as a whole.

Recommendation: *In Family Court, ACS should be required to articulate a reason for preventive services if they are requesting them with the goal of limiting the number of families who receive preventive services to only those who really need them.*

Concern about the newly required Preventive Service Termination Meetings

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[3] See, e.g., National Quality Improvement Center, DIFFERENTIAL RESPONSE IN CHILD PROTECTIVE SERVICES: A LEGAL ANALYSIS (Sept. 2009), available at http://www.ucdenver.edu/academics/colleges/medicalschool/departments/pediatrics/subs/can/DR/qicdr/General%20Resources/General%20Resources/docs/differential-response-in.pdf.

We are concerned that the newly required Preventive Service Termination meetings that are outlined in ACS's draft Integrated Family Team Conference Protocol that was issued on October 24, 2016 will have unintended negative consequences for families seeking preventive services whether voluntary or mandated. Not only do these new conferences increase the number of meetings the family must attend, they may result in unnecessary delays in the provision of preventive services, especially for homeless families or families with unstable housing.

Recently, we worked with a client who had preventive services in place for her family. The family was then transferred to a different shelter that was outside the catchment area of the assigned preventive service agency. Preventive services could not continue until the family was referred to a new provider in the new catchment areas, but a new referral could not be made until the former provider was able to close out their services with the family. Working under the new IOC conference protocol, this could not happen until there was a termination conference. There were delays in scheduling the service termination conference, including the lack of an available ACS facilitator. Instead of a seamless transition to new preventive services, the delay of the termination meeting, coupled with the long time frame for the preventive service planning conferences, resulted in several weeks of the family not getting any preventive services through no fault of their own.

Recommendation: *ACS should reconsider the protocol around preventive service conferences to make service provision more seamless and to allow for a different process for families who are participating in preventive services. At a minimum, a conference should not be held if a family is terminating services due to a change in catchment area.*

Concern about the Expiration Date on Mandated Preventive Services

Many of the evidence-based preventive services programs have strict time limits for how long the cases can remain open and it is very difficult to keep the cases open longer. Time limits mandating the termination of services create a revolving door in the child welfare system. Families must stop services, not because they have completed their goals but because their time is up. Inevitably they return to services because the issues that led to ACS involvement in the first place have not been resolved. The time limits also undermine the potential for meaningful relationships. Many of these families have had numerous negative interactions with the system and building trust is already difficult so these timeframes are just too short to do any long-lasting substantive work.

***Recommendation**: ACS should work with families to ensure they receive the voluntary services that they need, as long as they want and need them. However, mandated services should not be extended involuntarily to allow ACS constant intrusion in our clients' lives.*

Bills

Resolution No. 1322- Resolution calling upon the New York State Legislature and the New York State Office of Children and Family Services to develop a parents' bill of rights to be distributed at initial home visits in child protective investigations and made available online

BDS strongly supports this bill. Connecticut passed a similar bill in 2011 and the Department of Children and Families now shares the bill of rights on their brochures and materials that they give to families. The Connecticut bill already serves as a successful model for implementation in New York. We would similarly urge that the New York State

legislature work with organizations like ours that represent parents in Article 10 proceedings to ensure successful rollout of the bill.

Introduction 1062 - A Local Law to amend the administrative code of the city of New York, in relation to requiring the administration for children's services to provide language classes to certain children in foster care

BDS strongly supports this bill without comments or recommendations.

Introduction 1374 - A Local Law to amend the administrative code of the city of New York, in relation to the utilization of preventive services

BDS strongly supports this bill to require reporting on the utilization of preventive services. However, we raise the following issues to the Council's attention:

1. *We are concerned that the burden of reporting will fall on the preventive agencies to track and provide this data to ACS.*

Preventive service agencies already are understaffed and loaded up with paperwork. We raise this issue in hopes that the Council will try to work with the agencies to ensure that the new reporting bill does not further limit the agencies' ability to serve New York's most vulnerable communities.

2. *ACS should be required to report on how many cases are voluntary vs. mandated.*

Preventive services are most successful when they remain voluntary and are community based. Data collection about voluntary versus mandated services would allow policymakers to assess which preventive programs have the most voluntary clients and whether incidences of ACS involvement are lower in those communities. We could also then assess how many clients avoid court when a preventive program is already involved or initiated early in the investigation.

3. *ACS should also track and report on data on the length of time between (1) when the court orders services, (2) the ACS referral to assignment of an agency, and (3) actual provision of services.*

This recommendation seeks to gather data about the bureaucratic delays we discussed above.

4. *ACS should track and report on data specifically broken down by preventive service catchment areas, not just on preventive program types and slots.*

This amendment will allow policymakers to see where preventive services are most utilized, where there may be waitlists for services, where there may be under-utilization and will help policymakers to determine sensible preventive service resource allocation.

5. *ACS should report how many families are receiving each of the services listed in 18 NYCRR 423.4(d)(1).*

New York law requires that families receiving preventive services to prevent foster care placement have access to day care; homemaker services; parent training or parent aide; transportation; clinical services; respite care and services for families with HIV; emergency services, including cash or the equivalent thereto, goods and shelter; and the ACS Housing subsidy. Int. 1374 should be amended to ensure that ACS reports on how many families need each of these services and how many receive them. This data should include not simply whether a family was referred to another agency to receive these services, but also whether the services were in fact provided and if not, what advocacy was done by the preventive agency to ensure service provision.

Conclusion

New York City's progress in dramatically reducing the number of children in foster care over the past ten years has been possible through the increased availability of

preventive services to families in need of support, earlier identification of such families, and greater accountability within the Family Court Systems to ensuring that appropriate service plans are put in place. These trends must be applauded and not rolled back in response to recent child deaths. We are grateful to the Council for your attention to preventive services and for offering legislation that seeks to shed light on how these services support families in need and limit the need for removal to the foster care system. Please do not hesitate to reach out to me at keconomos@bds.org or (347) 592-2554 with any questions.

GOOD SHEPHERD SERVICES

We see what can be.

Testimony of Minerva Ranjeet, Masters Level Case Planner at Good Shepherd Services' Neighborhood Family Empowerment Center

The Committee on General Welfare on the Subject of the utilization of preventive services

(December 14, 2016)

Good morning. My name is Minerva Ranjeet. I am a Masters Level Case Planner at Good Shepherd Services' Neighborhood Family Empowerment Center located in the Bronx. I want to thank the committee for holding this hearing on the utilization of preventive services.

Good Shepherd Services goes where children, youth, and families face the greatest challenges and builds on their strengths to help them gain skills for success. Good Shepherd's Bronx Preventive programs (established in 1976 under Pius XII Youth and Family Services and assumed by Good Shepherd in 2005) **have been leaders in the effort to fully integrate comprehensive neighborhood services and school support services as part of the preventive approach.** The early creation of these and other Good Shepherd programs demonstrates the agency's responsive and strategic approach to providing services that address growing community needs, as well as its ability to support and administer a wide range of programs across the city.

I have been working in preventive services at Good Shepherd for nine months. My testimony will focus on the supports available to case planners as well as the wrap around services we provide the children and families we serve throughout preventive services. Like my colleague, Melissa, I am committed to the mission of Good Shepherd and to helping children and families reach their fullest potential.

At the NFEC my team includes four supervisors who supervise four case planners respectfully. The experience of the case planners varies. I am an art therapist while two of my colleagues are social workers who conduct consultations and clinical assessments for the children and families we serve. Our team meets twice a month for group supervision and to conduct case conferences. In addition, I meet regularly with my supervisor who plays a key role in ensuring I understand the systems our families are navigating while, providing me with tangible skills and tools to assess the needs of our families.

One of the key components of this work is to respect the families we work with. Our families want to live normal lives. They do not want to be seen as different. At Good Shepherd, we use a strength based approach with our families which allows us to celebrate milestones while encouraging compliance and holding our families

accountable. In my experience, it is also important to find a balance between respecting the family's wishes and ensuring the safety of all parties involved.

In the Bronx, we are seeing an influx of immigrant families who face language barriers and need additional supports navigating systems and institutions they touch daily. In addition to what is required of my job description, I find myself going above and beyond to help my families.

It is also my role to help families identify individuals outside of the family unit who can support them as they receive services. There are several steps we as case planners take to identify the supports available to a family. I must stress that the initial meeting with our families is the most important interaction I will have with them - it determines whether the family is willing and able to commit to working on the issues that brought them to us in the first place. During this meeting, we set expectations – time commitment, who will need to be involved and begin to identify what concerns they want to address while receiving services. It is also important to begin to explore what they are looking for from us. Families have preconceived notions when they walk through our doors and it is my role to help them understand the services we provide.

I look forward to answering any questions you might have about my testimony. Again, thank you for your time and dedication to this very important issue.

