

CITY COUNCIL
CITY OF NEW YORK

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TRANSCRIPT OF THE MINUTES

Of the

COMMITTEE ON GENERAL WELFARE

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June 14, 2017
Start: 1:34 p.m.
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HELD AT: Council Chambers - City Hall

B E F O R E: STEPHEN T. LEVIN

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

.

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

David Hansell, Commissioner
NYC Administration for Children's Services

Andrew White, Deputy Commissioner
Policy, Planning and Measurement
NYC Administration for Children's Services

Jacqueline Martin, Deputy Commissioner for
Preventive Services
NYC Administration for Children's Services

William Fletcher, Deputy Commissioner
Child Protection
NYC Administration for Children's Services

Dr. Sophine Charles
Council of Family and Child Caring Agencies, CFCCA

Stephanie Gendell, Associate Executive Director
Policy and Advocacy
Citizens Committee for Children

Joseph Rosenberg, Director
Catholic Communities Relations Council

2 [sound check, pause][gavel]

3 CHAIRPERSON LEVIN: Good afternoon,
4 everybody. My name is Stephen Levin. I'm Chair of
5 the Council's General Welfare Committee. Before we
6 begin today, I'd like to send our thoughts over to-to
7 Congressman Scalise and the other victims of the
8 shooting today in Virginia. Our-our thoughts are
9 with them, and we wish them a speedy recovery. Today
10 I would like to thank everyone for coming out for
11 today's hearing on five pieces of legislation related
12 to the work of the Administration for Children's
13 Services. I want to thank my colleagues who are
14 here, Council Member Fernando Cabrera of the Bronx,
15 Council Member Annabel Palma of the Bronx, Council
16 Member Ruben Wills of Queens, and we'll also be
17 expecting other members of the committee to join us
18 and sponsors of the legislation. We'll be hearing,
19 as I said, five pieces of legislation today. Intro
20 No. 1590 sponsored by Council Member Cabrera in
21 relation to training for preventive service
22 employees. Intro No. 1598, sponsored by myself in
23 relation to preventive services surveys. Intro No.
24 1601, sponsored by myself and Speaker Melissa Mark-
25 Viverito in relation to Childstat meetings. Intro

2 1607 sponsored by Council Member Debbie Rose in
3 relation to requiring the Administration for
4 Children's Services to report more information
5 regarding the caseloads of its front-line workers in
6 child safety conferences. Intro 1609 sponsored by
7 Council Member Rafael Salamanca in relation to
8 requiring the Administration for Children's Services
9 to report annually on the aggregate findings and
10 recommendations of its accountability review panel
11 and—and those are the pieces of legislation we'll be
12 hearing today.

13 In October of last year, the committee
14 held an oversight hearing to examine how various
15 system—systems respond to severe allegations of child
16 abuse including ACS, Department of Education,
17 Department of Homeless Services and the NYPD after
18 the tragic death of Zymere Perkins. At that hearing,
19 we learned about various new initiatives and reforms
20 that the Administration would be taking to improve
21 its services to vulnerable children and families.
22 Then in December, this committee held a subsequent
23 hearing on one of the key components of ACS' child
24 welfare practices, preventive services. The bills we
25 are considering today came out of ideas and concerns

2 raised at those hearings. Last month at the General
3 Welfare Committee's Fiscal '18 Executive Budget
4 hearing, Commissioner David Hansell testified about
5 several initiatives, which cover some of the same
6 topics addressed by the bill that we are being—that
7 are being heard today including the revamp of
8 Childstat and training for preventive service
9 workers. I was pleased to hear about those
10 initiatives, and today, I hope we can take a deeper
11 dive into the work being done by ACS to improve its
12 child welfare practices. Today we will also be
13 discussing the recent finding of the independent
14 assessment of system issues related to child safety
15 that was conducted by the Casey Family Programs at
16 the request of ACS. The report by Casey Family
17 Programs, a national expert in child welfare included
18 analysis of ACS' practices, highlighted areas of
19 strength and areas for opportunity. I look forward
20 to hearing Commissioner Hansell about what ACS thinks
21 of those recommendations, and how they are going to
22 be implementing those recommendations, and which
23 process they are going to use to do that. I'd like
24 to thank Commissioner Hansell for the work that he's
25 done in the short time since he's joined ACS and for

2 being forthcoming with this committee. I look
3 forward to our continued work together. Today,
4 unrelated to our primary topic we will also be
5 hearing a resolution in support of the Home Stability
6 Support Plan. Resolution 1462, which I am sponsoring
7 is in support of the Assembly Member—Assembly Member
8 Andrew Hevesi's recently proposed statewide rental
9 subsidy aimed—aimed at families and individuals who
10 are eligible for public assistance and who are facing
11 eviction, homelessness or loss of housing due to
12 domestic violence or hazardous living conditions.
13 The supplement would fill the gap between the current
14 public assistance shelter allowance and 85% of the
15 fair market rent as determined by HUD. The passage
16 of HSS into law at the state level would be a huge
17 step forward in addressing the homelessness crisis
18 that we are facing here in New York City. This
19 committee was originally here—originally scheduled to
20 hear this resolution at hearing we are holding on
21 homelessness later this month, but due to conflicts
22 between our schedule and the State Legislation
23 session, we moved it up to today. We want to ensure
24 that the support we've put forward before the state
25 session ended. For anyone here wishing to testify on

2 that resolution, we will start with the ACS portion
3 of the hearing and, and then later take testimony on
4 the resolution. Before we begin, I would like to
5 than the staff of the General Welfare Committee
6 Andrea Vasquez, Senior Counsel; Tonya Cyrus, Senior
7 Policy Analyst; Donhini Sompura, Unit Head; our new
8 Finance Analyst for ACS Daniel Prute (sp?) and Stacy
9 Ward, Legal Fellow for putting this hearing forward.
10 I would also like to thank my Chief of Staff Jonathan
11 Bouchette and Budget Director Edward Paulino for
12 their work in preparing for today's hearing, and then
13 I'm going to turn it over now to my colleagues who
14 are sponsoring the legislation that we are hearing
15 today. So, I'll first call Council Member Fernando
16 Cabrera. We've also been joined by Council Rafael
17 Salamanca.

18 COUNCIL MEMBER CABRERA: Thank you so
19 much, Mr. Chair and to the committee members. Thank
20 you for this opportunity to hearing testimony on my
21 bill Intro 1590. This bill will require ACS to
22 provide training on identifying and reporting
23 suspected physical abuse and neglect to all
24 individuals providing preventive services before the
25 individual begins to provide these services. The

2 bill will further require ACS to ensure that all
3 individuals providing preventive services participate
4 in at least two trainings per year. As you know,
5 preventive services are an important tool for
6 assisting parents, keeping children safe, and keeping
7 families together. Intro 1590 will strengthen this
8 agency's ability to protect children who have been
9 identified as am at-risk for abuse and neglect and
10 provide intervention to families who might be in
11 crisis. Firstly, I want to thank Andrea Vasquez,
12 Senior Legislative Counsel and the staff for their
13 work on this legislation. Thank you so much, Mr.
14 Chair.

15 CHAIRPERSON LEVIN: Thank you very much,
16 Council Member Cabrera. So, Commissioner, before you
17 begin your testimony, can I ask anybody that's going
18 to be testifying to raise their right hand, please.
19 Do you affirm to tell the truth, the whole truth, and
20 nothing but the truth in your testimony before this
21 committee today, and to respond honestly to Council
22 Members' questions?

23 We do.

24 CHAIRPERSON LEVIN: Great. Okay, thank
25 you very much, and Commissioner, the floor is yours.

2 COMMISSIONER HANSELL: Thank you. Good
3 afternoon, Chairman Levin and members of the General
4 Welfare Committee. I again, David Hansell,
5 Commissioner of the New York City Administration for
6 Children's Services, and with me here today are my
7 colleagues on my right, Andrew White who is our
8 Deputy Commissioner for Policy, Planning and
9 Measurement, and to my left Jacqueline Martin who is
10 our Deputy Commissioner for Preventive Services, and
11 William Fletcher who is the Deputy Commissioner for
12 Child Protection.

13 I am pleased to be back before the
14 Council just a week after you passed the Fiscal Year
15 2018 Budget, and I appreciate this opportunity to
16 share with you the work that's underway at ACS in
17 Protective and Preventive Services, and to discuss
18 the child welfare bills that are on the agenda for
19 the committee today. When I began my service as
20 Commissioner, as it happens, precisely 100 days ago.
21 [laughs] I immediately initiated a top-to-bottom
22 review of ACS, as I've discussed with the committee
23 in previous testimony, and paid specific attention to
24 our protective and our preventive services. As part
25 of my review, I continued and refocused ACS'

2 engagement with Casey Family Programs, a nationally
3 recognized child welfare organization to complete a
4 comprehensive assessment of ACS' Child Safety
5 initiatives, its policies, our casework practice and
6 our decision making processes. The key findings and
7 recommendations from Casey's review were encapsulated
8 in a report, which was released last week, and I'd
9 like to take a minute discuss the finding and
10 recommendations in the report because I think they're
11 highly relevant to the legislation under discussion
12 today. Overall, Casey found that ACS performs well
13 in relation to other large urban child welfare
14 organizations and other child welfare jurisdictions
15 in New York State. Casey determined that ACS has a
16 strong and well supported child welfare system,
17 impressive safety related practices and initiatives
18 in place, and in our investigative practices they
19 found that ACS performed well in critical areas
20 including our Home Environment and Child Safety
21 Assessments, which benefit from our use of clinical
22 consultants, subject matter experts in substance
23 abuse, domestic violence and mental health. Casey
24 also found strong protocols in place for
25 collaboration between ACS and other city agencies as

2 well as an impressive commitment to multi-
3 disciplinary support for investigations. They found
4 that ACS caseworkers perform well when assessing
5 family environments, assessing the vulnerability,
6 wellbeing and needs of children, determining parents
7 or other caregivers' ability to recognize and provide
8 for children's needs, and responding with urgency to
9 any unsafe conditions. And once family needs have
10 been determined, our child protective specialist
11 staff do well in using data to connect families to
12 appropriate services. Casey also recognized that New
13 York City is a national leader in preventive
14 services. Unlike other jurisdictions, ACS excels at
15 both linking families with services and tracking
16 whether families actually engage in them. We're also
17 leading the way in implementing evidence-based
18 preventive models, many of which address trauma in
19 accordance with accepted best practice, and those
20 evidence based models now comprise about 25% of our
21 preventive services. Casey also noted that child
22 welfare involved families in New York City have a
23 substantially lower rate of repeat maltreatment—
24 repeat abuse or neglect within six months as compared
25 with the rest of the State of New York, 9.8% in New

2 York compared to 13.0% statewide. We've also seen a
3 decline in repeat maltreatment when families are
4 engaged in present-preventive services. In addition
5 to acknowledging what we do well, Casey also
6 identified areas of opportunity in which ACS should
7 improve such as strengthening practice regarding the
8 consideration of prior reports and behavior patterns
9 in our investigations, and timely supervision and
10 managerial follow-up, and in the organization and
11 dissemination of policy guidance to frontline staff.
12 Casey issued a set of 12 recommendations for
13 strengthening our practice all of which I have
14 accepted. Work is already underway to implement many
15 of them, and others will guide our efforts going
16 forward. New investments in the Fiscal Year 18
17 budget will support this implementation as I'll
18 explain shortly. As Casey recognized and as we in
19 the city acknowledge, safeguarding children cannot be
20 accomplished by one city agency along, but must be a
21 share responsibility. They recommended the
22 development of a mayoral multi-system citywide
23 response to child safety in partnership with the
24 community. This effort is well underway through the
25 Children's Cabinet and through our work to strengthen

our direct partnerships with other city agencies. In just the past three months, for example, we've expanded our collaboration with NYPD in multiple ways through our revitalized Child Step Program, through our neighborhood coordination officer partnership, and through our coordinated investigatory work. We have executed a new Memorandum of Understanding with the Department of Homeless Services that builds on our existing practices to enhance coordination between our agencies and our providers and to better support ACS involved families who are residing in the shelter system, and we've relaunched our citywide Safe Sleep Campaign in partnership with the Department of Health and Mental Hygiene focusing particularly in neighborhoods that are disproportionately impacted by sleep related fatalities. Other key recommendations in Casey are that ACS should closely examine the interaction between CPS staff and our preventive providers, and strengthen ACS support for and the capacity of our contracted preventive service providers. In the area of child protection, Casey calls for ACS to look beyond the number of cases a CPS worker is handling in order to understand their actual workload.

2 Although ACS has some of the lowest caseloads among
3 major child welfare jurisdictions nationally, we also
4 know that the caseload metric does not always reveal
5 the full story. By taking into account all of their
6 job related duties including making contact withal of
7 the children and family members involved in a case as
8 well as other collaterals, handling paperwork, going
9 to court and seeking professional consultations, we
10 can better assess the real impact of our staffing and
11 case management levels. I'll talk more about or work
12 to address this including an initiative that's funded
13 by the adopted FY18 Budget. So, I'd like in summary
14 to thank Casey Family Programs for their
15 comprehensive review and assessment and I look
16 forward to working with the Council and all of our
17 partners on implementing their recommendations.

