CITY COUNCIL
CITY OF NEW YORK

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TRANSCRIPT OF THE MINUTES

Of the

COMMITTEE ON GENERAL WELFARE

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HELD AT: Council Chambers - City Hall

B E F O R E: Stephen T. Levin
Chairperson

COUNCIL MEMBERS:
Annabel Palma
Fernando Cabrera
Ruben Wills
Vanessa L. Gibson
Corey D. Johnson
Ritchie J. Torres
Barry S. Grodenchik
Rafael Salamanca, Jr.
Margaret S. Chin

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

Herminia Palacio
Deputy Mayor for Health and Human Services

Jacqueline Martin
Deputy Commissioner of Division of Preventive Services

Jill Krauss
Deputy Commissioner of Communications and Community Affairs

Andrew White
Deputy Commissioner for Policy and Planning

Stephanie Gendell
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Marta De Jesus [sp?]

Jeanette Vega
Rise Magazine

Nancy Fortunato
Rise Magazine

Rachel Blustain
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Karlin Chan
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A P P E A R A N C E S (CONTINUED)

John Nelson
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Jess Dannhauser
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Kaela Economos
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Rabbi Gabriel Ben Yehuda

Angeline Montauban

CHAIRPERSON LEVIN: Good morning everybody. My name is Stephen Levin. I'm Chair of the New York City Council's Committee on General Welfare. Today, we are holding a hearing to address preventive services at the Administration for Children's Services here in New York City. We are also considering two bills and one resolution: Intro 1374, which I have sponsored, in relation to the utilization of preventive services, Intro 1062 sponsored by Council Member Chin in relation to requiring the Administration for Children's Services to provide language classes to certain children in foster care, and Resolution Number 1322 sponsored by Council Member Laurie Cumbo calling on 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. Before we begin, I would like to acknowledge the other Council Members who have joined us this morning, Council Member Annabel Palma of the Bronx, Council Member Margaret Chin and Council Member-- of Manhattan-- and Council Member Barry Grodenchik of Queens. In addition to the topics that

we have planned to address today which is the broad scope of services in the preventive services continuum. In light of last night's report from OCFS and ACS about the Zymere Perkins' case, Deputy Mayor Herminia Palacio is here to give a statement about the findings of the investigation and to answer any questions that Council Members may have. You know, yesterday, as I said, ACS and OCFS released the reports regarding the details of this terrible case. While today's hearing is not intended to examine this case and its findings, I feel compelled to address the broader picture at this point. Simply, these harrowing reports show that throughout his short life, Zymere Perkins was essentially tortured by those that were supposed to be his caregivers, and those that were charged with protecting him, employees of ACS, employees in the preventive services, employees at the Child Advocacy Center failed to do so. We all bear a responsibility as a city for his death. It is going to be the job of this committee moving forward to ensure accountability and work with this Administration to address the needed structural reforms as we move forward. However, I would like to state for the record that this

committee, although it will not be focusing on these reports exclusively today reserves the right to consider these findings at a later date if needed. We held a hearing on October 31st in response to this case, but at that time no details about the case specifics were available or of ACS's findings. This Council and this Committee takes its oversight role seriously, and both the city and state reports are extensive and merit a thorough review. Despite today's important preliminary conversation, I would like to stress that we also plan to address and have an in-depth conversation about this hearing's original topic, preventive services. Preventive services are an essential tool designed to prevent unwarranted entries into foster care and stabilize families. We know that over the past decade as the availability of preventive services has increased, the foster care census has significantly decreased without a subsequent increase in repeated abuse cases. Preventive services are an essential component to the array of services that this City provides to families and children in need, and we need to under-- make sure that this committee is fully apprised of all of the array of services, but

also that the public understands what preventive services are, how they can access them if needed and how-- what role they play in the broader child protective services picture. I would like to hear today from ACS about the availability of preventive services, the various evidence-based models and how preventive services can be improved. I'd also like to learn about new models and pilots that have proven to be particularly meaningful and successful. Additionally, we want to hear from advocates and providers about gaps in services and resources and their suggestion for improvement. I'd like to express my gratitude to council staff for their work to prepare for today's hearing and throughout the year, Counsel Andrea Vasquez [sp?], Policy Analyst, Tonya Cyrus and Finance Unit Head, Doheni Sampora. Many thanks also go to my Legislative Director, Julie Barrow [sp?], Communications Director Edward Paulino, and Chief of Staff Johnathan Buchet [sp?], and finally, I'd like to thank members of the Administration who have come here to testify led by Deputy Mayor Herminia Palacio, and I will now turn it over to Council Member Chin for opening comments on her legislation.

COUNCIL MEMBER CHIN: Thank you, Chair. Good morning. I'm Council Member Margaret Chin. Today, we're hearing Intro 1062, legislation that I sponsored to require the Administration for Children's Services to provide language classes to children who are removed from non-English-speaking homes. I want to thank the Chair of the Committee on General Welfare, Council Member Steve Levin, for hearing this bill and for his steadfast support for all children in the foster care system. When a young person is taken into foster care, it is almost always a traumatic experience for the child, as well as for parents or guardian. For a child from a family that does not speak English and does not understand the foster care system, the experience is even more scary. In far too many instances, the child loses his or her cultural connection with the original family, and will even lose the ability to communicate with the parents or guardians that are fighting to reunite with the child. Imagine talking to your kid through an interpreter. Intro 1061 can ensure resources are available for children of immigrant families so they have the same opportunity to reunite with their families that is given to children of non-immigrant

families. This bill is about reinforcing cultural competency in our foster care system, as well as ensuring fairness, because it is only fair that our City treat every family equally regardless of the language they speak. Once again, I want to thank Chair Levin for his hearing on this important legislation, and I look forward to hearing from parents, advocates and the Administration on how we can continue to improve the foster care for children and families. Thank you.

CHAIRPERSON LEVIN: Thank you very much, Council Member Chin. I now welcome comments and testimony from the Deputy Mayor and anybody that's going to be testifying. If I could ask you to raise your right hand to be sworn in? Do you affirm to tell the truth, the whole truth and nothing but the truth in your testimony before this committee and respond honestly to Council Members' questions? Thank you. Deputy Mayor?

DEPUTY MAYOR PALACIO: Thank you for having me today, Chair Levin and members of the General Welfare Committee. I am Doctor 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, Doctor Jacqueline Martin, and Deputy Commissioner, Jill Krauss. Preventive Services are critically important for 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 unprecedented investment in preventive services, and today, we will present the positive results we're seeing for the 22,000 families we work with each year. But first, I must discuss something that went terribly wrong, ACS' 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' 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 a result of a thorough investigation of all available records of ACS' prior interactions with the family, including a review of the work of the ACS and provider agency staff who 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 Saint Luke's, one of their provider agencies. A summary of all available ACS and Saint Luke's case records which detail interactions with Zymere Perkins, Geraldine Perkins, Zymere's mother, and Rysheim Smith, her boyfriend, prior to September 26th, 2016. Disciplinary actions, ACS has taken against nine staff who failed in their duties, and 15 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 31st, we were prohibited from discussing the specifics of the Zymere Perkins case for two reasons. First, because of the State Social Services Law, and second, because the Manhattan District Attorney requested that we not discuss the details of the 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 the state law, the DA recently shared with ACS statements that were

made by Ms. Perkins and Mr. Smith during the criminal case. These statements, taken together with the medical examiner, October 12th, 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 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 has 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. One, ACS has indicated the case, and two, the child named in the Child Welfare Report has died and the subjects of the Child Welfare report have been charged with a crime, and there are no surviving children, and the Commissioner has issued a written statement to the Mayor prior to disclosing, setting forth a statutory basis for this disclosure. Secondly, regarding the DA, ACS has

confirmed with the District Attorney that the information contained in this report and releasing it publicly 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 the 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 case, and in two cases failed to direct CPS 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 the casework

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 premature case closure. Fourth, an additional four 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 the 2015 Perkins investigation. Fifth, during the April 2016 investigation of allegations of physical injuries and inadequate guardianship which included a multi-agency review at the Manhattan Child Advocacy Center, ACS did not follow up on meaningful conflicting information which should have prompted a deeper investigation. Sixth, in early 2016 ACS received two state central registry 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 had been regularly late when he did attend. Despite this information, ACS failed to amend the investigation to include the 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 case workers 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. And lastly, Mount Sinai St. Luke's Family Treatment Rehabilitation Center, one of ACS' contracted providers also failed to follow important protocols. Despite concerns about the frequency of Zymere's injuries, Saint Luke's failed to call the State Central Registry 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. The 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 ACS learned of Zymere's death, ACS immediately placed five child protective staff who work directly on the 2015 and 2016 Perkins investigations on modified duty pending further review. This removed them from conducting casework or interacting directly with families. Yesterday, ACS initiated additional disciplinary actions against all five staff members, two CPS's, two CPS supervisors, and one 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 service, and two managers in the General Counsel's office who were suspended without pay for 30 days and demoted. ACS has taken swift and deliberate action to address Saint Luke's practice and supervisory failings. In October, ACS placed Saint Luke's on a Corrective Action Plan which included closing Saint Luke's intake, placing the case worker and supervisor involved on the Perkins case on modified duty, conducting a comprehensive review of all active cases, and retraining staff. If Saint Luke's fails

to follow or complete actions required in the corrective action plan, ACS could terminate their contract or reassign the families to another provider. In addition to taking disciplinary actions, ACS has implemented 15 reforms that further address the failures 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' 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 6th, 2016, preventive providers were not required to include ACS in these decision. 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 determination on closing cases is made. ACS is also drawing on the expertise of the Mayor's Office to Combat Domestic Violence and the Mass [sic] Taskforce on Domestic Violence. OCDB

and ACS will bolster and expand the questions that ACS caseworkers ask to illicit 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. All 15 of these reforms are delineated clearly in the written testimony, but in the interest of time, I will not read them. The safety of New York City's children is ACS' and this Administration'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 commitment to this issue.

CHAIRPERSON LEVIN: Thank you, Deputy Mayor. I think that what we're going to do is ask a few questions on this matter and then move over to Preventive Services, if that's okay? So, in reading these reports, what struck me was that while the

system was in place to catch the abuse that was happening to Zymere, in other words, people saw it. They reported it. They called the SCR. ACS did the investigation. In three instances ACS indicated the case. It was as if nobody could see the forest for the trees. Nobody was able to essentially connect the dots, that there were-- and I guess my first question is whose job is it to connect those dots?

DEPUTY MAYOR PALACIO: Mr. Chair, thank you for that question. This represented an unusual perfect storm of human errors. Significant failure of practice up the chain in this unit. We have conducted a random audit and reviewed the ChildStat performance of this unit and found this to be anomalous. So, it is the job of the CPS workers to connect the dots. It is the job of the supervisors to connect the dots. It is the job of the program of the manager to connect the dots, and as I said, this was an unusual alignment of human error, where each of those safety mechanisms failed. We have, while this-- we believe that this is rare. We have taken steps to ensure that we do reforms that shrink the opportunities for human error to result in tragedy. One of the reforms, and we'll turn to Deputy

Commissioner Krauss to describe in more details, one of those reforms is in fact to develop a new oversight unit, a new accountability unit that is outside of the Division of Child Protective Services so there is a different perspective and emphasis specifically on assuring accountably and connecting those dots in those instances where the usual systems might have failed.

CHAIRPERSON LEVIN: Before you speak, Deputy Commissioner, I just want to follow up with just one question to the Deputy Mayor. You said that on the review of ChildStat cases, this was anomalous in a sense that this case was anomalous for that unit, or that this unit was anomalous for the overall Child Protective Services Division?

DEPUTY MAYOR PALACIO: I would say that this unit was anomalous for the overall Child Protective Services Division. And again, I will turn to the Deputy Commissioner who has more details about that as well.

DEPUTY COMMISSIONER KRAUSS: Thank you, Deputy Mayor. Yes. In addition to what the-- your question was, "Whose job was it to connect the dots?" And as the Deputy Mayor stated, every Child

Protective Specialist has a supervisor. Every supervisor has a manager. All of those--

CHAIRPERSON LEVIN: [interposing] Speak a little closer to the mic.

DEPUTY COMMISSIONER KRAUSS: All of those child protective staff, there's a chain of command, and they should be reviewing the actions taken in addition to the prior history of the case. There are also a number of other external agencies involved in this case that generally tend to provide very important back stops for child welfare investigation. So, as the Deputy Mayor discussed, the Child Advocacy Center is one of those in which typically when you have four or five experts looking at one individual case, there's a very robust conversation about what exactly seems to be happening in this case. It's our understanding and the reforms show that the Child Advocacy Center process in this case did not catch what ended up looking like very severe abuse. Similarly, we have a contracted preventive provider whose job it is to both support the family, but also to elevate any concerns about potential risk. That did not happen in this case.

CHAIRPERSON LEVIN: So, one thing that has jumped out to me is where was the Borough Director? So, you have three indicated cases in the span of six months or a year. So that-- there were five cases in total, three of which were indicated, meaning substantiated, as everybody understands. This means that three substantiated cases I think within a span of less than a year, or nine months maybe, from 2015 to 2016, three cases. Does the-- why doesn't the Borough Director see that? Why doesn't that get kicked up to the Borough Director? That's unusual. This is different allegations each time or amended allegations, and it's not as if they were unfounded. So, they weren't deemed to be frivolous. They were deemed to be substantiated.

DEPUTY COMMISSIONER KRAUSS: So, one of the concerns that the Deputy Mayor testified to is these cases included allegations of physical abuse. They also included allegations of inadequate guardianship, and it's the inadequate guardianship that was indicated in each case. So, allegations-- three indicated cases of inadequate guardianship should raise a concern.

CHAIRPERSON LEVIN: In a very short period of time.

DEPUTY COMMISSIONER KRAUSS: In a relatively short period of time. In addition, one of the 15 reforms that the Deputy Mayor's testimony speaks to is the fact that ACS needs to elevate concerns around physical abuse, and that is something that should come to the attention of leadership. At the very least, it will be reviewed by a child protective manager if there's a repeated pattern of physical abuse allegation.

CHAIRPERSON LEVIN: Right, but the manager saw. I mean, the manager's being disciplined, and the manager saw this case. Somebody over the manager should have also seen. You know, what struck me was the repeated-- even if it's not for-- you know, they're all allegations of physical abuse. Those weren't the indications. However, when you put the pieces together, you see three indicated cases of maltreatment in a period of months all with allegations of abuse. How does that not trigger a review by a Borough Manager or Borough Director, excuse me, Borough Director?

DEPUTY COMMISSIONER KRAUSS: At this time it doesn't trigger a review by a Borough Director, but given the series of reforms that a child protective manager has been instructed not just in fatality cases, and not just in four or more prior reports, but any pattern of physical abuse allegations will be discussed up the chain of command.

DEPUTY MAYOR PALACIO: Mr. Chair, if I may add? In addition, this case was actually elevated to one of the highest levels of review in the Child Advocacy Center, a multiagency review. One of the reforms that is emerging here is because there were-- at that multiagency review, there was not enough-- the standard for criminal prosecution was not met. One of our reforms is that even in those cases where the standards for criminal prosecution is not met, that ACS is going to-- supervisors are going to make sure that they direct the continued investigation on the part of ACS to collect information needed to substantiate allegations of physical abuse and not just stop because the standard for criminal investigation. So, that's a tightening. That's a good system, the CAC, but even good systems

can and should be enhanced when we identify potential gaps.

CHAIRPERSON LEVIN: And just so everybody understands, the timeline here, Zymere Perkins went to the Child Advocacy Center which investigates allegations of severe physical abuse and sexual abuse, and it went-- he went to that, to the Child Advocacy Center, in the summer of 2016.

DEPUTY MAYOR PALACIO: Spring.

CHAIRPERSON LEVIN: Spring of 2016 after there were three indicated cases within the previous year, and so at what point-- does the Child Advocacy Center team, are they looking, were they aware then of the three indicated cases prior, or were they just looking at that one allegation? There's one-- I mean, because they're looking at-- you know, child comes to them point in time. There's an allegation of physical abuse. If they don't see bruises or scrapes or scratches or evidence, physical evidence of abuse and are not, you know, are getting-- are not getting conclusive testimony from the child, are they also reviewing the case history as well and saying, you know, giving them additional concern? I mean, that would jump out at me.

DEPUTY COMMISSIONER KRAUSS: The Child Protective Specialist who was one of the several members of the Child Advocacy team who interviewed the child and his mother was aware of the extensive history.

CHAIRPERSON LEVIN: Did they share that with the NYPD detective, Safe Horizons, District Attorney?

DEPUTY COMMISSIONER KRAUSS: I don't have that information with me at this time, but I will tell you that each of the individuals at the Child Advocacy Center are interviewing for a very, not always very different, but somewhat different purposes. So, it is the job of the ACS employee at the Child Advocacy Center to synthesize that information and make sure in determining what the child welfare objectives are of this interview. That information is part of the interview.

CHAIRPERSON LEVIN: Okay. And then there was a big piece missing to the child's, to Zymere's interview at the Child Advocacy Center, which that he was not evaluated by a medical professional because the medical professional was busy, and this was another gaff in case practice, because nobody was

there to ensure that that medical evaluation ever took place, and in fact, it never did take place. Is that correct?

DEPUTY COMMISSIONER KRAUSS: That's correct, and one of the numerous reforms that we've talked about already is the fact that the Child Advocacy Centers are jointly funded by the city and the state. The city has already committed additional funds to increase the availability of medical staff onsite at the five Child Advocacy Centers.

CHAIRPERSON LEVIN: I just have a couple more questions about this case, and then I'll turn it over to my colleagues. Deputy Mayor, you mentioned that upon the statements that were made by Ms. Perkins against Mr. Smith and the findings by the Medical Examiner on October 12th, ACS had sufficient evidence to indicate the case at that time. Why did it take until yesterday to indicate the case?

DEPUTY MAYOR PALACIO: So, we were putting together all of the elements of the case and making sure that we had a full summary to be able to come forward. The DA statement was received only recently, and we wanted to make-- this is a case of critical importance. We wanted to ensure that every

"i" was dotted, every "t" was crossed in our review, and work with the District Attorney to make sure that we, when we came forward publicly, we were coming forward at such a time as to not interfere with their ongoing criminal investigation.

CHAIRPERSON LEVIN: So, it was just upon the DA sharing those statements by Ms. Perkins that allowed ACS to indicate the case at that--

DEPUTY MAYOR PALACIO: [interposing] That's correct.

CHAIRPERSON LEVIN: And when was that?

DEPUTY MAYOR PALACIO: Do you have the--

DEPUTY COMMISSIONER KRAUSS: [interposing] It was very recently. Again, the final piece was ensuring that none of the information we were planning to share was-- would compromise the criminal investigation in any way.

CHAIRPERSON LEVIN: With regard to Preventive Services in Zymere's case, that was obviously a breakdown in case practice as well. Can you just share a little bit more detail about what model was used for Zymere's case, and why after repeated-- so, that model was, I think, proposed upon the first indication. Zymere's mother refused it

after that case. There was a second case. Upon the second case she accepted enrolling into Preventive Services at Saint Luke's, but then after that there was a third case, and I think then there was a fourth allegation that went to the Child Advocacy Center that was not indicated. At what point does-- this is a-- I understand that it was an intensive model, but at what point does ACS re-evaluate whether the Preventive Services are the appropriate services, and whether or not it's time to order, to go into Family Court to seek court-ordered supervision or removal?

DEPUTY COMMISSIONER KRAUSS: The Saint Luke's program that Ms. Perkins was enrolled in was a family treatment rehabilitation program which is, you know, sort of more intensive than general Preventive Services, and you're correct in the timeline. I will point out that ACS referred Ms. Perkins to Preventive Services at the end of August 2015. The subsequent investigation was opened a day or two later, and it was within that week that she accepted the referral. The way that the Preventive Services work is that it's a continuous service period. So, she was engaged with Saint Luke's for just short of a year. The primary concern with the case practice from the

Saint Luke's side was their failure to elevate real safety concerns, either through an additional SCR call that would have alleged potential abuse.

CHAIRPERSON LEVIN: Which according to the report, they threatened to do at some point. The preventive caseworker said to Ms. Perkins, "I may call SCR." But ended up not calling SCR.

DEPUTY COMMISSIONER KRAUSS: And in our estimation, in our review, they absolutely should have called the SCR. At the very least they could have or should have called for an elevated--

CHAIRPERSON LEVIN: [interposing] Because they're a mandated reporter.

DEPUTY COMMISSIONER KRAUSS: Correct, an elevated risk conference in which all of the relevant parties would have convened to discuss what some of the concerns were around possible physical abuse.