GOOD SHEPHERD SERVICES

We see what can be.

Testimony of Melissa Dishart, Bilingual Case Worker at Good Shepherd Services' Family Reception Center

The Committee on General Welfare on the Subject of the utilization of preventive services

(December 14, 2016)

Good morning. My name is Melissa Dishart. I am a Bilingual Case Worker at Good Shepherd Services' Family Reception Center located in Brooklyn, New York. I want to thank the committee for holding this hearing on the utilization of preventive services.

Good Shepherd Services goes where children, youth, and families face the greatest challenges and builds on their strengths to help them gain skills for success. **Good Shepherd's preventive service programs started in 1972 at the Family Reception Center working with 100 families and continues to be committed to providing community-based services in order to preserve families.** Good Shepherd's Bronx Preventive programs (established in 1976 under Pius XII Youth and Family Services and assumed by Good Shepherd in 2005) have been leaders in the effort to fully integrate comprehensive neighborhood services and school support services as part of the preventive approach. The early creation of these and other Good Shepherd programs demonstrates the agency's responsive and strategic approach to providing services that address growing community needs, as well as its ability to support and administer a wide range of programs across the city.

Since that time, Good Shepherd has positioned itself in the community by participating on a number of community advisory boards and workgroups throughout Brooklyn and the Bronx to better understand community needs, strengthening the ability to provide quality services and support to vulnerable populations. **Good Shepherd operates eight preventive programs in the Bronx and Brooklyn. These programs include Family Treatment/Rehabilitation Programs with 90 slots, two Beacon General Prevention Programs with 150 slots, and four General Prevention Programs with 624 slots. These programs are located in the Fordham, Belmont, University Heights and Morris Heights neighborhoods in the Bronx and Park Slope, Gowanus, and Red Hook neighborhoods in Brooklyn. Through these preventive programs, participants can access family, group, and individual counseling, as well as advocacy and referrals to other services. Last year, 1,608 families received counseling services in our Prevention programs and, as a result, 99% were able to stay together and avoid foster care placement for their children.**

I have been working in preventive services with Good Shepherd for a little over a year. In that year, I am have been tasked with providing direct service components – including, but not limited to, home visits and two contacts with the family a month - to children and families referred by ACS or our community partners while, navigating the systems that touch our families – including, but not limited to, schools, doctors, and therapist – to

collect required documentation to assess the needs of the families receiving services. It is a delicate balance to keep and requires a commitment from everyone that touches our children and families.

Prevention services allows a family to name their struggles and remove the power out of their trauma or secret. For some families, this is the first time they are able to talk about what happened to cause conflict in their family. Since preventive services are voluntary, unless mandated by family court, it is important for me to reassure families we are there to ensure the safety of everyone involved. It is also my role to ensure that families understand their rights and that they understand the commitment involved with receiving services.

The families we are serving are unique. Some families have complex trauma histories. When we first meet with a family we assess the original history for opening the case and then throughout the year, we find that they merit long term supports because of other concerns surface.

There are no typical days in this work. On average my case load ranges from 13 to 14 families. On average, I close one case and open a new case a month. My work hours range from 35 to 40 hours a week and sometimes, I have to take work home with me. Two days a week, I work late nights. On these days I work from 12:30pm to 8:30pm to accommodate families who work. On my non late nights, I spend most of my day coordinating with schools, doctors and therapists to get information about the family. This information is critical to preserving the family and helps me monitor progress – however big or small it might be for a family.

I look forward to answering any questions you might have about my testimony. Again, thank you for your time and dedication to this very important issue.

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FOR THE RECORD

TESTIMONY

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

Oversight - Preventive Services at the Administration for Children's Services

The Legal Aid Society
Juvenile Rights Practice
199 Water Street, 6th Floor
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Prepared by:
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Theresa Moser, Staff Attorney, The Legal Aid Society
Kate Wood, Staff Attorney, The Legal Aid Society

The Legal Aid Society submits this testimony and thanks the Committee on General Welfare for providing us with an opportunity to share our perspective on the prevention of child maltreatment. It is important to examine the provision of preventive services to ensure that vulnerable children and families receive the support they need.

The Legal Aid Society is the nation's largest and oldest provider of legal services to low income families and individuals. The Society operates three major legal practices – Civil, Criminal and Juvenile Rights – providing comprehensive legal services throughout New York City. Legal Aid's Juvenile Rights Practice provides legal representation to children who appear before the New York City Family Courts in all five boroughs, in abuse, neglect, juvenile delinquency, and other proceedings affecting children's rights and welfare. Last year, our staff represented some 34,000 children. Our perspective comes from our daily contacts with children and their families, and also from our frequent interactions with the courts, social service providers, and State and City agencies whose practices impact our clients and their families. In addition to representing many thousands of children each year in trial and appellate courts, The Legal Aid Society also pursues impact litigation and other law reform initiatives on behalf of our clients.

Research shows that removing children from their families of origin and placing them in foster care is traumatic and raises long term risks to their well-being. These risks include poor school performance, homelessness, justice system involvement, and poor health outcomes, even compared to socioeconomically similar children who remain with their families.[1] In the face of this reality, New York has led the nation in reducing the census of children in foster care while simultaneously enhancing services that enable children to remain safely at home with their families. In New York City, the number of children in foster care declined by about 50 percent from 2002 to 2012,[2] and has continued to decline to a current low of 8,870.[3]

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[1] Vera Institute of Justice, Child Welfare Policy Brief, Innovations in NYC Health and Human Services Policy, January 2014 [hereinafter "Vera Institute Policy Brief"] (citing Allen, et al., 1997, *Assessing the Long Term Effects of Foster Care: A Research Synthesis.* Child Welfare League of America).

[2] NYC foster care census was 26,337 in 2002 and 13,289 in 2012. Vera Institute Policy Brief (citing statistics reported by the NYC Administration for Children's Services in addition to statistics reported by the U.S. Department of Health and Human Services reflecting nationwide decrease in foster care population of approximately 23 percent for the same time period).

[3] As of September 2016; Snapshot of Children Receiving ACS Services, accessed December 8, 2016, at http://www1.nyc.gov/site/acs/about/data-policy.page.

The Administration for Children's Services ("ACS") preventive services are intended to help keep families together and children safely at home. In New York City, ACS provides a range of preventive services including those focused on mental health, substance abuse, domestic violence, exploited youth, special medical needs, home care services and aftercare.[4] Eleven of these service models are evidence-based, combining well-researched interventions with clinical experience and client preferences.[5] They have been vetted through a formal evaluation process and have been found to be effective.[6] The evidence-based programs require staff to have intensive training and have quality assurance systems to ensure that the model is being delivered properly.[7]

Both general preventive programs and evidence-based services have demonstrated an ability to reduce child abuse and neglect, improve parental resilience, build stronger social connections and positive child development and increase access to concrete supports such as housing and transportation.[8] National child welfare experts and the state and federal government have recognized that these strategies support and preserve families and promote child safety and well-being.[9]

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[4] ACS Preventive Services, accessed December 7, 2016, at https://www1.nyc.gov/site/acs/child-welfare/preventive-services.page

[5] Gladys Carrion, Testimony before the City Council Committee on General Welfare, Child Abuse Cases and the Various City Touchpoints for Families, October 31, 2016.

[6] New York City Independent Budget Office, *More Funding for Child Welfare: Mayor Aims to Expand & Enhance Preventive Services, Reducing Foster Care Placements*, June 2016.

[7] ACS Preventive Service Model Desk Guide, April 2016.

[8] Casey Family Programs, *Community-Based Family Support, Exemplars with Implementation and Evaluation Strategies*, May 2016; Center for Disease Control, *Preventing Child Abuse and Neglect: A Technical Package for Policy, Norm, and Programmatic Activities*, 2016; Center for the Study of Social Policy, *Strengthening Families Through Early Care & Education, Protective Factors Literature Review*, September 2003; Child Welfare Information Gateway, *Child Maltreatment Prevention: Past, Present, and Future*, Issue Brief July 2011; Jacquelyn McCroskey & William Meezan, *Family-Centered Services: Approaches and Effectiveness*, Protecting Children from Abuse and Neglect, Vol. 8, No. 1, Spring 1998; New York City Independent Budget Office, *A Changed Emphasis in City's Child Welfare System: How Has Shift Away from Foster Care Affected Funding, Spending, Caseloads?*, Fiscal Brief October 2011.

[9] Casey Family Programs, *Community-Based Family Support, Exemplars with Implementation and Evaluation Strategies*, May 2016; Center for Disease Control, *Preventing Child Abuse and Neglect: A Technical Package for Policy, Norm, and Programmatic Activities*, 2016; Center for the Study of Social Policy, *Strengthening Families Through Early Care & Education, Protective Factors Literature Review*, September 2003; Child Welfare Information Gateway, *Child Maltreatment Prevention: Past, Present, and Future*, Issue Brief July 2011.