18 Moving onto the FY18 Budget, as I also
19 discussed in my budget testimony last month, I have
20 met in my 100 days with hundreds of our frontline ACS
21 staff, and with most of our provider partners to gain
22 a deeper understanding of the challenges that our
23 staff and their staffs face in their day-to-day work.
24 I have received valuable feedback on ways to improve
25 practice and strengthen supports for staff much of

2 which has already been woven into the reforms and
3 investments in child welfare that we've announced in
4 the 100 days. Since I became commissioner, I focused
5 the agency on tightening our safety net for children
6 and families. Thanks to the commitment of Mayor de
7 Blasio and the Council, the city's FY18 Budget
8 provides ACS with an extraordinary investment of
9 \$54.7 million in new funding for child welfare
10 initiatives to help with this effort. Many of these
11 align with Casey's recommendations, and with the
12 bills that are the subject of this hearing.

13 Currently, in the preventive area, ACS
14 contracts with 56 organizations to provide a total of
15 18 different service models of preventive services.
16 Our current capacity of approximately 13,000 slots
17 will expand by Fiscal Year 2019 to about 16,000. ACS
18 has heard from the provider community that many of
19 the existing funding models do not cover the full
20 cost of delivering quality services, and that the
21 salaries and staffing structures are inadequate to
22 retain and support the provider—the staff that
23 providers need. We share this concern, and we
24 appreciate the Council's support in addressing it
25 robustly in the FY18 Budget. Building on the city's

2 non-profit resiliency work, ACS has made a commitment
3 to review and modify the bulk of our preventive
4 budgets. We recognize that those budgets may not
5 always reflect the requirements and complexities of
6 the model that our providers are delivering, and to
7 that end, we're developing a process to review the
8 budgets of different models of preventive services
9 including general preventive programs, family
10 treatment and rehabilitation, certain of our evidence
11 based models and our Beacon programs. The review
12 will focus on our expectations around the cost and
13 quality of services, and whether existing budgets
14 need adjustment or additional funding to ensure that
15 those—those required Office of Management and Budget
16 elements can be met. We expect to begin engaging
17 providers in that process in the very near future.
18 The Fiscal Year 2018 Budget allocated \$26 million for
19 adjusting funding to our contracted preventive
20 providers where this review determines that an
21 adjustment is necessary. Our review and assessment
22 will also guide our next preventive services RFP,
23 which we expect to release by early 2019. This work
24 is being done in conjunction with the Office of
25 Management and Budget, and builds upon Mayor de

2 Blasio's commitments in ACS' Fiscal Year 18 Executive
3 Budget that I discussed last month including \$11.2
4 million to support 147 new conference facilitators
5 for our provider programs who will help implement new
6 case conferencing protocols, and an additional \$2.45
7 million that will allow preventive agencies to send
8 staff to require training each year. Turning to
9 protective, as I have said repeatedly since assuming
10 this role, there is nothing more important to our
11 success than making sure we are doing everything
12 possible to support our frontline CPS workers. To
13 that end, we're embarking on a multi-faceted effort
14 to address CPS working conditions to improve morale,
15 and to decrease attrition. To directly address
16 Casey's recommendation that we more fully and
17 appropriately assess workload impacts, we will be
18 conducting a Workload Study with funding in the
19 adopted FY18 Budget so that we can better understand
20 the key areas of workload strain and develop
21 effective case management and assignment mechanisms
22 that take into account factors that affect the
23 complexity and intensity of the case such as family
24 size, travel distance, court engagement. We'll work
25 with a vendor to revamp our existing workload model,

2 which is based on a study from nearly 30 years ago.

3 Using internal resources, we are also exploring ways

4 to address staffing needs by restructuring work in

5 our Division of Child Protection borough offices, and

6 speeding up CPS hiring. DCP will launch a

7 demonstration program in the Bronx, in one of the

8 Bronx zones to hire 17 caseworkers who will handle

9 administrative tasks with the goal of allowing CPS to

10 focus more on direct family engagement and higher

11 quality practice. We're also creating a dedicated

12 unit in our Human Resources Office that will expedite

13 the process for new CPS to be hired. And as I

14 announced in the Executive Budget hearing, we hope

15 that other initiatives like equipping CPS with tablet

16 devices and providing other technology based tools,

17 will promote productivity and alleviate workload

18 stress. Training and professional development are

19 essential components for ensuring that our staff are

20 well equipped on day one in the field, and have the

21 most effective tools and skills to effectively engage

22 families and protect children. To that end, we're

23 allocating \$3.8 million to partner with CUNY to

24 redesign our initial trainings for newly hired CPS

25 and supervisors. The new curriculum will provide for

2 more real life experiential learning, coaching
3 supports and on-the-job training as well as
4 individualized assessments. We also recognize the
5 need to better assist our CPS with the transition
6 from the training academy into the field office. The
7 adopted FY18 Budget provides an additional \$900,000
8 to hire ten staff development coordinators, one for
9 each of our borough offices, who will help identify
10 staff development needs, and will coordinate between
11 the borough offices and the Workforce Institute to
12 help ensure that fundamental training is carried
13 forward into practice, and that specialized training
14 on issues like domestic violence and mental health is
15 developed as needed. There are few positions in
16 public service as unique, as demanding and as
17 rewarding as those of our CPS workers. They truly
18 are our city's unsung heroes, our child safety first
19 responders, and we want to help the public to
20 understand that. The FY18 Adopted Budget allocates
21 funding for a new campaign to increase public and
22 professional recognition of CPS workers and to
23 recruit new CPS. We'll also do more to honor our CPS
24 workers internally through staff appreciation
25 activities that acknowledge their contributions. To

2 support the wellbeing of frontline staff who handle
3 particularly difficult or stressful cases, we've
4 executed an agreement with the Office of Labor
5 Relations for additional counselors for the Employee
6 Assistance Program to specifically support our child
7 protection workers. We're proud to partner with the
8 AP, a lifeline for city employees, which will
9 organize and offer programs that address exposure to
10 trauma, coping with challenges, and building
11 resistance in the work—resilience in the work. These
12 important investments and initiatives would not be
13 possible without the Mayor's commitment and the
14 Council's support through the budget process, and I
15 am deeply appreciative. I look forward to updating
16 you on the implementation of these initiatives and
17 the project—the progress that we achieve in the
18 coming months and years. So, I hope that I
19 demonstrated that through our recent budgetary and
20 programmatic initiatives we are moving forward in the
21 areas of greatest concern to the Council as embodied
22 in the legislation that is the specific subject of
23 this hearing. I believe we share the same goals and
24 spirit of the Council in this area, but we do have
25 significant concerns about the prescriptiveness of

2 some of the legislative proposals, which we believe
3 may not ultimately have the intended impact and may
4 even inhibit our efforts toward reform, and let me
5 discuss each of them in sequence.

6 Beginning with Intro 1590 having to do
7 with training for preventive services employees, as
8 Casey recognized, ACS has built a robust network of
9 preventive services and community resources to
10 support families in our child welfare system. ACS'
11 non-profit providers are among the best in the
12 nation, and I'm proud to partner with them in serving
13 the nation's—the city's children and families. We
14 hold our providers to high standards, and we
15 recognize that in order for them to provide the
16 highest quality services, they must be appropriately
17 trained and adequately supported. And as I have
18 explained, the FY18 Budget supports that commitment
19 to significant investments to support the preventive
20 services workforce, and specifically by providing the
21 necessary financial supports for our providers to
22 enable staff participation in mandated annual
23 training. For the ACS Workforce Institute, we're
24 developing a new 12-day curriculum that will train
25 new preventive agency staff. The curriculum will

2 consist of a new two-day course available once a
3 month for all new preventive staff before they take
4 any cases followed by an additional ten-day course
5 provided every other month, which new staff will
6 complete within two months of hiring. These courses,
7 which also include training on safety and risk will
8 begin later this month, and will be available
9 throughout the year on an ongoing basis. As I
10 mentioned earlier, \$2.45 million of new funding will
11 be available directly to preventive agencies so that
12 they can send all of their frontline staff to six
13 days of required training each year. Intro 1590
14 would require ACS to provide training on identifying
15 and reporting suspected physical abuse and neglect t
16 all preventive services workers before the individual
17 begins to provide services, and would also require
18 ACS to ensure that all individuals providing
19 preventive services attend at least two trainings per
20 year, the content of which ACS would determine.
21 While we're not opposed to this bill in concept, we
22 believe the legislation is unnecessary for the
23 following reasons:

24 First of all, New York City-New York
25 State Social Services Law and the regulations issued

2 by the State Office of Children and Family Services,
3 already mandate that ACS staff participate in
4 mandated reporter training, and set out detailed
5 requirements for the content of that training, thus,
6 the bill may be pre-empted by state law and
7 regulations. Also, as described above, our Fiscal
8 Year 2018 Budget provides resources from the new 12-
9 day onboarding curriculum through our ACS Workforce
10 Institute for new preventive agency staff. And
11 finally, ACS is going beyond the mandated bill
12 already and funding our agencies to cover the actual
13 expenses associated with allowing all frontline
14 preventive workers to participate in trainings every
15 year.

16 Turning to Intro 1598, this bill would
17 require ACS to provide to all families receiving
18 preventive services an annual survey regarding the
19 family's experiences with each preventive service
20 provider that provided services to them during the
21 preceding calendar year, and to produce for the
22 Council an annual report of aggregate data obtained
23 from the surveys. ACS values assessments of the
24 experiences of our families, and so we're not opposed

2 to surveying families, but again, we do have some
3 concerns about this bill as drafted.

4 First of all, the bill requires ACS
5 directly rather than our providers to send out these
6 surveys. Given that many families' initial
7 involvement with ACS involves child protection, we're
8 concerned that families may perceive notices directly
9 from ACS to be part of an investigation and,
10 therefore, may be less inclined to participate in a
11 survey. And since many families develop a strong
12 relationship with their preventive agency, we propose
13 that the survey actually be issued by those agencies.

14 Second of all, there are some significant
15 costs associated with the bill, which without funding
16 will create workload issues for ACS, and potential
17 unfunded mandates for us and our preventive service
18 providers.

19 Third, rather than survey every one of
20 the approximately 20-20,000 families that receive
21 preventive services each year, we believe and we'd
22 suggest that collecting a statistically valid sample
23 of data from a sample of families would produce
24 results of high quality for a report with far less
25 expense and burden to families and providers. So,

2 given these concerns, what we propose is having
3 preventive services providers conduct the surveys at
4 the time a family concludes its involvement with a
5 provider, and that ACS be permitted to collect that
6 data from the providers representing a statistically
7 significant sample of families rather than every
8 family that receives preventive services, and we're
9 happy to work with the Council to try to refine the
10 legislation.

11 Turning to Intro 1601, as I've testified
12 previously, one of my first areas of focus after my
13 appointment was to restructure and reinvigorate
14 Childstat, which is a quality assurance tool for
15 child protective operations. We embrace Childstat as
16 a vital approach to strengthening our agency's focus
17 on performance, accountability around child
18 protection and to building a more unified culture of
19 excellence in practice across the five boroughs. The
20 newly restructured Childstat model launched last
21 month is the result of extensive review and analysis
22 of previous iterations at ACS, observations of NYPD's
23 COMPSTAT and incorporation of best practices from
24 other jurisdictions. Our concern about the
25 legislation is that it would lock ACS into a rigid

2 Childstat model and strip us of the flexibility to
3 modify the quality assurance tool as best practices
4 emerge and as child welfare practices evolve. We're
5 concerned that the detailed codification of an
6 executive agency's internal quality improvement
7 system and its specific operational and
8 administrative methods and practices extends beyond
9 the scope of normal legislation.

10 Intro 1601 seeks to legislate every
11 aspect of ACS' Childstat sessions from the frequency
12 of the meetings and the staffing of the meetings to
13 the information to be reviewed and the data to be
14 collected, and we have to oppose that approach.
15 We believe that the model just implemented meets the
16 goals of the legislation and the Council's concerns,
17 and we also believe that the Council's ongoing
18 oversight authority would enable you to address any
19 deviations that a future administration might make.
20 So, at most we suggest and propose that the Council
21 mandate us to implement a detailed quality
22 improvement program and provide routine updates to
23 the Council to ensure that it is robust and
24 meaningful.