CHAIRPERSON LEVIN: There's a diagnostic team that's part of the FTR Preventive Services model, right? There's-- so that's a multiple professionals that engage as part of the clinical diagnostic team, is that right?

DEPUTY COMMISSIONER MARTIN: That's correct, Chair.

CHAIRPERSON LEVIN: And in this case there was a diagnostic team in place that reviewed the case and discussed the case and had a periodic review of the case?

DEPUTY COMMISSIONER MARTIN: That is correct.

CHAIRPERSON LEVIN: And were they in--

DEPUTY COMMISSIONER MARTIN: [interposing] They had a couple of what we call CDTs, the Clinical Diagnostic Team meeting.

CHAIRPERSON LEVIN: Okay.

DEPUTY COMMISSIONER MARTIN: And generally those meetings were held to determine if there had been progress on the case and whether or not the family was ready to be moved to another phase within the program.

CHAIRPERSON LEVIN: In your review of Zymere's case history, were those diagnostic team meetings done according to the appropriate protocol?

DEPUTY COMMISSIONER MARTIN: There were. The diagnostic team meetings are actually centered around whether or not the family needs to be moved to another phase of treatment. In this case, we know that the agency did hold those diagnostic team

meetings. The case record did not sufficiently document exactly what was discussed in those meeting and what led to the decision.

CHAIRPERSON LEVIN: So, it was-- and was that-- in your estimation, was that documentation then insufficient?

DEPUTY COMMISSIONER MARTIN: I would say that, yes.

CHAIRPERSON LEVIN: And I also just want to-- and this will be my last question. Saint Luke's now is under a Corrective Action Plan.

DEPUTY COMMISSIONER MARTIN: That's correct.

CHAIRPERSON LEVIN: Can you speak to the details of that Corrective Action Plan, because that's relevant also to this hearing of Preventive Services.

DEPUTY COMMISSIONER MARTIN: Yes, Saint Luke's is on Corrective Action status. The Family Treatment and Rehabilitation Program, that is, is on Corrective Action status. ACS made that decision to place the agency on Corrective Action status. Shortly after we reviewed a number of cases that had been closed by the agency within about a nine-month

period, and it was in that review that we felt that there were other cases that signified to us that perhaps the decisions were not as strong as we would have liked them to be. And so we made a decision in addition to some of the preliminary findings we had made from reviewing the Perkin's case record, that we would place the agency on Corrective Action status. Those particular areas are around safety and risk assessment, the supervision practice within the case, as well as the decisions around closing or ending Preventive Services without a thorough safety and risk assessment.

DEPUTY MAYOR PALACIO: In addition to that, in October ACS shut down all further Preventive Services placements into the FTR program. Intake remains closed at Saint Luke's pending compliance with the Corrective Action Plan. The staff from the provider that were involved in the Zymere Perkin's case have been removed from active duty, again, pending completion of this review and of compliance, and those staff remain on modified duty to date. The Deputy Commissioner spoke to the comprehensive review of the cases, and the staff under ACS direction, are being retrained in several practice areas, including

assessing risk and safety, elevating concerns, appropriately addressing the safety risk prior to closing cases as the Deputy Commissioner mentioned.

CHAIRPERSON LEVIN: Thank you very much. I'm going to turn it over to my colleagues for question. Council Member Grodenchik?

COUNCIL MEMBER GRODENCHIK: Thank you, Mr. Chair. I appreciate the work of ACS, Deputy Mayor. This is a devastating report. It's very, very troubling to me as a New Yorker, as a member of this Council, and I haven't had time to review this, and I'm certainly not an expert in child preventing-- preventing children from being abused, but I am worried that this could have occurred and seaming nothing happened for months and months. And I need to know from you and from the other people here that this is-- that the things that have been outlined in your testimony today are going to stop this from happening again. We failed this child at every level. And I have worked for a long time in government. I've worked with the police. I've worked with District Attorneys. I've worked on domestic violence issues for many years, and I-- it's inconceivable to me that nobody reported this to the

police or to the District Attorney's office, that no action was taken to protect this child, and I just can't understand that, and I can't wrap my head around it. It's just impossible to me to figure this out, and I need to know from you and the two Deputy Commissioners here what's going to change. I've looked at the recommendations. I'm not an expert, but I need to know what you found that happened in this case, such a-- so many people involved, at least nine, that nobody stepped in to save this child's life, and I don't get it.

DEPUTY MAYOR PALACIO: We did as a city fail this child. We did as a city fail this child. But to your concerns that there was no one involved other than ACS, this child did come into contact with multiple agencies, specifically around the allegation of abuse. In fact, the case in April was elevated to an instant response team, which is a joint NYPD and ACS emergency response team. The child's case was elevated and reviewed at the Manhattan Child Advocacy Center. That involves a forensic interviewer, the Administration for Children's Services, NYPD, and the DA all present at the same time during this interview. So, this was a case that in fact was

elevated, did have NYPD involvement, did have DA involvement. So, yes, this was a series of failures. We failed this child and we are taking just strong disciplinary action for the performance failures where practice was not followed, and we are strengthening practice again to try to provide-- to tighten the weave of the safety net to prevent human errors from resulting in tragedy. As a physician, I can tell you that these types of tragedies in the medical world often happens similarly where there've been a series of failures stacked one upon the other, where if you take any one of those failures independently tragedy could have been averted, and this is a circumstance where we had a series of failures stacked right upon the other, and we're trying to make sure that we built reforms so that we can interrupt any one of those failures from leading to tragedy.

COUNCIL MEMBER GRODENCHIK: I appreciate your candor, I know it's not easy. I've dealt personally with cases where people were murdered, and it's very, very hard to deal with. With regard to a more recent case with Jayden Jordan, have we changed anything at ACS regarding bringing in the police to

investigate when we have and we can't find an address? Has anything changed with that?

DEPUTY MAYOR PALACIO: So, Council Member, I at this point cannot speak to the details of the Jordan case, which is under active investigation, but I will-- let me just say that not everything is printed in the press is always accurate.

COUNCIL MEMBER GRODENCHIK: I understand that being an elected official, but it's very frustrating to us here. I want to thank the Chair, and I would hope that he will bring this panel and perhaps other people back so we can talk more about this in the near future. One child, you know, I only have one. He'll be 21 on Sunday, God willing, and we know how precious our children are, but I think you're absolutely right that the City totally failed this child, and we can't bring him back, and the only thing that we can do in the future is to make sure that we don't have another case like this. Thank you very much, Mr. Chair.

CHAIRPERSON LEVIN: Thank you very much, Council Member Grodenchik. Council Member Salamanca?

COUNCIL MEMBER SALAMANCA: Thank you, Mr. Chair.

CHAIRPERSON LEVIN: We've also been joined by Council Member Fernando Cabrera of the Bronx.

COUNCIL MEMBER SALAMANCA: Good morning. My questions are in regards to the Saint Luke's Family Treatment Rehab Program. Can you explain to me a little bit about what their role is, what services they provide, and how often do they see a client?

DEPUTY MAYOR PALACIO: I'll turn to the Deputy Commissioner to provide the specifics about our Preventive Services with this provider.

DEPUTY COMMISSIONER MARTIN: Sure. The Family Treatment and Rehabilitation Program is one of our more intense models, and the agency that you're referring to, Saint Luke's, is contracted to provide 50. They have a contract of 50 slots. That means that they can serve up to 50 families at any given time. the program generally serves families that have a history of substance abuse, parental substance abuse or parental mental health, and at times there can be adolescents who also have those issues that

can be referred as part of the family system. The agency is expected to visit families in the home predominantly, and at the beginning of services, especially if families are not yet engaged in treatment or the mental health illness has not been stabilized, the expectation is that they would be visiting the family more frequently. Frequently being perhaps up to three times a week if necessary in that initial stage. As the family progresses, showing that they engaged in treatment and that in fact we are seeing some stabilization either in terms of their treatment and progress either in substance abuse or mental health, then the agency can assess with the family about actually decreasing the frequency of those visits within the home. And ultimately what we would like to see is that the families are actually making progress through those stages, that they are engaged with treatment, that the provider agency is also speaking to those other service providers. So, for example, if the parent is engaged in a treatment, substance abuse treatment facility, that they are actually having contact with that facility to gauge the progress that the family is making. They can also-- families who are in

treatment should also be receiving substance abuse treatment toxicology reports. That's one way that we can gauge that in fact progress is being made, and so the agency is expected to actually coordinate all of those services, and any-- and coordinate services with any other service provider that's in the home, and that's true of any of our Preventive Service programs. We expect that there are collateral contacts with other providers that are in the home or providing services to the family. Ultimately, I think what we would like to see is that there's definitely behavior change, that the home is stable, that the family is in a good place, and that they have a strong support system to help keep the children safe.

COUNCIL MEMBER SALAMANCA: My other question is, how often does ACS audit the Saint Luke's files, or how often do they conduct comprehensive review to ensure that proper protocol is followed?

DEPUTY COMMISSIONER MARTIN: So, under our monitoring and evaluation system which is done through our Division of Policy, Planning and Measurement. The Saint Luke's case records can be

monitored at least twice a year, and the program is evaluated, and a score card is produced for the agency. There is also--

COUNCIL MEMBER SALAMANCA: [interposing] But how often are they evaluated?

DEPUTY COMMISSIONER MARTIN: They're evaluated-- they're monitored and evaluated regularly on a weekly or monthly basis. There are conversations with the agencies on certain indicators. A score card is produced on an annual basis that will give us a total-- some total of the agencies' performance.

COUNCIL MEMBER SALAMANCA: So, every client, all 50 clients, their file is evaluated by ACS on a weekly basis?

DEPUTY COMMISSIONER MARTIN: No, no. The monitoring approach to all of our preventive agencies, and this is not just for Saint Luke's, the agencies are monitored by our Agency Program Assistance Unit, and they conduct, you know, monthly safety check-ins with the agency. They use a number of indicators. So, for example, they may be looking at cases that are where the agency is not meeting the casework contact standards, for example. If a

provider in those safety checks, if they also find that there are safety and risk issues in any of the cases, that's brought to the agency's attention immediately, and the expectation is that they would address that.

COUNCIL MEMBER SALAMANCA: Alright. So, you mentioned that Saint Luke's has about 50 clients. Now, in your report you also mentioned that you have started the corrective action. You have closed your intake center.

DEPUTY COMMISSIONER MARTIN: Correct.

COUNCIL MEMBER SALAMANCA: So, who is doing intakes at this moment now? What's happening, and where are these 50 clients? Are they still responsible for this 50 clients?

DEPUTY COMMISSIONER MARTIN: Yes. So, let me clarify. The agency is contracted to provide services to at least 50 families at any given point in time. At the time of the Zymere Perkins fatality and when we continue to look at the cases, they had about 34 active cases. I believe that's still about the number of families that are actively involved with the program right now. We closed intake to allow us the opportunity to look very diligently at

all of the active cases that were at the program and to try to really determine where the gaps in practice were. It is our intent if we see sufficient progress by Saint Luke's who has been enormously responsive to all of the requests that we have made and to all of the case concerns that we flag in addressing those, then we can reopen intake. So, right now, a close intake means we are not referring any families, any new families, to Saint Luke's.

COUNCIL MEMBER SALAMANCA: Prior to October 6th, 2016, the Preventive Services providers were not required to include ACS in the decisions to end services, is that correct?

DEPUTY COMMISSIONER MARTIN: Correct.

COUNCIL MEMBER SALAMANCA: Alright. And so basically when they close a case, meaning that that client would not receive services by them or by Saint Luke's at-- am I correct? That's what you're referring to?

DEPUTY COMMISSIONER MARTIN: Yes.

COUNCIL MEMBER SALAMANCA: Okay. And so that has changed now, my understanding. Now, they need to sit down with ACS and it's a joint decision, not just made by the provider?

DEPUTY COMMISSIONER MARTIN: That is correct.

COUNCIL MEMBER SALAMANCA: Alright. And lastly, how many contracted providers does ACS have, and-- in the City of New York, and how many of them are under a Corrective Action status?

DEPUTY COMMISSIONER MARTIN: So, currently ACS contracts with 57 provider agencies, and the only provider agent-- preventive provider agency currently on Corrective Action Status is Saint Luke's.

COUNCIL MEMBER SALAMANCA: Okay, alright. Thank you very much, Mr. Chair.

CHAIRPERSON LEVIN: Thank you very much, Council Member Salamanca. Council Member Cabrera for questions on this matter.

COUNCIL MEMBER CABRERA: Thank you so much, Mr. Chairman. I have just a few questions here. The DOI made some recommendations, and remind me here, I believe there were six of them that were made. Where are we with those recommendations? Have we fully implemented them or improve on them?

DEPUTY MAYOR PALACIO: So, there have been-- yes, DOI has made six recommendations. I am looking for the-- thank you. That were made in May

of 2006. Yes, sorry, May 2016. We have accepted most of those recommendations, and most of those recommendations are either at completion or near completion.

COUNCIL MEMBER CABRERA: When you say most of them, can you elaborate which ones you have not adopted and why?

DEPUTY MAYOR PALACIO: Sure. I'll give one example. There was a recommendation that there were a broad arrange [sic] of managerial-type statistics that would be reported on a quarterly basis to DOI that were really managerial in nature, and those were oversight that ws more appropriate to my office. So, I'm the one who's providing that kind of managerial oversight as opposed to the investigative oversight that DOI is providing.

COUNCIL MEMBER CABRERA: And here's my follow-up question, and this is what I'm trying derive at. DOI made a series of recommendations that were implemented. You must be very frustrated that you implemented all of these, and yet you have cases coming up. At what point do you say, "Man, we have tried everything. We have come out with policies, improving them. We've done everything possible."

But then you have the human factor. Do you feel that we have reached a place that it comes down to the human factor where somebody just dropped the ball, or--

DEPUTY MAYOR PALACIO: [interposing] So in--

COUNCIL MEMBER CABRERA: Yes, go ahead.

DEPUTY MAYOR PALACIO: Oh, sorry, I didn't mean to interrupt.

COUNCIL MEMBER CABRERA: No, no, go ahead.

DEPUTY MAYOR PALACIO: In the Zymere Perkins case we have multiple human factors that stacked up right on top of each other. We have-- humans are humans. There's always a potential for human error. While we need to hold ourselves and the individuals accountable for those specific performance issues where there's substantive performance issues, we also need to be able to take a look and assess to see are there system improvements that we can make to try to reduce the harm that might come from any particular set of human errors. We would love-- as a physician, I would have loved to have eliminated all human errors, and this is a

similar approach that is taken in medical practice. There are human errors that clinicians, that nurses, that physicians make. While we strive to eliminate those human errors by training and by performance measures, simultaneously we also built in some checks and balances that try to reduce the risk of those human errors occurring in the first place, and reduce the harm that might come if they do occur. So, it is not an either/or. It is really a both/and. We absolutely need to have good practice. We absolutely need to ensure that we have robust training, that our workers have the skills, the tools that they need to do their jobs effectively. We absolutely need to lay on top of that robust, deliberate supervision to make sure that employees receive the right guidance, and we need to build systems around them to try to maximize the opportunities for success to minimize the opportunities for failure, and in those tragic cases where failure manages to happen despite all of those checks and balances, we also need to be ready to hold ourselves accountable.

COUNCIL MEMBER CABRERA: Is there a way to identify through the interview process maybe a profile of the type of workers that tend to drop the

ball and to be able to identify that early on during the hiring? Just like the NYPD, you know, they do their investigation in terms of who they're going to hire, and they see some that are more deemed [sic] to be more suitable for that type of a job. Is there some-- is that something that we have in place in ACS?

DEPUTY MAYOR PALACIO: I'll turn to the Deputy Commissioner, but ACS employees who are really-- there's a probationary period. There's a probationary period where the CPS workers who are doing some of the most sensitive work have a very low case load at the beginning as they're-- not just so that they can learn and gain experience, but so that close monitoring can be attended to. And I'll allow the Deputy Commissioner--

COUNCIL MEMBER CABRERA: [interposing] And I'm sorry, I'm looking more towards personality profile. There's certain personality that are more suitable and congruent for some type of jobs rather than somebody just looking for a job. Is there a--

DEPUTY COMMISSIONER KRAUSS: [interposing] As the Deputy Mayor stated, the probationary period is a critical tool for us to be able to determine

whether the folks that we have hired to do this work are in fact suited to do it. There is a vetting period before a CPS is even hired in which we do a substantial amount of work to ask questions that address the kinds of skill that Child Protective Specialists need to do this work.

COUNCIL MEMBER CABRERA: Okay, thank you so much.

CHAIRPERSON LEVIN: Thank you, Council Member Cabrera. So, I just want to let everybody know we're kind of pressed for time because there is another committee booked for the chambers at 1:00 p.m. So, at this point I do want to turn it over to Deputy Commissioner Martin for her testimony on Preventive Services, and then we'll have questions around Preventive Services and members of the public to testify. And just so everybody knows, we're going to for public testimony, if you can pair down your testimony to be delivered within two minutes just so that we're able to turn over the chambers somewhere close to 1:00 p.m. for the Committee on Cultural Affairs.

DEPUTY COMMISSIONER MARTIN: Thank you. Good morning again Chair Levin and members of the

General Welfare Committee. I am Doctor Jacqueline Martin, Deputy Commissioner of the Division of Preventive Services at the New York City Administration for Children Services. With me today, who just left the room, Jill Krauss, our Deputy Commissioner of Communications and Community Affairs and a number of other colleagues. 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.

CHAIRPERSON LEVIN: Deputy Commissioner, if you don't mind me interrupting. Deputy Mayor, thank you very much for your testimony and answering questions, and I think at this point, you know, you could be excused. I very much appreciate your--

DEPUTY MAYOR PALACIO: [interposing] Thank you.

CHAIRPERSON LEVIN: being here to testify in front of the Committee today on short notice. Thank you. Go ahead, Deputy Commissioner.

DEPUTY COMMISSIONER MARTIN: 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 almost 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. 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, approximately 36 percent 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: Prevention and treatment, which include general preventive, family treatment/rehabilitation services and Special Medical preventive services. There's also evidence-Based Preventive services, and very soon, Primary Prevention, an area in which we are very excited to discuss further. 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 $279 million, an increase of 25 percent. 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, 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, or FTR, are designed for higher-risk families and include treatment for substance abuse and mental illness. FTR programs offer clinical diagnostic teams comprised of licensed

therapists, Credentialed Alcohol Substance Abuse Counselors, case planners, psychologist and psychiatrist 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. ACS has recently expanded its continuum of preventive services to include 11 Evidence-Based models, services that have been proven effective through documented rigorous scientific study. Evidence-Based Models 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, or 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 families' 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, or 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. Using a public health approach for preventing child maltreatment, this year's budget allows ACS 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. 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. In spring 2017, ACS will launch ACS' first primary preventive strategy, the Family Enrichment Centers, 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. By next spring also, 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, or our GABI initiative. GABI will serve our hardest to reach families, parents and very young children ages zero to three, 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 seven sites across the City. ACS holds our contracted preventive providers to rigorous accountability standards through various review processes. Each month, ACS' Division of Policy, Planning & Measurement, or 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, which is PAMS, teams, they perform 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, or 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. 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 or guardians with limited English proficiency and who are in the custody of ACS for at least six 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 10 different languages. 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 that you have. Thank you.

CHAIRPERSON LEVIN: Thank you very much, Deputy Commissioner. I want to start off by asking about the workforce. Can you tell us a little bit about the Preventive Services workforce? Because, you know, one thing that your testimony speaks to is that this is a not-for-profit workforce, and as many of you know, the not-for-profit workforce does not have the same salary that the city workforce has, does not have the same level of benefits that the city workforce has, and so I think that that when we're looking at the system broadly presents a unique

challenge. It's the same challenge that we see with for example, UPK teachers, UPK teachers that are working for a not-for-profit versus UPK teachers that are working for the city, it's a different level of salary, different level of benefits, and will perhaps dissuade people from entering into that workforce. So can you speak a little bit about the Preventive Services workforce, what type of education, what age, how often are or how long are people staying at these positions, and salary, what's the salary range and how does that compare to, for example, a CPS worker?

DEPUTY COMMISSIONER MARTIN: Sure. I think you're right, first of all, that the salaries are an issue for many of our nonprofit organizations. I can say that on the educational level depending on which type of preventive service you are referring to, which type of program, that we may have different expectations in terms of whether or not it's a BA level staff or a licensed clinician who administers those services. And so right away we know that there will be a difference in terms of the salaries that either a BA or a Master's level social worker will receive. I cannot speak specifically to what the individual salaries are for each of the contracted

agencies. They determine the salaries for each of their staff, and the expectation is that they would include that, those staff salaries in the overall budget that we provide to them. I also think it's important to note that all of our Preventive Services agencies have received the Human Services COLA increase that was recently offered.