Preventive services provided at an early age can prevent the trauma of abuse and neglect, including its negative and long lasting effect on brain development.[10] Home visiting services (visits by a nurse or other professional), such as Healthy Families New York, have been proven to improve outcomes for children and families, including increasing positive parenting and reducing child maltreatment.[11] For older youth, teen preventive services can prevent family disruption which may lead to youth homelessness, or help to reunify a homeless youth with their family of origin.

We commend Mayor De Blasio's administration for its recognition of the importance of preventive services. In 2015, over 12,000 families in New York City received these essential services, including individual and family counseling, parenting classes, aftercare programs and domestic violence intervention.[12] However, the number of families enrolling in these services has declined by 4.3 percent during fiscal year 2016 compared to fiscal year 2015.[13] The number of families entering specialized teen child welfare services and the total number of children receiving preventive services have also both declined during fiscal 2016.[14] In response, ACS has stated it will realign referral management procedures in order to simplify the referral process and train staff in motivational interviewing to increase child and family engagement.[15] Ensuring that families are actively participating and the services are fully utilized is critical if these programs are to be successful.

One important way to improve access to preventive services is through the use of "primary" preventive services. Primary preventive services are those that are provided to children and families before they come into contact with the child welfare system. These services can be effective in serving struggling families who need support but fear the potential stigma and systems involvement of reaching out to local social service departments. We support

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[10] Rand Corporation, *Proven Benefits of Early Childhood Interventions*. 2005. http://www.rand.org/pubs/research_briefs/RB9145.html; Rand Corporation. *Early Childhood Interventions: Proven Results, Future Promise*. 2005. http://rand.org/content/dam/rand/pubs/monographs/2005/RAND_MG341.pdf.
[11] Dumont, et al., *Final Report: A Randomized Trial of Health Families New York: Does Home Visiting Prevent Child Maltreatment*, October 2010, available at https://www.ncjrs.gov/pdffiles1/nij/grants/232945.pdf.
[12] *Id.*
[13] Mayor's Management Report, Administration for Children's Services, p. 184 (Sept. 2016), available at http://www1.nyc.gov/assets/operations/downloads/pdf/mmr2016/2016_mmr.pdf
[14] Mayor's Management Report, Administration for Children's Services, p. 184 (Sept. 2016), available at http://www1.nyc.gov/assets/operations/downloads/pdf/mmr2016/2016_mmr.pdf.
[15] *Id.*

the increase in the executive budget for 2017 for primary preventive services.[16] In New York City, these programs are designed to be community-based and offer on-demand assistance to any family. We support ACS' plan to roll these services out through new Family Enrichment Centers – accessible spaces where families can walk in and be connected to supports in child development, housing, parenting skills, and health.[17] The executive budget added $750,000 to launch three Family Enrichment Centers in neighborhoods with high rates of child welfare investigations and foster placement in 2017.[18] This pilot program will be a test and should inform the further expansion of this initiative. Addressing a family's needs before there is a crisis is crucial to keeping children safe. These Family Enrichment Centers represent a huge step forward in preventive programming.

Int. No. 1374

In order to ensure that sufficient preventive services are available and that they are effective, it is important to maintain proper oversight of these programs. Data reporting is a necessary element in monitoring the provision of these critical services. The data collection proposed by Int. No. 1374 is a step in the right direction, in this regard. From this data, ACS, City Council, and the advocacy community will be able to evaluate the availability and utilization of different types of services. To help evaluate the utility of the primary preventive services Family Enrichment Centers, we encourage the City Council to consider amending Int. No. 1374 to disaggregate the primary preventive services data from other preventive services in each of the relevant data sets defined in Int. No. 1374. In addition, to help evaluate whether Runaway and Homeless Youth services providers are successfully referring youth and families to ACS teen preventive services, we encourage the Council to amend Int. No. 1374 to require reporting regarding teen preventive services disaggregated by referral source. As a result, we can work together to ensure proper funding and allocation of resources for services that bolster families and keep children safe.

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[16] New York City Independent Budget Office, *More Funding for Child Welfare: Mayor Aims to Expand & Enhance Preventive Services, Reducing Foster Care Placements*, June 2016.
[17] *Id.*; Gladys Carrion, Testimony on the Executive Budget, May 2016, available at https://www1.nyc.gov/assets/acs/pdf/testimony/2016/ExecutiveBudget51216.pdf.
[18] New York City Independent Budget Office, *More Funding for Child Welfare: Mayor Aims to Expand & Enhance Preventive Services, Reducing Foster Care Placements*, June 2016.

Int. No. 1062

While we commend the City Council for its recognition of the need to ensure the preservation of cultural bonds between children in foster care and their parents through the provision of language classes in their primary language, we are concerned that Int. No. 1062, as written, is overbroad. The bill lacks any age range, applying to children as young as 6 months up through age 21. As a result, we are concerned that the provision of language classes to an infant is both not a service presently available and is unlikely to be the best way to increase exposure. Instead, it would seem that, in general, more frequent or more extended visitation with a parent to allow for exposure to their primary language would be preferable to formal classes, particularly for young children. In addition, we are concerned that the bill provides no mechanism for a child in foster care to opt out of these classes. Should a young person in foster care choose not to participate in these classes, the Family Court should be permitted to accommodate their wishes. Finally, there is no language with respect to the frequency of these classes, rendering enforcement of this mandate questionable. As a result, we urge the City Council to revise this bill in keeping with our concerns.

We thank you for the opportunity to testify with respect to these important programs and services and commend the City Council for its attention to these matters.

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TESTIMONY SUBMITTED TO THE NEW YORK CITY COUNCIL COMMITTEE ON GENERAL WELFARE Preventive Services at the Administration for Children's Services

Jim Purcell

CEO

Council of Family and Child Caring Agencies

The Council of Family and Child Caring Agencies, also known as COFCCA, represents over fifty New York City child welfare agencies, organizations that provide foster care and child maltreatment prevention services to many thousands of families. Our members range from large multiservice agencies to small community-based preventive services programs in community districts around the city.

Before I begin our testimony about Preventive Services, I would like to take a moment to recognize the tremendous leadership provided by Commissioner Gladys Carrión at the Administration for Children's Services (ACS). The Commissioner's tireless work to improve the delivery of child welfare services in New York City has resulted in a continued decrease in child removals, which we know to be traumatic for all involved, and an increase in services given to families in their homes. She has lead efforts to assess the work, both long-standing processes and more recent innovations, and these efforts, we believe, have led to increased quality and accountability throughout the child welfare system. Her work has resulted in a system that is a model to many other cities and should be commended.

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We are pleased to see the New York City Council is interested in the services provided by our agencies' Preventive programs. While Preventive programs are an important part of the child welfare services continuum, we find the public generally is not aware these services exist, and those people who do know about Preventive services do not appreciate the finer details of the work. These programs are "preventive" in two respects: preventing more child abuse and maltreatment while preventing placement of children in foster care. We know of no other state or community in the nation that has invested in Preventive programs to the extent New York City does, even though these programs provide vital protective services, reduce trauma to families and children, and strengthen families – all at a much lower cost than foster care placement. We are sure New York City's continued reduction in foster care placements is due in large part to the extensive network of Preventive services the City has supported.

A decade ago, the foster care programs served approximately 17,000 children in out-of-home care. Today, fewer than 10,000 children are in foster care and Preventive programs have been the biggest contributor to that trend. There are today in NYS over 30,000 children living with 12,000 families receiving these services. We applaud ACS' Division of Child Protection (DCP) for the work they do to keep children safe. We know it's an incredibly difficult job as it requires a complicated skill set to identify and assess for child abuse and neglect. We appreciate that DCP recognizes the benefits of Preventive programs to keep children safe while keeping families together.

I ask you to imagine a child welfare system with no preventive services. Actually, that is what we had until New York State created and funded preventive services in 1980. When a CPS worked indicated a case, or perhaps unfounded the specific incident but had serious concerns about the future safety of the

children, she had two choices: remove the children to foster care or close the case. We would never accept those draconian choices for our family, so we should be very proud that we do not accept those limited choices for any family.

In order to reduce the need for foster care, our preventive services providers stepped up to serve a substantial number of cases that were previously placed into out of home foster care. To serve these high-risk and high-needs families, Preventive casework staff have assumed the ongoing role of child protection s for both the DCP-referred families and the struggling families that reach out to these programs on their own. Provider casework staff are doing many of the same things as DCP staff – assessing for safety and protecting children – without the same resources or compensation. As mentioned above, we believe much of the reduction in foster care cases is due to the work of Preventive programs. This is a compelling reason to increase to use just some of the money the City has saved in foster care to better support these programs and these staff.