2 Turning to Intro 1607, this legislation
3 would amend Local Law 20 of 2016 to require ACS to
4 report additional data relating to the caseloads of
5 CPS workers and certain child protective procedures
6 including child safety conferences and the removals
7 of children. As I discussed earlier, we have
8 accepted Casey's recommendation that we look at
9 alternative measures that better reflect CPS workload
10 rather than simply caseload, and in line with their
11 recommendations, ACS will be conducting a study that
12 will yield metrics to better define caseloads and
13 make corresponding workload changes. We're also in
14 the midst of redesigning our case assignment data
15 system, which will incorporate best practice that are
16 different from those described in the bill. In its
17 current form, this legislation would lock our agency
18 into specific definitions that would prevent us from
19 implementing the knowledge we gain from the Workload
20 Study, from other jurisdictions and from our own
21 experience, and it will likely more accurately
22 reflect the specific work conditions of our CPS. The
23 second area of concern is that ACS does not have the
24 technical capacity to report on a substantial amount
25 of the information that the legislation would

2 require, and we would need to work with the Council
3 to devise provisions that better align with ACS's
4 data collection capabilities with the limits of the
5 statewide system of record that we're required to
6 use, and with the mechanisms by which ACS currently
7 generates automated reports. And third, New York
8 State already prescribes that all local social
9 services districts including ACS use a different
10 caseload measure than that envisioned by the bill,
11 and thus, the bill would be inconsistent with that
12 which is mandated by New York State.

13 Intro 1609 would require ACS to produce
14 an annual report on the aggregate findings and
15 recommendations of our agency's accountability review
16 panel or ARP. Again, we're not opposed to regular
17 reporting on child fatalities, but we would request
18 some flexibility in the reporting structure. We'd
19 also like to work with the Council to divide-to
20 devise language that aligns with ACS' capacity to
21 produce reports. We created the Accountability
22 Review Panel for internal quality improvement
23 purposes, and the methodology, the composition, the
24 name and even the panel membership itself is subject
25 to change over time to accommodate best practices.

2 So, we propose that the legislation not be
3 specifically linked to the "Accountability Review
4 Panel" but instead focus on the desired outcome, an
5 annual report on child fatalities in New York City
6 that are known to the ACS Child Welfare system with
7 recommendations for systemic change resulting from
8 those fatalities. We'd also need a longer time frame
9 for producing the report, as 45 days from the end of
10 the year, as the legislation prescribes, is not a
11 sufficient timeframe to obtain all the information
12 that we need for the report, especially pertaining to
13 fatalities that occur at the end of the year. For
14 example, information that comes from the Office of
15 the Chief Medical Examiner is essential to producing
16 a report on fatalities but the Medical Examiner's
17 Office frequently takes many months or even longer to
18 finalize its reviews. So, in order to ensure that
19 OCME reports for fatalities are received in time for
20 inclusion in an annual report, we propose extending
21 the timeframe for producing the report to 18 months
22 from the end of the year.

23 Before I close my testimony, I want to
24 share a development, which I know is not relevant to
25 the legislation under discussion, but it is a

2 development about foster care that I know is of
3 importance to the Council and especially to this
4 committee. The Interagency Foster Care Taskforce
5 established by the City Council, and signed into law
6 by the Mayor last fall will be meeting for the first
7 time later this month. The taskforce comprises
8 myself, Speaker-Speaker Mark-Viverito, Chair Levin,
9 Public Advocate James, five city agencies, HRA, DOE,
10 DYCD Health and NYCHA along with representatives from
11 the parent committee-community, advocates and
12 providers and, of course, very importantly young
13 people who are involved in the foster care system.
14 As you know, the goal of the taskforce is to develop
15 recommendations to improve services for youth in
16 foster care, and to promote better outcomes for young
17 people aging out of care. The taskforce is charged
18 with making recommendations on wild-wild-wide range
19 of domains, including education, housing, mental
20 health and employment. We thank the Council for
21 appointing members, and I look forward to working
22 with you, Chair Levin, and the group to further our
23 commitment to our young people, and to develop a new
24 scheduled for completing the taskforce's work.

2 So, as I mark 100 days at ACS, I'd like
3 to thank the Council for your support and your
4 partnership as we work to promote safety, stability
5 and wellbeing for children and families across the
6 city, and just as importantly I thank you for your
7 advocacy on behalf of ACS' frontline staff and our
8 non-profit provider staff. We appreciate the
9 opportunity to discuss the Council's proposed
10 legislation and the work that's currently underway at
11 ACS that addresses the needs that these bills aim to
12 meet. We look forward to working with you to refine
13 the legislation so it can best serve the interests of
14 our children and our families and the dedicated
15 workforce to serve them, and we're happy to take your
16 questions.

17 CHAIRPERSON LEVIN: Thank you very much
18 for your testimony, Commissioner. So, I-I'm going to
19 go to my colleagues first because I want to kind of
20 go in-depth onto the--

21 COMMISSIONER HANSELL: [interposing] Uh-
22 huh.

23 CHAIRPERSON LEVIN: --case report, and so
24 in the interest of--of making sure that my colleagues
25 have an opportunity to ask questions I will turn to

2 them first, and so I'm going to turn to my colleague
3 Debbie Rose who has comments on her—or statement on
4 her legislation, and—and questions.

5 COUNCIL MEMBER ROSE: And questions.
6 Thank you so much Chair Levin. Good afternoon. We
7 are all here today to hear testimony on many bills
8 related to ACS including Intro 1607, which his a
9 local law to amend the Administrative Code of the
10 City of New York in relation to requiring that the
11 Administration for Children's Services to report more
12 information regarding the caseloads of its frontline
13 workers, and child safety conferences because I do
14 think it's time for a change. This legislation will
15 help us identify new ways to better assist our city's
16 most vulnerable children. The new data collected
17 will be disaggregated by zone and office included—
18 including borough offices, emergency children's
19 services, child advocacy centers and the Office of
20 Special Investigation. Knowing the experience level
21 of caseworkers broken down by years of experience
22 will allow the agency to identify whether there is a
23 correlation between the years of experience, caseload
24 amounts and the outcomes of active investigation. In
25 addition, this bill will help the Council, advocates

2 and the members of the public better understand the
3 number of workers in ACS Family Services Unit
4 responsible for directly monitoring children in their
5 homes. The average and medium number of cases per
6 work in ACS' Family Services Unit and whether ACS
7 conducted an emergency removal of a child or
8 children, and if ACS conducted an emergency removal
9 of the child or children and whether such emergency
10 removal took place before or after the child's safety
11 conference. If an ACW worker is being overburdened
12 by caseloads of 12 or more, with one year experience
13 as a frontline worker, are we really helping these
14 children? This is an opportunity to fix a system
15 that many perceive as broken. This is an opportunity
16 to identify what is needed in order to support our
17 frontline workers who are overworked and stressed
18 often as they go out every day making sure that these
19 children are safe and taken care of. I want to thank
20 Chair Levine-Levin. Sorry, Levin for scheduling this
21 important hearing, and thank the committee staff for
22 their work on behalf of this bill, and others being
23 held-heard today in particular Andrea Vasquez and
24 thanks again to Chair Levin, and I look forward to
25 this testimony. And upon hearing your testimony, you

2 referred the case—to the study and that you are
3 looking to yield metrics that would better define
4 caseloads, and make corresponding workload changes.
5 But you said in redesigning your case assignment data
6 system, which will also incorporate best practices.
7 They are different from the metrics that we described
8 in Intro 1-1607. So, you said that the legislation
9 would lock the agency into specific definitions that
10 would prevent us from implementing the knowledge we
11 gain from the Workload Study. Could you please like
12 elucidate what those differences are and how, you
13 know, the use of different met-metrics would prevent
14 you from utilizing the knowledge that you got from
15 the Workload Study?

16 COMMISSIONER HANSELL: Uh-huh, uh-huh.
17 Absolutely. Let me begin, Council Member, by-by
18 thanking you for raising this issue, which is a very
19 important one for me as well, and for us as an
20 organization. I, you know, I've talked in-in
21 previous testimony about the substantial amount of
22 time that I've already spent in my first three months
23 out in the field meeting with frontline workers. I
24 met with hundreds of them in actually—well, at this
25 point four of the five boroughs. I haven't yet met

2 in Manhattan, but in the other—the other four
3 boroughs, and tomorrow I'm going back out to—to
4 Brooklyn to meet with frontline CPS workers. And—and
5 I've heard in every—every interaction I've had
6 [coughs] the concerns, which you have raised about
7 the—burden that they're carrying because of the
8 number of cases that they have to handle, the
9 families they work with, the complexity of those
10 families. So, the issue you're raising is one of
11 great concern to us, and I—I certainly want to
12 endorse that, and—and let you know that I appreciate
13 your—you're raising it. The concerns we have about
14 the way the legislation is drafted is are—are a
15 couple. One is, first of all just based on existing
16 caseload measures we are bound by a measure that the
17 state uses, which defines caseload differently that—
18 than we would for the—the caseload limit of 12
19 that's—that's embodied in the legislation. So, we
20 would be in a situation where we would be accountable
21 to the state for measuring caseload in one way and to
22 the city for measuring caseload in a different way.
23 But the—the more fundamental problem which you
24 alluded to is that as we embark on the—on the
25 Workload Study, which we haven't begun yet. It was

2 just funded last week in the budget. So, we're just
3 getting that project underway, but what we know and
4 what I've heard from staff that I've met with in
5 every-every borough office is that the problem with a
6 caseload measure is that a case is not a case is not
7 a case. Cases vary tremendously and in terms of the
8 complexity of the families, in terms of the number of
9 issues that families are-are grappling with, and the
10 number of services that they may need, in terms of
11 the amount of court involvement that CPS workers may
12 be called to participate in in terms of the travel
13 distances. So, caseload alone doesn't necessarily
14 reflect the workload that CPS workers are actually
15 experiencing, and that's one of their concerns and
16 frustrations. So, what we intend to look at in this
17 caseload, in the Workload Study is, is there a better
18 measure? Can we identify a better measure that more
19 accurately reflects the kind of workload that CPS
20 workers are actually carrying rather than just a
21 statistical caseload measure? We don't know that yet
22 because we haven't started the study, but that's what
23 we hope to find out, and we'll certainly share it
24 with the Committee and with the Council the results
25 of that, and based on that we may want to have some

2 conversations about looking at workload in a
3 different way.

4 COUNCIL MEMBER ROSE: So, I-I agree. I
5 think workload and caseload are-are very-very
6 different, and-and that it should be looked at
7 holistically as-in terms of workload, and that there
8 are varying degrees. So, when-when you do your
9 study, would you look at some of the metrics that
10 this particular Intro also introduced as something
11 that should be investigated, and-and part of that
12 study. And when you do the study, are you going to
13 look at the differences in terms of zones that, you
14 know, there are different caseloads, different zones
15 like Zone A in Manhattan where the average caseload
16 might be 17 as opposed to maybe and I'm not sure of
17 Staten Island, which is a different zone, and the
18 caseload might be different. Are you going to
19 looking in-look at that also that different zones
20 have different caseloads or workloads?

21 COMMISSIONER HANSELL: Yes, yes,
22 absolutely. Those are-are fundamental things we'd be
23 looking at in-in the study. We want to look at how
24 we need to align our staffing patterns to the actual,
25 you know, workload demands of the types of cases that

2 families are handling. We will absolutely look at
3 the different distribution in the kinds of cases that
4 we're seeing from borough to borough or even from
5 zone to zone or even from community district to
6 community district, and make sure that we're
7 allocating workload proportionately to the actual
8 burden that's being presented by the—the
9 investigations and the families that we're serving.
10 So, the—the items you mentioned, some of which as you
11 say are reflected in the—in the intro legislation are
12 exactly the kinds of things we'll be looking at in
13 the Workload Study.

14 COUNCIL MEMBER ROSE: And—and will you
15 look into why some zones are higher than others, the—
16 the number of cases that are being reported into the
17 workload, and do you have a sense of when this study
18 would be completed, and—and I'm sure you'll share—
19 share the results with us, right?

20 COMMISSIONER HANSELL: We will certainly
21 share the results with you. I don't know what
22 timeframe yet because we—as I said, we just got the
23 funding approved last week. Thank you very much for
24 that. So, we're now going to develop and RFP. We'll
25 have to bring or retain—a vendor on board to do the

2 work for us, and it's—it will be a substantial piece
3 of work. So, there will be some period of time, but
4 we'll certainly share the results with you, and I'm
5 sure we can share interim reports along the way with
6 you as well. And to your first question, absolutely.
7 We're going to be looking at variation and
8 differential caseload levels in different parts of
9 the city.

10 COUNCIL MEMBER ROSE: And—and my last
11 question. Not only will you look at the caseload or
12 workload, but will you also look at the other
13 administrative work that they—that they also have to
14 do? Because I really believe that they are
15 overburdened, and that we need to, again, take a
16 holistic look at—at this, and I—I want this study to
17 be totally comprehensive.