CHAIRPERSON LEVIN: Okay, but even so, I think that salaries are in the range of like the high 30's, is that-- does that sound about right?

DEPUTY COMMISSIONER MARTIN: I cannot answer that specifically. We could probably get back to you on that.

CHAIRPERSON LEVIN: Okay. Because that's what we're hearing, and, you know, to live in New York City in 2017 with a salary of high 30's I think excludes a lot of people from-- that may want to do this work, from joining that workforce. And so I think that that presents a challenge. How large is the workforce across all the preventive agencies? Is that something that you can speak to?

DEPUTY COMMISSIONER MARTIN: I certainly don't have the numbers in front of me, but it is

about perhaps a thousand staff that would include case planners as well as supervisors.

CHAIRPERSON LEVIN: And in terms of training, so this speaks to another issue which is that-- so, I actually-- so, when I think back, when I came out of college, right, I had a Bachelor's degree. I went to work for a not-for-profit doing some case management type work, and I made 28,000. This was ten years ago. I made 28,000 dollars. I got a raise to 29,500 at some point, and there is now way that I would have been prepared with a Bachelor's degree from an Ivy League institution, but there's no way that I would have been prepared with a Bachelor's degree to take on the responsibility that preventive case planners have, because I think when we look at the system as a whole, you know, there's a CPS investigative worker, right? So, they're out there. SCR call comes in. they're the ones investigating the claim. They're doing that frontline work, and by the way, we greatly appreciate and I don't want this to get lost in the mix here, we greatly appreciate the work that CPS workers do day in and day out, because they are frontline investigative staff. They're out there doing a similar job to our police officers and

our firefighters. They're frontline workers in New York City, and we appreciate that. Preventive workers, once that case is handed over, they're the ones responsible because they're the ones providing the services. They have to be accountable for anything that might go wrong, and what type of training is a preventive case planner receiving that just has a Bachelor's degree from the agencies and how is that level of training ensured by ACS?

DEPUTY COMMISSIONER MARTIN: Thank you, Chair, for raising the issue of training. It is important to us that we have a well-trained workforce, not only at ACS, but also at our provider agencies. And so we are very excited about the fact that this Administration has actually invested substantially in ACS to create the workforce institute, which actually allows ACS to also train our provider agencies. In the past, training by ACS was predominantly focused on the Child Protective Specialist side of the work. We also offered our provider agencies trainings in safety and risk, and that continues to be offered to our agency. I know that the Sattawa [sic] Academy along with the workforce institute is always reviewing the

curriculum that we're training on, determining how we can make it stronger and more effective not only for ACS, but also for our provider agencies. And so, some of the other trainings that have been offered and rolled out in just the last few months has been training on motivational interviewing for primarily targeting the frontline staff or case planners, but also training to help elevate our supervisors and managers that we have at the provider agency side, so really focusing on coaching and strengthening their managerial skills also.

CHAIRPERSON LEVIN: So, I was speaking to somebody in management at a provider agency, and I brought up the subject of the Workforce Institute, and they smiled, and said that's great. My staff works 50 hours a week, at least, for 38,000 dollars a year, and they don't have time to go to the Workforce Institute, and nor do they-- I mean, there's-- if they do that they have to push out the other 50 hours' worth of work that they have to do on their cases. And so how does that-- how do you square that? How do you-- how are we-- are we setting aside? I mean, that maybe has to do with caseload, because you have to reduce the day to day work

requirement that they have to do and the only way you could do that is reduce the caseload in order to set aside time to go to the Workforce Institute. I'm assuming just for the record that preventive workers are not required to go to Workforce Institute training, right?

DEPUTY COMMISSIONER MARTIN: So, I'm going to ask my colleague, Deputy Commissioner Andrew White, who oversees the Workforce Institute to assist with answering questions around the training related to the Workforce Institute.

CHAIRPERSON LEVIN: They were like, "We would love to go. We don't have the time to go."

DEPUTY COMMISSIONER WHITE: Good morning.

CHAIRPERSON LEVIN: Good morning.

DEPUTY COMMISSIONER WHITE: I'm Andrew White, Deputy Commissioner for Policy Planning and Measurement which division also includes the Workforce Institute and the Academy. It is very clearly a challenge for providers to find time to do learning while working, and this is true across the social services sector, human services more broadly even. We have made our programs available in every borough, every week so that organizations can stage

their workers through these trainings which are not a huge burden. Motivational, interviewing training is a couple of days for the first phase, and there's some online work that goes along with it, and hundreds of preventive provider staff have already participated in the trainings this year. So, we are working it out. We work with all the providers when they come to us with these challenges to figure out a way to do it.

CHAIRPERSON LEVIN: So, hundreds have already attended?

DEPUTY COMMISSIONER WHITE: Hundreds from the preventive providers have already attended.

CHAIRPERSON LEVIN: What method does ACS use to communicate with provider agencies? Is there like a-- in terms of getting the appropriate feedback and having the appropriate forum to have the feedback so that issues that are-- that providers are encountering can be the basis for reforms, ongoing reforms within the system. What's the both formal and perhaps informal format for provider feedback?

DEPUTY COMMISSIONER MARTIN: Sure. For a significant length of time now we have been having meetings with agencies. For example, our quarterly

directors meeting which has, you know, brings together all of our preventive agency directors, directors of program, that is, along with a cross-divisional, you know, representation from ACS. We also work very closely with COFCCA to help set that agenda as well as our five coalition chairs. Each of the boroughs has a coalition of preventive agency chairs that we meet with and talk to to set that agenda so that we have a very clear sense and a collaborative sense of what we will be discussing at the quarterly director's meeting. And so the purpose of doing that--

CHAIRPERSON LEVIN: [interposing] In the format for the quarterly meetings, because to be candid, what I've heard is that often those are like presentations by ACS but they might not provide the opportunity for lengthy conversations and engagement, and that it's kind of more of a one-way conversation and [inaudible]

DEPUTY COMMISSIONER MARTIN: I respect what you have been told. I do feel that we try to strike a balance in those meetings. We are bringing information that we think, you know, reflect on some of the challenges that the providers have with

families or cases that they might have, and so on part of what we want to do is actually have presentations that address or could help to address challenging cases or cases where there's safety concern. And I also think that one of the things that, you know, we have heard that from providers, and so we have made quite an effort to as I said set the agenda with input from the providers and bring the information that they need. You know, we are hoping that in the upcoming year that we will also be able to bring more structure to the quarterly director's meeting. For example, one of the presentations that we did have at the QDM was actually on the GABI initiative. We realized that the provider agencies would not know much about GABI and was, you know, what we were doing to improve the system if in fact we did not have that opportunity to have that presentation. We think that it was well-received, and what we heard from the providers was that, you know, it was in fact a very strong presentation and that they were very grateful to get that information.

CHAIRPERSON LEVIN: By the way, just about the GABI initiative, those are in addition to

receiving the FTR Preventive Services or general Preventive Services, because you-- they're not in any way a replacement.

DEPUTY COMMISSIONER MARTIN: Correct.

CHAIRPERSON LEVIN: GABI's a supplemental service.

DEPUTY COMMISSIONER MARTIN: Correct.

CHAIRPERSON LEVIN: What is the caseload of preventive case managers or case workers?

DEPUTY COMMISSIONER MARTIN: So the caseloads will vary depending on what program type we're referring to. General--

CHAIRPERSON LEVIN: [interposing] General--

DEPUTY COMMISSIONER MARTIN: General Preventive is about a one to 12 caseload, meaning that each case planner will carry about 12 cases. And in our FTR and our special medical programs, the caseload is roughly one to 10, and in our evidence-based models they vary depending on the model type which can range from perhaps one to five or up to one to eight.

CHAIRPERSON LEVIN: Okay, I'm going to come back to ask more questions about the various

models. In-- going back to the-- sorry, there was one question I asked before and I'm not sure if we spoke about it further. In terms of the length of time, the average length of time that a preventive staff member is going to stay at that job-- I'm worried about the burn-out issue, and burn-out combined with low salary does-- you know, I'm afraid would equal, you know, short tenure. So, can you speak a little bit to that?

DEPUTY COMMISSIONER MARTIN: Sure. Certainly it's of interest to us as well, and I think also for families, right? Because that means that if we have a high turnover it's probably influencing, you know, the relationships that the families have and maybe even the length of time it will take them to achieve the progress. And so what we would desire, of course, is to have stability in our workforce, and we realize that that is currently a challenge for us, right, high turnover. And I do feel that it is something that we as an administration in partnership with our provider agencies need to closely look at.

CHAIRPERSON LEVIN: So, they're telling me that staff is, you know, that salaries are not

enough, right? Are they-- are you hearing that from providers as well?

DEPUTY COMMISSIONER MARTIN: Yes.

CHAIRPERSON LEVIN: Okay. Just wanted to make sure.

DEPUTY COMMISSIONER MARTIN: Yes.

CHAIRPERSON LEVIN: I'm going to turn it over to my colleagues for some questions and I'll come back. Council Member Grodenchik? And we've also been joined by our Public Advocate Letitia James and Council Member Vanessa Gibson of the Bronx.

COUNCIL MEMBER GRODENCHIK: Thank you, Mr. Chair, and I want to echo your comments about the front line ACS workers. They have an extraordinarily difficult job in a very, very diverse and demanding City. We have now heard over the last two hearings with ACS and with Deputy Mayors and Deputy Commissioners and Commissioners and former Commissioners about 50 pages of testimony, and I have yet to hear a single word about at what point does ACS consider removing a child from a house, and how does that happen? And where does it begin? Does it start with the first contact? Does it move up the

food chain? Could you please explain that process to me?

DEPUTY COMMISSIONER KRAUSS: Thank you for the question, Council Member. Every decision to remove a child is an incredibly nuanced decision. A Child Protective Specialist will receive a report from the state containing whatever the allegations that have been reported. Allegations range from the children aren't attending school to the parent may be physically abusing the child. It's an individualized assessment, and it is a decision that's made in consultation with a child protective team. So, the Child Protective Specialist who goes out and investigates the allegations in the first instance will then have a conversation with a supervisor and in many cases with a manager. If there is an immediate safety concern, the Child Protective Specialist will make an emergency removal. That removal will have to be reviewed by a Family Court Judge within the next business day. If there is a concern about imminent risk that is a potential concern, the Child Protective Specialist will consult with the ACS attorneys and go to court the next day and ask the judge for permission. But again, there

are a number of factors. The Child Protective Specialist needs to weigh the parents' ability to protect the child against whatever the allegations are and whatever the conditions are when they conduct the investigation.

COUNCIL MEMBER GRODENCHIK: I appreciate protecting the parents, but this is the ACS, "C" standing for "Children." Can you tell me what percentage of cases that you start where the children are actually removed and placed in foster care? Is it a very low number? Is it--

DEPUTY COMMISSIONER KRAUSS: We, on average, I would say between 3-4,000 children enter foster care each year. I think you've heard in the past we conduct approximately 55,000 investigations every year. I wouldn't say it's a huge percentage, but again it's a fact-specific inquiry.

COUNCIL MEMBER GRODENCHIK: So, it's less than 10 percent, and as you go along with the case, would you say that more of the removals from a home are made immediately and they stick, or does as the case develop-- or it depends on each basis, on each individual basis?

DEPUTY COMMISSIONER KRAUSS: You're asking specifically about emergency--

COUNCIL MEMBER GREENFIELD: [interposing] I'm asking is it-- if you remove a child immediately, does that tend to stick, or do you remove children as a case develops and you see evidence that the child is not being well served in that household?

DEPUTY COMMISSIONER KRAUSS: It really depends on the parents' ability to address the reason for the removal.

COUNCIL MEMBER GRODENCHIK: Okay, thank you very much. Our Chair is no longer here, but I don't know who's next. Counsel?

COUNCIL MEMBER CABRERA: Thank you. Thank you so much.

COUNCIL MEMBER GRODENCHIK: Thank you, Mr.--

COUNCIL MEMBER CABRERA: Let me just share a little story. In 1988, I started working for Preventive Services. I was a case worker. I was scared to death because I had my BA, and to be honest with you, I didn't know what in the world I was doing. I had a tremendous trainer. I mean, she was amazing. On top of that, I had a lead counselor that

were just amazing. But I have to confess to you years later-- this is a confession box right about now. I really didn't know what I was doing. I'm-- years later I became a college professor. I ran the counseling program in one of our colleges and the mental health counselling program, and I could tell you that our students in our cities are barely ready to handle the most difficult cases that I could think of in the City with a Master's Degree, licensed Master's Degree, whether it's MSW or licensed mental health counselor. So, I'm a bit troubled at the fact that we're still using fresh out of college BA students just with a Bachelor's Degree, because honestly the 50 hours not going to cut it. Licensed mental health social workers, you know, they have 1,500 hours' worth of practicum experience for a reason. Licensed mental health counselors have 3,000 hours. There's a reason for that, because it really does take that long to develop your skills, your judgement levels. This is a job regarding judgement. In my previous questions that I had regarding the Deputy Mayor was really the human factor here, and the human factor comes down to one word and one word alone, judgement. You're making judgement calls. As

a matter of fact, the answer-- good answer that you provided to my colleague really comes down to a judgement call. When is this child in imminent danger? And so are we looking forward to having only licensed mental health counselors and social workers and psychologists doing prevention work, because to be honest with you, I think they're the only ones qualified to provide the level of preventive counseling service that they deserve. I know I just gave you a loaded question.

DEPUTY COMMISSIONER MARTIN: You did. Very, very good points that you make. I similarly in my trajectory and my experience felt the same way when I started out as a social worker, as a case worker, that it's really important as to who you have, who is supporting you in that work. And so I will say that I do think that our supervisors which we really don't talk about enough in Preventive Services also carry a tremendous amount of responsibility. And so one of the things that I think that we can look forward to is really beginning a serious dialogue about the, you know, the ratio and the number of case planners that they supervise. In Preventive Services every case planner comes with a

certain number of cases, and so I think that's one of the areas for us to look to, you know, how we are building up our supervisors to actually support those case planners. That ws important for me, and so I had a very great supervisor and supporter that become mentors and, you know, really teach you the best of this work. And so I think it would behoove us to really look at that structure, the supervisors. Our expectation right now is that the supervisors are the licensed master social workers in the case. And so--

CHAIRPERSON LEVIN: [interposing] In General Preventive.

DEPUTY COMMISSIONER MARTIN: In General Preventive, and all of our supervisors are expected to have a Master's level of experience. And so we would look to the supervisors to actually be able to support the case planners. In some instances there are some agencies that are able to hire licensed master case planners. I know they do it, you know, with tremendous difficulty, because to actually-- the salary would be expected to be higher, right, for someone with a license.

COUNCIL MEMBER CABRERA: I have to tell you that I don't think it's fair to put this on the

supervisors, and I know this is a reality of the funding that has been allocated to do this, and I think fundamentally that's part of the problem here, but the supervisor should not be put in a position to provide supervision to people who are not ready. They're not. I'm telling you they're not ready, and we're going to continue to hear stories like we heard this year that I don't-- I know for a fact you don't want to-- nobody has the intentionality of it, but the structure and the system that you have in place does not lend to have our best. Just like school teachers, you have to be licensed to be a school teacher. Why we wouldn't expect our children who are in an even more-- and I worked in public school as a school counselor. So, I think I'm probably the most qualified person in the City Council to tell you what I'm about to tell you right now. If in the school system we have certified school counselors to deal with average problems and difficult problems, how much more would the type of children that I have to tell you, you got to have the competency, and I think you already know this, and the capacity to handle it. We're going to continue hearing these stories until we get people who have sharpened their skill and

judgement, and it's not because they don't have, those case workers don't have the potentiality to get there, but it's because they're not at the place to provide service. We wouldn't do this in the medical field, and the analogy was given by the Deputy Mayor earlier, and we have a quarter of a million people who die every year as a result of malpractice-- that should be another discussion-- and yet, we wouldn't think about putting somebody who's not licensed, a licensed nurse, a licensed medical doctor, to deal with these cases, and now here it just shocks me, to be honest with you, that since 1988, at least since then, we have not made that move. I would implore, I would admonish you, I will use all the adjectives that I have, please for the love of these children let's change this. We could do it. We have the money. We have money for a whole bunch of stuff. I'm getting passionate right now, but we have money for all kinds of stuff here, to be honest with you, that is not going to determine the life and death of a child. We could find the money to get these kids to have licensed mental health counselors, which by the way, we need to in our Administration and the City Council finally call upon the State of New York

to stop this blockage of licensed mental health counselors which are the most grassroots of all the licensed counselors to be able to be at equal level with licensed social workers to be able to get third-party reimbursement as well so we could go ahead and get-- we have the manpower out there to do it. Let's pay them more and let's save some life. Please, please, I implore you to do that. My last question to you is regarding the culture in ACS with preventive workers and also with case workers and those who are providing prevention services. Are you seeing a higher turnover right now in light of everything that happened this year? Because I could imagine some of them are paranoid at this moment, you know, that all eyes are upon them. Are you seeing a higher level turnover is taking place as compared to a year ago?

DEPUTY COMMISSIONER MARTIN: Council Member, if I may just react to your passion, which I definitely share. I just wanted to get the opportunity to clarify that in fact in our more intensive models, which is our evidence-based models, those are licensed clinicians that provide those

interventions. So, I just wanted to clarify that with you.

COUNCIL MEMBER CABRERA: But I hear you. But you see, you know, and I look at the testimony that is going to come later on, written testimony from the Legal Aid Society, and they made a good point in here which is that what we really need is primary-- the primary Preventive Services. We need to do the work before the work so we don't end up where we're at right now. I mean, this is a cri-- this is an epidemic. We're talking 20,000-- you have a capacity of 20,000 kids. This is an epidemic that has permeated, and I still think even what we call "low-level cases," they need it. Again, in public schools we're for that, and we're dealing-- and what might look like a low-level, if you don't have the expertise, you cannot-- you won't have the capacity or competency to identify what is going on with that child which will potentially end up in a situation that is going to make everyone at ACS look bad, when I do know everyone at ACS, the intentionality and the passion is for the children.

DEPUTY COMMISSIONER MARTIN: Yes.

COUNCIL MEMBER CABRERA: Thank you so much.

DEPUTY COMMISSIONER MARTIN: Yes. Thank you. I, you know, thank you for raising that. I want to spend a little time just talking about the primary prevention that you just mentioned. In fact, we do and we have started the work to add primary prevention to our continuum. You are exactly right. I think part of what we need to do is to focus on children and families in those communities before harm occurs, and that is exactly why we are taking the approach that we are to launch a pilot of primary prevention sites. As I mentioned in my testimony, we are hoping in the spring of 2017 to launch three Family Enrichment Centers where families will get the opportunity to seek the help that they need before the crisis becomes to a point where, you know, they have a call to the SCR or an intervention. Those services will be available to any family that thinks that they need it without having to have an active ACS case. These sites are going to be closely modeled after the New Jersey Family Success Centers, and so we know that they have been having a tremendous amount of energy generated around that,

and the centers are being used very widely, and so we hope to be able to replicate that here in New York City, reaching families before harm occurs, giving them the opportunity to come together in their communities and to be able to get the help and to partner with other community and get the support that they need, you know, and to actually return to that value of, you know, the village raising the child, really helping them to be able to feel comfortable knowing that when they walk in they're going to get the help that they need. In addition to helping them think through their protective factors, how can they strengthen that and to be able to be driven, but more importantly that they can feel really encouraged to give back to their communities, to give back to the centers, and to be able to help other families who may be just in the place where they were before crisis occurs.

COUNCIL MEMBER CABRERA: Thank you so much.

CHAIRPERSON LEVIN: Thank you very much, Council Member Cabrera. Council Member Margaret Chin?

COUNCIL MEMBER CHIN: Thank you, Chair. I'm glad in your testimony that you want to work with us to really work with parents who are limited English proficiency. So, I wanted to start off by asking, how does ACS interact with families who are, you know, limited English proficiency? Does ACS workers get training with specific cultural sensitivity when they're working or investigating, and immigrant families who might not be familiar with the ACS system?

DEPUTY COMMISSIONER MARTIN: Well, if I may, Councilwoman, just answer that from the perspective of Preventive Services. So, our expectations are that our preventive partners will hire staff that speak the languages of the families, the predominant families in the communities that they serve. And so when that is not feasible, ACS does offer support to agencies by way of interpreters to help them with the engagement process with the families, but also to help in terms of their ongoing service planning with families. It is not the ideal, and you know, we would rather that agencies make all the efforts to hire case planners and staff that speak the languages of the families that they serve.