While the Preventive workers are fulfilling protective roles, they are not supported in the way DCP is supported. Preventive programs have not had a funding increase since 2008, the beginning of the Great Recession, even though they are now working with more difficult families – families that in the past may have been Foster Care cases, with the additional resources available to Foster Care programs. Salaries for Preventive workers have not kept pace with DCP salaries, even though they share many protective responsibilities in their work. Preventive worker turnover is 35%; the average starting salary for a worker at the Bachelors level is just over $36,000, and the average salary is less than 6% higher than starting salary. Many of our experienced Preventive workers are finding they can take their

experience to ACS or Health and Hospitals or Probation or DHMH for $10,000 – $12,000 more in pay plus good health insurance and a retirement plan. Why do we so undervalue the work these individuals do? Not incidentally, this turnover affects ACS' ability to protect children; when a Preventive program has staff vacancies, they cannot accept new cases and thus families may wait weeks for a Preventive program opening. Additionally, ACS penalizes Preventive programs financially when they cannot accept their contracted number of referrals, and a partial loss of funding makes it more difficult for the Preventive programs to operate. It is a vicious cycle.

Again, I ask you to picture a family who meets their preventive worker, begins to build some trust, and then she leaves for a better job. The family case will be re-assigned to another worker – in addition to the 12 families already on her caseload –probably for weeks or months until a successor is hired and trained. We can only hope he or she doesn't also chose to leave before the family case is closed.

What are we asking these workers to do? They are conducting weekly safety assessments and providing special monitoring to young children via home visits. Many of these children are homeless. They frequently encounter families that require emergency food, clothing, furniture, cribs, baby formula, and other necessities agencies are not funded to provide (although ACS DCP staff have the resources to get such items to families). Preventive programs are a lifeline for families seeking assistance with housing, homemaking services for parents with disabilities, children with special needs, and troubled teens with a history of truancy and disruptive behavior. Caseworkers connect families to entitlements, mental health services, educational supports, and community-based services.

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Preventive caseworkers' caseloads are significantly higher than f DCP workers. In 2008, with the strong leadership of this general welfare Committee, caseloads were reduced from 15 to 12 per worker. Over the years, this was helpful but the increasingly high-risk needs of families that would have previously gone to foster care and the increased requirements by ACS can be better served if caseloads were reduced to 10 per worker – similar to the caseloads of DCP workers.

Many of these families are dealing with substance abuse, mental health problems, domestic violence, substance abuse or a combination of these. The needs of these families often require licensed and clinically-trained social workers; unlike ACS, Preventive programs have had salaries funded at 2008 levels (with one 2.5% COLA), and do not have the resources to offer workers tuition reimbursement or time off to attend college for high-level staff development.

To best do this work, Preventive caseworkers need to be out in the community, meeting the families "where they are at," not at desks in offices. However, Preventive program staff do not have technology that is comparable to the resources found at ACS, i.e., cellphones, laptops, and other mobile devices that permit casework staff to better serve families while in the field. The lack of mobile technology delays casework documentation, hinders telephone access to families, and impedes emergency contact with caseworkers. Also, caseworkers are consumed with paperwork, program mandates, and regulatory requirements which mean less time to spend with families.

While we earlier commended the Commissioner for making improvements to the quality of work, many of the initiatives come with costs. The Preventive program contracts were already underfunded before many of these initiatives were added to Preventive program requirements. For example, ACS has added Family Team Conferencing mandates; Family Team Conferencing is a very worthwhile activity, but it requires additional staffing and specific training requirements for staff and there has been no funding provided for these. Preventive programs deal with many initiatives and policies that may be designed as performance incentives or may be valuable protective methods but result in unintended consequences that impact programs' ability to hire staff, serve families, and remain fiscally viable. System-wide, Preventive programs must raise additional funding to support city mandates due to increasing deficits.

Performance-based funding initiatives require Preventive programs meet productivity targets – opening and closing a percentage of cases per quarter even though the programs in some community districts may not be receiving referrals from ACS. When performance measure are not met, funding is withheld. Agencies conduct community outreach campaigns to solicit families that might benefit from service, but these efforts can be complicated because families in need of services are often reluctant to accept these services due to fear of ACS involvement.

Recently, ACS enacted regulations which prohibit agencies from closing cases without approval from ACS, further complicating providers' ability to meet performance targets. When Preventive programs are unable to close cases in a timely manner due to a backlog of ACS family conferencing requests, the

programs cannot accept new families. We support ACS' efforts to supervise child safety but monitoring mandates should not lead to financial penalties for barriers that reside within ACS.

Additionally, ACS' Length of Service policy mandates each program meet a 12-month-per-family service average. This places pressure on families and programs to address all issues within this timeframe. Given the high needs of families, we believe that many families require more time to fully work through very difficult issues. We do not want programs to consciously or unconsciously rush to close cases with families' needs unmet.

Another notable innovation from ACS is the use of Evidence-Based Models (EBM) – closely-defined intervention methods that have been tested and proven effective. In 2013, some Preventive programs converted to EBMs without experience or knowledge what the full cost of EBMs would be. These are the most expensive interventions in the Preventive field, and agencies speak highly of the outcomes they achieve with families when using these models. But in Evidence-Based Programs, staff must be specially trained to deliver very structured clinical interventions. The training is very expensive and sometimes require staff to travel to other states for training. These programs have the highest turnover rates and it takes longer to get new staff trained before they can serve families. After the initial EBM contract, the model developers have increased their fees to continue providing supervision and support. Preventive funding does not support these additional fees and extra training costs. The city has invested a great deal of money in these models, and Preventive programs would like to continue the programs, but these programs require a funding increase to continue EBM operations.

Despite all these problems, agencies are eager to continue to offer Preventive services to existing and new populations. Agencies are waiting to hear when the promised funding for Trial Discharge Preventive Program will be available, so they can expand Preventive services to families reunifying with their children to prevent re-placement in foster care. Agencies are eager to hear when the promised additional Preventive slots will be available, despite how current slots are underfunded. Agencies are avidly seeking ways to address not just the short-term but the long-term needs of the city's families, and we hope this Committee, and the Council as a whole, will support our Preventive programs both in spirit and in funding.

In reviewing the bills put before the Committee today, we are generally supportive of proposed Local Law 1374, which would require ACS to report various data related to Preventive services. However, we question what purpose these numbers will serve. For example, one sub-paragraph requires ACS report the number of families receiving Preventive services and the average length of enrollment. Let's say the number shows one program type served 100 families for an average of 10 months. Is "100" good? Is "10 months" bad? The data this bill requests can be informative for knowing program utilization, but it does not speak to whether the "right" number of families received the "right" services for the "right" length of time. I encourage the Committee to consider the "why" behind asking for this data as the data being requested might not answer better questions, such as the desired outcome of these programs – keeping children safe, stabilizing unstable situations, and building self-sufficient families.

Regarding INT 1062, while it is worthwhile for ACS to know when children have limited English proficiency, we do not believe it should be ACS' responsibility to provide English as a Second Language

education. This should be the responsibility of the city Department of Education to provide, preferably in the school setting and/or as an in-school, after-school service. Asking ACS to be responsible for ESL would require them to develop something that already exists at another city agency, and would place another regular appointment burden on the foster parents who would be responsible for getting the children to and from these classes.

Regarding Resolution 1322 which would mandate OCFS compose a Parents' Bill of Rights to be given to families at the time a child welfare investigation begins, we support any efforts to assist and educate parents – and the earlier in the process, the better.

In summary, we are proud to partner with New York City and ACS to provide these critical services, and we share their pride in this being the fullest commitment to help families in every way to better raise their own children. But I come today with a very serious warning that these programs are in real danger through long term underfunding. In addition to reducing the caseload sizes we should expect the same treatment that the city workforce received after the recession. There were retroactive raises to cover the years they went without contracts. We are not asking for retroactive pay increases. We just expect the City to match the total increase, perhaps over two years, so that our staff is supported by the City they serve.

We at COFCCA would be happy to answer any questions the Council members may have, or to arrange for members to see their local child welfare agencies in action. We thank you for allowing us to submit our testimony.

Leadership, voice and vision for child welfare in New York State

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Testimony of

Stephanie Gendell
Associate Executive Director
Citizens' Committee for Children

Before the
New York City Council
General Welfare Committee

Oversight: Preventive Services at the Administration for Children's Services

December 14, 2016

Good morning. My name is Stephanie Gendell, and I am the Associate Executive Director for Policy and Advocacy at Citizens' Committee for Children of New York, Inc. (CCC). CCC is a 73-year old independent child advocacy organization dedicated to ensuring that every child in New York is healthy, housed, educated and safe.

I would like to thank Council Member Levin and all of the members of the General Welfare Committee for holding today's hearing on preventive services at the Administration for Children's Services. CCC is grateful to the Council for your interest in ensuring that whenever possible, children can remain safely in their homes and out of the foster care system.