18 COMMISSIONER HANSELL: Yes, that's
19 actually a great point. So, we will—we will be in
20 really two different ways. One, is we want to make
21 sure that the things that CPS workers have to do are
22 reflected in the Workload Analysis. So, we're really
23 capturing the full—the full requirements of handling
24 a case, but the other thing that we're already
25 looking at is whether there are some things that CPS

2 workers are currently being asked to do that we might
3 actually be able to able to have other levels of
4 staff do. So, that CPS workers could be freed up to
5 do the things that are most important for them, and
6 that we're going to work on independent of the case-
7 the Workload Study, and we're actually as a result
8 of-of some investment we got in the budget, we're
9 going to begin a pilot to look at that effort
10 immediately.

11 COUNCIL MEMBER ROSE: Great, and I just
12 want to thank you for making mental health services
13 EPA, available to-to the CPS workers in light of the
14 stressful situations that they often find themselves
15 in.

16 COMMISSIONER HANSELL: Uh-huh.

17 COUNCIL MEMBER ROSE: Thank you.

18 COMMISSIONER HANSELL: Thank you very
19 much.

20 CHAIRPERSON LEVIN: Thank you very much,
21 Council Member Rose. Council Member Cabrera.

22 COUNCIL MEMBER CABRERA: Thank you Mr.
23 Chair again. Commissioner, welcome. Thank you for
24 your testimony. I'm just going to focus on-on my
25 bill Intro 1590. I know the Chair has a lot of

2 questions regarding all the other ones. So, I'll be
3 as—as quick as possible here. Regarding your 12-day
4 onboarding training curriculum, when would these
5 trainings begin or have they begun already or--?

6 COMMISSIONER HANSELL: I'm going to ask
7 Deputy Commissioner White to speak to that

8 DEPUTY COMMISSIONER WHITE: Good
9 afternoon.

10 COUNCIL MEMBER CABRERA: Good afternoon.

11 DEPUTY COMMISSIONER WHITE: We—we are—we
12 already have a number of courses available to the
13 providers as do some of the providers have courses
14 available to one another as well, and we are
15 developing new courses. The—the—the Man—the
16 onboarding training we are just now developing the
17 curriculum specifically for that, ad that's going to
18 be two days before they take any cases. Some of this
19 comes directly from your own comments at a past
20 hearing as I recall about your own experience.

21 COUNCIL MEMBER CABRERA: Thank you.

22 DEPUTY COMMISSIONER WHITE: The—the ten
23 days will be—so the two days will be available every
24 month to providers. Whenever they have new staff
25 coming on, they'll be able to send people to that—

2 that training, and then the ten days within two
3 months they'll—they'll be expected to take that.

4 COUNCIL MEMBER CABRERA: So, so if I hear
5 you right, it will be fully operational literally
6 from here on?

7 DEPUTY COMMISSIONER WHITE: No. I mean
8 to get the 12-day piece in place we still have to
9 develop the curriculum with CUNY. I mean there are
10 pieces of it that exist. It's a matter of
11 structuring it and—structuring it and making sure the
12 right things are in that two-day safety and risk
13 mandated reporting, et cetera. The really critical
14 things are going to be in the two-day session.

15 COUNCIL MEMBER CABRERA: And—and—I'm
16 sorry. Go ahead.

17 DEPUTY COMMISSIONER WHITE: I mean it
18 will certainly be in place during this fiscal year.

19 COUNCIL MEMBER CABRERA: And this is
20 mandated, right?

21 DEPUTY COMMISSIONER WHITE: Yes.

22 COUNCIL MEMBER CABRERA: And, what about
23 for people who already been working and they want to
24 take those courses? Is it available, and also is it
25 mandated for them as well?

2 DEPUTY COMMISSIONER WHITE: Yeah. So, we
3 already have courses available to the providers now,
4 and many of the providers take advantage of those.
5 What we are changing is it's going to mandated that
6 that frontline staff at preventive agencies take six
7 days of training every year of their career in that
8 field and they will get funding from us to cover that
9 time. So that they can put coverage on the cases
10 that are being—that those workers are handling so
11 they can go to training.

12 COMMISSIONER HANSELL: Let me just add to
13 that. Yeah, one of the first things I heard in
14 meetings with preventive providers is that they very
15 much wanted to send their caseworkers to training,
16 but they felt like they couldn't do it because they—
17 we're in a position financially to, you know,
18 backfill those positions while they're out of—you
19 know, out in the field doing training kind of work.
20 So, that's why we've done exactly what Deputy
21 Commissioner White said, which is make the training a
22 mandate but fund it so that it's something that they
23 can—they can afford to do, and we're doing the
24 options to have that training done either through our
25 Workforce Institute or other resources they may have

2 as long as it meets the mandate of the required
3 courses.

4 COUNCIL MEMBER CABRERA: Well,
5 Commissioner, I want to and your staff I want to
6 commend you for taking the--the points that I was
7 making in--in the last hearing having gone through--

8 DEPUTY COMMISSIONER WHITE: Uh-huh.

9 COUNCIL MEMBER CABRERA: --the experience
10 that I went through in preventive services.
11 Commissioner, would you consider because in my bill
12 we're talking about two days, and you took it to the
13 exponential level here [laughter] which is great.
14 Would you consider--you know, I'm very open to, you
15 know, modifying our bill. I would love to get it
16 codified, and the reason why is because, you know,
17 leadership changes, you know. Four years from now,
18 you know, I--I know I won't be here. I don't know,
19 you know, regarding who is going to be the
20 Commissioner, and I really would like for this to be,
21 you know, protected, what you're doing. Would you be
22 open to that? I'm very flexible as to days, and I
23 was just--I put those two days in there as--as a point
24 of consideration, and by no means do I want to be
25 rigid about it, but I think 12 days is amazing.

2 COMMISSIONER HANSELL: Uh-huh. Well,
3 first of all, Council Member, I should say I think—I
4 think you raised this issued with me in our first
5 meeting three months ago, and it registered.

6 COUNCIL MEMBER CABRERA: Thank you.

7 COMMISSIONER HANSELL: So, I appreciate
8 your having put that issues on my—my radar screen
9 and, you know, we're not—we're not opposed to doing
10 some concept. We just want to make sure that it is
11 flexible enough so that as we decides, as I'm sure we
12 will need to, to adapt a training to future needs,
13 future developments and best practices and so on,
14 we're not restricted by legislative requirements.
15 So, we're happy to work with you and the staff to see
16 if we can come up with a way to do that.

17 COUNCIL MEMBER CABRERA: [interposing]
18 That would be great. I'm very open to that, and
19 talk—you know, just construct language that would be
20 helpful. I don't want to be hurtful but helpful to—
21 to achieve your goal and, which at the end is
22 protecting children.

23 COMMISSIONER HANSELL: Uh-huh.

24 COUNCIL MEMBER CABRERA: Thank you so
25 much, Mr. Chair.

2 CHAIRPERSON LEVIN: Thank you, Council
3 Member Cabrera. Council Member Grodenchik.

4 COUNCIL MEMBER GRODENCHIK: Thank you,
5 Mr. Chair—Chair—Mr. Chairman. Good morning. Is it
6 still morning? No, it's afternoon. I was here on
7 time. I hate when these things go late. I first
8 want to thank you, Commissioner. I think this is our
9 third meeting, and I want to thank you for your
10 enthusiasm. I've been very impressed after several
11 hearings we've had with your appreciation of the
12 issues at hand, and your desire to address them
13 quickly. So, I want to thank you publicly for that.

14 COMMISSIONER HANSELL: Thank you very
15 much.

16 COUNCIL MEMBER GRODENCHIK: One of the
17 things that, you know, I'm—I'm learning, obviously
18 and hope to keep learning until the day I—I'm not
19 longer able to learn, but one of the things that I
20 have been trying to figure out is how much training
21 takes place for new a new employee. If I was a brand
22 new Protective Services worker starting today, what
23 happens on my first day? Can you take me through
24 that quickly?

2 COMMISSIONER HANSELL: Let me make a
3 couple of comments, and then I'll turn it over to
4 Deputy Commissioner White who--

5 COUNCIL MEMBER GRODENCHIK: [interposing]
6 Okay.

7 COMMISSIONER HANSELL: --who oversees
8 that program and can tell you in much more--in much
9 more detail than I can, but the--the short answer is
10 extensive training. [coughs] We realize that the
11 work that CPS workers do is very complex, and it's
12 important not to send them into the field without
13 adequate training to make sure that they can do it
14 well and protect children and families well. So,
15 it's really about a six-month training process before
16 they are fully out in the field and even then there's
17 continued training and there will be more as we
18 extend our coaching into the field offices, and I--I
19 had the experience a few weeks ago, the opportunity
20 to meet with several cohorts of trainees in our
21 training academy. [coughs] Two groups that were in
22 their first week of training and one group that was
23 in their seventh week of training, and so I had the
24 opportunity to talk to them, to hear from them about
25 what the training experience was like, and how they

2 felt like they were being prepared. The seven-week
3 group had--had a first opportunity do some on-the-job
4 training in the field, and then come back into the
5 training academy. So, I got to hear what that was
6 like. So, it gave me a much greater appreciation for
7 how--how well developed our training curriculum is,
8 and how much difference it makes to the quality of
9 work that CPS are able to do. Let me ask Deputy
10 Commissioner if he will talk in a little more detail
11 about the six-month process.

12 DEPUTY COMMISSIONER WHITE: Yeah, a good
13 question. The--the--the way it works now is when a
14 worker is hired, they go straight into the Academy.
15 It's an eight-week experience in the--in James
16 Satterwhite Academy. Within that eight weeks they go
17 out to the field offices around the city for short
18 periods of--of their initial experience on the job.
19 But in that eight weeks they are learning the basics.
20 It's really a boot camp. It's the core training of
21 safety and risk of investigative practice of family
22 engagement, interviewing, working with collaterals.
23 How to--how to assign families to services, and most,
24 you know, there's a huge challenge around how to do
25 court work, how to do documentation. All of this.

2 There's a lot to learn in this business. So, they
3 spend that eight weeks doing that, and then they have
4 three months in the field in a training units. There
5 they are actually beginning to take on cases. They
6 have supervisors who are working closely with them.
7 They're ramping up their--their caseload over time,
8 and they're getting support that later they won't
9 necessarily have. Once they are done with that five
10 to six months of the initial experience, they're
11 ready to take a case load. That's the way the model
12 works now. What we're changing I think and
13 strengthening is making sure that once they are in
14 the field offices, in those training units, there's a
15 real alignment with what they wanted in the Academy.
16 They have access to mentors, and they have training
17 staff locally in their field office that can help
18 them get access to the right kinds of supports they
19 need, and also it gives us an opportunity to have
20 training staff actually assessing the trainees and
21 the rookies in their first year on the job.

22 COUNCIL MEMBER GRODENCHIK: And how--
23 what's minimum educational requirement? You need to
24 have a BA or--?

25 DEPUTY COMMISSIONER WHITE: Yeah.

2 COUNCIL MEMBER GRODENCHIK: And, do they
3 receive training on—I've gone over this at past
4 hearings. I'm concerned obviously about the safety
5 obviously o—of the employees, but certainly of the
6 families that—that you're involved with. Do, they
7 have training when they should engage the NYPD. You
8 can take me through that in maybe a minute?

9 DEPUTY COMMISSIONER WHITE: Yeah,
10 absolutely, and Deputy Commissioner Fletcher is
11 probably a better place to talk about that.

12 DEPUTY COMMISSIONER FLETCHER: Got it.
13 Sorry. That training is ongoing. So, first as
14 Deputy Commissioner White explained, part of their
15 core training also involves meeting with our
16 investigator consultants. And—and meeting with the
17 investigative consultants who were former detectives
18 with the NYPD, they talk about first how do you
19 safeguard yourself in the field, and then while
20 you're out there and you're making your assessment,
21 how do you ensure that children are safe as it
22 relates to their physical safety? So, then
23 throughout their training experience, they go over
24 the policies and procedures as it relates to our
25 instance response. You know, responses to—to cases

2 that were, for example, physical or sexual abuse are
3 the allegations. That happens throughout their
4 training experience, and—and as they progress through
5 their 90-day training, they also get a case that was
6 flagged as an IRT. So, they can have experience in
7 tandem with a—an experienced training supervisor to
8 walk through those steps.

9 COUNCIL MEMBER GRODENCHIK: Okay, thank
10 you.

11 DEPUTY COMMISSIONER WHITE: It's
12 important—to add to that I mean there's—there's a lot
13 of very clear communication from my staff about when
14 it is appropriate to work with police and—and it's
15 pretty broad. I mean they have the—the right and the
16 ability to—to reach out to police whenever they think
17 they need help. It's not only on IRTs. It's not
18 only on special cases.

19 COUNCIL MEMBER GRODENCHIK: Okay, and my
20 last question. I know the—the chair has more
21 questions for you. In your testimony on page 3,
22 Commissioner, you said you've expanded your
23 collaboration, our collaboration with the NYPD in
24 multiple ways. Can you give me just a couple of
25 examples?