COUNCIL MEMBER CHIN: I think some of the community-based organizations that you work with, for example, in the Asian community they have the language capacity. So, I mean, I think that part is good that you're doing the outreach, and hopefully, you know, educate parents about ACS, and I think we did one together--

DEPUTY COMMISSIONER MARTIN: [interposing] Yes.

COUNCIL MEMBER CHIN: with ACS in our community, and that's great. But when a parent gets caught up in the system, that's when the services lack. For example, foster care agency, they don't have-- I mean, do you require them to have language and cultural competency? From our experience, or there's one specific case that I'm talking about that we're working on, that was the problem. They didn't have people who can translate and talk to the parents.

DEPUTY COMMISSIONER WHITE: It is most definitely a requirement of our service providers to have, first of all, cultural competency, and second of all, if they do not have staff who speak the language of the family, they need to use

interpreters. It is something that ACS is monitoring constantly, and we have our own Office of Cultural Competency and Language Services, but you're right on point. This is a huge challenge. Again, it gets back to these questions about the workforce and how do we make this job-- it is a very challenging job to work--

COUNCIL MEMBER CHIN: [interposing] Yeah, you have the-- the salary has to be competitive.

DEPUTY COMMISSIONER WHITE: Right.

COUNCIL MEMBER CHIN: If someone's bilingual, they probably could get much higher pay in the private sector.

DEPUTY COMMISSIONER WHITE: Right.

COUNCIL MEMBER CHIN: So that's something that we really have to look at, pay equity, in terms of people working for the nonprofit and working in city agency.

DEPUTY COMMISSIONER WHITE: Yes.

COUNCIL MEMBER CHIN: But I mean, looking at the data, I mean, right now I think from the number that we saw as of September 2016 there was about 8,870 youth in foster care. Do you have a break down on the demographics in terms of languages

and ethnic groups to see in terms of like are there enough services being provided?

DEPUTY COMMISSIONER WHITE: We do. I don't believe we have it with us, but we've shared that in the past and we'd be happy to share it again.

DEPUTY COMMISSIONER KRAUSS: And Council Member, if I may, I think one of the other things that we're working on that sort of speaks directly to what your proposed legislation is trying to get at is how can ACS work with communities and with foster care agencies to do a better job of recruiting dual language or multi-language speaking foster parents. That's a huge effort that's under way, and we've done a little bit of work with your staff on that, but with other constituents throughout the City who speak other languages. We would like to sort of work with those communities to de-mystify what it means to become a foster parent and hopefully encourage other people who speak other languages from other communities so that the very issue you're raising, and I know the case well that you're talking about, doesn't happen again, right?

COUNCIL MEMBER CHIN: Yeah.

DEPUTY COMMISSIONER KRAUSS: That there are foster parents who speak the same language of the children who are placed with them.

COUNCIL MEMBER CHIN: I mean, that would be the most ideal situation, and that's why I think working with the community, the Administration, the ACS needs to really help do that outreach and get more New Yorkers to come forward to help out, but unfortunately there are cases where people get caught up in the system, especially with immigrant family. I mean, I heard the presentation about all the preventive services. That sounds great, but once they get up in the court system, then all I hear from ACS is, "Well, it's in the courts, we can't intervene." But there's still got to be supportive services available to the family. I mean, in the case that you know that I'm talking about it's such a tragedy to the point the mother died. Part of it I think is due to all the stress losing her daughter, and the child cannot even speak to the parents in Chinese. She lost the mom. They had to talk through an interpreter. The family did not want to give up the kid, but it seems like everybody is working against them, and there's really no support services

out there for them. I mean, we try to help them find lawyers and organizations, but even the community groups, they don't have the resources. So this family right now, they got caught in the system. They're in court, and they're losing their child, and they don't want to lose the child. They want to fight to get the kid, their daughter back. So, we have-- I mean, that's what I'm seeing that is missing, that the services, yes, no-- the Preventive Services is great, but once you get caught up in the system, it seems like there's nothing there to help you.

DEPUTY COMMISSIONER KRAUSS: ACS is committed to also working with our foster care providers to make sure even when it's not possible to place a child with a foster family that speaks their language. You know, one of the very helpful interventions that your office discussed with mine in this particular case is what can we do to make sure a child doesn't lose their language and doesn't lose their culture, and we'd be very happy to continue working with you on that.

COUNCIL MEMBER CHIN: Yeah, but then also we have to really look at, you know, the situation

with the foster family and the conditions they're under of not being cooperative. I mean, we had volunteers who's going to testify later, they tried to help find language classes, but you know, the foster parents weren't cooperative, and we couldn't force them that they have to take the kid to the class. But it's just I just wanted to really have a fuller support system for family unfortunately, you know, if they get caught up in the foster care system and they're not, you know, with a family that speaks their languages, that we have to make sure that interpreter is available that could facilitate whether it's the visit-- it's just like there were just so many barriers for this family, and I hope it will never happen again to another family, and that's why the legislation is just one step. But it's really we don't want the families to get caught up in the system. We want more Preventive Services, and we will continue to support that so people can understand how do you take care of child, you know, in a new country that's different than where you came from.

DEPUTY COMMISSIONER KRAUSS: Sure.

COUNCIL MEMBER CHIN: And really work and learn the system and learn what resources are available. A lot of time people don't take advantage of the resources until it's too late. So we look forward to really working with you on this, but in the case that we talked about, I think we really need ACS to step up to really support this family so that they could be reunited so that-- the child already lost her mother, and we don't want her to lose the tie with her father, her brother, her grandparents, and her community. So, I'm really asking, you know, maybe we can have a special meeting to really do a full review of the case. What went wrong in the beginning? How do we end up at this point, and how do we make sure that we can help this family get back together?

DEPUTY COMMISSIONER KRAUSS: We'd be happy to meet with you.

COUNCIL MEMBER CHIN: Great. Thank you. Thank you, Chair.

CHAIRPERSON LEVIN: Thank you very much, Council Member Chin. Public Advocate Letitia James?

PUBLIC ADVOCATE JAMES: So, the last few cases involving the death of a child, if I'm not

mistaken, were at the hands of a boyfriend. In fact, I believe it's been the last eight cases children have died at the hands of a boyfriend, and the child was placed with the boyfriend as childcare, which speaks to a larger issue and this is childcare in the City and particularly for low income families. Children don't come with instructions. So my question is, one, what are we doing to increase the number of childcare slots for low income families. What are we doing to educate young mothers about responsible childcare and not placing your child with someone who has no training, no experience in raising a child?

DEPUTY COMMISSIONER KRAUSS: Public Advocate, thank you for that question and for bringing attention to the fact that this is a consistent fact pattern that ACS encounters. In the past what we've attempted to do-- before I address the childcare question-- is a very broad public awareness campaign asking usually young but often vulnerable mothers to really think very carefully about in whose care they're leaving their child. Because, you know, with young parents who don't have instructions, as you say, about how to take care of

child, how to toilet-train a child, how to address when the child is so inconsolable, it's very stressful to a lot of young parents. So, in addition to a public awareness campaigns, there are a number of new preventive programs that my colleagues can speak to about working with young new parents to really address some of these concerns.

DEPUTY COMMISSIONER MARTIN: Yes, on the Preventive Agency side we are actually new programming to address issues around social isolation which we feel also contributes in many ways to parents making those very poor decisions. And I think what we want to actually emphasize to our families that are receiving Preventive Services is the fact that, you know, life is better when you have the right safe people in your life, and so our expectations would be that all of the individuals that come in contact with that child is actually assessed and that we help the parent get out of that isolation and find the supports that they need. So, for example, in the programming that we are rolling out in the spring which is our GABI intervention, the group attachment based intervention, that is precisely one of the factors of that program why we

think it will be so effective with our families is really addressing the issue, the vulnerability of the social isolation. So it gives families the opportunity to come together in a group-based setting and not just to work on attachment, but also to address issues of trauma that the parent or the child may have faced.

PUBLIC ADVOCATE JAMES: So I see these ads on television all the time, they're being focused by the Department of Health about smoking cessation. They've been very effective. I would suggest, and hopefully working with the City Council, that some of those resources be transferred to ACS and that we do advertisement on television and particularly cable and particularly around some of those shows that are-- you know what shows I'm talking about, right? What they call it in Brooklyn, they're "ratchet shows," those shows. And we do a high profile person and we talk about domestic violence, domestic abuse, child fatalities, childcare that's available, and that your centers are available. We've done a great job with smoking cessation. We've done a poor job with saving babies. I think it's now time to focus on an ad

campaign with a high profile person such as Beyoncé and talk about saving our babies.

DEPUTY COMMISSIONER KRAUSS: You'll be happy to hear that ACS recently hired a Director of Marketing for this very initiative.

PUBLIC ADVOCATE JAMES: Do they know Beyoncé?

[laughter]

DEPUTY COMMISSIONER KRAUSS: We're hoping you can make an introduction.

PUBLIC ADVOCATE JAMES: Okay. I've got a contact, so let me know. Two, let me move on to the following. Listen, the vast majority-- oh, before I go there, I also-- the other pattern that I saw, I saw boyfriends, I also domestic violence against the mom. So, it was initially the warning, domestic violence against mom, and then ultimately the child was in harm's way. And so I know in some of your reforms, and again thank you for all of these reforms, the question is on reform number six where you're going to have dedicated ACS liaisons to the five district attorney's office, in most of the district attorney's office, I know in Brooklyn and Manhattan and I believe in Queens, I believe in all

five, they've got a dedicated Domestic Violence Unit. And so the question is, early warning signs, heightened awareness, when you've got repeated cases of domestic violence with an intimate partner, can we intervene at that point in time and say it could rise to the level of perhaps putting the child in harm's way; maybe we need to investigate. What do you think about that?

DEPUTY COMMISSIONER KRAUSS: I think that one of the additional reforms that was added which hopefully you have in front of you is an intensive collaboration with the Mayor's Office to Combat Domestic Violence. There's work already underway at ACS where when there's a domestic violence flag in any of the cases, there's the availability of a clinical consultation with a domestic violence expert. I think if you'd like to hear more about our proposed reform on collaborating with the Mayor's Office of Domestic Violence, we can talk about that right--

PUBLIC ADVOCATE JAMES: [interposing] We can talk about it offline, but I again really want to work with the District Attorney's Domestic Violence Unit again to highlight those cases involving with

intimate partners just, you know, basically to prevent-- to save children.

DEPUTY COMMISSIONER KRAUSS: And there is a taskforce under way, and that is one of the recommendations that they're reviewing, exactly what you're stating.

PUBLIC ADVOCATE JAMES: So the-- thank you for reminding me. So this taskforce that I've been hearing about, since as you know, I've been very vocal and very critical, my suggestion and recommendation the Office of Public Advocate also be included on the taskforce, and if you don't want me at the table, I get it, I understand. Perhaps we can be consulted from time to time. I would appreciate that.

DEPUTY COMMISSIONER KRAUSS: I will raise it with the taskforce.

PUBLIC ADVOCATE JAMES: Thank you so much. The vast majority of the ACS workers have a difficult complex and dangerous job as was indicated, and they work day in and day out and they do excellent work protecting our vulnerable children. But children fall through the cracks, and this report as you outlined indicates how we have failed. We

failed Zymere Perkins and other children. What I am hearing in the Office of Public Advocate is individuals who call my office and individuals who see me on the street and say, "Tish, I've got a reported case. I want to get my baby back. I've been assigned to a provider. I need drug counseling. I need mental health counseling. I need x, y and z. my provider does not have those services, and I am on a waiting list." I hear that over and over and over again, or I hear, "My provider referred me to a provider, I live in Brooklyn, in the Bronx. I don't have the resources, Tish, to get to the Bronx. I want my baby back, and the case is adjourned and adjourned and adjourned and adjourned and adjourned, and there's waiting lists all over the city." What are we doing to address the fact that families need Preventive Services and there's just waiting lists, and our providers don't provide the services that they're under-- that the parent is mandated to take?

DEPUTY COMMISSIONER KRAUSS: I think first I'll say what we're doing is increasing the number of slots available, preventive slots.

PUBLIC ADVOCATE JAMES: Right.

DEPUTY COMMISSIONER KRAUSS: So the Administration has invested significant resources such that, you know, we will be able to increase by approximately 2,500, the number of preventive slots that are available citywide. It doesn't immediately address the concern that there are occasionally waiting lists, and to the extent that--

PUBLIC ADVOCATE JAMES: [interposing] I don't know if it's occasional. It seems like it's pretty pervasive.

DEPUTY COMMISSIONER KRAUSS: To the extent, and I know your office already does, but could be in touch with us when--

PUBLIC ADVOCATE JAMES: [interposing] Sure, we have a lot.

DEPUTY COMMISSIONER KRAUSS: those cases are presented.

DEPUTY COMMISSIONER WHITE: Yeah, I think, and especially waiting lists for things like mental health treatment, I mean, things that are referrals from our system to other systems.

PUBLIC ADVOCATE JAMES: Yeah.

DEPUTY COMMISSIONER WHITE: That's the biggest challenge.

PUBLIC ADVOCATE JAMES: I hear it's drug treatment the most.

DEPUTY COMMISSIONER WHITE: Yeah.

PUBLIC ADVOCATE JAMES: And then second is mental health.

DEPUTY COMMISSIONER WHITE: Right, I agree, and that is something that we work on, but one of the work arounds is to try to install those services in our system that we fund, which is a big part of this expansion. I mean, court-ordered supervision cases in particular are the kinds of families you're talking about, who are involved with the court and we're trying to dramatically increase the access to a variety of services for those families.

PUBLIC ADVOCATE JAMES: One of your reforms talks about a collaboration with NYPD on difficult cases.

DEPUTY COMMISSIONER KRAUSS: There's currently a process by which cases that are-- could involve criminal behavior are elevated to-- and that is what happened in the Perkin's case, but are elevated to the Child Advocacy Center to make sure that all of the relevant city agencies are conducting

one interview of a child who may be traumatized over and over by the same questions. We are working with the NYPD. The New York City Children's Cabinet has a Child Safety Subcommittee that has met numerous times since the Perkins case came to light to ensure that all staff at the Child Advocacy Center are the appropriately level of staff for there.

PUBLIC ADVOCATE JAMES: I guess what I'm referring to is the IRT, the Instant Response Team that began in 1998 to ensure that ACS and NYPD respond jointly on the most serious abuse and neglect cases. So, it raises a question in mind about a most recent case where a case worker, a preventive worker, was called to an address, was given the wrong address and the child was next door. The question is why wasn't that case worker with a member of the NYPD?

DEPUTY COMMISSIONER KRAUSS: Just to clarify, it was a protective Worker. It was not a preventive worker.

PUBLIC ADVOCATE JAMES: Okay.

DEPUTY COMMISSIONER KRAUSS: Even though the subject of the hearing is preventive.

PUBLIC ADVOCATE JAMES: Right.

DEPUTY COMMISSIONER KRAUSS: As the Deputy Mayor stated earlier, at this point ACS is not in a position to talk publicly about that case, but I'm happy to talk with you about the process.

PUBLIC ADVOCATE JAMES: Okay. And lastly, how are preventive service providers held accountable, and how do you evaluate their performance in terms of renewing their contracts?

DEPUTY COMMISSIONER WHITE: So, we have a structure for monitoring of the preventive providers that tracks their outcomes. It tracks their safety practice. It reviews thousands of cases each year at a statistically reliable level for each service provider to determine that they're adhering to standards, that they're doing the visits that are expected, that they are doing the supervision and internal oversight at their program that is expected, and they are ranked. The greatest emphasis is on results. We are very conscious of the outcomes of every provider program and how well they are performing. Across the system, the results are very, very good. We find that only a tiny number of families lose a child to foster care after they have completed a preventive program. It's between one and

two percent of families referred by Child Protective services who then lose a child to foster care after they've completed Preventive Services.

PUBLIC ADVOCATE JAMES: And they're-- it's reviewed, their contracts are reviewed annually, or?

DEPUTY COMMISSIONER WHITE: The program is reviewed constantly. I mean, we have monthly safety checks with every provider. We have a provider agency monitoring system that is reviewing cases on a six month rotation, and then we do our annual score card.

PUBLIC ADVOCATE JAMES: And lastly, my last question, and I really want to thank the Chair for his indulgence. Reunification, there was an effort way back in time on family reunification. Is that still the focus, family reunification?

DEPUTY COMMISSIONER WHITE: For families with children in foster care, absolutely. I mean, that is-- in most cases that is the result of foster care is a return home. Not every child can return home, and we are at the same time trying to speed up our systems. We are speeding up our systems towards adoption and especially towards kinship guardianship

which is a form. It's not quite reunification with your parents,--

PUBLIC ADVOCATE JAMES: [interposing] Right.

DEPUTY COMMISSIONER WHITE: but it is with your family.

PUBLIC ADVOCATE JAMES: And what's the clog in the wheel towards adoption? We've got, as you know, the children in New York City spend more than twice as long on average in foster care as children in the rest of the country. What's the clog in the wheel?

DEPUTY COMMISSIONER WHITE: We reduced time to adoption by five months over the last two years. So we know there are ways you can move this faster, and we are making progress on that. I think New York City has due process rules and court issue-- court process that's different from many other parts of the country, but at the same time we know we can keep improving this.

PUBLIC ADVOCATE JAMES: Thank you, Mr. Chair.

CHAIRPERSON LEVIN: Thank you very much, Public Advocate. Council Member Vanessa Gibson?

COUNCIL MEMBER GIBSON: Thank you very much, Chair Levin, and good afternoon. Ladies and gentlemen, it's good to see you here. So, I know a lot has been talked about and one of my colleagues described the excessive amount of paperwork that we received last night at 8:30 that we really tried and are still going over. I just had two very brief questions because it is a lot to understand, and you know, you can imagine everyone's frustration and concern about, you know, the level of high profile cases that have hit the media, but I also think about the many cases that have not hit the media, how many young children are living in, you know, challenging households where parents are struggling to take care of their children; so I know obviously our work continues. And with a number of the reforms that Doctor Palacio talked about which I've looked through, I just had two quick questions. I wanted to further understand the collaboration. There are multi agencies that work with ACS on a number of cases of potential or cases of neglect or mistreatment. As it relates, I Chair Public Safety. So, as it relates to Public Safety in that world of the Mayor's Office to Combat Domestic Violence, the

NYPD, the District Attorney's offices as well as the FJC's, the Family Justice Centers, and Family Court, whose job is it to make sure that everyone is working together? So, we talk about the IRT. We have all these different conferences and working groups, and everyone has a title to do something, but whose job is it to make sure that we are all talking to each other and we are looking at the same system, the same database, the same information, the same data? Whose responsibility is it to make sure that everything is working in collaboration? Because it's really frustrating to hear these cases, to see the children and to say, you know, we put blame on so many, the case workers and others, but you know, at the end of the day we all of a responsibility, so I understand that. But I just really want to understand the collaboration. Whose responsibility is to make sure that everyone is working together?

DEPUTY COMMISSIONER KRAUSS: Thank you, Council Member. I think you hit on something that's very important to highlight, which is there are numerous systems, particularly data and case note systems. ACS is required by the New York State Office of Children and Family Services to use the

Connections Database. So, we're quite limited in being able to change the database. However, there is substantial work underway starting with the New York City Children's Cabinet which is again been bolstered in the wake of this case with a subcommittee involving the very agencies that you're naming, DHS, NYPD, ACS, and DOE to make sure that the reforms that we're implementing are actually taking hold and there's no-- you know, I think all of the Commissioners of these various agencies readily agree at the need for a better collaboration, and the point of this subcommittee is to make sure that the actual reforms are being implemented throughout all levels of the agencies. It's a subcommittee that's co-chaired by Deputy Mayor Palacio and Deputy Mayor Buery. There is a substantial amount of collaboration between the principles of those various agencies. So when, for instance, there's a concern raised by a Child Protective Specialist that's trying to get information or coordinate with a case manager at a homeless shelter, if there's a concern and it's not happening, it's raised throughout the ranks of the agency, and if it really is something that can't

be addressed at a staff level, it's brought to the attention of the subcommittee.

COUNCIL MEMBER GIBSON: Okay. So, I'm glad you raised the issue of children in temporary housing. That's an issue I've worked very hard on, and I have a high concentration of students in temporary housing in District Nine of the Bronx, and I truly believe, you know, children's housings status should not determine their future and certainly not their academic success. I noted in, I think it's item number four-- item number three, actually. One of the recommendations is working with DOE and some of the Chancellor regulations as it relates to students who are consecutively and excessively absent. The Department of Ed. announced several months ago new attendance monitors that will be working with shelters and shelter providers. So, as it relates to ACS, how is that going to work? Because it says whenever a student has 10 or more consecutive unexplained absences, so does that mean that we're going to wait for a child to be absent for 10 consecutive days, which is over a week, before, you know, we get involved? Are there any changes

that will be made to identify any potential cases before it gets to this level?