CCC is also appreciative of all of the efforts that have been undertaken at the Administration for Children's Services (ACS) to enhance and expand preventive service program models. We want to take a moment to thank Commissioner Carrion for her tremendous efforts to strengthen ACS, particularly as it relates to preventive services. The Commissioner has helped to increase capacity, grow the evidence-based programs and start the launch of Family Enrichment Centers. While we are saddened that the Commissioner has resigned, CCC remains hopeful that the investments in prevention will continue and expand when the Mayor appoints a new Commissioner.

Preventive services are VOLUNTARY,[1] community-based services that strengthen and support families by tailoring the services to the families' individualized needs, and by reducing and assessing safety and risk through home visits and casework contacts. Thus, preventive services enable children to remain safely in their homes, protecting them from abuse, neglect and the need for foster care.

The most effective child welfare system is one that prevents abuse or neglect from occurring in the first place and also prevents the need for foster care when there is risk by providing the services that keep children safe. This prevents the trauma of removal while also strengthening a family's ability to provide a safe home that strengthens child and family well-being. Furthermore, preventive services are cost-effective, costing a fraction of the price of foster care.

Preventive services are a critical component of child welfare continuum, and have enabled countless children to remain with their families and out of the foster care system. When a child protective services worker is conducting an investigation and making a decision about whether to remove a child, knowing that there is another option whereby a family can receive supportive services and a caseworker can make home visits to assess child safety, a caseworker can be more comfortable leaving the children in their homes. Thus, preventive services are a critical component in ensuring child safety, while keeping children out of the foster care system.

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[1] The model of preventive services is generally that they are voluntary. There are instances where a court has ordered a family to participate in preventive services. When there is no court involvement, preventive services are generally voluntary. When parents are being investigated for abuse or neglect and a caseworker suggest that the family participate in preventive services, it may not feel voluntary to the parents worried about having their children removed.

Holding a hearing on preventive services today is extremely timely in light of the recent fatalities of Zymere Perkins and Jaden Jorden, which have been highly publicized. Historically, after there are child fatalities that receive a lot of media attention, there has been an increase in calls reporting child abuse and neglect, an increase in cases indicated, an increase in children coming into foster care—and an increase in the need for a strong preventive service system. It is extremely important that as ACS continues to receive a higher level of reports while experiencing ongoing scrutiny, that there be access to high quality preventive services throughout the City. This is because with heightened scrutiny, there is always a fear that caseworkers will err on the side of removal. Without adequate preventive services, this risk grows. For example, after the death of Nixzmary Brown in 2006, the increased numbers of reports led to the preventive service system operating at over 100% capacity. We must be sure that the system is prepared for potential increases in families identified as needing services.

Today's hearing is also timely because at the state level, child welfare financing sunsets this spring so provisions authorizing funding reimbursement for child welfare services, including preventive services, will need to be addressed in the upcoming state budget. The state incentivizes preventive services by providing a limited block grant for foster care and providing open-ended reimbursement for preventive services. Thus, once a locality expends all available federal funding, the remainder is reimbursable by state statute at 65% state/35% local. Since 2008, that reimbursement level has been cut to 62% state and 38% local.

New York's unique system has enabled the City to create an impressive array of programs, including many that are evidence-based or evidence-informed. Currently there are nearly 23,000 children, from about 14,000 families, receiving preventive services in New York City. The majority of these families receive General Preventive services, which is the basic model with case management, case planning, counseling, home visits, referrals, and access to supports at the community-based organizations. The next largest program is Family/Treatment Rehabilitation (FT/R), which is an enhanced version of General Preventive for families struggling with substance abuse or mental illness. FT/R requires more home visits and referrals to substance abuse and/or mental health services. There are also specialized models for families with medical issues, developmental delays, those who are deaf or hearing impaired, and youth who have been sexually exploited. Finally, there is a continuum of 11 models that are evidence-based, evidence informed or promising practices, including Family Functional Therapy, Multi-systemic Therapy, and SafeCare (for children under five).

No other state has a funding structure like ours, and through my work with other states I can see that no other state or county outside the state has a system that is as large, diverse and/or evidence-based as the one we have in New York City. It is extremely impressive and it is important to recognize this.

It is also important to note that New York State's reimbursement is limited to preventive services where a case is opened for a family after documentation of risk to the child. To receive these services, a parent must sign a form indicating that their child is at risk of

foster care. Many families do not feel comfortable signing this form due to concerns about stigma and/or fears that their children will be removed. While ACS and its providers have worked hard to combat this stigma, this is a challenge, and has led to the majority of preventive services being offered to families who have had reports to the SCR, rather than families coming forward to seek services.

Recognizing this limitation, and despite the lack of state funding, ACS is soon going to be offering primary preventive services at three soon-to-be created Family Enrichment Centers. ACS is still in the process of selecting the three providers, but the plan is for these three centers to be home-based settings, in locations not affiliated with ACS, in high-risk neighborhoods where families can walk-in and receive any support they might need. This type of model, where families can safely seek help before there has been abuse or neglect, has been successful in New Jersey, and we look forward to seeing it implemented here in New York City.

Recommendations:

In 2010, CCC released, *The Wisest Investment: New York City's Preventive Service System.*[2] This report documented CCC's three-year analysis of Preventive Services in New York City, which included a survey of preventive service program directors, a focus group with parents, data and policy analysis and participation in various workgroups and coalitions. Many of the key recommendations remain relevant today, six years later. CCC's report detailed how New York City's preventive service system needed to be more fully supported at the federal, state and local levels for it to provide quality and timely services to all at-risk children and families in New York City. The report recommended increasing the system's capacity to serve more families, expanding options to meet the needs of non-English speaking families, improving access to mental health and housing services, and addressing barriers to hiring and maintaining an experienced and committed workforce. It also recommended enhancing the training for preventive service staff, strengthening services provided in court ordered supervision cases, eliminating ACS's incentive to close cases within 12 months of service, and to make more preventive services more seamless for homeless families. We continue to support these recommendations and many are described in more detail below.

With much respect for the commitment the City has made to preventive services, CCC offers the following recommendations to strengthen the City's ability to keep children safe, strengthen families and avoid foster care:

1) **Pass Intro 1374-2016, a Data Bill Related to Preventive Service Utilization**
   CCC supports Intro 1374-2016 and urges the City Council to pass it and the Mayor to sign it.

   Currently, most ACS data related to preventive services is reported in the monthly Flash report, which is replaced each month with a new Flash report. The indicators reported are all related to new preventive service cases (number of new

[2] The report is available here: http://www.cccnewyork.org/wp-content/publications/CCCReport.WisestInvestment.PreventiveServices.April2010.pdf

cases, new cases by program type in three categories, referral source for the new cases, and number of cases opened and closed each month.)

The Mayor's Management Report does provide additional information about preventive services, but it is an annual report that is often months delayed in its release. As it relates to preventive services, the MMR includes for the fiscal year, the number of new families receiving preventive services (as is in the Flash), the number of new families receiving specialized teen services (but not other models), the daily average number of children served in preventive services (for the year), and the total number of children who received preventive services throughout the year.

None of this Flash or MMR data provides the number of children and/or families receiving preventive services during a month nor information about the number of children/families receiving the services in a particular program type, even though ACS currently offers 16 program types. The data similarly does not provide information about utilization and/or capacity to serve additional families. The data does not indicate outcomes for the children or families, such as repeat maltreatment or educational outcomes for the children. Finally, the data does not provide information about whether the services were provided for children leaving foster care and/or for children who are homeless.

All of this information is critical for advocacy organizations like CCC and for the City Council so that we know how the preventive service system is operating and what, if any, resources we need to be advocating for related to capacity in its entirety, related to program type and related to particular communities.

CCC believes that the proposed legislation will not be onerous for ACS, as ACS has most of this data internally. In addition, we believe this data will be extremely helpful to those seeking to ensure ACS has the resources it needs to keep families safe.

2) **Ensure ACS has Enough Capacity to Serve All Families in Need of Preventive Services**

As mentioned earlier in this testimony, media attention tends to increase the number of families that come into contact with the child welfare system. In many instances this could be a positive development as it could allow the child welfare system to step in and provide the preventive services that will prevent a child from being abused, neglected or coming into foster care. It is critical that ACS ensure that the preventive service system has enough capacity in all neighborhoods.

At this time, given the limited available data, CCC does not know the utilization of the system nor whether ACS is in need of additional capacity; however, we suspect that the system will likely need more resources. We urge the Mayor to

include funding for preventive service capacity in the Preliminary Budget based on anticipated projections from the increased reports to the SCR.