2 COMMISSIONER HANSELL: Sure. First, we
3 consulted with them around the revamped Childstat
4 model. Chief of Detectives Boyce actually met with
5 us, came to the first session, gave us advice about
6 aspects of COMPSTAT that we might want to incorporate
7 into Childstat. So, that's one. We have—and we
8 continue to but, you know, again even in the last few
9 months we have continued to strengthen some of the
10 mechanisms that Deputy Commissioner Fletcher just
11 described where we work with the NYPD in an
12 institutionalized way. So, our instant response
13 teams where we do investigations with NYPD because
14 they're allegations of child abuse or sexual abuse.
15 We've strengthened those protocols. We have
16 strengthened the involvement of NYPD in our child
17 advocacy centers where again we investigate, you
18 know, potentially serious allegations of—of harm to
19 children, and NYPD is—is ramping up their presence in
20 those CACs, and is more actively engaged in them.
21 We're working with—we talked about this a little bit
22 in the last couple of hearings, and I know it's
23 something that has actually been of great interest to
24 the union that represents our CPS frontline workers,
25 and that is working with the NYPD's Neighborhood

2 Coordination Officers, and building relationships
3 between our CPS and the NCOs in their communities so
4 they have a connection to NYPD officers on the beat
5 so that they can actually develop an ongoing
6 relationship with. So, there--there are many things
7 to note, but just other ones. There are so many ways
8 in which--

9 COUNCIL MEMBER GRODENCHIK: See that?

10 COMMISSIONER HANSELL: --we're--oh, yes,
11 yes, this is important, too.

12 COUNCIL MEMBER GRODENCHIK: It's
13 happening as we speak.

14 COMMISSIONER HANSELL: Something that--
15 right, it is actually happening as we speak. We are--
16 and we're very excited about this. We're moving into
17 a cross-training program with NYPD where they are
18 creating some seats in some of their trainings for
19 our staff, and we'll be creating some seats in some
20 of our trainings for their staff to help each
21 organization and the staff better understand the--the
22 working realities, and the structure within which the
23 other organization has to work, and we are constantly
24 looking for ways to expand that collaboration.

2 COUNCIL MEMBER GRODENCHIK: Last
3 question. It's a quick yes or no. I heard
4 anecdotally that placements in foster care have been
5 up I would say since the beginning of the year. Is
6 that true, not true?

7 COMMISSIONER HANSELL: Not-not true.

8 COUNCIL MEMBER GRODENCHIK: Not true.

9 COMMISSIONER HANSELL: Not true. Our-our
10 Foster Care Census has been declining for some years
11 now, and has continued to decline.

12 COUNCIL MEMBER GRODENCHIK: Alright,
13 thank you very much. I look forward to day when we
14 don't need an ACS Commissioner in this city.
15 [laughter] Until then I want to thank you and your
16 staff for your hard work. Okay, we'll see you soon.

17 COMMISSIONER HANSELL: Thank you, very
18 much.

19 COUNCIL MEMBER GRODENCHIK: Thank you,
20 Mr. Chair.

21 CHAIRPERSON LEVIN: Thank you very much,
22 Council Member Grodenchik. We've also been joined by
23 Ritchie Torres of the Bronx. So, commissioner so I-I
24 think what-what I'd like to do is going through the
25 Casey Report, go over-either, you know, it's

2 something that's available online right? We can see
3 it?

4 COMMISSIONER HANSELL: It is.

5 CHAIRPERSON LEVIN: So, I'd recommend
6 anybody that's interested to go online, and it's a
7 very comprehensive document. How-how often does ACS
8 engage in this level of a quality review report?

9 COMMISSIONER HANSELL: We have an ongoing
10 working relationship with Casey, and they've helped
11 us in many different ways over the years. It's rare
12 that we do something or we commission a report of
13 this depth, and I mean I was—I was pleased that when
14 I arrived, I learned that the work was underway and
15 felt like there was a great opportunity for me to
16 leverage it as part of my management review because
17 it was so substantial, because it incorporated so
18 many, you know, they did—they did both the comparison
19 between our work and that of other jurisdictions,
20 which was very helpful. Some of them aggregate
21 databases. They did through Anchor Kids, sort of an
22 organization they worked with. They did the review
23 of a set of cases, which was very helpful, then they
24 looked at all of our policies, procedures and
25 practices. So, it was an extremely in-depth review.

2 CHAIRPERSON LEVIN: Right, so this is a-
3 this could be a blueprint that ACS as an agency could
4 use that's, you know, that's—that's valid for—for a
5 few years, is that right? Like a good blueprint for—
6 at least operationally for a few years?

7 COMMISSIONER HANSELL: It certainly could
8 be. I mean it something it's something—we're going
9 to use it, you know, on an ongoing basis in real time
10 to assess progress, but I think yes absolutely it
11 could be a blueprint for us going into the future.

12 CHAIRPERSON LEVIN: Okay, so it has—it
13 ahs as you said an Analysis of—of Policies and
14 procedures, Individual Case Review, and then the
15 Findings and Observations and then Recommendations.
16 In the Findings and Observations, which is a large
17 portion of the report there are—they identified areas
18 of strength. This is broken down into different
19 policy areas, areas of strength and areas of
20 opportunity, and being that we're, you now, the
21 oversight body, we're not going to focus necessarily
22 on the areas of strength, but I want to acknowledge
23 that they are there. [laughter] But instead, focus
24 on the areas of opportunities. If we could talk
25 through those, and the—as you said in your testimony,

2 you—you're agreeing with and adopting all of the
3 recommendations laid out at the end of the report.
4 So, we won't necessarily—we might touch on a couple
5 of those, but I'd like to kind of maybe go through
6 the areas of opportunity. So, you have the report in
7 front of you staring around page -page 17 or 18, and
8 going through there. So, the first one I'd like to
9 talk about on page—on page 17 it talks about, and
10 this is actually an area of strength, that there are
11 subject matter experts that are with like clinical
12 consultants and substance abuse, mental health. Just
13 some of them on them on the last paragraph of page
14 17. Reviewers noted that ACSS subject matter
15 experts, clinical consultants and substance abuse,
16 mental health and domestic violence who consult on
17 cases with relevant family history. However, this
18 resource was not used in all cases. Had this
19 occurred, the score could have been moved even
20 higher. In focus groups there is agreement this is a
21 mismatch between the availability of subject matter—
22 matter experts and the volume of cases that needed
23 consultation. It's reported that long-term vacancies
24 among the clinical consultant staff of some officers
25 had contributed to the delay. Can you speak a little

2 bit to that? What's the structure of these clinical
3 consultants? Are they—are they outside consultants?
4 Are they ACS employees? Is there—is there a gap in—
5 is there, you know, are there vacancies, and is there
6 a gap in terms of where they are, and where they're
7 needed?

8 COMMISSIONER HANSELL: Uh-huh. I'll say a
9 couple of things and then turn it over to Deputy
10 Commissioner Fletcher to talk a little more about it.
11 The first thing is I'm glad you acknowledged it, and
12 it's something we're very proud of because I think it
13 is something—an area in which ACS is—is distinguished
14 as child welfare organization and we're—we're very
15 proud of the fact that we have the structure, and
16 what, you know, and I certainly observed this when I
17 visited field offices. They are consulted with
18 extensively by CPS on cases. There are people with
19 specialized expertise, and so it's not always easy
20 for us to recruit exactly the people who have the
21 kind of expertise that we need. And, this actually
22 goes to the dialogue that we were having a little
23 earlier about variations in caseload across the
24 boroughs. We assign our clinical consultants to
25 certain offices, but we often see caseload shifts

2 over time or—or shifts even the kinds of cases that
3 we're seeing over time from one part of the city to
4 another, and then it takes some time to adjust our
5 resources to make sure that it's, you know,
6 consistent with the caseload demands. So, this is—
7 that process, that exercise of making sure we're—
8 we're matching our clinical consultant capacity with
9 the consultation need at a given time and a given
10 office is a constant challenge and it's one that
11 we're looking at, you know, better ways of doing. And
12 we're continuing to try to expedite our recruitment
13 to make sure that we can fill all the positions, and
14 also to make sure that we are—are appropriately
15 allocating those services to others. We are
16 expanding the program actively. In fact, we've just
17 recently re-RFP'd the program to try to doubled the
18 size. So, we'll be bringing on more clinical
19 consultants over time because we recognize how
20 valuable the service is, and the fact that in order
21 for CPS workers to do their investigative work on a
22 timely basis, they have to have timely access to
23 consultants in cases where they need them. But
24 Deputy Commission Fletcher might want to add to that.

2 DEPUTY COMMISSIONER FLETCHER:

3 [interposing] Yeah, just to add--just to add to what
4 the Commissioner is saying. So, our clinical
5 consultants are experts--are on contracts. They don't
6 work directly for ACS. So, they work for our
7 numerous community based organizations, but they're--
8 As the Commissioner mentioned that their--you know,
9 with the uptick of intakes that we've been
10 experiencing in the Division of Child Protection, of
11 course, they are the ones who do our consults on
12 these very critical cases, and we also realize that
13 CPS child protective specialists bringing these cases
14 to our clinical consultants provides, you know, a
15 fruitful assessment of our children. So, there are
16 times that--

17 CHAIRPERSON LEVIN: [interposing] So,
18 could you get just a little bit closer to the mic?

19 DEPUTY COMMISSIONER FLETCHER: Sure. I'm
20 sorry.

21 CHAIRPERSON LEVIN: Just because we're--
22 we're recorded and make sure, at least. (sic)

23 DEPUTY COMMISSIONER FLETCHER: Yeah. So,
24 it provides a fruitful assessment for our child
25 protective specialists as they assess safety. So,

2 there are times based on the demand. It has been a
3 challenge, and as the Commissioner noted, we are now
4 RFP'ing to increase the number of clinical
5 consultants who will be able to service the needs of
6 our child protective specialists in our borough
7 offices, but they are co-located in the borough
8 offices. They are assigned to specific borough
9 offices. We want each borough office to have each
10 discipline so that CPS are able to access these
11 disciplines as they need.

12 CHAIRPERSON LEVIN: And—and you're able
13 to ascertain in—in real time where the need is based
14 on feedback from the borough offices or based on data
15 where, you know, the—the case review where—where it's
16 taking place and where it's not taking place and that
17 type of thing.

18 DEPUTY COMMISSIONER FLETCHER: Yeah, so
19 most definitely. Our clinical consultation program
20 they report out on a monthly basis to the borough
21 leadership how many consults that they convened, the
22 consults, how long it takes for a consult to occur,
23 and then how long it takes for them to report out on
24 the consultation.

25 CHAIRPERSON LEVIN: Okay.

2 COMMISSIONER HANSELL: I was just going
3 to say this is one of our central analytic projects
4 underway now is how to make sure the right cases, the
5 most high-high service need cases are assigned for
6 clinical consult as quickly as possible.

7 CHAIRPERSON LEVIN: Okay. Okay, let's
8 see. Moving ahead to—to page 20 the area of
9 opportunity with policy review and communication.
10 So, the common coordinated and efficient method is
11 needed for communicating new and updated policy to
12 all staff including both ACS and provider agency
13 staff in particular. Casey found protective and
14 provider staff experienced communication of policy
15 differently with varying satisfaction. An improved
16 central repository for policy documents for provider
17 and productive staff is needed. The current online
18 system is poorly indexed, not user friendly and it
19 would benefit from review to ensure that the most
20 updated versions of policy are available and that the
21 DCP manual is a central document providing guidance
22 for ACS safety practice and child protection.
23 Although electronic links to policy embedded in the
24 manual appear to be updated regularly, comprehensive
25 review is needed on how effectively the structure and

2 contents of this document as a whole are serving
3 their intended purpose. So, a lot of this seems to
4 be around, the--the user interface with, you know,
5 technology and--and how the manuals, and it's getting
6 to CPS and preventive staff, and how it's--and how
7 they're interfacing with it.

8 COMMISSIONER HANSELL: Yeah, it's--and,
9 you know, I can start off and--and Deputy
10 Commissioner can talk in way more detail than I can
11 about this, but it is--it's a few things. It's how
12 the organization--how it's organized to begin with
13 because what tends to happen with policy is an
14 accretion right, you know, new issues come up, new
15 findings come up, new recommendations, we issue new
16 policies, but every time you issue a new policy you
17 don't necessarily think about how to really make it
18 fit well within the existing structure. And so, the
19 organization of that--of our case practice guide, as
20 we call it, is something that--that we're looking at,
21 and we actually hope to--to reorganize it, and kind of
22 rationalize it over the coming months. So, part of
23 it is the organizational structure of the material
24 itself, and then second is how we community that to
25 our frontline staff and in a way that makes it really

2 accessible and usable by them. Again, one of the
3 things I've heard when I've been out in the borough
4 offices is frustration from CPS workers that
5 sometimes the way they learn about new policies is
6 they get an email that says here's a new policy, but
7 they don't necessarily get the explanation they need
8 about what it means, how to use it, when to use it,
9 that sort of thing. So, I think looking at how we
10 can better disseminate policy in a way that actually
11 enables CPS to incorporate it into the way that
12 they're doing their work, which is what you want to
13 have happen. It's something that we—we are looking
14 at, and then their, Chairman, what you mentioned
15 which is how do we use technology to make it more
16 accessible? And here I think there's a real exciting
17 interface with the way we're rolling out new
18 technology for staff. So, as we roll out Tablets
19 over the coming months, we're going to make it
20 possible for staff to access this on the Tablets.
21 So, don't—they won't—you know, it won't be paper, you
22 know, posted on your—your cubicle any more. You'll
23 actually have the ability in your office or in the
24 field to access it, and we'll make sure that the
25 practice guide is indexed in a way that will make it

2 easier for people to get to the information they need
3 very quickly on whatever-whatever tool they're using
4 currently to-to get the information.