DEPUTY COMMISSIONER KRAUSS: So we can speak, and my colleague Andrew White will speak to that specific reform.

COUNCIL MEMBER GIBSON: Okay.

DEPUTY COMMISSIONER KRAUSS: If there are questions that-- we're not in a position to speak for DOE, and the Deputy Mayor is no longer here, but if there are questions-- parts of your questions we can address. We can have a conversation--

COUNCIL MEMBER GIBSON: Okay, but absolutely involves ACS as well.

DEPUTY COMMISSIONER KRAUSS: Yes.

DEPUTY COMMISSIONER MARTIN: Yes.

DEPUTY COMMISSIONER WHITE: Yeah.

COUNCIL MEMBER GIBSON: Okay.

DEPUTY COMMISSIONER WHITE: I mean, we worked with DOE. We are still working with DOE on their regulations and the tiered protocol that went out about a month ago now that looks at families involved with ACS, families that were-- where a report was called in by a school and a child-- so the school knows the child is involved with ACS. In

those cases, we are looking for much more proactive overview [sic]. The Department of Ed has required much more proactive attention to those children if they are absent, if they're involved in an active child protection investigation, if they are absent without explanation for even one day, we ask that the school try and reach the parent, try and find out what's going on, and if the school can't find out what's going on they contact our Child Protective Investigator who is on the case. So it's sca-- it's a tiered protocol around those kinds of things. I mean, the standard Chancellor's regulations are what you describe and those are for the general population, but that also lays out a plan that every school is expected to follow in terms of how they determine why a child is absent.

COUNCIL MEMBER GIBSON: Okay.

DEPUTY COMMISSIONER WHITE: The attendance monitors that you're talking about DHS, I mean, involved with DHS are a key part of that.

COUNCIL MEMBER GIBSON: Okay. And my final comment just as I wrap up, I know we've been here for a while. I agree with the Public Advocate in terms of the messaging, and you know, recognizing,

you know, ACS, you know, in terms of the environment, the culture we set forth, trying to make sure that those parents that need help actually feel comfortable reaching out. I think it's appropriate, and I think it's also reasonable that we look at creative measures. The Director of Marketing sounds like a great start. I'd love to see that expand a lot more. I'd also love to see us working within local Community Board and tenant organizations. We've done that with OCDV. During the summer we work with NYCHA, because the reality is you have to meet families and parents where they are. They're not going to go to FJC. They may not visit a center. They don't feel comfortable for many, many reasons, so you have to use the outlets you have, the elected officials, the Community Boards, the precinct councils, so many advisory boards. I mean, we have advisory boards for everything in this city, but you know, these are ways that you can draw people out. I'm a big fan of going to churches. I visit my small business corridors, because you just want to make sure that you can reach many parents where they are. So there's a level of comfort where's there's a level of just, you know, where they feel that they can talk

to you about something and not fear that a report will come out or there'll be an investigation. So, we do have a lot of work to do, but I commend the agency for the work you're doing and certainly all of the workers. It's not easy, and we recognize that. We're not here judging. We want to be a support system. During the budget process we'll start next month-- goodness. We want to talk about ways in which we can look at additional resources for the agency because we have to get this done. With or without titles, it's our responsibility to make sure that we protect every child in this city. So, I thank you for being here, and thank you, Chair Levin, for your leadership and for everything you've done making sure that we really talk about these very critical topics and challenges. Thank you.

DEPUTY COMMISSIONER KRAUSS: Thank you.

CHAIRPERSON LEVIN: Thank you very much, Chair Gibson-- Council Member Gibson, Chair of the Public Safety Committee, Gibson. A few more questions for you all, and I have 30 questions, but I'll have to do a follow-up letter because I don't want to keep you here much longer. Following up on one thing that Council Member Gibson asked, she

asked, I think, about who's responsible for coordinating all the system, but I think what she was asking for an individual case. So, I understand that the Children's Cabinet is an interagency steering committee or taskforce or, you know, whatever it is cabinet, but who's responsible for coordinating? I mean, that should be-- is not the Child Protective Manager? I mean, for an individual case like in Zymere Perkins' case where you have Preventive Services, Department of Homeless Services engagement, you have the Department of Education, obviously ACS, at a certain point NYPD, District Attorney, Safe Horizon, you know, who is then responsible for that specific agency coordination on an individual case?

DEPUTY COMMISSIONER KRAUSS: When there is an open child protective case, it is the job of the child protective supervisor or manager to make sure that the Child Protective Specialist has been in touch with all of the various other systems that are involved in the life of the child. One of the things that actually did happen in this case even though the outcome was as far from what we would want it to be as possible, the case manager at the shelter was in conversation with the Saint Luke's preventive

caseworker and they were in conversation with the Child Protective Specialist when the case was open at ACS. When the case was not open at ACS, the case notes indicate the DHS contracted provider and the ACS contact provider were in touch with each other. There were a series of failures to follow up, but those individuals, the case managers from each relevant agency were in touch with each other.

CHAIRPERSON LEVIN: But not-- but they weren't following up with DOE. So nobody was following up with the reporter of the cases?

DEPUTY COMMISSIONER WHITE: The case planner from Saint Luke's was in touch with the school as well.

DEPUTY COMMISSIONER MARTIN: So, if I may add that I think, you know, when there is not an active investigation or the family is not in court ordered supervision, but it is the preventive agency that is visiting this family, they have the responsibility of coordinating that case, right? So, in this instance, you know, when there was not an active investigation that responsibility would have fallen to Saint Luke's.

CHAIRPERSON LEVIN: Okay. Another issue that came up in this case was that upon the first indication, first indicated case, the mother refused Preventive Services. And just for clarity sake, can parents with an-- you can have an indicated case, and a parent can refuse Preventive Services. The only entity that can mandate Preventive Services is the court or can ACS mandate Preventive Services?

DEPUTY COMMISSIONER KRAUSS: ACS is mandated by the state to make Preventive Services available. We cannot on our own mandate that a family receive the services. We can--

CHAIRPERSON LEVIN: [interposing] Why not?

DEPUTY COMMISSIONER KRAUSS: We can make the recommendation.

CHAIRPERSON LEVIN: Why can't you mandate?

DEPUTY COMMISSIONER KRAUSS: And then we can go to court if the family refuses and ask the court for intervention to say to the family, "If you do not comply with these services, your child will be removed."

CHAIRPERSON LEVIN: But that is a-- that's going to a third party. It's a significant step up in terms of case involvement.

DEPUTY COMMISSIONER KRAUSS: Yes.

CHAIRPERSON LEVIN: ACS cannot do it legally or it's--

DEPUTY COMMISSIONER KRAUSS: [interposing] Correct.

CHAIRPERSON LEVIN: Why not?

DEPUTY COMMISSIONER KRAUSS: We don't--

CHAIRPERSON LEVIN: [interposing] By state law?

DEPUTY COMMISSIONER KRAUSS: The authority that we have is to conduct an emergency removal if there's imminent risk to the life or health of the child. Short of that, we can't force a parent to do something. All we can say is we think that this service is very important to your ability to keep your child safe, and if you're refusing to comply, we will go to Family Court and ask a judge to order.

CHAIRPERSON LEVIN: I see. Okay. Okay, I want to, by the way, acknowledge and thank our Cultural Affairs Committee, because they are moving

across the street. So, I want to thank them because that's very nice of them. We are going to go-- keep this hearing moving. Back to training for a minute, what training do preventive workers receive before-- do they receive training, and to what extent do they receive training before they take their first case?

DEPUTY COMMISSIONER MARTIN: So, the training that they would receive is really something that the preventive agency would have to determine, right?

CHAIRPERSON LEVIN: Does everybody-- so, like say I'm Steve Levin and I graduated from college, and I'm 22 years old, and I moved to the Big City, and I got a nice Bachelor's Degree and I get hired by a preventive agency, do I take a case immediately, or am I going through two weeks or a month's training, and is that at all standardized? You just said it's--

DEPUTY COMMISSIONER MARTIN: [interposing] Yeah, no.

CHAIRPERSON LEVIN: up to the agency, but like--

DEPUTY COMMISSIONER MARTIN: [interposing] I think it's--

CHAIRPERSON LEVIN: [interposing] Is it part of the contract?

DEPUTY COMMISSIONER MARTIN: No, I wouldn't say that it is standardized across all of our agencies, but what we would expect agencies to do is to really assess their staff and determine what skill sets they're coming with and then make the recommendation of what training is feasible. Now, I do know that there are some programs that they-- that's the approach that they take. They assess their staff. They determine that this staff will need, you know, whatever training, maybe let's say motivational interviewing or, you know, training around working with adolescents, for example. It is probably more standardized in our evidence-based models because they have a criteria for their practice that the workers would have to adhere to. So, those models are more standardized or manualized as they might refer to it, and they would require that that staff go through a series of training. Outside of the evidence-based models, that would be really the expectation of the provider agency to determine what each of those staff members need to come with on day one when they start that job, and

what training should be provided to help support them to work with the families.

CHAIRPERSON LEVIN: Are there any providers that provide no training for a case planner prior to taking their first case?

DEPUTY COMMISSIONER MARTIN: I don't know if they're-- I can say that there are any that don't do that.

DEPUTY COMMISSIONER WHITE: But they're required to have a training plan with us or their contract. So, it's--

CHAIRPERSON LEVIN: [interposing] Right. But I think it's, you know, nobody should be taking a case without going through some training.

DEPUTY COMMISSIONER WHITE: There's also mandated reporter training that's provided by OCFS online that everybody in the field has to take. I mean, those kinds of things are--

CHAIRPERSON LEVIN: [interposing] Right, but--

[cross-talk]

CHAIRPERSON LEVIN: mandated reporter, there's a lot of mandated reporters that are not experts. They know what to look for, but they don't

know-- I mean, essentially because they're, you know,-- when a preventive worker, preventive case planner is getting a case, right, it's theirs. Like, it's not really the CPS case anymore. It's their case. They're responsible for that family. Like, that's a lot of responsibility for a very underpaid person.

DEPUTY COMMISSIONER WHITE: So, anybody working in social services knows how much new workers are relying on their supervisors for guidance and oversight, and we see that in our case reviews. We are making sure contacts are happening. We're making sure the safety-- through our safety checks we're making sure all the contacts are happening. We're tracking outcomes. I mean, essentially these programs are mapping towards the results that we expect of them. I don't think they're going to achieve those results if they're not working closely with new staff.

DEPUTY COMMISSIONER KRAUSS: And to your question, your specific question, are there any providers that don't have training, we will do a review of the contract language and provide you with a thorough response.

CHAIRPERSON LEVIN: Yeah, I mean, I would-- I think it would be in the public's interest to all, you know, for this committee to know like what type of training different providers are engaging in.

DEPUTY COMMISSIONER MARTIN: Chair, I will say that we have in our preventive standards and indicators that that's our expectation we laid out, but again, we list out a number of potential topics that case planners should be trained on, but again, it is up to each individual agency to assess and determine exactly which training a case planner would need as they start that job.

CHAIRPERSON LEVIN: One more question and then I'll let you guys go and we'll get to the public testimony. What percentage of cases are-- preventive cases are voluntary versus court-mandated?

DEPUTY COMMISSIONER WHITE: The very large majority are voluntary. There's at any given time there's about 1,500, I think, court-ordered cases in the preventive services.

CHAIRPERSON LEVIN: Of 20,000 or out of--

DEPUTY COMMISSIONER WHITE: [interposing] No, out of-- on any given day there are 12,000 cases--

CHAIRPERSON LEVIN: [interposing] Okay.

DEPUTY COMMISSIONER WHITE: in preventive.

CHAIRPERSON LEVIN: Sorry, I have one more question. Under the current RFP for Preventive Services providers can receive an incentive payment to turn over at least a quarter of the families every quarter of the year to maintain cases at an average of 12 months. It is often assumed that they will do this because they must include the incentive in their budget. and so we're hearing that this dis-incentivizes keeping families on Preventive Services for longer than they may-- for as long as they may need, longer than 12 months because-- but because sometimes the providers, you know, are doing what they're supposed to be doing, they'll keep the families on, lose funding for that reason, or they may obviously be incentivized to end the engagement with the families at 12 months even if that's not necessarily in the best interest of the child. Is

that something that you're aware of, and how are you looking to address that?

DEPUTY COMMISSIONER WHITE: That's our performance-based contracting system for GP, for general preventive and for FTR and it is designed to ensure that providers are taking cases at pace. Most importantly it's to ensure that they're staffing up so that they are able to take the cases that we are contracting for. We not only take into account whether they're opening a case every-- you know, a quarter of their cases every quarter. We also take into account the length of service of those cases and the utilization so that there is plenty of room for the cases that need to be longer than a year to be longer than a year. Some families absolutely need services for more than a year. We, in fact, have at times encourage providers just recently on eight or nine cases to work with that family for longer because family needs the support. There are other cases that close earlier. So it's not as if you have to hit every case at 12 months.

CHAIRPERSON LEVIN: Are there any Preventive Services models that have a wait list right now or any providers that have a wait list for

a specific model, like for like for instance medical and special medical?

DEPUTY COMMISSIONER MARTIN: So, when you say "wait list" it's important to note that we don't encourage providers to hold wait lists. What we do have in our system is a backlog of families that are waiting. So they are with the Division of Child Protection, which means that they have a CPS worker that's currently working with them with a recommendation to refer to a Preventive Service model. So, yes, in fact what we do know is that we have some families who could benefit from special medical programs, from special medical intervention, especially in the Bronx who are unable to get that referral made because the providers with those contracts do not have the capacity to accept.

CHAIRPERSON LEVIN: Okay, I mean, that's kind of a wait list. You know, if they're not able to receive the services because there's not slots available for them, I would consider that a wait list. I mean, they're not waiting on a wait list.

DEPUTY COMMISSIONER MARTIN: Well, the-- right. The referral cannot be-- is not made to the agency who is--

CHAIRPERSON LEVIN: [interposing] But then they're in-- if they're in lim-- then they're in limbo. They need the preventive services because that's the prescription from their case.

DEPUTY COMMISSIONER MARTIN: So, on--

CHAIRPERSON LEVIN: [interposing] Then what do we-- you know. Then that family is not being served by the system at that time.

DEPUTY COMMISSIONER MARTIN: That family, you're correct, that family does not have a Preventive Service Agency worker who is visiting them at that time, but the Division of Child Protection will maintain oversight with that family until such time if we can get that referral made.

CHAIRPERSON LEVIN: Are there any other types of preventive services other than special medical where that situation is existing?

DEPUTY COMMISSIONER MARTIN: Yes, some of our evidence-based models. For example, what we-- you know, if they have staff vacancies, for example, they're unable to take referrals.

CHAIRPERSON LEVIN: And are you adjusting your capacity? I mean, because I didn't want to get into necessarily like-- a part of our bill is looking

to address, you know, whether there's full utilization of some, if some are underutilized and some have a backlog, you're keeping close tabs on that and adjusting your slot capacity accordingly, is that right?

DEPUTY COMMISSIONER MARTIN: Yes. So, we have, for example, we have adjusted the capacity of our special medical providers, our special medical programs in the past, and we're looking to do that again very shortly to be able to address that need.

CHAIRPERSON LEVIN: Okay. Yeah, maybe we could talk about this during budget season because I've heard from providers that like, you know, they have clients waiting to get in, and particularly on special medical and that's a real need there. So, you know, let's-- I'm going to do some follow-up with you guys, but during budget season I really want to take a look at maybe taking a deeper dive into where the, you know, where there's backlogs and where we could see increases in the system adjustments.

DEPUTY COMMISSIONER MARTIN: Yeah, we'd appreciate that. Thank you.

CHAIRPERSON LEVIN: Okay. Thank you all very much for your testimony, for taking the time to

answer our questions. I'm going to call up now the first panel of public testimony. I'll call up Ms. Marta DeJesus [sp?], Stephanie Gendell of Citizens' Committee for Children, and Jim Purcell of COFCCA. Ms. DeJesus not still here?

MARTA DEJESUS: I'm here.

CHAIRPERSON LEVIN: Oh, okay.

[off mic comments]

CHAIRPERSON LEVIN: So, I guess we'll keep it to three minutes, is that okay? Whoever wants to begin, go ahead? Just make sure you speak into the microphone and that the light is on.

MARTA DEJESUS: Alright, great.

CHAIRPERSON LEVIN: There you go. You're good.

MARTA DEJESUS: Good afternoon. My name is Marta DeJesus. I'm 29. I have a 10-year-old daughter. She's in school right now. Pretty much I'm a little nervous.

CHAIRPERSON LEVIN: Don't be nervous.

MARTA DEJESUS: Yeah. What else? I can't think right now. I have so much thoughts going around, but I'm fine. I--

CHAIRPERSON LEVIN: [interposing] Just tell us your experience.

UNIDENTIFIED: Tell us a little bit about how it started.

MARTA DEJESUS: How it started?

CHAIRPERSON LEVIN: Yeah.

MARTA DEJESUS: Yeah, I've been-- I was going to go there, but you know, I was trying to take my time. I've been in the ACS for about all my life, all my life. I've been in ACS all my life. I traveled a lot, not a lot like, but you know, I've met different foster parents. They're great. They're great parents. They're supportive. What else? My-- you know, I went to school. I made sure that I go to school every day and attend school. That was my way out of the things that I was actually going through. So, I would go to school and listen, just observe my surroundings, and pretty much just, you know, observe, you know? You know, serve [sic]. Yeah, so I really, like, respect the simple fact that I'm an adult now and I have so much responsibilities and everything. Yeah.

UNIDENTIFIED: You want to talk a little bit about your time during the Preventive Services when you got Mia back?

MARTA DEJESUS: Yeah. I really have-- Jesus Christ.

CHAIRPERSON LEVIN: Don't-- yeah. Don't worry about it.

MARTA DEJESUS: I am definitely fine, I'm just thoughtful.

CHAIRPERSON LEVIN: Sure.

UNIDENTIFIED: What your-- you've got a preventive service worker?

MARTA DEJESUS: Yes.

UNIDENTIFIED: And has that been helpful?

MARTA DEJESUS: She's been helpful. I dealt with plenty individuals that would come and, you know, some were not as I thought they were going to be, and you know, they-- and then some like, you know, different, just different. I'll be dealing with so many people. But you know, that's just part of life. You know, I'm not going to sit here and-- if I don't like something, I'm just going to see what's going on. I'm not going to sit around and be like, what's-- what's on your biscuit [sic] today?

You know? But you know, I dealt with certain people that, you know, that were just like talking about me and saying things that I was like, "How you know this?" You know, where's this coming from? So, you know, I took my time to keep moving forward and focusing on the things that were important in my life, which is moving forward.

UNIDENTIFIED: Why don't you talk a little bit about the family therapy side of Preventive Services?

MARTA DEJESUS: Okay. I deal with-- I dealt with therapy all my life. I feel like I have-- you know, I'm therapeutic myself, you know. I'm a-- you know, I deal with-- I dealt with therapists like individuals that are the same as me. They have their own personal issues. I would sit around and just be telling them my story and my situation at the time, and they would support me and say, "You know what? Is it anything I could do to make the situation better?" And you know, that's just--

UNIDENTIFIED: [interposing] How about the things that you did to make the situation better?

MARTA DEJESUS: The things that I've done, all I did was go to school.

UNIDENTIFIED: You made a lot of progress. You did more than just attend school. You've been amazing--

MARTA DEJESUS: [interposing] Attend school? No, I'm seriously-- I'm being so honest. The only thing I did was attend school. I attended school and that's the only thing I wanted to do. That's the only thing I wanted to do was attend school.

UNIDENTIFIED: Why don't you talk a little bit about what Mia is doing now, about how she's in afterschool?

MARTA DEJESUS: Oh yeah, my daughter, she's in afterschool program today as we speak. Yeah, she comes out of afterschool program at 4:20, and she-- I had signed a contract with the school. She leaves-- she walks home and come back. There were some times that I had difficulties in understanding of a child actually being so small to actually walk home alone and come back home alone on their own. It took me a time-- it took me some time to realize that, you know, I had to let go of the things that like-- give it a chance. Like, give myself and others an opportunity-- I don't know how

to say that-- an opportunity to, you know, just like-- it was difficult for me. It was hard. It was really hard for me. I was struggling sometimes. I was really struggling. I've been in East New York twice, so I'm familiar with the area.

UNIDENTIFIED: Why don't you talk about how you had those conversations with me about your expectations for her in your home?

MARTA DEJESUS: Well, I have a lot of expectations for my child, but I know where-- how life is-- like what she-- I know what's going to-- you know, I know her directions already.