In addition, we understand that the City's FY2017 Budget included funding to expand preventive service models for infants and toddlers, but that these additional slots have not all been brought online yet. If this is still the case, we urge ACS to expedite this process.

3) **Eliminate the Incentive to Close Preventive Cases after 12 Months of Service**
When ACS implemented the most recent RFP for preventive services in 2010, it included an incentive payment structure whereby programs are penalized if they do not open 25% of their capacity every quarter. This is in part why much of ACS's publicly available data on prevention is focused on opening new cases. As part of ACS's move to open new cases, programs were expected to maintain an average length of service of 12 months.

While ACS continuously maintained that this was meant to be an average, CCC has continuously maintained that a caseworker with a caseload of 12 cannot implement an average length of service and this was essentially being implemented as a 12-month rule. CCC has objected to this "rule" since its inception. We continue to believe that the length of service should to be tailored to the individual and unique needs of the families and that both ACS and the preventive service programs should be equipped with the skills, training and risk measurement tools, to assess when it is safe to close cases.

While we still do not know the critical facts involved in the Zymere Perkins case, we do know that the family had been receiving preventive services and that one of ACS's action steps after this case was to require ACS staff to approve the closing of cases. We worry that the 12-month "rule" could have impacted this case.

Regardless of whether that hypothesis is true, we once again urge ACS to eliminate the 12-month length of service and the incentive payments related to turning over cases each quarter. We believe preventive caseworkers should receive additional training to help them know when it is safe to close cases and that ACS providers should be able to provide after-care to preventive families- that is paid for by the City.

Finally, we have also heard that the new requirement for ACS to approve preventive case closures has slowed down this process without providing real oversight or support because the person who is approving the case closing knows little about the case or the family. We urge ACS to review whether this case closing approval process is in fact the best way to ensure the safety of the children.

4) **Improve Preventive Services for Homeless Families**
Unfortunately, since CCC released its preventive services report in 2010, the number of homeless families has increased tremendously. This means that there are many more struggling, vulnerable families who could benefit from preventive services. We believe the homelessness crisis makes the need to provide preventive services to these families even more important, particularly as families are placed in hotels and/or far from their community support networks.

When CCC released our report in 2010, we documented that when families entered the shelter system it was very difficult for them to maintain their preventive services because the services are community based and the families were placed in different communities. At that time, DHS was typically placing families in shelters located in the school districts where the youngest child was attending school. We recommended that DHS place families with open preventive service cases in the communities where they were receiving services, so that their services were not disrupted, and we urged DHS and ACS to track this like they do with education. Both then and now, DHS knows whether and where families are receiving preventive services because they screen families for ACS involvement when they are at PATH intake.

CCC continues to urge DHS to place families with open preventive service cases in the community where their services are (assuming that this is a safe place for the family.) Uprooting a vulnerable, housing insecure family receiving these services, and placing them in another community far from their support systems is setting families up for failure. We believe DHS must do better, even if this means building additional family shelter capacity.

Furthermore, parents and children in shelter have experienced trauma by virtue of being in the homeless system. For some families placed far from their schools, jobs, friends, family members, and social service supports, the experience is even more trying. We urge DHS to train all of its staff and providers in trauma-informed care.

We are also very grateful for the City Council's initiative funding five nonprofits to bring various trauma-related services into the shelter system. We urge the administration to baseline and expand this initiative.

5) **Increase the Rate for Preventive Service Programs**
Since the most recent RFP for preventive services was rolled out in 2010, there has been no increase in the rate for General Preventive (GP) or Family/Treatment Rehabilitation (FT/R) program models. The City has allowed providers to convert capacity into evidence-based models and has expanded some evidence-based investments, but there has been no adjustment to the rate for the programs serving the majority of the families.

This has left programs, particularly General Preventive programs, struggling to provide high quality services. For instance, it has prevented programs from enhancing their service models, increasing training options, increasing the salary for high performing staff, keeping quality staff from leaving, etc. This system is long overdue for a rate increase. We urge the Mayor to increase the rates paid to preventive programs in the Preliminary Budget.

6) **City Council Support at the State Level**
CCC is extremely grateful to the City Council for the partnership that we have created. This includes the recent resolution sponsored by Council Member Salamanca, Jr. that urged the state legislature to pass and the Governor to sign legislation that would increase the amount of housing subsidy for families and youth from $300 to $600 and increase the age youth aging out of care can receive the subsidy. Notably, housing subsidy is a preventive service and thus supported at 62% state and 38% local.

We also urge the City Council to weigh in, perhaps with a resolution, as the state negotiates child welfare financing in the upcoming state budget. As it relates to preventive services, the top priority will be ensuring the open-ended funding remains uncapped. We will then be advocating for the restoration of the 3% that has been cut each year since 2008. Since the state is concerned about a cost shift, and the current funding streams can only be used for families with open cases, we will be urging the state to redirect the 3% to fund primary preventive services. These are services offered to any high-risk family that voluntarily seeks services and does not require opening a case with ACS. These services can prevent abuse or neglect from ever occurring. Using the 3% for primary prevention could help the City expand the Family Enrichment Centers and/or the City Council's trauma initiative in shelters (which is essentially primary prevention.)

Additional Child Welfare Legislation

Today's General Welfare hearing also includes Intro 1062-2016. CCC supports the intent behind Intro 1062-2016, which would require ACS to provide language classes to all children in foster care who have bene in care for at least 6 months and whose parents or guardians are limited English proficient individuals. CCC appreciates the desire to ensure that when children are in foster care, reunification is not hampered by a child no longer being able to speak the same language as his/her parents.

That said, CCC believes that this bill is too broad and that there should be an assessment of whether the language classes are appropriate for the child. There are several reasons CCC can think of why the classes could be inappropriate such as: the child could be a teenager who is proficient in the other language and does not need a class; the child could be an infant; the child could have other social service needs that need to take precedence be they medical care, mental health care, etc.; the child may not want to take the classes; and/or the plan for the child might be adoption, making the language classes unnecessary.

Thank you for this opportunity to testify.

MARIYA

All my life, I have been ashamed of my family. My father left me and my mother when I was 6 years old. The only memories I have of him were all negative.

My mother was no better. She left my brother and me for another man, and had another child with him as well. My grandmother raised us but she passed when I was 11. As I was bounced around from group homes to foster care, I dropped into a black hole.

The shame would really hit home around the holidays when everyone is supposed to be around loving families but I'm not.

It took a long time for me to be able to speak to people about the things I went through because of the choices my parents made. When I became a mother, I felt ashamed and afraid I would be repeat of one of my parents.

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Now, though, I feel that I am finally coming to a point where I am growing past what I have been through. My husband has helped me believe that God doesn't throw anything at me that he isn't positive I can catch. Taking Parenting Journey and writing this story also helped me see what I have been carrying. And I have taken strength from fighting the foster care system and seeing that my husband and I will fight for my family to the end.

I have been dealing with ACS since my oldest son, Aden, was 11 months. They came into my life when my grandma was diagnosed with lung cancer and I went through PTSD and depression. I went through a mental evaluation and signed up for anger management and parenting skills classes. I was on my own and nervous as hell, but I followed what they asked me to do and within 60 days the case was closed.

Then, 6 years later, ACS was called on me again for neglect. Again I was alone. My grandma had passed away and my husband and I had separated for several months. My depression hit an all-time low. My son was missing school. My house wasn't clean and it wasn't much food in the home.

ACS wanted me to get some type of help so they mandated me to services. My husband came into the shelter with us and I ended up pregnant with my daughter. After I gave birth, ACS feared I'd go through post-partum depression again so they put me back in counseling and parenting.

I'm very proud that, no matter how overwhelming it has been, I kept fighting. Unlike my parents, I have never wanted to give up my kids. I've made sure that my kids see that Mommy will fight to the death to make sure my family isn't broken.

**

The difference between me and my family is that I am willing to learn to be a better me—for myself, for my kids and for my family. I want my kids to grow up to be proud of their parents and the life that we have made for them.

With the support I've gotten, I've definitely become a stronger, more dedicated mom. I'm more understanding and gentle with my kids. I take out more time to listen to them and understand what they feel. I am strong and strict and diligent and dedicated and supportive and loving to my children.

When I am with my kids, I smile, I laugh and I am full of life. My emotions are at an all-time high when I'm in Mom Mode. The simplest things my kids do light up my face. My sons' love and affection makes me so darn proud because I know I am building my family with love as the foundation.

We love going to the park and the library. My kids absolutely love books. They can spend hours reading and looking at magazines. I love when my oldest son, Aden, reads to his brother and sister. It makes me feel amazing to watch their bond grow strong.

One thing I love to do is go to the park and have little scavenger hunts. I'll buy a toy they really like, and if they find before the timer stops, they can have it. If not, they can try again another time. Not only do they love these games but I love it because it also exercises their brains.