5 CHAIRPERSON LEVIN: Okay.

6 DEPUTY COMMISSIONER WHITE: Yeah, so I
7 would add I mean first off in terms of existing
8 policies, one of the things we did--

9 CHAIRPERSON LEVIN: [interposing] Sir, if
10 you could speak a little closer to the mic.

11 DEPUTY COMMISSIONER WHITE: Sorry. One
12 of the things we--in terms of the existing policies,
13 one of the things we did even as Casey was doing its
14 review was create a much better indexable system on
15 line through Sharepoint that our staff now have
16 access to, you know, a thousand times better than
17 what was there even six months ago. That went live
18 last December, but the biggest challenge with all of
19 this is that accretion of 25 years of policy and the
20 duplication and--and some of the contradictions that
21 exist in our policies that are working through
22 steadily to clean and streamline so that workers
23 actually can have a handle on what is required of
24 them both in terms of policy and in practice, and on
25 the Tablet, they will be able to have access. When

2 we're done with this, they're going to be able to
3 have access to a ready to use updated case practice
4 manual right there in their hands when they're out in
5 the field—out in the field. So, that is a—that's
6 going to be a dramatic change. The process by which
7 we communicate policy particularly with DCP staff,
8 but also with provider staff is something we—we're
9 working no very closely across all of the divisions
10 and making sure we are devising the most sort of
11 accurate, but not overly burdensome policies that can
12 be understood quickly and distributed in a—in a much
13 more consistent way. I think one of the things other
14 organizations do is do a quarterly distribution of
15 these are the new policies this quarter, and so
16 there's a whole rollout that goes with that training,
17 discussions, et cetera. I think that's—that's one
18 model we're looking as a possible way to go.

19 CHAIRPERSON LEVIN: Uh-huh, okay. Moving
20 onto the next area of opportunity, which is policy
21 response to critical incidents, and this—this section
22 of the report talks about more a cultural shift I
23 think in terms of how we are approaching critical
24 incidents and, you know, understandably when—when we
25 see a critical incident like a child fatality in New

2 York City, some become—a greater focus of public
3 attention than others. Often times, as you talked
4 about here in this committee critical incidents then
5 drive policy reforms. Sometimes policy reforms will
6 be almost entirely associated with one—with one
7 critical incident, one child fatality and—and—and
8 might not necessarily be addressing other major
9 shortcomings that might be arising out of gaps in
10 policy. And—and so this looks at shifting away from
11 a blame based approach and—so that's, you know,
12 that's not—it's—that's somewhat more amorphous I
13 believe, right? It's—it's a kind of a cultural shift
14 within the agency. You know, obviously how society
15 at large and how the media approaches critical
16 incidences outside of your jurisdiction and—and truly
17 outside of—of your control. But—but how ACS responds
18 to all of—of those incidents, which tragically
19 continue to happen and likely will continue to happen
20 in some form, and some measure, but looking at how,
21 can you talk a little bit about their recommendation
22 and how you intend to incorporate that?

23 COMMISSIONER HANSELL: Yeah, yeah. This
24 is an area that I think is extremely important, but
25 also difficult because it creates some—as you're

2 saying some stresses with the ways in which society
3 at large and, you know, sort of the context that we
4 work in responds to tragedies and also the way that
5 we have to. I mean it is important that we enforce
6 procedure, and if something happens—something bad
7 happens because procedure wasn't followed, we have to
8 deal with that in—in that situation. But what—what's
9 also important, what we've seen in—in —in other areas
10 and I think it's equally applicable here, is that you
11 want to create a culture where people feel comfortable
12 coming forward and acknowledging problems that
13 require a systemic solution. So, that you can then
14 focus on them, and figure out what it is you need to
15 do as opposed to burying problems under the rug,
16 which then can lead to really tragic results. And
17 we've seen, you know, the—the areas that are often
18 cited are aviation where, you know, we now have
19 probably safer aviation than we've ever had in
20 history partly for this reason because there's a
21 safety culture practice where people are encouraged
22 to come forward, and acknowledge problems and not to
23 worry about being blamed or punished for it. We're
24 seeing—seeing the same things happen in healthcare
25 where the culture has—has shifted largely in

2 hospitals away from, you know, don't say anything if
3 there's a problem with hand washing or whatever
4 because you're going to be punished to one that
5 encourages people to come forward with that so it can
6 be corrected, and I think--

7 CHAIRPERSON LEVIN: [interposing] They
8 speak about near misses in the--

9 COMMISSIONER HANSELL: [interposing] Near
10 misses. Exactly, near misses. So, I think we have
11 the same opportunity. I would like to think and I-I
12 do think that the way we have retooled our Childstat
13 Program can be a model for how we do this within ACS
14 because we've tried to create a culture within
15 Childstat that is as I like to try the rigorous
16 without being punitive. It says we-we need to have
17 honest conversations about what we didn't do right
18 and why, and figure out what-what we can do to fix
19 them, but we want to do that in an-in a safe space
20 where the staff that are discussion those problems
21 don't feel like it's going to be punitive on them or
22 on their teams. And so, I feel like the feedback
23 we've gotten from the participants in Childstat has
24 been with that-we've been successful in doing that,
25 but I want to make sure that we continue to focus on

2 that, and then I think, you know, figure out how we
3 roll that culture out across the agency. So that we
4 can—we can encourage everyone to focus on how we
5 avoid the near misses and how we get to, you know,
6 better systemic solutions for the problems that we're
7 dealing with.

8 CHAIRPERSON LEVIN: Right, you don't want
9 system reforms to be intention with accountability.
10 People, you know--

11 COMMISSIONER HANSELL: Exactly.

12 CHAIRPERSON LEVIN: Okay, and this—that's
13 something that we'll, you know, we're—I think we're
14 going to continue to have to revisit as your tenure
15 continues, and as the revamped Childstat, you know,
16 moves forward. So, perhaps, you know, as we
17 reconvene on this issue, either in the fall or early
18 next year--

19 COMMISSIONER HANSELL: [interposing] Uh-
20 huh.

21 CHAIRPERSON LEVIN: --we should continue
22 to talk about that issues, and if there's updates you
23 would be able to give. At that point, it's something
24 we should be looking at.

2 COMMISSIONER HANSELL: Uh-huh,
3 absolutely.

4 CHAIRPERSON LEVIN: Moving ahead to
5 safety and risk assessment model and tools. You
6 touched upon this a little bity I think, but
7 assessment of safe-safety and risk is as it says the
8 foundational element of any child welfare agency's
9 practice. ACS practiced follows the safety and
10 assessment-safety assessment and risk assessment
11 models-modules of the Family Assessment and Service
12 Plan Guide published by OCFS, the tools and guides,
13 the tools and guides are comparable to the Safety and
14 Risk Assessment tools used in other states. However,
15 both New York City and New York State recognize that
16 the safety and risk assessment models and tools have
17 been in place for more than 25 years, and-and they
18 need to take advantage of advancement in this area.
19 And so, it's talking about selecting an updated
20 morel, and I think this is talking about the
21 accretion of policies over time. Can you talk about
22 how you're looking at safety and risk tools that are-
23 to be best utilized in 2017 instead of methods and
24 tools that date back to, you know, the early 90s
25 when-- I mean, one thing that's in the back of my

2 head as we were preparing for today's hearing is
3 that, you know, technological advancement is an
4 expon-is exponential, and so we are- You know, the-
5 the-the amount of technology that is-that is
6 available to an agency like ACS is-is literally light
7 years ahead of where it was even ten years ago, and
8 that-and that advancement continues to accelerate.
9 And so, you know, how are we incorporating all of
10 that as we're looking at safety and-and assessment
11 and tools to-to better protecting our city's
12 judgement?

13 COMMISSIONER HANSELL: Uh-huh. Yeah, this
14 is an area where as you're saying, Chairman, there's
15 a lot of potential. We-we're somewhat hamstrung by
16 the fact that we are obligated to use the protocol
17 that the state has prescribed for us, which is the
18 Family Assessment and Services Plan. We're
19 interested in looking at new models as are they, and
20 so we're in dialogue with-with the State and the
21 Office of Children and Family Services on that, but
22 that ultimately were done by their determination.

23 CHAIRPERSON LEVIN: If you look around
24 the country can you identify any models that are-are,

2 you now, appealing or, you know, particularly
3 interesting?

4 COMMISSIONER HANSELL: There are—I mean
5 there are tools that we've been looking at, in fact,
6 that we are already beginning to plan out how to
7 bring them on particularly for example tools that
8 allow us to---to assess more, and these are just
9 straightforward assessment tools that you train your
10 front line staff in using on how to assess safety in
11 the home. One really interesting one is a tool that
12 help the worker understand better the perspective of
13 the children in the home. It's really an interview
14 tool as opposed to a data analytic tool. On the flip
15 side we have looked a lot at analytic models. We
16 have—we will have a lot to talk about down the road
17 on that, and there are some people doing some
18 fascinating work around the country. We are among
19 those doing fascinating work on that, and we'll be
20 talking about it. Yeah, even—even within the context
21 of what the state has prescribed as the guide, which
22 ultimately we'll have to wait until they're ready to—
23 to change it. There are some exciting things we can
24 do, and I think we're on the cusp of doing them. So,

2 we'll look forward to talking about them in the near
3 future.

4 CHAIRPERSON LEVIN: We're always looking
5 for best practices around the country because just be
6 cause we're the biggest doesn't necessarily mean that
7 we're the most advanced.

8 COMMISSIONER HANSELL: Absolutely, very
9 true.

10 CHAIRPERSON LEVIN: Okay, moving along to
11 preventive services, the area of opportunity, you
12 spoke about this a little bit when talking about the
13 bill, but capacity of--of contracted service
14 providers, and this this a long-term question of how
15 to make sure that the capacity is matching up to the--
16 to where the need is in an ongoing way. So, maybe my
17 question other question here is can you--because what
18 they---they identify where, you know, essentially
19 because of perhaps a lack of a slot, they're holding
20 over a CPS for an extended period of time just
21 waiting for the slot to open up I think. Obviously
22 that's not--that's not what we want to see. So, are
23 how are we--I guess the--the question is as we're
24 looking ahead, how are we approaching the issue of a
25 mismatch of capacity to need in specific areas, how

2 that's reported and then how it's addressed and how
3 it kind of goes up the chain of command so that, you
4 know, Commissioner Hansell and saying I didn't hear
5 about this.

6 COMMISSIONER HANSELL: Uh-huh.

7 CHAIRPERSON LEVIN: There's been a, you
8 know, a-a-a request for additional capacity in-in
9 this one sector and somehow it never got up to-to
10 your desk and, you know, it takes months and months
11 and months. So, how do we streamline that?

12 COMMISSIONER HANSELL: Sure. Let me say
13 a little bit about that, and then I'll turn it over
14 to Deputy Commissioner Martin to talk in-in more
15 detail, but this is something we're very, very
16 focused on. We're very concerned about the idea that
17 any family should have to wait for preventive
18 services anywhere in the city. So, we are-and-and I
19 will say, you know, Casey's-the analysis that Casey
20 did that this is predicated on, of course, all
21 happened before we know about the-the budget
22 investment. So, we're not very well positioned to
23 address I think some of their concerns, but we know,
24 and, you know, I certainly became aware very quickly
25 when I started three months ago that we had to both

2 better match capacity to need geographically across
3 the city—geographically across the city, and also by
4 the kinds of needs the families were presenting in
5 relation to the different preventive service models
6 that we have. And so, as we've developed a plan to
7 roll out additional slots, we thought very carefully
8 about where that need is located geographically, and
9 where it's located by type of service, and that's
10 been the premise on which we have developed our—a
11 program for rolling additional slots out to
12 providers, and let me heave Deputy Commissioner
13 Martin talk about that a little bit more.