CHAIRPERSON LEVIN: What are her interests?

MARTA DEJESUS: Yeah, yeah, and her interests, and basically just moving forward like I did. I, even though I didn't have my parents around, I, you know, I was really-- I really don't consider-- I don't know what's up, like, but--

UNIDENTIFIED: She's so nervous right--

CHAIRPERSON LEVIN: [interposing] Of course. Don't be nervous, don't be.

UNIDENTIFIED: But just talk about some of her interests about, you know, like her

gymnastics, the things that's she's working on in school.

MARTA DEJESUS: Oh, okay. Yeah, I seen an orange [sic] color [sic] this morning. I really did. I seen orange. I was going to wear it, but I decided not to.

UNIDENTIFIED: Are you--

MARTA DEJESUS: [interposing] Yeah, I'm okay. I'm fine. I'm perfectly fine. I'm just thoughtful. I have so much thoughts, and I can't talk.

UNIDENTIFIED: Really nervous.

MARTA DEJESUS: Nervous.

CHAIRPERSON LEVIN: Yeah, I get nervous. I get nervous, too.

MARTA DEJESUS: Well, I'm nervous, but I'm thinking while I'm talking. So, it's like I can't hear myself speak.

CHAIRPERSON LEVIN: Right, I do that, too. So, I want to thank you for your testimony, and I think that it's very important that we're hearing from people that are living, you know, living out there in the City that are receiving services, and you know, raising children and doing their best to

raise children out in the City, and I think that that's-- you know, I commend you for being a dedicated mother and for working towards continuing on your education and really dedicating yourself to your child's wellbeing. That's really a very important part of-- you know, they say like, you know, it takes a village, right? I think that there's always a lot of, you know, a lot of resources out there to help when people need it, but it's always about helping our children. I really commend you for your dedication to your child.

MARTA DEJESUS: Yeah.

UNIDENTIFIED: And your dedication to yourself.

CHAIRPERSON LEVIN: And your dedication to yourself.

MARTA DEJESUS: Thank you.

[applause]

CHAIRPERSON LEVIN: You can stay.

MARTA DEJESUS: Okay.

CHAIRPERSON LEVIN: Thank you.

UNIDENTIFIED: So, you want to talk a little bit just about how you reached out to

providers and stuff also that you were referred to in the FTR program?

MARTA DEJESUS: I really don't want to discuss about any programs and any helpful things. I have a green color in my forehead, and it says Christmas, let's just have a good time, be with loved ones. Getting emotional.

UNIDENTIFIED: You're very nervous. You're very nervous. It's okay. It's okay. It's alright. It's alright. It's okay.

CHAIRPERSON LEVIN: Thank you.

UNIDENTIFIED: Thank you, Marta.

CHAIRPERSON LEVIN: Go ahead.

JIM PURCELL: Thank you. I'm Jim Purcell, as you know. I'm the CEO the Council of Family and Child Caring Agencies, and I'll spare you reading my testimony. So let me start very quickly with the bills that you're talking about. You know, we're generally in favor of as much information being available as possible. Actually, we find ACS to be very, very transparent about their data for the most part, and so you know, the only question we would raise is when you say, you know, how many slots are filled or what was the average length of stay, the

question is, "Well, is that a good thing or not?" And so the question of how everyone will interpret that data becomes an important piece of broadening the understanding, but anything that helps the Council and frankly the public begin to understand Preventive Services, which I think by in large people do not, is welcomed. On the ESL issue, I think we-- I certainly agree that it's a very important issue. I guess my question would be do we really want ACS taking on another set of responsibilities as opposed to, for example, the Department of Education which already does some ESL. So, we would-- while I think making sure that kids and parents can communicate in their own language with both foster parents, with caseworkers ultimately they end up in court, and there's a lot of issues that go on with that with language, but I think the bringing attention to that is an important thing. I often wonder if it was my family in the child welfare system and everybody around the table was speaking Spanish how I would feel about that. I'd just like to take a few moments to actually some of the questions that you and your colleagues raised. The average starting salary for Bachelor-level case workers in Preventive Services

last year was 36,000 dollars. Here's what's frightening: the average salary for all Preventive case workers was only six percent higher than that. So, what that suggests is we have an awful lot of brand new workers and they don't get raises. That's what it means. In fact, we believe about 60 percent of the preventive caseworkers have Bachelor's degrees and about 40 percent Master's degrees. They do make more money, low 40's. When our staff are offered jobs at ACS, Health & Hospitals, probation, mental health, they tend to make 10 to 15,000 dollars more on their first day in those jobs. ACS right now is in the process of hiring hundreds of new people. Many of them will come from our agencies. In the long run that's a good thing. They're hiring people who've been out working on the street with the very families that the whole system is contending with. In the short-run it means they're taking our highest trained leaders out of our preventive agencies and moving them to ACS, and so there's a cost here that ultimately we have to deal with. We had a 35 percent turnover rate of Preventive Service caseworkers last year. There's no money in the contracts to hire ahead. So even if I say to my supervisor, "I'm

leaving in June," they can't-- in fact, not only can't they replace me, be planned to replace me in June, they pretty much have to pay any vacation I've accrued after that. There's no money for those extras. You can't bring people on. So, my successor will be hired sometime after June, probably September, and in the meantime the other case workers on my team pick up those 12 cases that I had. So, the caseloads aren't really 12 to one, they're really more like 15 and 16 to one whenever somebody leaves the job. The preventive agencies, the GP programs, General Preventive are being paid today the amount that was set in 2008 prior to the recession. There was one two and a half percent COLA for workers, nothing for non-personal services. When workers leave, as I said, they're going to make 10 to 15,000 dollars more for public sector employers. It's not working. The system's going to crash, and while we are intensely proud of the role that our preventive providers play in the City, we are pleased with the relationships we have ACS. This is simply not going to keep working. I have great respect for the three Deputy Commissioners who testified today, but what they were really saying was, "Yeah, it's unfortunate

that the salaries are so low. I can't do anything about that. So, the agencies have to do the best they can." The best they can means probably not participating in much of that high-quality training that's being offered. There's nobody to do the work when I go to training for two or three days or for a week. The practice is-- so, as I said a minute ago, when there's a vacancy other staff have to pick up that workload. So, the fact of the matter is that in many cases when that new worker is hired they are assigned cases. Now, they're going to get support and help. Their supervisor is going to pay a lot of attention, but you coming out of college with your Bachelor's degree, you have 12 families assigned to you very quickly. And I agree with you and the other City Council people who spoke, that's a fairly scary proposition. Child Protective workers have extensive training, months long at the academy and then out in the field offices before they take on primary responsibility for cases. Preventive Service providers do not have the luxury of doing that. So, as I said, there's been no increases in funding. That's the problem. We ought to reduce these caseloads from 10 to 12-- from 12 to 10. It was this

committee's leadership in 2007 and 2008 that got the numbers reduced from 15 to 12. We ought to reduce the supervisory ratios from five workers, which means they're supervising 60 cases, to four to one, which means they'd be supervising if we reduce the caseload to 40 cases. Andrew was right, it is the supervisors who are the backbone of this system. But as just one example of the underfunding here, when ACS introduced Family Team Conference requirements, which we embrace, Preventive Services got no money to do that, and so the supervisors have to actually conduct the Family Team Conferences which means they have less time to supervise all the rest of their cases. So, we really need to see some investment in this. The state pays 62 percent of whatever the City spends on Preventive Services. So there's some math to be done here. And the final thing I would say is that I mentioned the two and a half percent COLA. When this Administration came in all the union contracts had expired, and they did a terrific job of negotiating new contracts which provided back-pay. We don't really-- we're not asking for back-pay. Frankly, given our turnover rate, it would cost us a fortune to go find those people who left in 2011 and give

them the 125 dollars we owe them, but we need an increase in salary structure that's commensurate with what those retroactive pay increases were to put them on the same page. Thank you.

CHAIRPERSON LEVIN: Yeah. No, I will say, that when I left that job in 2006 I was making 36. So I did get a raise to 36. So that means, like you know, that's what the starting salary is for somebody in 2017. That's 11 years later.

JIM PURCELL: Yep.

CHAIRPERSON LEVIN: Eleven years later.

JIM PURCELL: Yep.

CHAIRPERSON LEVIN: So that's like a-- that's like an inflation rate of 0.02 percent a year.

JIM PURCELL: One more comment. There are federal overtime rules which were supposed to go into effect, which have been held up now by a federal court order. The state has a parallel rules out for comment. I think the comment period closed this week. All of our case workers under either of those rules will be eligible for overtime. We don't have the money to pay the overtime, which means that they will be working no more than 40 hours a week, irrespective of what all those responsibilities are.

So this is just one more challenge. There simply needs to be an investment in these programs that hasn't been made.

CHAIRPERSON LEVIN: Continue to make that case.

STEPHANIE GENDELL: Good afternoon. I'm Stephanie Gendell, the Associate Executive Director for Policy and Government Relations at Citizens' Committee for Children, and this time I'll start by agreeing with everything my colleague said fully. I also wanted to thank the Council for your interest in child welfare and ACS. Our testimony today focuses on Preventive Services. We also offer any assistance as we think about the impacts from the Perkins report we saw last night. New York City's Preventive Service system is an impressive one. When I talk to my colleagues in other states they've not heard or seen anything like it, and so I wanted to start there by saying that we do have an incredible array of preventive services in New York City that no other place in the country has, and I wanted to start there before I did all of my recommendations for how to make it stronger. The first thing is we support the Preventive Service data bill. We think that would

provide us with a lot of information about what we need to advocate for, which brings me to my next recommendation. Historically, when there are highly publicized child fatalities there's an increase in reports to the State Central Register, an increase in indicated cases, an increase in children coming into foster care, and an increase in the children who need preventive services and are identified. When this happened after Nixzmary Brown, we ran into a situation where we were operating at over 100 percent capacity in prevention. Without the data to know where we stand it's hard to know whether we should be advocating for additional capacity in the preventive programs, but my hunch is that we should be and that as there's continued attention to ACS in the media, we're going to find families who need services, which is a good thing, but we need to then have the services available. That situation is essentially, I believe, how we ran into this situation where ACS when they report data it's all about new cases, and they have this 12-month incentive rule, was trying to move cases through the system to bring in new families. We have since the day that rule was created been advocating to eliminate that. We think

it's really important that cases be closed based on the needs of that individual family. It could be less than 12 months. It could be more than 12 months, and worry about what the impact of knowing you might lose funding would be on closing cases. As Jim said, we desperately need additional resources to come into the programs to increase salary to provide for training. Workers should have some kind of training before they begin working with families. Just thinking about the worker in the Perkins case who visited that family countless times and thinking about whether or not she had any training before she did any of that could really make a difference. On the homeless, the children in shelter, which came up a bit, we have also been-- given the number of children in shelter, I realize this is challenging, but we've also in addition to placing children and families in the district where the youngest child is going to school in a shelter near there which we no longer do but used to, we also believe families should be placed-- if they have an open Preventive Service case in the community where their Preventive Service case is, because the whole point of prevention is community-based services, and so if you

move the family you're going to disrupt their Preventive Service case, and so then they enter the shelter system and they've lost their social support system that they had in place before, and they're dealing with the ramifications of being homeless. ACS talked a bit about trying to address needs related to social isolation. That's exactly what we do to families who come into the shelter system, especially now we're taking families from the Bronx and we're placing them out by JFK Airport, and we're cutting them off from their family supports and their social supports, and so we really think we need to do more on the prevention side for families in shelter. We appreciate your trauma initiative, and we'd love to see that baselined and expanded. And lastly, if it's okay, I just wanted to touch on the language bill. We support Council Member Chin and the premise and the purpose of the language bill. We have some concerns about whether it's over-broad and that it doesn't include an assessment of whether or not it would be appropriate for the child to participate in the classes. It just requires it for all kids in foster care whose parents speak another language. So, you could for example have a child who doesn't

need the classes because they already speak the language, but they'd be forced to take the classes anyway, or a child who's very young or a child who's very ill. And we just think there are a host of reasons why having an assessment before requiring the class would be most appropriate. Thank you.

CHAIRPERSON LEVIN: Thank you very much. I think Council Member Chin has a question.

COUNCIL MEMBER CHIN: Yeah, thank you. That is good suggestions. We're-- I mean, the best scenario would be placing a child in a foster family that speaks the same language. I think that's the best case scenario. When that doesn't happen, I think ACS, it's their responsibility to make sure that the child doesn't lose their first language and be able to communicate, you know, with their parents. So whether working with DOE, yeah, they could have afterschool program if their kids go to school, have a language tutor or whatever, that they have to see that this is important, and ACS has to be the one to take the lead and provide the resources. I think that's really what's important. The other thing you raise about the pay equity, I mean, last year we started that process with case manager, people who

work in assessing seniors in the service provider area, and so we're able to get OMB to put in some budgets for that to really kind of level the salaries. So that's something that we probably also need to do for child welfare workers so that we can have, you know, pay equity across the board. Thank you.

CHAIRPERSON LEVIN: Thank you, Council Member Chin. Just one thing really quickly, Stephanie you said-- 12 months, it's not a magical number. I mean, that's just an arbitrary number, right? There's no, like-- there's no evidence to show that, you know, shorter than 12 months is better; longer than 12 months is worse or anything--

STEPHANIE GENDELL: [interposing] Right. There's some evidence-based programs that have time limits wrapped around them, but for the general preventive programs and FTR, there's no rea--

CHAIRPERSON LEVIN: [interposing] Right, those are the intensive ones, right?

STEPHANIE GENDELL: Yeah.

CHAIRPERSON LEVIN: Those are like the intensive--

STEPHANIE GENDELL: [interposing] Yeah.

CHAIRPERSON LEVIN: short--

STEPHANIE GENDELL: [interposing] For the general preventive programs, there's no research to my knowledge that 12 is any sort of magical number.

CHAIRPERSON LEVIN: Yeah, okay. Okay, I want to work with you guys on that. I want to work with you guys on making sure that the system is, you know, the capacity is where the need is and working towards that, and then obviously working on workforce and salary issues and training issues is all very important stuff.

JIM PURCELL: Gotcha [sic].

CHAIRPERSON LEVIN: Look forward to work with you.

JIM PURCELL: Thank you.

CHAIRPERSON LEVIN: Thank you.

STEPHANIE GENDELL: Thank you.

CHAIRPERSON LEVIN: Next panel Jeanette Vega from Rise, Maria Colsnichinko [sp?] from Rise, Nancy Fortunato from Rise, and Rachel Blustain from Rise. This is our RISE panel. Okay, whoever wants to start? Oh, you go to turn the mic on.

JEANETTE VEGA: Oh, there we go.

CHAIRPERSON LEVIN: There you go.

JEANETTE VEGA: Hi, my name is Jeanette Vega. I am a parent leader at Rise Magazine, and Rise trains parents to write and speak about their experiences in the child welfare system. As a parent leader I present to ACS staff in New York City, and I make my voice heard on what parents say the child welfare needs. When I was 19 and my son was two, and I lost my son to the child welfare system for three whole years. At that time I felt very overwhelmed, I can even say scared at times with being a first time mom and trying to do everything on my own. It was a scary feeling that I know I needed the help, but I felt so alone, so isolated that I didn't have no outlet for me or my son. When my child went into foster care, I became that crazy, angry parent because I felt so scared and so powerless. When our children are removed we feel the ultimate in powerlessness. One way to reduce the rage that parents feel when they come into contact with the child welfare system is to help parents see that the system wants to help families. Providing parents supports when they need it saves families from the terrible trauma of foster care placement, and encourage parents just to reach out for help in the

future, rather than hiding until those problems get even bigger like many parents actually do in New York City already. You'll hear from other parents today about how to get the right support at the right time. Parents are hungry for that help, even from a system that they deeply distrust. But another thing we know at Rise is that not all services are the same, and some are ineffective. We would like ACS to have parents review the programs that they're initiating to assess the quality of the preventive services, and make that information available to other parents. Parents need information from other parents about the provider quality. We would like ACS to invest in services that parents say work. It's also important to show the community that we are listening. Even with the best preventive programs the city has to offer, it's still a problem for parents that preventive agencies are required to report it to ACS. Some parents won't go to child welfare anything no matter how good the services are. That's why we're glad to hear about the Family Resource Center and the Parents Café of ACS is piloting where parents will be able to get referrals to community-based organizations without getting an open ACS case. We

hope the Family Resource Centers can become places in communities that parents can trust that they know they will be able to have safe and get good referrals. I agree with the Public Advocate, Ms. Jones, when she said we a lot of more advertising. We see a lot of foster care recruitment, social work recruitment on trains and everywhere, but you never see something saying we're here to help the families with an outreach of some kind, some kind of add or commercials that say to families in New York City that we are here for you, and you shouldn't hide your struggles. It's something that will be beneficial to a lot of parents in New York City. Thank you for your time.

CHAIRPERSON LEVIN: Thank you, Jeanette.

NANCY FORTUNATO: Good afternoon. My name is Nancy Fortunato.

CHAIRPERSON LEVIN: Speak close to the mic because it's recorded and so we want to make sure--

NANCY FORTUNATO: [interposing] Oh, okay.

CHAIRPERSON LEVIN: you're heard on the--

NANCY FORTUNATO: Good afternoon. My name is Nancy Fortunato. I am a parent leader at Rise. I'm here to read a testimony by a parent

whose-- who couldn't make it here today. So, just bear with me. "When my daughter was six months old, my intention was to be a great mother and give her everything. A fight with my daughter's father turned my world upside down. After he hit me, the police came. That led to a call to ACS. It was unexpected and nerve-wrecking when an investigator came to my home to interview me. Eventually, I was ordered to get supportive services. At that time I was 22 years old. I've been in foster care until just two years ago before. I was terrified that they cycle would be repeated. The day my preventive worker made her first home visit I had already talked with what seemed like a million other workers. I asked her, "Do you want to go into my cabinets? Do you want to look under my bed?" But she said, "No, I just want to see how you are doing." To my surprise my caseworker turned out to be a great listener. She believed in me and wanted the best for me at a time when everything seemed to be going wrong. She also adored my daughter, especially her big smile. She helped me feel that I was doing the right thing as a mother to have such a happy baby. My caseworker made sure that I had all of the material things I needed

to get back on my feet. I'd been sleeping on the floor for nine months and had got used to it, but she was insisting that I needed a bed ASAP. The first night I slept in a soft bed again I felt like my life might be returning to normal. She also helped me get a childcare voucher. That made a huge difference. When I was able to take care of myself, it was easier for me to take care of my baby. My caseworker also encouraged me to attended counseling and parenting groups. She was saying, "You're not a bad parent. You just need some support when you're feeling alone." Thinking about it like that helped me to become more open to the groups. In counselling I began to realize how important it is for me to feel calm and safe if I wanted my daughter to feel the same way. Now my daughter is three years old. She is my world. Just recently I had to find a special school for my daughter because she was found delayed in some of her development. It was a challenge. Most schools were filled up, and I had to look outside of my district to find what services was best for her. It took me over a year to get all the services in place for my daughter. I don't know if I have the strength and the patience to advocate so hard for her

if my caseworker hadn't shown me how to do it by advocating so hard for me. I had also-- I also don't know if I had had the faith, the faith to find the right support that made a difference for my daughter if I hadn't seen the difference that services made for me. Seeing my worker advocate for me made me feel like I mattered, overcoming obstacles, build my ambitions, and made me eager to better myself and my family. Now I have the confidence and the skill to advocate for me and my child. That is the kind of support all parents need." Thank you so much.

CHAIRPERSON LEVIN: Thank you very much for your testimony.

CHAIRPERSON LEVIN: We do this. We do this.

RACHEL BLUSTAIN: Hi, I'm Rachel-- is that too loud? I'm Rachel Blustain. I'm the Editorial Director of Rise, and I'm also going to read testimony from a young mom who couldn't be here today. Before I do, I just want to reiterate the points that Jeanette made which is like when you're talking about the quality of services of preventive agencies we think that it's critical that you talk to parents directly and that there is some kind of

system for parent evaluation, both because that's what you should be investing in, what parents say work, and also because parents are the most credible voice for other parents to say you don't trust the system. You don't trust anyone, but these parents were in your same shoes, and they're telling you that this helped them. So we really feel like when you're thinking about all your reforms you should think about what role parents have in telling you about the quality of services.

CHAIRPERSON LEVIN: Absolutely.