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I have actually really found myself over the past several months.

Telling people about my past has given me so much relief and peace of mind. I've learned that I can be my own person and not let my parents' decisions paint a picture for my future. Now I am saying to myself, "I am not my mom or my dad. I am Mariya. And I can and did work to break that cycle."

Accepting the challenges I've faced in my life and facing all of who I am has played the main part in becoming the strong-willed mom I knew I had the potential to be.

I know now that where I come from doesn't determine where I will go. I can love myself and my family. I can accept where I came from and push myself to where I want to be.

Jasmin Gonzalez

My son was 2 when I aged out of foster care. Soon I was going to college full time, working 40 hours a week, and paying my own child care. Things were easier when I had the group home to help. Now I had nothing. If I failed, I'm screwed. And to the shelter we go.

Because of all the stress, I barely saw my son. Monday I would pick him up from his Dad's and go straight to day care, school and work. Same on Tuesday and Wednesday. Thursday I went to school and then dropped my son off with his father so I could work Thursday night. I was always super tired when I saw my son and backed up with housework so I often ignored him.

At the time, I also didn't know what to do about my son's behavior. If we were in the store and he wanted something, or if we walked a way he wasn't used to, he would throw himself on the floor or the ground, screaming. I always felt embarrassed and ashamed, about my son, and about everything.

One time housing came to fix my bathroom and I complained that the leak kept returning even after they fixed it. The guy told me, "You get what you pay for." He felt like another person judging me. It's my fault I was in foster care. It's my fault I'm a young mother. It's my fault my relationship failed. It's my fault I live in the projects. It's my fault I'm poor. And it's my fault my son is bad. I got what I deserved.

**

Then day care increased their cost and I could no longer afford it. I quit school, and for five months, I took care of my son during the week and only worked weekends.

During that time, I felt panicked that we'd wind up in the shelter. I felt sure that the statistics about foster children and teen moms were going to be true about me, too. I even filled out the food stamp form incompletely and was left without food for two months and had to ask a manager where I worked to let me take food home for free.

Finally one day I melted down and went running to my public housing office.

I entered the office shaking and when I saw the lady I exploded in tears. She let me cry for one minute. Then she looked me straight in the eye and said, "Stop crying. Here's what you're going to do." She was stern but it wasn't mean or judgmental. She just helped me.

Thankfully, she adjusted my rent based on my current pay stubs. After one month, my rent went down $200 a month. She also connected me to a social worker who helped me find a day care where my son could go for free.

**

The day care was great. It had small classes and really nice teachers. They also worked with kids who weren't potty trained, which was one of the issues I was having finding day care.

Soon, I was able to pick up more shifts at work again and I even had time to join a gym for me time. I joined the school's PTA and they had resources and support for parents.

Then one day my son's teacher pulled me aside and told me that when she asked him to bring his chair to a specific spot at the table, he walked with it all around the table in confusion. When I was in the group home and they'd asked me if I wanted my son evaluated, I was against it because I felt it was too early. Plus, I felt that something wrong with him meant something wrong with me. But I knew there had to be a reason for his behavior. I also liked the teacher and trusted her, so I agreed to an evaluation.

After the evaluation, we discovered my son needed speech. *Over time,* his behavior changed drastically because he learned to use his words. He has even learned to tell me when he is confused. That helps the most because then I know I have to rephrase my sentence. Communication is what we were missing before.

Seeing him get help helped me realize that my most important goal is to build a solid foundation for him. He is the dream, the future, the hope, and my duty is to protect that, and most of all love him. I felt good that I made a choice that gave him the best shot at achieving his dreams.

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I was lucky to find someone who helped me. But parents shouldn't have to be lucky, and neither should children. We hope the city invests in creating centers that work with the community to build trust, where parents know they can safely go to get referrals to good services when they need it, without ever having to come to the attention of the child welfare system. Thank you.

Testimony to General Welfare Committee of New York City Council
Hearing on Preventive Services
December 14, 2016

Jess Dannhauser
President and CEO
Graham Windham

GRAHAM

CARING FOR KIDS & FAMILIES
SINCE 1806

Chair Levin, Members of the General Welfare Committee, thank you for convening this important hearing regarding our City's Preventive Services system. I am Jess Dannhauser, President and CEO of Graham Windham. We partner with the Administration of Children's Services to serve 300 families in Preventive Services each year. As you know well, Preventive Services has a sacred charge: ensuring the safety of our City's children while supporting their families in addressing the conditions, circumstances, relationships and behaviors that could place children at risk of harm. New York City has one of the most comprehensive and effective Preventive Services systems in the nation serving 10,000 families a year with the largest concentration of evidence-based and evidenced-informed practices in the country. New York City has a robust oversight system of the performance of the nonprofit providers who deliver Preventive Services and have recently created additional systems to ensure ACS involvement at critical decision-making points. The City and State foot almost the entire bill with little federal support for prevention. We have good reason to be proud of what is truly a national model developed by ACS. The City Council also has a proud tradition of supporting Preventive Services, including funding increases in service availability and reduced caseloads championed by Mayor de Blasio when he was the Chair of this Committee.

We serve hundreds of families managing the universal stressors of parenting, greatly exacerbated by poverty, racism and social isolation, working to make ends meet and do right by their children. They are often exhibiting behaviors and/or living in circumstances that create risk to children. As a result of preventive services, thousands of these families each year have a substantially increased capacity to protect their children and a community of support to help them sustain their growth. The children in these families are safe and spared the life-changing trauma of separation. When we get it right, we are a better, more just City for it.

When we do not, when we miss someone or some thing that is dangerous to children, we know too well that the consequences can be catastrophic and even fatal. Less known but as important for us as a society are the tragedies out of public

view when children are left to face a childhood of chronic neglect, which stymies emotional development and learning.

The consequences of our work are monumental, life-altering in fact, for every child served by this system. We deeply appreciate the investment of time and energy of this Committee to consider how we can make our system stronger. Just because we are a national leader does not mean we cannot get much better. We must.

With all due respect to monitoring (and having done it for a few years I really do respect it), the progress we need is at the front line, or as we like to call it, direct practice. Our dedicated case planners wade into the most complex family circumstances, assuming personal risk "armed" only with a phone and a pen. We ask them to do the dual job of assessing child safety and supporting parental growth. While I do not believe this dual responsibility is contradictory – in fact the best assessment tool is a trusting relationship – it certainly requires an abundance of skill, experience, excellent supervisory support, and perhaps most importantly significant time interacting with each family.

I believe there are three concrete ways we can support our dedicated Preventive Services staff and strengthen frontline practice.

1. **Intensify General Preventive Services.** In General Preventive, case planners carry caseloads of twelve families and typically visit families twice a month. As ACS has created more intensive models of prevention, it is clear to me that in comparison General Preventive does not have the intensity needed to fully assess the family's functioning, behaviors, relationships and conditions that relate to child safety. It is also not sufficient to support the family's necessary behavior change. In addition to adding intensity, I believe all preventive programs should follow an evidence-informed or promising casework practice.

2. **Increase Funding in Preventive Contracts to Improve Case Planner Compensation, Quality Assurance and Support to Families.** The de Blasio Administration funded a 2.5% increase for Preventive Services staff, the only increase since 2008 in compensation. There have been no increases to cover rising administrative costs. Where private fundraising dollars haven't been available, salaries have lost ground to other fields and other positions within our field, contributing to turnover; training and other supports have been curtailed; and cash support to families, which in certain circumstances can mitigate risk, is less available.

3. **Reduce the Documentation Burden.** We must lighten the regulatory load on our case planners who are required to compose near-ethnographies on each interaction with families. I do believe documentation is important. It makes you think through your assessment and decision-making but we've gone overboard. Staff spends 40% or more time documenting their work. We are asking them to focus on hundreds of micro-requirements, all of which make good sense in isolation, but can lead to burnout and a loss of focus on the core work that really matters. We've lost the forest from the trees. I encourage the City and State to consider piloting a program where case planners complete one fulsome note each week focused on assessment and decision-making with each family rather than a specific note for each of the dozens of contacts, visits and discussions they have each day.

Moving the system forward also requires we understand the importance of the relationship between ACS and our communities. We have had a major public discussion about police-community relations in this country, but to my regular dismay, hardly any about the relationship between the child welfare system and community. Given the enormous authority of emergency removal given to government, one that still is utilized disproportionality based on race and ethnicity even when controlling for rates for reporting, trust is not easy to develop. Just as we believe that police get the best information when they are trusted, the same is true

of our child welfare system. As we move to community policing, let's also move to community child protection. Over the past decade, preventive services has taken on more of a role in monitoring child safety and evolved from a system that had a significant percentage of families who availed themselves of the support voluntarily to a system that is overwhelmingly serving families following an investigation of maltreatment at the recommendation of ACS. This was done for good reasons that I support but we have unintentionally lost an essential ingredient in our system: primary prevention where parents can turn for help without having an ACS case opened. ACS is working to change this with an RFP out right now for 3 Family Enrichment Centers. I encourage the Council and Administration to consider increasing that number. I also encourage to the Council and Administration to consider asking the State for a funding waiver to allow the Preventive Programs operating within schools as part of the Beacon program to adopt a primary prevention approach which would make them more likely to be used by the parents in the school and surrounding community. If we are not only worried about the children who come to ACS' attention but all of NYC's children, we must invest more fully in primary prevention.