14 DEPUTY COMMISSIONER MARTIN: Sure. I
15 think you've heard about this. It's, you know, we've
16 shared it in numerous venues. We intend to actually
17 expand the number or preventive slots that we have in
18 our Family Treatment and Rehabilitation Program,
19 which is a very intense driven program built on
20 phases to work with families that present with
21 caretaker, substance abuse or mental health. We also
22 intend to roll out additional slots to serve our
23 general preventives especially targeting communities
24 where we have less, you know, slots to serve families
25 that—that need that. I think, you know, we're also

2 looking at and thanks to investments we were able to
3 increase the headcount of the staff that actually
4 manage, you know, our referrals and—and matching the—
5 the families with—with services. And I—we're also
6 looking at our, you know, the tool that we have right
7 now that actually is used mostly by the CPS to help
8 them think through what do we have in the system, and
9 how can we, you know, identify the services that best
10 meet the family's needs, and so we're doing some work
11 around that also.

12 COMMISSIONER HANSELL: Yeah, to—to your
13 initial point, Chairman, the—the movement of cases
14 between child protection and preventive services is
15 both critical and very complicated, and one of the
16 things that I think—I think my team will tell you,
17 I've—I've been emphasizing since the very beginning
18 is how important it is that we work closely
19 horizontally to make sure we're thinking about this
20 as one system, not multiple systems. And so I know
21 that Deputy Commissioners Fletcher and Martin are
22 working together to figure out how we can expedite
23 the movement of cases from child protection that no
24 longer require child protective supervision, really
25 need preventive services, but may not be able to

2 access them immediately because of capacity concerns,
3 how we can better address that through both internal
4 sources so that we're better matching families with
5 availability of services, and—and also making sure
6 that we're moving cases through the preventive
7 process in the fastest safe way we can. So we open up
8 opportunities for new families to move from child
9 protection and to prevent it.

10 CHAIRPERSON LEVIN: And then one other
11 area with preventive services is for families
12 receiving court ordered supervision. So, do—can you
13 talk really quickly about that?

14 COMMISSIONER HANSELL: Yeah, we—we are
15 seeing and have seen over in the past number of
16 months an increase in—in families that are—are court
17 ordered supervision. Family Court is increasingly
18 requiring that, and so—and so those cases we're
19 required to supervise. That's—that's our mandate,
20 but in—in many, probably most of those cases
21 preventive services are actually the thing that they
22 most need. So, that creates two challenges for us.
23 One is to make that we have preventive services
24 capacity for those families and—and the needs that
25 they're presenting and then two that we are well

2 coordinating our service—our supervisory services
3 usually through the family support unit of Child
4 Protection under Deputy Commissioner Fletcher with
5 the preventive provider under Deputy Commissioner
6 Martin, and making sure that that collaboration is
7 happening between our staff and the preventive
8 provider in a way that is ensuring that family's
9 needs are being met and that we're helping the family
10 to achieve its goals is—is a critical thing that
11 we're increasingly focused on.

12 CHAIRPERSON LEVIN: Okay moving onto on
13 page 25 and Family Engagement. The elevated risk and
14 service termination conferences. So, this is a—this—
15 it is necessary for ACS to re-examine the
16 effectiveness of its elevated risk conferences and
17 the newly implemented service termination conferences
18 to determine whether they are achieving their
19 intended goals. I think this was a reform that went
20 into place immediately after the Zymere Perkins
21 tragedy.

22 DEPUTY COMMISSIONER MARTIN: That's
23 right.

24 CHAIRPERSON LEVIN: And this involves
25 having a—a sign-off from a CPS case worker for—for

2 every closing of a--of a preventive case, is that
3 correct?

4 COMMISSIONER HANSELL: High risk cases.

5 CHAIRPERSON LEVIN: And so they are
6 recommending a re-examination of that policy, is
7 that--?

8 COMMISSIONER HANSELL: Yeah, the policy
9 was put in place as you said. It was one of the
10 things that--that the agency did as a result of the--
11 Zymere Perkins fatality to ensure that preventive
12 cases in situations that were high risk were not
13 closed prematurely by a preventive provider. That
14 obviously makes sense, and it's important. The
15 unintended consequence that we've seen from that,
16 which Casey is speaking here to is that that has made
17 it obviously more difficult for us to close those
18 cases and, therefore to open up those slots for new
19 families, and we think that's one of the contributing
20 factors to the wait list--wait list that we currently
21 have for preventive services. So, what we're looking
22 at is whether we can not undue that requirement, but
23 whether we can tweak that requirement in a way that
24 continues to protect the safety issue, but also
25 expedites the process of closing those cases. So,

2 for example we're looking at whether we can use data
3 to better identify the cases that are most important
4 for us to focus on, and just targeting those cases so
5 that we give the preventive providers more latitude
6 to identify cases that can be safely closed so that
7 they can open up slots for new families.

8 CHAIRPERSON LEVIN: Okay, then, moving
9 ahead from multi-disciplinary collaboration and
10 coordination, which is this is a very intensive and
11 expansive interesting area of-of where we can I think
12 advance practice and, you know, they-they talk about
13 the Instant Response Teams, the Child Advocacy
14 Centers. One thing that they recommend is a public
15 health approach to protecting children, and this
16 would include in-one thing of having-triggering
17 automatic referrals for-I'm trying to find this here.
18 Automatic referrals for a nurse- Oh, right,
19 automatic referrals-let's see since I-- Considering
20 implementing a comprehensive strategy-I'm sorry,
21 it's-I'm sorry. Explore-- [pause] Well, let's see
22 here.

23 So, build on ACS and Department of Health
24 and Mental Hygiene efforts to further partner to
25 improve child safety by establishing mechanisms for

2 an automatic referral process of infants on CPS with
3 caseloads to home visiting programs, as is currently
4 being implemented in Allegheny County, Pennsylvania.

5 Explore linking CPS with public health
6 nurses and responding the infants referred to CPS, a
7 strategy also recommended by the Los Angeles Blue
8 Ribbon Commission.

9 Consider implementing a comprehensive
10 strategy for training, engaging in partnering with
11 the medical community including related guidelines to
12 follow when a child presents at any clinical setting
13 with traumatic injury that may have been caused by
14 abuse and neglect, which has been done in Connecticut
15 and Ohio.

16 Prioritize enrollment of young children
17 who are involved with preventive or protective
18 services in early care and education programs, and
19 that—that is already underway, but has not yet been
20 achieved on a system wide basis.

21 So, if you kind of address those one by
22 one. You know, and then comprehensively how we're
23 partnering with our public health communities and
24 looking a child protective services through a public
25 health lens.

2 COMMISSIONER HANSELL: Uh-huh.

3 CHAIRPERSON LEVIN: It's one thing that,
4 you know, I-I have a four-month-old child and, you
5 know, in all of-one thing that I noticed, and we got
6 great prenatal care. My wife got great prenatal care
7 [laughter] and my child got great prenatal care at
8 NYU and it was, you know, they did a fantastic job,
9 but I always felt like there were missed
10 opportunities at every prenatal visit, but we
11 weren't--we weren't being offered, you know, further
12 enrichment at those visits. There--you know, there
13 wasn't a, you know, an option to stay for a--a half an
14 hour longer to receive extra parenting classes. You
15 know, those types of things. You know, there's--
16 obviously three's the--the, you know, the Nurse
17 Programs that--that are available, but they are not
18 reaching every child that needs them and they're, you
19 know, they're--they're somewhat restrictive in terms
20 of who can qualify and they're geographically based
21 and so--

22 COMMISSIONER HANSELL: Uh-huh.

23 CHAIRPERSON LEVIN: --how, you know, how
24 are we looking at this thing?

2 COMMISSIONER HANSELL: Yeah, I think this
3 is--

4 CHAIRPERSON LEVIN: [interposing] I
5 didn't see that was the Nurse Family Partnership with
6 you.

7 COMMISSIONER HANSELL: Right. I think
8 it's an area of tremendous potential for us. I'm
9 very excited about it, and actually we've already had
10 some very good dialogue with Commissioner Basset at
11 the Department of Health and Mental Hygiene about
12 opportunities, you know, building on Safe-Safe Sleep
13 Collaboration and things we're already doing with
14 them, and some additional areas. They have a range
15 of home visiting models that they are already
16 sponsoring and funding, and I think the potential to
17 identify the right points in our engagement with
18 families to trigger the either referral to or
19 engagement with those home visiting programs. It is
20 a fantastic opportunity. I know she's very
21 interested in working with us on that. So that--that
22 dialogue is already underway. So, I think there's a
23 lot we can do to connect our families in addition to
24 preventive services, which are mostly non-medical and
25 not strictly medical. There's a lot of opportunity

2 to also connect our families to more specifically
3 mental-medical health related services many of which
4 the city is already supporting and funding. We just
5 need to find the right points of intersection. So
6 that-that dialogue with DOHMH is already underway,
7 and I think-I-I hope and I hope we're going to come
8 up with some really productive opportunities
9 immediately. The last bullet--

10 CHAIRPERSON LEVIN: [interposing] Is-is
11 Health and Hospitals Corporation part of that
12 conversation as well?

13 COMMISSIONER HANSELL: Not that con-but
14 we're talking with them as well. Yes, and there
15 because we already-we do have, you know, some engage-
16 engagement with medical providers already in high
17 risk cases through the CACs. So, we have a mechanism
18 to build on there, and in many cases we already have
19 back-up relationships with H-H&H I should say now and
20 not HHC. H&H facilities who are the back-up
21 providers for the Child Advocacy Center. So, we've
22 got those relationships to build on there, and there
23 are probably more we can do in terms of utilizing
24 their services as well.

25 CHAIRPERSON LEVIN: Uh-huh.

2 COMMISSIONER HANSELL: With regard to
3 Early Childhood, one of the things that our new
4 Memorandum of Understanding with the Department of
5 Homeless Services focuses on specifically is making
6 sure that our early care and education services are
7 available to child welfare involved families in the
8 shelter system. We want to make sure that they have
9 just the same access that—that other families would
10 have. So, I'm very interested also in how we ensure
11 that early care and education services are available
12 to the families. Because in many cases our families
13 are the ones that are in most need of them, and we
14 want to make sure that they have access as they need
15 them.

16 CHAIRPERSON LEVIN: And then in terms of
17 interagency coordination, they also talk about the
18 Children's Cabinet as an area of opportunity as well.
19 I know that it's a—a, you know, an organization that
20 is independent of—it's not within ACS' chain of
21 command, but can you speak a little bit about how
22 we're looking evolving the Children's Cabinet to have
23 an increased focus on—on—on child welfare. I know
24 that there's a subcommittee, but I think at the last
25 time we talked about it, that they had met only two

2 times as a subcommittee for the--on child welfare and
3 so--

4 COMMISSIONER HANSELL: Well, they met
5 twice a week since I--I've been to two meetings--

6 CHAIRPERSON LEVIN: [interposing] Okay.

7 COMMISSIONER HANSELL: --in three months.
8 I can say, and I think the Child Welfare Subcommittee
9 was only formed after the--the fatalities last fall.
10 So, it hasn't been in existence as long as the
11 Children's Cabinet has been. But the, you know, the
12 Children's Cabinet as a whole is focusing in a number
13 of areas. It--it is focused on making sure that our
14 policies and procedures are aligned across the
15 various city agencies that are members. It's
16 focusing on ensuring that we have the mechanisms for
17 data sharing among those agencies, which is always
18 something that sounds simple, and turns out to be
19 incredibly complicated, but that's an area that the
20 Children's Cabinet has taken on. And then, it has
21 spawned a few very specific initiatives like the
22 Early Years Collaborative. The Child Welfare
23 Subcommittee at least in my tenure in the two
24 meetings that I've been to has been focusing on
25 really the implementation of reforms that require

2 cooperation among multiple agencies. So, for example
3 the work we're doing with—with the Department of
4 Education around both reporting of absences, but also
5 around school nurse photographing of injuries. The
6 Child Welfare Subcommittee has been kind of
7 overseeing and been a forum for dialogue between the
8 agencies around the implementation of initiatives
9 like that.

10 CHAIRPERSON LEVIN: I'm sorry. Taking one
11 step back, I'm sorry, to the previous question on the
12 recommendation to build on ACS and the Department of
13 Health and Mental Hygiene's efforts to further
14 partner by and to improve child safety by
15 establishing mechanisms for an automatic referral
16 process for infants and CPS caseloads to the home
17 visiting programs. Is that—is that something that
18 we're looking at or is that currently in practice?

19 COMMISSIONER HANSELL: It's not currently
20 practiced. [coughs] What we're looking at is—is at
21 what—what points in our engagement with the family
22 and the child protective continuum would be the right
23 point to engage that. So, for example, there's—
24 there's a new protocol at home—I don't know how long.
25 It's been in place for a little while at Homeless

2 Services that when a child is born to a family in
3 shelter, home visiting is provided for a period of
4 time.

5 CHAIRPERSON LEVIN: Uh-huh.

6 COMMISSIONER HANSELL: That seems like
7 something we should think about, and we are thinking
8 about whether we want to utilize a protocol like that
9 within families that either under our supervision or
10 under our investigation at time where there's a
11 newborn.