RACHEL BLUSTAIN: And so before I read, I also just want to say the Council Member who left said the "C" in ACS stands for "Children." We at Rise have a program for parents who grew up in foster care, and then became-- and now are young parents. So we want him to know that those "children" also are the parents just a few years later, and we really hope that he hears these stories. My glasses are back. This is testimony from Jasmin Gonzales. "My son was two 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. Because of all the stress, I barely saw my son. Monday I would pick

him up from his Dad's and go straight to daycare, 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 and judged. I felt like it's my fault I was in foster care, it's my fault I'm a young mother, 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 daycare was-- then daycare 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 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 down 200 dollars based on my current pay stubs. She also connected me to a social worker who helped me find a daycare where my son could go for free. The daycare had small classes and nice teachers. They also worked with kids who weren't potty-trained which was one of the issues I was having finding daycare. 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 told me that when she asked him to bring his chair to a specific spot at the table he walked around with it in confusion. When I was in the group home and they 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 trusted that teacher. 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. Seeing my son 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 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 where parents know they can safely go to get referrals to good services without ever having to come to the attention of the child welfare system." Thank you.

CHAIRPERSON LEVIN: Thank you for that testimony. Thank you to this panel. Thank you for telling your stories and being advocates in helping other families that are navigating the system and that need a helping hand, and I very much appreciate you being that helping hand. Thank you.

JEANETTE VEGA: Thank you. Could I say that-- I know that we're talking about like

preventing people from catching cases and helping. We also do a young mom's group, and we present to young parents that are in foster care, and we just let them know like what are their legal rights, what is neglect under the law so that if they ever was to catch a case they would be prepared and knowledgeable how to effectively navigate the system. Thank you.

CHAIRPERSON LEVIN: Thank you very much. Next panel, Jonathan Nelson, Karen [sic] Chan and Jess Dannhauser. Thank you everybody for your patience. We're approaching hour four of the hearing. Oh, I'm sorry. Karlin [sp?], excuse me, I'm sorry about that. Whoever wants to begin?

KARLIN CHAN: There you go. Is this on? Okay, my name is Karlin Chan. I'm a community activist. I come across many cases where Chinese immigrant families are caught up in this ACS system, but there's one that really stands out where a four-year-old girl was taken, removed from the family, and the family, the parents had no idea where she went. I saw as the criminal case against them, the mother was dismissed eventually after three, you know, two months. The parents started looking for this girl. They had no idea where she was. I don't know if ACS

had tried to attempt to contact the family or not, but because they didn't speak English they dropped the ball on this. But eventually after four to five months when the family did see the girl, they could no longer talk to each other because as children we pick up languages, we lose languages really quick, within a month at times. So, I also-- so, you know, it's really important for ACS and its partner agencies to provide language translation services, competent language translation. We need people familiar with legal terms, because when they navigate the ACS system or its partner agencies, or possibly even the Family Court system, you know, we need competent translation services. Alright? And their partner agencies also, too. I attended a few meeting at one of their nonprofits, and they depended on high school kids to translate legal terms for them. So, this case is still going on. This has been four years, and like Council Member Chin said, sadly the mother has passed. So, I'm here to speak up and support Intro 1062.

CHAIRPERSON LEVIN: Thank you.

JOHN NELSON: Thank you. Thank you for having us today. My name is John Nelson. I'm an

attorney here in the City. I litigated child abuse and neglect cases for ACS for approximately six years, both as a trial attorney and as a supervisor on the team level, team leader level. Now I'm in private practice. Part of that practice involves being a member of the Assigned Counsel Plan, a panel here in the City which means that I get assignments of indigent clients in the Manhattan Family Court. Lots of these families are immigrants. They don't speak English. They don't have resources. I see these policies that ACS has been talking about all day playing out in real life, real time in the courts with the families. I represent the children. I represent the parents. I represented ACS, so I've seen it from all different sides. So I have a lot to say about many of these areas, lots of the questions and concerns that the Council Members had, some of your questions about connecting the dots, why that one case, that most recent high-profile case, was indicated at the last moment, why some of the questions about the adoption and the timing that have been raised. One of the Council Members raised questions about what it takes to remove a child. I lots to say about all of those areas, but the main

reason I'm here today is in support of the language bill. I had the pleasure of working with Council Member Chin and her staff, her amazing staff on the case that Karlin spoke about, about the case where the mother is now deceased. I actually had the fortune of representing her before she died. I represented her up until the moment when she did die. I was there. When I received the phone call that she passed, I had to inform the court. I had to inform all the parties. I had to inform the child's attorney who then had the responsibility of informing the child, figuring out a way to speak with the child's therapist and other stakeholders in the child's life on how to inform her that her mother had passed away. So, I was intimately involved in the case, and I see cases where children speak English as a second language all the time. I have another case in front of the same judge that had that case, the Mandarin-speaking family, two girls removed from the parent's care, and they have lost their ability to speak their language, and visiting with their father whom I represent is very difficult. It's very difficult for them. They don't want to because they have to sit in these small rooms in these supervised

visits with an interpreter, and it's not comfortable. It's not comfortable for these young kids. It's not comfortable for the parents. It's not comfortable for anybody, and it's always a struggle trying to get ACS to provide these types of culture and language services. For the case that we were talking about where the mother is deceased, ACS opposed that. I made that application several times to the court. The judge was opposed to it. The child's own attorney was opposed to it, because they had their own goals, their own incentives. At that point when I was involved and the child was uncomfortable visiting with her mother because of the language barrier was a huge thing and because the child had now bonded with her foster family, the child didn't want to leave the foster family. The child went from living in a one-bedroom apartment in Chinatown to having her own bedroom in a nice middle-class family uptown. I believe they owned a yoga studio. The child had her own room. She had another child in the home, the biological child of that family who was roughly her same age. She loved it. She hit the jackpot. She didn't want to leave. So her attorney, her incentive was to have the child adopted, and so

she did everything she could to prevent the family from reunifying. That's just the way that the adversarial system is set up in the Family Court. At times it could be offensive and disgusting, but that's what happened. So, every step of the way we tried to get language services for that child to help her re-bond with her family was stopped at every step of the way. We found schools. We found schools in Chinatown. We found service providers, and nobody cared. The court didn't want to hear it. The court wasn't going to order it. The court wasn't mandated to order it. ACS didn't want to hear it. The foster care agency didn't want to pay for it. They had their goal. Their goal in mind was to adopt this child, and so it was very difficult. I heard that somebody testified earlier that somebody else should do it, maybe not ACS because they're overburdened, but that's not the solution. ACS is the agency tasked with removing these children. They have a responsibly to all of us, to the families, to the children to help put the tools in place to help reunify these families, and I think that's what this bill can do. My only problem with the bill would be the six-month period. Now, I understand that, you

know, not every child comes into foster care and then is there for the long term, but in my experience, again, I've been doing this for a very long time now on all sides, that if the child is in foster care for more than a week or two, then they're staying in foster care for a year at least. I mean, there's no-- that's the way the law is. If a family has a child removed, they have a right to a hearing within three days, and they either have that hearing and they win, or they have that hearing and they lose. Often times, because the courts are so overburdened, the three-day rule is waived or just out of necessity it's extended a week or two weeks or three weeks. So after that time you'll get your hearing. Most of the time you're going to lose and the child's going to remain in foster care, but after three weeks, that's it. The child's either staying in foster care or not, and so putting in a six-month delay is just going to delay this even further, because then ACS, they're so overworked they're not going to look for these services until that six months' time frame starts, and then it's going to take another three or six months just to identify these services and get them going. So, the whole purpose is to, you know,

keep the language going in these families and for these kids because you either use it or you lose it with another language, and when they're in a home that doesn't speak their language whether they're Asian families or these children are from families from the Caribbean or from Africa, these are all the families that I deal with on a daily basis where language is an issue. I mean, these are not-- this is not an isolated incident, this once case. I mean, there are just several cases that have been going on, and so that's why I'm here today. As much as I would like to address all those other concerns, misconceptions and misinformation that has been provided, and to provide this hearing with real information about what is happening on a day-to-day basis in the Family Courts of this city and how just some terrible injustices are being perpetrated on these families, I'm here to support this bill because I believe it's-- well, it's a band aid. It's not going to fix the system. It's going to help put the tools in place and help these families be better and be reunified. Thank you.

CHAIRPERSON LEVIN: Thanks very much for your testimony. I appreciate it.

JESS DANNHAUSER: Chair Levin, Council Member Chin, thank you for holding this hearing today. I feel like I'm preaching to the choir a little bit with my testimony. So I will just echo a few thoughts and then talk about some recommendations. The first is that if you listened to anybody today, it should be those Rise parents. We are proud to partner with Rise. Our parents go through their writing workshops, and they're transformative, and what they're telling you about their experience is exactly right. In fact, I think they're making it a little bit nicer than some of their experiences that are typical, and so it's really important that their voices be heard. And I, as a Preventive Services provider, I'm Jess Dannhauser from Grand Windham. At any given time we serve about 300 families in Preventive Services in Brooklyn, Harlem and the Bronx. And as a Preventive Services provider, I would welcome parent voice. I would welcome parents talking to one another about what they're getting from different programs. We can only get better by listening to parents. So I think that's a really important recommendation. We are proud to partner with ACS. They have some

extraordinary people there. The partnership with child protection is real. We call elevated risk conferences to come together to work with ACS all the time in that partnership, and working with families could not happen unless that was something that was really happening, and I also support their efforts around the conferencing that they're doing, both at the child protective, and I'm also as a Preventive Service provider fine with them connecting with us around key decisions. Those can't be left to folks alone and to do it as a team is always helpful even when it's difficult. I would also just say that it's important to note the city and state foots almost the entire bill for prevention. There was hope that the federal government was going to step up and begin to open up a line of reimbursement for Preventive Services through the Family First Act. That was opposed by the State and it did not happen, not because of the State's opposition, but because of opposition from other providers throughout the country. But we need as a group to be advocating for the federal government to be footing some of this bill so that we can deepen some of the investments that we have. On those recommendations, with all due

respect to monitoring, and I was a monitor for ACS for several years, it is not where we need help right now. We need help at the direct practice level. I would encourage the Council and Administration to seriously consider intensifying General Preventive Services. When we've launched thee evidence-based practices, which I think everyone should be using, at least evidence-informed practices. We're seeing that you really cannot get done the same work that you do in the more intensive programs in two visits a month. Imagine trying to figure out our families in two months, and we ask workers to wade into the most complex family circumstances and figure it out. And so even through reduction of caseload or through a different model, General Preventive needs especially now that we're serving more kids in preventive than in foster care we absolutely need to intensify that and cannot have the standard preventive services be twice a month. I would also echo all of the support to increase compensation in the contracts for Preventive staff and any way we can increase the education level, maybe by having some incentive for our staff to-- loan forgiveness to go back to school, that type of thing. But I'd also say that contracts

have to be increased, because we used to be able to use some of the contracts to give cash assistance to parents. Our parents are struggling with instability, housing. That can go a long way, and it can go a long way in building a trusting relationship which is the most important investigative tool that we have. And I would also say that we have to reduce the documentation burden. Our staff write ethnographies on every single visit. I think the City and State should consider a pilot where staff are required to write one fulsome note every week about what's going on focused on assessment and decision making. Right now they're documenting every single event, every single call, everything that they have to do they're spending 40 percent of their time on documentation. And so one way to get more intensity right away would be to ease that documentation burden. I believe in documentation. I think it focuses you. I think it helps accountability, but to have some pilot that has a new way of doing documentation. And lastly, I just want to echo the primary prevention. We always have to recognize that government has been given the authority to remove children from families, and that authority in our

history and today plays out disproportionately on racial and ethnic lines. We cannot take that with-- and we talk a lot about community policing. We need community protection. We need to have trust between ACS, its providers and the system. I absolutely think what ACS is doing with the Enrichment Center is the right direction. Three is a drop in the bucket. I encourage the Council to consider whether we could do more of that to really overcome this historical and what really makes sense from a communities' perspective. We have 50,000 investigation, 55,000 investigations a year. They happen in a dozen communities. In these communities ACS is a lived experience. You know someone who's in investigation or you have been through an investigation yourself, and so anything we can do to overcome that gulf of distrust would be extraordinarily helpful. So, thank you for your time today and for your energy to focus on these important issues.

CHAIRPERSON LEVIN: Thank you for your testimony. One, just a quick question about documentation. Is there other-- can we utilize technology to streamline documentation? So, like, use Siri to, you know, dictate case notes as opposed

to writing them out, or is there-- you know, I mean, are there things that can be done to streamline even under a current requirement?

JESS DANNHAUSER: Yeah, you know, we've tried everything from tablets in the field to dictation. The technology has not helped. Usually it's still pretty clunky in most cases, and Connections has gotten better, I have to say, but it's still not great on a mobile device. So, a lot of our staff are documenting in their notes section of their phones and Word documents and then copy and pasting that into the Connection system. I don't think technology is actually the fastest answer. We've lost the forest from the trees. We're asking hundreds of requirements on Preventive workers, and this is true of foster care workers and Child Protective, and we've lost just who is this child right in front of us, what do they need, what does their family need, and are they safe. And out of every one of those requirements is well-intentioned, but when you add it all up we need to find a way to allow them to meet them by not having to document every single interaction they have.

CHAIRPERSON LEVIN: Thank you. Thank you very much to this panel. This is a very informative panel. Oh, Council Member Chin?

COUNCIL MEMBER CHIN: I just want to take this opportunity to really thank Mr. Johnathan Nelson. Thank you for your advocacy, you know, for the mother, for the family, especially-- you know, I know you really put your heart in that, and that's why we're still going to continue to fight to make sure the family is reunited, because what went down was a travesty, and we don't want the mother to die in vain. The daughter has to come back to the family.

JOHNATHAN NELSON: Thank you.

COUNCIL MEMBER CHIN: So, I really appreciate all the work that you did on the case.

JOHNATHAN NELSON: Thank you, and I couldn't have done it without you and your staff. You guys were amazing, and I even met with some of you guys this morning, and I'm going to continue to assist with the family in the best way I can. So, thank you.

CHAIRPERSON LEVIN: Thank you very much to this panel. Next panel, Minerva Ranjeet from Good

Shepherd Services, Melissa Dishart, Good Shepherd Services, Kaela Economos, Brooklyn Defender Services, Daphne Torres, Children's Village. One panel after that. So, I want to thank everybody that's been so patient. The next panel is going to be Angeline Montauban, Dwayne Andrews and Rabbi Gabriel Ben Yehuda [sic]. Whoever wants to begin?

MELISSA DISHART: Okay. Good afternoon. My name is Melissa Dishart. I'm a bilingual caseworker 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's Preventive Services 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 operates eight preventive programs that are located in the Fordham, Belmont, University Heights, and Morris Heights neighborhoods in the Bronx, in Park Slope, Gowanus, and Red Rook Neighborhoods in Brooklyn. Through these Preventive Services programs, participants can access family, group and individual counselling 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 percent were able to stay together and avoid foster care placement for their children. I've been working in Preventive Services with Good Shepherds for a little over a year now, and in that year I've 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 therapists to collect required documentation to assess the needs of families receiving services. It's a delicate balance to keep and requires a commitment from everyone that touches our children and families. Prevention Services allow for a family to name their struggles and remove the power out of their trauma or the secret. For some families this is the first time they're able to talk about what happened to cause conflict in their family. Since Preventive Services are voluntary unless mandated by the court as we spoke about earlier, it is important for me to reassure families

that 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're 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 other concerns surface. There are no typical days in this work. On average, my caseload ranges from 13 to 14 cases. 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 12:30 p.m. to 8:30 p.m. to accommodate families who work. On my non-late nights I spend most of the day coordinating with schools, doctors and therapists to get more information about the family. This information is critical to preserving the family and helps me monitor progress however big or small that might be for them. 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.

MINERVA RANJEET: Hi, my name is Minerva Ranjeet. I am a Master's 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. It's very important. I have been working in Preventive Services at Good Shepherd for about 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'm committed to the mission of Good Shepherd's and helping the children and families reach their fullest potential. In effect, there are four supervisors who supervise four case planners, respectively. So, there's 16 of us. The experience of the case planners varies. I am an Art Therapist. Many of my colleagues are social workers, and we all conduct consultations and clinical assessments for the children and the families we serve. My team meets twice a month for group supervision and to conduct case consultations. In addition, I meet regularly with my supervisor who

plays a key roles in assuring that 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 Shepherds we use 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 families' 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 that 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. They are several steps we as case planners take to identify the supports available to the family. I must stress that the initial meeting with our

families is really important. It determines whether the family is willing or able to commit to working with the issues that brought them to us in the first place. During this meeting we set up expectations like time commitments, who will need to be involved and beginning to identify what concerns they want to address while receiving services. It's also important to begin to explore what they looking from us, because families have preconceived notions when they walk in through our door and it is my role to help them understand what services we actually can provide for them. I look forward to answering any questions, and thank you again for your time.

DAPHNE TORRES-DOUGLAS: Good afternoon. My name is Daphne Torres-Douglas. I'm the Director of Evidence-based Initiatives at the Children's Village, Harlem Dowling, and Inwood House, these are three agencies founded in Manhattan in the early mid-1800's. Thank you very much for having me and allowing me to speak to you on preventive. Today, we provide the broadest continuum of juvenile justice programming in New York. Our continuum includes evidence-based diversion programs to keep at-risk teens and families together, non-secure detention

when out-of-the-home care is needed, and aftercare services to help youth transition back to the community successfully. All of these interventions rely heavily on Preventive Services. Our long history and recent frontline experience confirms what research has shown, that well-funded and managed preventive services are critical to engaging children and families, and they are non-negotiable when we look at long-term success. In fiscal year 2016, 98 percent of the youth in our NYC programs, preventive programs, all of whom are at risk of being removed from their home remained with their families. In fiscal year, again 2016, 90 percent of youth in our MST, multi-systemic, preventive program which utilizes intensive family support remained with families. Additionally, 92 avoided arrest, and 78 were in school or employed. The cost of foster care equals 32,000 per year, per youth. So, every one of the youth that were at risk of placement that went into foster care, the savings was more than seven million with foster care as opposed to-- and obviously would have been more had it been in residential care. So with the right level of preventive support, most children can remain safely

with their families, and safety is never compromised. We believe families do the best with what they have and most want the best for their families. The primary goals of effective preventive services is ensuring the needs of children that they're met, that the child is safe, and the setting youth up for success is paramount both today and in their future. While focusing on child safety preventive programs simultaneously target increased family functioning through family therapy, skill-building and important linkages to service resources needed. Effective preventive services also emphasizes family engagement and alignment in the services provided. We also reach out to family members, extended families, and build a natural support system that is crucial to child development. We are committed to our partnership with ACS as preventive programming. We understand preventive regulations often make it very challenging to balance family services, retaining staff-- the workload is pretty high, but given the ability for agencies to work fulltime effectively and focus on the need of the families, teach skill, ensure safety, and enhance the support network within

the natural ecology, the community, that youth can remain in the environment that they love. Thank you.

CHAIRPERSON LEVIN: Thank you very much.

KAELA ECONOMOS: Hi, thank you. My name's Kaela Economos. I'm a Social Work Supervisor at the Brooklyn Defender Services in the Family Defense practice. So, our office represents over half of respondents in Brooklyn Family Court every year. That's about 2,000 clients a year that we're representing. So, we are in court every day seeing what's going on with ACS cases and preventive service providers. I want to echo a lot of things that other people testifying have said formerly, and I'm really happy to be here with the preventive workers on the ground doing the work. In fact, we submitted extensive testimony in front of this committee in March 2015, in front of the-- for a Preliminary Budget hearing. Information on that is in our written testimony. You can link to it, and both of these organizations, Children's Village and Good Shepherds, were two organizations that we held up as model preventive services agencies. So, I just want to start by saying one of your colleagues earlier in the day expressed some disappointment in ACS in not

having really done anything in the two and a half months since Zymere Perkins' death, and I just want to say that a lot is happening on the ground. In the past two/two and a half months since Zymere's death our office has witnessed the highest number of filings and removals than we have in nine years of practice. So, again, record numbers of removals happening, record numbers of case filings, and I do not believe that's solution to any problem that we're having. We're a huge fan of Preventive Services. We're big advocates for it, and we believe that ultimately the spirit of Preventive Services should be one in which those services are voluntary and not mandated. In Family Court we're seeing huge backlogs in families receiving Preventive Services, and that has to do with a couple things, one of which is that it's now seen as a new monitoring arm by ACS, and it's kind of a stop-gap for families that they want more eyes on, so to speak. It doesn't necessarily have anything to do with actual services that preventive agencies are able to provide for them. And related to the bill on data collection, we think an addition-- there's already social service law that says preventive agencies and social services are

supposed to provide things like cash assistance that somebody else mentioned, home-making services, daycare vouchers. So, again, it's not--

CHAIRPERSON LEVIN: [interposing] Not [sic] going to [sic].