Thank you again for your time, energy and commitment to NYC's children and families, and to the dedicated workforce who works every day to make children safe and families strong.

THE COUNCIL
THE CITY OF NEW YORK

Appearance Card

I intend to appear and speak on Int. No. _____ Res. No. _____

☐ in favor ☐ in opposition

Date: _____

(PLEASE PRINT)

Name: Marta L. DeJesus

Address: 74 Arglington Ave

I represent: _____

Address: _____

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Date: Dec. 14, 2016

(PLEASE PRINT)

Name: Angeline Montauban

Address: 510 West 55th St. NYC

I represent: Toussaint Edwards

Address: 510 West 55th

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(PLEASE PRINT)

Name: Stephanie Gendell

Address: _____

I represent: Citizens' Committee for Children

Address: _____

Please complete this card and return to the Sergeant-at-Arms

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Appearance Card

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(PLEASE PRINT)

Name: KARIN CHAN

Address: 50 MULBERRY ST

I represent: MYSELF.

Address: _____

THE COUNCIL
THE CITY OF NEW YORK

Appearance Card

I intend to appear and speak on Int. No. _____ Res. No. _____

☒ in favor ☐ in opposition

Date: 12/14/16

(PLEASE PRINT)

Name: JONATHAN A. NELSON

Address: 11 PARK PLACE SUITE 612 NY NY 10007

I represent: _____

Address: _____

THE COUNCIL
THE CITY OF NEW YORK

Appearance Card

I intend to appear and speak on Int. No. _____ Res. No. _____

☐ in favor ☐ in opposition

Date: 12/14/16

(PLEASE PRINT)

Name: NANCY FORTUNATO

Address: _____

I represent: RISE

Address: 112 W. 27TH ST NY NY 10001

Please complete this card and return to the Sergeant-at-Arms

THE COUNCIL
THE CITY OF NEW YORK

Appearance Card

I intend to appear and speak on Int. No. _____ Res. No. _____

☐ in favor ☐ in opposition

Date: 12/14/16

(PLEASE PRINT)

Name: Rachel Blustain

Address: _____

I represent: Rise

Address: 112 W. 27TH ST. NY NY 10001

THE COUNCIL
THE CITY OF NEW YORK

Appearance Card

I intend to appear and speak on Int. No. _____ Res. No. _____

☐ in favor ☐ in opposition

Date: 12/14/16

(PLEASE PRINT)

Name: MARIYA KOLESNICHENKO

Address: _____

I represent: RISE

Address: 112 W. 27TH ST NY NY 10001

THE COUNCIL
THE CITY OF NEW YORK

Appearance Card

I intend to appear and speak on Int. No. _____ Res. No. _____

☐ in favor ☐ in opposition

Date: 12/14/16

(PLEASE PRINT)

Name: JEANETTE VEGA

Address: _____

I represent: RISE

Address: 112 W. 27TH NY NY 10001

Please complete this card and return to the Sergeant-at-Arms

THE COUNCIL
THE CITY OF NEW YORK

Appearance Card

I intend to appear and speak on Int. No. _____ Res. No. _____

☐ in favor ☐ in opposition

Date: 12/14/2016

(PLEASE PRINT)

Name: Kaela Economos

Address: _____

I represent: Brooklyn Defender Services

Address: _____

THE COUNCIL
THE CITY OF NEW YORK

150 William Street, NY, NY 10038

NYC Administration for Childrens Services

Appearance Card

I intend to appear and speak on Int. No. _____ Res. No. _____

☐ in favor ☐ in opposition

Date: _____

(PLEASE PRINT)

Name: Jill Krauss, Master

Address: 150 William Street, NY, NY 10038

I represent: NYC Administration for Childrens Services

Address: _____

THE COUNCIL
THE CITY OF NEW YORK

Appearance Card

I intend to appear and speak on Int. No. _____ Res. No. _____

☐ in favor ☐ in opposition

Date: _____

(PLEASE PRINT)

Name: Dr. Jacqueline Martin

Address: 150 William Street, NY, NY 10038

I represent: NYC Administration for Childrens Services

Address: _____

Please complete this card and return to the Sergeant-at-Arms

THE COUNCIL
THE CITY OF NEW YORK

Appearance Card

I intend to appear and speak on Int. No. _____ Res. No. _____

☐ in favor ☐ in opposition

Date: 12/14/2016

(PLEASE PRINT)

Name: Minerva Ranjeet

Address: 305 Seventh Avenue NY NY10001

I represent: Good Shepherd Services

Address: _____

THE COUNCIL
THE CITY OF NEW YORK

Appearance Card

I intend to appear and speak on Int. No. _____ Res. No. _____

☐ in favor ☐ in opposition

Date: 12/14/2016

(PLEASE PRINT)

Name: Melissa Dishart

Address: 305 Seventh Avenue NY, NY1000

I represent: Good Shepherd Services

Address: _____

THE COUNCIL
THE CITY OF NEW YORK

Appearance Card

I intend to appear and speak on Int. No. _____ Res. No. _____

☐ in favor ☐ in opposition

Date: _____

(PLEASE PRINT)

Name: Jess Danhauser

Address: _____

I represent: Windsam Granum

Address: _____

Please complete this card and return to the Sergeant-at-Arms

THE COUNCIL
THE CITY OF NEW YORK

Appearance Card

I intend to appear and speak on Int. No. _____ Res. No. _____

☐ in favor ☐ in opposition

Date: _____

(PLEASE PRINT)

Name: Patricia Torres-Ramirez

Address: _____

I represent: Children's Village

Address: _____

THE COUNCIL
THE CITY OF NEW YORK

Appearance Card

I intend to appear and speak on Int. No. _____ Res. No. _____

☐ in favor ☐ in opposition

Date: _____

(PLEASE PRINT)

Name: Andrew White

Address: 150 William St. New York, NY 10038

I represent: NYC Administration for Children's Services

Address: _____

THE COUNCIL
THE CITY OF NEW YORK

Appearance Card

I intend to appear and speak on Int. No. _____ Res. No. _____

☐ in favor ☐ in opposition

Date: _____

(PLEASE PRINT)

Name: Daphne Torres-Douglas

Address: The Children's Village

I represent: _____

Address: _____

Please complete this card and return to the Sergeant-at-Arms

THE COUNCIL
THE CITY OF NEW YORK

Appearance Card

I intend to appear and speak on Int. No. _____ Res. No. _____

☑ in favor ☐ in opposition

Date: _____

(PLEASE PRINT)

Name: RABBI - GAVRIEL BEN YEHUDAH

Address: 119-55 FARMERS BLVD

I represent: MYSELF

Address:

THE COUNCIL
THE CITY OF NEW YORK

Appearance Card

I intend to appear and speak on Int. No. _____ Res. No. _____

☐ in favor ☐ in opposition

Date: 12/14/16

(PLEASE PRINT)

Name: Ms. Marte DE JESUS

Address:

I represent: Receiptient of PREVENTIVE

Address: SERVICE - BROOKLYN COMMUNITY SERVICES

THE COUNCIL
THE CITY OF NEW YORK

Appearance Card

I intend to appear and speak on Int. No. _____ Res. No. _____

☐ in favor ☐ in opposition

Date: 12/14/16

(PLEASE PRINT)

Name: JIM PURCELL - CEO

Address: COFCCA 254 W. 31 ST. NYC

I represent: Council of Child CARING

Address: AGENCIES

Please complete this card and return to the Sergeant-at-Arms

THE COUNCIL
THE CITY OF NEW YORK

Appearance Card

I intend to appear and speak on Int. No. _____ Res. No. _____

☐ in favor ☐ in opposition

Date: _____

(PLEASE PRINT)

Name: Dwayne Andrews

Address: _____

I represent: CWOP

Address: _____

Please complete this card and return to the Sergeant-at-Arms

THE COUNCIL
THE CITY OF NEW YORK

Appearance Card

I intend to appear and speak on Int. No. _____ Res. No. _____

☐ in favor ☐ in opposition

Date: 12/14/16

(PLEASE PRINT)

Name: Jess Dannhauser

Address: 1 Pierrepont Plaza Bk, NY

I represent: Graham Windham

Address: _____

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