KAELA ECONOMOS: going to help if we're just-- if ACS and the courts are just increasingly mandating families to participate in preventive services. The most successful preventive services are those like many people have testified on behalf are ones that have deep roots in the community that families and neighbors know that they can go to for help and not reporting purposes. So, I think we need to keep that in mind. I also just want to mention, you know, in terms of the bill on data collection, again, we believe that that's really important. There's a couple of other data points that we think should be collected, and again, we're not saying this-- our intention is not to require a more intensive reporting from preventive services agencies.

CHAIRPERSON LEVIN: Right, no, that's-- yeah.

KAELA ECONOMOS: ACS actually has a lot of this data already. So, I think in addition to things that you're asking them to report on monthly, we don't want the burden to fall on preventive workers. You mentioned we think it's important that we track how many cases are voluntary versus mandated, and I think that can give us a lot of valuable data as policy makers. Additionally, we think ACS should track and report on data specifically broken down by preventive service catchment areas. Like somebody mentioned before, we theoretically know that most of the cases we're seeing are coming from a handful of communities. I, myself, was on intake yesterday in court picking up new cases, and seven of the nine cases we picked up all came from East New York zip codes, and we need to collect that data where the neighborhoods are being served, because that's going to help us make good policy. Really quickly, one thing I also wanted to mention that I don't think has been mentioned before, a lot of our other issues have been mentioned in other testimony, but I wanted to mentioned some new ACS policy, a draft policy that was issued in the end of October on integrated Family Team Conferencing,

and one of the recommendations of that policy which I see is also one of the recommendations in the report on Zymere Perkins is that preventive services agencies in ACS are required to hold preventive service termination meetings. We do not believe that is helpful in every case. We have had-- because the policy has essentially gone into effect, we have personal example especially related to homeless families in which one of our clients was receiving preventive services. She was relocated by DHS to a new shelter. Her preventive agency had to stop services because they were no longer in her catchment area, and they couldn't make-- ACS couldn't put in a referral for new services until they had this Preventive Service termination meeting. That took over a month. One of the reasons was there was not an available ACS Facilitator, and then once they finally were able to have the meeting, there was another weeks' delay in getting a new preventive service agency provided. So, I'm mentioning that. I'm highlighting that specifically now in my-- when I'm talking because that is one of the recommended things coming out of--

CHAIRPERSON LEVIN: [interposing] Already--

KAELA ECONOMOS: the report that was just issued. So, I think at minimum we really need to reconsider that, especially for families who are homeless or in unstable housing. Our family base, 40 percent of our clients are homeless or have unstable housing. So that would have a huge impact on all of them.

CHAIRPERSON LEVIN: Is there anything that prevents, I'm sorry, to address that issue, an overlappingness [sic] of services? So when, you know, before you close out the one case you can start up another case? I mean, it's all voluntary anyway. Is there anything that prevents? I mean, is that against ACS' rules to have two open preventive cases concurrent?

KAELA ECONOMOS: I mean, I would-- I think you guys could speak to it better, but my understanding is that they cannot do that currently.

CHAIRPERSON LEVIN: That's a real practical--

KAELA ECONOMOS: [interposing] And it's relates to contracts--

CHAIRPERSON LEVIN: problem.

KAELA ECONOMOS: It relates to those slots that people have talked about before.

CHAIRPERSON LEVIN: Better to have two than none, right? It's better to have two op--

KAELA ECONOMOS: Yeah.

CHAIRPERSON LEVIN: You would think. You'd have, you know, to have overlapping services than no service, you know, gap in service.

KAELA ECONOMOS: Right, but again, I think that's like a monetary and contract issue as well.

CHAIRPERSON LEVIN: I'm sorry?

KAELA ECONOMOS: Yeah, I mean I would just say really quickly also, I just wanted to mention the language access bill. I think in theory our office supports the language access bill. we've actually written extensively to ACS, and we're happy to share our letter that we've written to ACS around language access and the essential lack of it for clients that are non-English-speaking, and then I also just want to verbally put in our support for the bill on Resolution 1322 on a parents bill of rights. I know testimony from some of the Deputy

Commissioners earlier was that they already have that. I invite any of you to go into field offices today--

CHAIRPERSON LEVIN: [interposing] Try to find it.

KAELA ECONOMOS: and you would not find any literature that they have displayed in a place that any parents can find. So--

CHAIRPERSON LEVIN: Thank you very much for your testimony. I want to thank this panel. I guess I could ask you guys, and if you can't think of it off the top of your head, no problem, but if you could have like one recommendation for like one thing that you believe could make your day-to-day job in service provision better. So in terms of, you know, with the goal being of better providing resources to families that need it in the best setting in the least amount of time, what would-- what recommendation could you come up with just off the top of your head?

DAPHNE TORRES-DOUGLAS: For us, it would be a lower work load. I think we do--

UNIDENTIFIED: [interposing] Yeah.

CHAIRPERSON LEVIN: Say that again, sorry?

DAPHNE TORRES-DOUGLAS: For us it would be a lower workload. We do a lot to train staff. We understand that people come and they have just their life experience and their education, and so they're new to the field and we do a lot to train new people, but it's different for someone who carries four cases versus five and an FFT person whose carrying eight cases versus 10. It really does balance out because of the amount of paperwork and documentation that goes along with the Child welfare system. So, I would say a lower caseload.

CHAIRPERSON LEVIN: Okay.

MINERVA RANJEET: Yeah, I thoroughly agree. Like, I'm at 13 now, and the difference between 13 and 11 is huge, just the amount of things that you're doing for the families and the amount of attention you can give to each to each family is so different when you, like, have a lower caseload.

MELISSA DISHART: Yeah, I'd agree with that also, and there are times when we might have 15 cases, but that could be when we're overlapping trying to get those service termination conferences to actually happen and be scheduled, and while we're going on home visits to open new cases within a

certain amount of time. The average is probably around 13 or 14, but to get a lower number would really be helpful.

DAPHNE TORRES-DOUGLAS: Thank you for asking for that one item. If there were a second, it would be salaries.

CHAIRPERSON LEVIN: Salary, okay, okay.

[laughter]

KAELA ECONOMOS: I think just from a legal provider standpoint, we really need to look at how many preventive service cases are going to be mandated, especially in light of, you know, the child deaths, because historically like Stephanie mentioned before, there's a lot of rises and filings, caseloads, and the more we rely on mandated Preventive Services, I can tell you from experience that not all of those families need preventive services, and that they should-- ACS should be asked to really lay out in court why they want Preventive Services mandated for a family as opposed to allowing a family to voluntarily participate in them.

CHAIRPERSON LEVIN: Just one other question. For those of you doing preventive work, how often are you in contact with your clients?

MELISSA DISHART: Ideally--

CHAIRPERSON LEVIN: [interposing] Like, by phone, by-- you know, in meetings, like, how often do you-- on average would you say?

MELISSA DISHART: They're weekly sessions.

CHAIRPERSON LEVIN: Weekly sessions.

MELISSA DISHART: Yeah. We're mandated--

CHAIRPERSON LEVIN: [interposing] And then, in between are you on the phone with them, or--

MELISSA DISHART: [interposing] to do the two contacts, but weekly sessions and monthly home visits.

CHAIRPERSON LEVIN: Okay. Are you like on the-- are you like-- so weekly sessions can be done by phone or those are in person?

MELISSA DISHART: In person, in the office.

CHAIRPERSON LEVIN: Are you talking to them on the phone, too, and--

MELISSA DISHART: [interposing] Absolutely.

MINERVA RANJEET: Oh, yeah.

CHAIRPERSON LEVIN: Do you have to, like, I mean, in terms of other resource-- I mean, are you-- on a day-to-day basis, I mean, are you coordinating, like, helping coordinate kind of the rest of their lives a little bit? I mean, like in terms of, like, making--

MINERVA RANJEET: [interposing] Some families, yeah.

CHAIRPERSON LEVIN: sure that they're able to get to school or this-- you know, there's the--

DAPHNE TORRES-DOUGLAS: There's a lot of collateral work done. We get very involved with the various systems. MST specifically is at least two visits face to face per week in addition to phone calls, and every goal is set to help them be successful towards the end of our time together, and so we're looking at what systems are involved, the family is involved with and where those system changes need to occur. So we're doing collaterals. We're helping them go to the school. We're helping them advocate. We're dealing with the truancy. We're dealing with any other mental health services that need to be involved with the family, whatever

services are needed we're collateral, you know, there's collaterals around.

CHAIRPERSON LEVIN: Do you find yourselves also at times like going above what, like, you're required to do in terms of like, you know, if they need-- you know, if they're like in need of some other services not part of your contract?

UNIDENTIFIED: Yeah.

CHAIRPERSON LEVIN: I mean, like, you don't-- I'm assuming you have to do that, too, or you feel obligated to do that as well.

UNIDENTIFIED: Yes.

MELISSA DISHART: Of course, and especially around the holidays. One of our biggest projects is to ensure that families are adopted by public schools or by our agency that also has a program and ensure that they have the things that they need, but also something fun for the holidays, and that's certainly above and beyond to go beyond case management in counselling that day and talk to them about what they would like for the holidays.

CHAIRPERSON LEVIN: Yeah.

MINERVA RANJEET: I mean, I've gone not just the holidays, but like I've gone to a home to bring a battery for a smoke detector, because--

CHAIRPERSON LEVIN: [interposing] Yeah.

MINERVA RANJEET: it was just out of the means of the family to do that, and they needed, you know, it's important for them. Just little things like that. Like, it's not--

CHAIRPERSON LEVIN: [interposing] They add up.

MINERVA RANJEET: Yeah, right.

CHAIRPERSON LEVIN: They add up in terms of time, out-of-pocket expenses, I'm assuming as well, you know.

MINERVA RANJEET: And it's just-- that's just one family. So, do that to 13, and--

CHAIRPERSON LEVIN: [interposing] Yeah, times 13. Okay. Yeah, I look forward to, you know, maybe reconvening with you guys, and you know, not in a hearing setting, but you know, where we could talk a little bit more freely as well, hearing more of these ideas, because I think it's really important that the committee gets a sense of what the scope of what you're doing is and what your agencies are doing

so that when we're looking at issues around the budget, things like that, we get a-- we're able to work with you guys. Council Member Chin, do you have anything? Thank you very much to this panel.

MELISSA DISHART: Thank you.

MINERVA RANJEET: Thank you.

DAPHNE TORRES-DOUGLAS: Thank you.

KAELA ECONOMOS: Thank you.

CHAIRPERSON LEVIN: Thanks for your patience. Thanks. Okay, last panel. Rabbi Gabriel Ben Yehuda, Dwayne Andrews, Angeline Montauban. You have to turn on the microphone. The red light needs to be on.

RABBI GABRIEL BEN YEHUDA: Yes. Afternoon. I'm Rabbi Gabriel Ben Yehuda. My given name is Garth [sic] Mashat [sic], but it's my Hebrew name. I come here with a bitter heart. The system is broken and it must be fixed. Here's why. I have three grandchildren that are in-- that was in the foster care system, and I went through ACS, and the common theme that happened before the case, ACS send the children back to the abusive boyfriend. It's a theme, boyfriends, and they ignore families. When I took my grandchildren to the Police Department and to

the Agent for Children Protective Services, the ACS worker came there after they found out investigation that the boyfriend has sexually abused my two-year-old grandchild and beat my grandson with a six-inch scar, and the ACS worker returned the child out of Protective Services back to the abusive boyfriend. Now, what happened after that is that I went to the home and the boyfriend beat me up, and ACS, the police arrested him, and that's the only reason why ACS came and they took the child, the children, right? In taking the children, we went to the Family Court and we said, "Look, I don't-- we don't need to go to foster care. I got me, the grandfather, my wife, who is an author for children, has seven books, Children Librarian, Professor for Children." ACS said, "No, we're not going to give them to you. We're going to send them to foster care." And they did for a year and a half. My daughter who is a public school teacher in Richmond [sic] High School and my son who is the aunt and uncle of the children was also denied the right to have those children. Why send them to foster care when there are families. In our community, grandparents are the ones that take care of children. If you look today, you go to the

school, who is taking care because the mother have to work and she can't take care of the children, who take care of them? I now take care of my granddaughter because my daughter who was a teacher teaches, so I'm the one that take care of them why-- so she can go to teaching children, right? But ACS doesn't recognize that. So what ACS did, they went and they filed a false report against me, that I am the one who sexually abused the child, although the police report said no. The State Registry said no. Yet, they came and told the judge that I molested the child in a false report, and then what they did was they got an order of protection against me. I can't even talk to my grandchildren. Not only that, my uncle is General Colin Powell. I asked the ACS to have General Powell to come and see the children. They said no because it's me, my family. So, those children-- and on my wife's side they can't see the children either. So those three children are with a boyfriend who have no relationship who keep on abusing the children, who beat up my daughter, right, but ACS came and protected them, and not only that, they send them to an illegal basement, no windows, illegal basement for children which is against City

law and have those children in a basement with no windows, and they sell drugs out of the place, and ACS does nothing. They don't report anything, and what I'm saying to you is what we need is a family bill. What happened to the family? Why should they go into the system when we got-- I didn't want no money? The City spent over a million dollars to send those three children into foster care when I was willing to take care of them for free, but instead they went into the system and abused me, and said I was a child molester so that I couldn't get the children. And in this city we have many families who would take care of the children instead of you putting them in foster care, right? So, right now, I can't see the children. They got an order of protection against me. My wife can't see the children. My son who is a teacher, my daughter who is a teacher can't see the children. There's something wrong with the system, right? And then abusive boyfriend again. So, yes, you didn't hear of my case because none of my child have died yet, and I hope not, and I pray Baruch Hashem that that don't happen, right, but this is the problem with ACS. And I'm going to tell you one more thing, and I won't

take your time. Never call the Central Registry hotline. You know why? Because all those reports you have on those children, ACS doesn't take it seriously. What they do is they turn it on the reporter. They turn it on the reporter. They came to the-- after these reports were made, they came to the court and told the abusive boyfriend and everybody in the court that me and my wife was calling these illegal calls in, and guess what happened? The boyfriend came and abused me and abused my daughter and my son and threatened to kill him, and the police had to arrest him, and he pleaded guilty to that account, because ACS came instead of-- it's supposed to be confidential. When you call the hotline it's supposed to stay confidential. They expose the people who call, and they don't investigate the reports. They don't take it seriously. So we need reform, and we need a bill of rights that protect the extended family, the grandparents, the aunts and uncles. Those are the people who can take care of the children instead of putting them in this abusive system. And finally, I want to see my grandkids. It's wrong that ACS did that, and one of the family members including General

Colin Powell can see those children. You think that's right? And my name has been soiled. ACS said I'm a child abuser. I just graduated yesterday from the Police Academy, Citizens Academy. The Police Department did a background check on me. I'm clean. I'm a rabbi. I'm clean, but yet they continue to accuse me of abuser. The system is wrong. It needs to be fixed, and if you don't fix it, you're going to have these problems over and over because ACS thinks that it's better to give a boyfriend who has no relationship to the children custody over the children than having family members be involved. So, I want to thank you for this opportunity.

[off mic]

CHAIRPERSON LEVIN: If you speak-- microphone on.

ANGELINE MONTAUBAN: My name is Angeline Montauban. This is the second time I'm speaking here. I totally agree with what the Rabbi is saying. I mean, it just brings to light the idea that mostly black and Hispanics who are affected by the system or victims of the system are seen as criminals. One thing I could also say is that a lot of the parents in the system are being falsely accused, misleading

accused of having a mental illness when parents just don't, and we're just not agreeing to what they're saying. We just have different views than they do, and I know a lot of parents are falsely accused of having a mental illness. The other thing I wanted to say, a gentleman earlier stated that the system is going to crash, well it has already crashed. I'm a living symbol of how the system failed me, my son and my community. The New York Post recently wrote an article about me, my long years' war with ACS and the taking of my child being characterized as kidnapping, which is what it is. Preventive Services are supposed to put things in place to prevent removals, but in reality that's not what happens to a lot of women who are victims of domestic violence. Once ACS comes into your life you're automatically a criminal and you're treated as a criminal, especially if you're a person of color. The other thing I wanted to point out was that there are no quality in effective preventive services. They're not provided because they do not exist. I see most of these agencies are mostly in the lookout for contracts, and these millions of millions of dollars they get from ACS and the state, but there is a strong push to have

children in foster care, and I consider myself in the battlefield. I consider myself a victim. So, I know exactly what's going on, and what is really going on is not what these ACS executives and commissioners came here today to tell you. So let's not allow yourself to be deceived another day. So, Councilman Gibson made a point that parents are in fear of the ACS and the system. That is absolutely true. This is the root of the problem, great distrust and fear of ACS. Instead of calling ACS for help, instead of taking the services, you turn away. You either disappear, go to another city, another state, go in the underground, because you know they're not really there to help you, but instead their goal is to take your children from you and then build up a case of why they took your children from you, build up a case against you of how they should keep your children in foster care, and then they have a plan to adopt your child. And then another gentleman mentioned the fact about turning children against their families, and he did a well job at describing how the child no longer wanted to go home to his and her family, that the child would rather stay in the system. They are turning our children against us. Not every child

can-- one of the commissioners stated that not every child can be returned, and they also say, "We are making numerous efforts to connect children with family." That is absolutely untrue. They are not making any efforts to return children. And Councilman, you mentioned who is responsible, and I think the commissioner stated other system. Well, to me, that's not being responsible at all because they're saying other systems are responsible, but they're not supervising those systems. They're not monitoring those systems, and those systems are in a state of chaos. It's like the Wild, Wild West, basically. So we have absolutely no accountability. Once a provider receives a case it is their case. It is no longer on any hand of ACS. These providers function like businesses. They want the cases. They want the families. They want the money, but they are failing to assist us as family, and this is why it has been four years and my son is still in foster care, and I still work as a school teacher. So I'm not a neglecter, nor am I a child abuser. I hear we will do a review. That's what I heard today. We will do a review. ACS is not transparent about their data. There's no review at all. It's now 20 years,

30 years, and they still don't have an effective review process. So, I know my time is up. I'm going to talk about the survey. From the first time my son came into the system I had advocated for a survey. This is why the reason why they hate me, because I'm asking for a survey. I would like to evaluate my social workers, my preventive services providers, which they don't exist. Why can't we evaluate them? Why can't we have a system where we could grade them and say, "Well, they have failed us, so therefore they could be out of business?" So ACS needs to be evaluated, social workers and provider not just by the agency they work for, because that would be a conflict of interest, but by the parents that they serve. Cash assistance, people are mentioning about cash assistance. Never going to work. They're never going to give us any money because the money is supposed to stay for them, in them, in their families, and not us. So that cash system, don't even think about it. It's not going to happen. Foster care agencies and president [sic] salaries, that's the other thing I talk about and why they're right now trying to terminate my parental rights. I want to know why Children's Village, which is the

agency that's overseeing my case, the President makes over 360,000 dollars. Other foster care agencies, they're making more than that. I mean, it's like we live in foster care agency world right now. These people are making a lot of money. They're serving the poorest. They're doing a very poor job serving us, but they're making Wall Street Executive salaries, and this is the disconnection, okay? The people at the bottom are not getting paid, so you don't get all the quality effective workers that's supposed to work with us, but people we don't see on a regular basis like these law firms they hire to target us, to prosecute us, to claim that this man is an abuser, they're probably saying he has a mental illness, which I'm sure he doesn't have. Like they're saying I have a mental illness. I have a college degree. I have a Master's Degree, and I work every day. I have money in my pension system for me to retire. So this is the argument: distrust of the system. We do not trust the system, and we do not trust the people you have here. So, instead of having a hearing next time, where they're just sitting here lying to you, telling you all the wonderful things that are happening, I challenge you

to have a debate, and I would like to be here debating them, okay, because this is not what's happening, and I have a lot of parents right now who are able to step up the plate and debate all these ACS Commissioners. And I would really want you to take a more active role in having us parents at the table when decisions are being made. Thank you very much.

CHAIRPERSON LEVIN: Thank you very much to the panel. And we'll try to do as much follow-up in engaging with ACS on the status of your cases if you wish. That's certainly something that my committee can do. And I very much appreciate your coming to testify at this hearing and letting your story, you know--

UNIDENTIFIED: [off mic] Thank you very much.

CHAIRPERSON LEVIN: Thank you. And I want to thank everybody for their patience this morning and afternoon. Thank you very much to Council Member Chin who's not even a member of this committee but has stayed for the entire time. I want to thank you very much, and I want to thank all of you very much for your time and we look forward to

continuing to work on these very important issues on into the future. And with that, I close out this hearing.

[gavel]

C E R T I F I C A T E

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

Date January 9, 2017