12 CHAIRPERSON LEVIN: And that home
13 visiting is done under--through which program?

14 COMMISSIONER HANSELL: It's through
15 programs contracted by DOHMH.

16 CHAIRPERSON LEVIN: Okay.

17 COMMISSIONER HANSELL: I don't know
18 specifically which one.

19 CHAIRPERSON LEVIN: Okay, it's NFP or the
20 Healthy--

21 COMMISSIONER HANSELL: It's not--

22 CHAIRPERSON LEVIN: --the Healthy
23 Families.

24 COMMISSIONER HANSELL: It's not fully
25 NFP.

2 CHAIRPERSON LEVIN: Yes.

3 COMMISSIONER HANSELL: But it's not as
4 comprehensive as NFP. It's much more. It's like
5 three visits.

6 CHAIRPERSON LEVIN: It's Healthy
7 Families--there's Healthy Families, too, right. That'
8 the other one that's--

9 COMMISSIONER HANSELL: Yeah.

10 CHAIRPERSON LEVIN: Is it one of their--

11 COMMISSIONER HANSELL: [interposing] We
12 can get you more information--

13 CHAIRPERSON LEVIN: [interposing] Okay.

14 COMMISSIONER HANSELL: --on that. NFP
15 has, you know, very specific protocols about what
16 kind of families can be engaged and for how long and
17 who has to provide those--

18 CHAIRPERSON LEVIN: [interposing] Well,
19 you have to--you have to start engaging prior to the
20 child's birth.

21 COMMISSIONER HANSELL: That's right.

22 CHAIRPERSON LEVIN: So, Healthy Families
23 is--is--is a little bit less intensive, but I'm not
24 sure that either one are being fully--fully utilized
25 a the moment.

2 COMMISSIONER HANSELL: Uh-huh.

3 CHAIRPERSON LEVIN: I think we-we-in
4 terms of workforce investments, so it does talk about
5 the different between caseload and workload, and do
6 you want to maybe-I know you talked about it with
7 the-with-with Council Member Rose, but do you want to
8 just discuss that-that concept, the caseload versus
9 workload, and how that-how that's defined in the
10 approach.

11 COMMISSIONER HANSELL: Well, yeah,
12 currently we use a caseload metric, actually the
13 state mandates a caseload metric under which
14 essentially a case is a case is a case. So,
15 regardless of complexity of the family the needs,
16 services or the work engagement that's required by
17 the CPS every case counts like every other case, and
18 that creates some real disparities in actual true
19 workload. So, we want to-we want to move to, and
20 it's not going to be easy to do this, but the study
21 that we're about to commission will help us to do
22 this, to move to a measure that more genuinely
23 reflects the actual workload associated with handling
24 a case in a family. So that we can more equitably
25 allocate that workload across our CPS staff.

2 CHAIRPERSON LEVIN: And then with regard
3 to CPS staff, can you talk a little bit about their
4 compensation and how-- You know, I think on of the
5 big challenges that we have is retaining as-as is
6 reflected in the MMR, is re-is retaining CPS staff
7 over the long-term and identifying it as a-as a real
8 career for people that enter that workforce.
9 Obviously it's a tremendous amount of responsibility,
10 personal responsibility, professional responsibility.
11 People are putting themselves out there. There's a
12 high level of burnout, and as-as-as is clear through
13 the MMR, there's a hard time maintain-maintaining-
14 retaining staff past whether it's a year or 18
15 months. You know, there's--there seems to be a drop-
16 off at a certain point.

17 COMMISSIONER HANSELL: Uh-huh.

18 CHAIRPERSON LEVIN: So, can you talk a
19 little bit about how compensation factors into that,
20 and--

21 COMMISSIONER HANSELL: Uh-huh.

22 CHAIRPERSON LEVIN: --you know, how we're
23 approaching that?

24 COMMISSIONER HANSELL: Yeah, it's a very
25 important issues, and a big concern for us. We're

2 losing far too many of our CPS workers far too early,
3 and we want to do everything we can to reverse that,
4 and I think reversing it requires a lot of things,
5 some of which I talked about. We're looking at how
6 we improve working conditions, how we address
7 caseloads and make it more reasonable, workloads more
8 reasonable. How we use technology to make the work
9 more efficient. A lot of things we can do. With
10 regard to compensation, what we want to do is make
11 sure that our compensation structure is one that
12 obviously is fairly compensating people for the
13 difficulty of the work that they're doing from the
14 beginning, from when they first engaged with us, but
15 also provides an incentive for them to stay to
16 upgrade their skills, and really to think about this
17 work as—as a career trajectory. And hopefully to
18 think about the potential to move up as they develop
19 more skills and more experience, and to supervisory
20 and managerial roles. And, we want to make sure that
21 we have a compensation structure that encourages
22 people to do that by, you know, motivating them at
23 the right points in their career.

24 CHAIRPERSON LEVIN:

25 COMMISSIONER HANSELL:

2 CHAIRPERSON LEVIN: How much are they-how
3 much-how much does somebody get paid starting salary
4 at CPS?

5 COMMISSIONER HANSELL: It's about \$47-
6 about-and correct me if I'm wrong. I believe it's
7 about \$47,000 when they start. After they complete
8 training-oh, we have this? Great. [laughs] After
9 they complete six months of training, and are fully
10 in the field they go up to \$51,315. After 18 months
11 in the field they get an additional increase to \$40-
12 I'm sorry--\$54,720 and then they plateau there, and
13 unless they are then promoted to supervisor, they
14 remain at that level.

15 CHAIRPERSON LEVIN: So, that's where it
16 caps out?

17 COMMISSIONER HANSELL: That's where it
18 caps out at 18 months.

19 CHAIRPERSON LEVIN: And not everybody
20 that's a Child Protective specialist is-ends up being
21 a supervisor, right?

22 COMMISSIONER HANSELL: That's right.
23 Some may choose not to. Maybe they prefer the work
24 or they may not, you know, which is not the direction
25 in which they go, but even if they don't, we

2 certainly hope they'll stay as-as a CPS worker for as
3 long as they can.

4 CHAIRPERSON LEVIN: And what's the
5 educational—the—the kind of standard educational
6 profile of the CPS?

7 COMMISSIONER HANSELL: A Bachelor's Degree
8 and a certain number of credits in—in particular
9 fields.

10 CHAIRPERSON LEVIN: So, that's I mean in
11 2017 \$54,000 is—it's hard to make it in New York
12 City. If—if that's the only income in a family, that
13 puts you, I don't know, probably about 60% of AMI
14 maybe. That's AMI being Area Median Income. You
15 know, if that's—if—if that's a single—if that's the
16 only income in the family. So, that's obviously
17 it's—it's not really—it's not I mean—that's where we
18 put us at like our standard for like low-income
19 affordable housing is—is 60% of AMI.

20 COMMISSIONER HANSELL: Uh-huh. That's
21 right and I think, you know, I think it's appropriate
22 to factor in the kind of work that they're doing.

23 CHAIRPERSON LEVIN: Yeah.
24
25

2 COMMISSIONER HANSELL: It's not easy
3 work. It's not 9:00 to 5:00 work. It can be
4 dangerous stressful work.

5 CHAIRPERSON LEVIN: Absolutely.

6 COMMISSIONER HANSELL: And I think they
7 deserve compensation that reflects that.

8 CHAIRPERSON LEVIN: Yeah. Okay, so that's
9 something, you know, as we're--obviously we just
10 passed our--our budget this year, but that's something
11 that I would like to--to--to look at and--and I think
12 that that's something that, you know, really we
13 should be focusing on if we want to be able to retain
14 high quality staff and counter against the extreme
15 level of burnout that somebody gets, you know,
16 working at a mentally stressful type of work.

17 COMMISSIONER HANSELL: Uh-huh. Thank you.

18 CHAIRPERSON LEVIN: Okay, moving ahead
19 and I promise I'll let you guys go shortly. Quality
20 Assure and continuous quality improvement
21 initiatives. The area of opportunity, streamline QA,
22 CQI processes for the Division of Child Protection.
23 The process of retaining and adding QA and CQI
24 procedures has left the ACS with a complicated system
25 over overlapping reviews that are overwhelming staff

2 capacity. For example oversight of cases by a
3 manager's good practice obviously, but the cumulative
4 effect of broadening the criteria for such reviews to
5 include reviewing cases at random that may be low
6 risk as a result of the managers reviewing 52% of
7 cases. So, that's—that's a very important point that
8 52% of cases out of the many thousands of cases are—
9 are now getting a manager level review. That is an
10 immensely difficult question because every time there
11 is a critical incident, and the case did not make it
12 up to a managerial review my first thought is why did
13 the manager not review this case? Right?

14 COMMISSIONER HANSELL: Uh-huh.

15 CHAIRPERSON LEVIN: So, that has to do
16 with how you're determining the level of risk in the
17 case. Perhaps it also has to do with, you know, how—
18 the—the volume of cases that managers are reviewing.
19 So, that's—this is I think a very, very difficult
20 question to address. I don't necessarily expect that
21 you are going to have a suitable answer right now,
22 but how are you approaching that question?

23 COMMISSIONER HANSELL: I'm going to ask
24 Deputy Commissioner White to speak to this a little
25 more. I'll just say that I think, you know, this is

2 another--another area, you know, where you have the
3 tension that we talked about a couple of times this
4 afternoon, and which you just--you just mentioned,
5 which is, you know, flagging--a response to an
6 incident in which review may not have happened in a
7 way that on the surface seems like it would have been
8 ideal, but as you accrete more and more of those
9 requirements, you get to the point where you're
10 adding so many burdens that you begin to tilt the
11 system too much towards managerial review and that
12 then crowds out other activities that you might want
13 managers to be involved in.

14 CHAIRPERSON LEVIN: And I think just to
15 put in a caveat here that, you know, I think Mayor de
16 Blasio has made it clear that we will not hold back
17 any resource that is required to make the children of
18 New York City safe. So, if, you know, it may not
19 necessarily just be a question of adding more
20 managers, right? It--it--so, in other words, is--is
21 this a--is this a--is this a resource question at all
22 or is it--is it really--this issue of not necessarily
23 working as smart as we can?

24 DEPUTY COMMISSIONER WHITE: I think
25 that's exactly right. Deputy Commissioner Fletcher's

2 team and my team have been working together on this
3 for some time, and one of the ways we're going about
4 it is developing a quality assurance team in the
5 Division of Child Protection under Associate
6 Commissioner Natalie Marks over there. That will be
7 very soon starting to take on a review process looking
8 at high safety cases, high—we call it the Accelerated
9 Safety Review, but the idea is it will be looking at
10 cases we've identified as having a high level of
11 safety concern. Those cases will be slotted for that
12 quality assurance process, and that quality assurance
13 process then will be making sure the work has been
14 done on that case, and—and that the CPS and
15 supervisor are engaged by the QA team to—if—if there
16 are gaps in the work to make sure that work gets
17 done. This will allow the managers, the Child
18 Protective managers to actually spend more time
19 managing and less time doing reviews. I mean it's
20 the kind of thing—that's just one approach that's
21 going to be smarter use of our resources, and a
22 specialized approach to looking at cases that we know
23 we can identify as having a much higher level of risk
24 around sort of immediate safety concerns.

2 CHAIRPERSON LEVIN: Commissioner, I'm
3 sorry that I-I cut you off before.

4 COMMISSIONER HANSELL: No, no.

5 CHAIRPERSON LEVIN: And-and then, in that
6 context are we-you know, I mean you want to have a
7 backstop and a double backstop and a triple backstop.
8 I mean you want to make sure that there is every-that
9 because-because you have to be right, the system has
10 to be right 100% of the time. It can never afford to
11 be wrong. As you're looking at that, how-how do you-
12 how do you manage that concern that there is a-a case
13 that, you know, is-is under that framework not
14 getting the right review?

15 COMMISSIONER HANSELL: Uh-huh. There
16 isn't a simple answer to that question, but I do
17 think that there are ways that we can and that we're
18 actually looking at, and hopefully soon we'll be able
19 to-to use technology to help us with that. I think
20 part of it is providing the right information at
21 every level in the supervisory chain to prioritize
22 the families and the cases that need attention when
23 they need it, and I think there are tools that will
24 enable us to-to do that, to create essentially a
25 dashboard so that at the frontline level, at the

2 supervisory level, at the managerial level, our staff
3 will have a much better picture of what's on their
4 plate, what's-what's in their portfolio, what the
5 level of emergency is in each of the-of the cases
6 that they are managing at whatever level, where they
7 are in this sort of, you know, timeliness
8 requirements in terms of meeting the requirements
9 that we do certain things at certain points in the
10 investigatory process, and-and will help them more
11 efficiently, much more efficiently and much more
12 rationally manage their caseload. So, I think-I
13 think it's really more a matter of I-I would say of
14 managing the work better than it is-this one is not
15 so much a resource issue at least immediately. You
16 know, you-you can't-you don't want to keep adding
17 more and more levels of management. You want to make
18 sure that the managers you already have in the chain
19 can do the job as efficiently as they need to.

20 CHAIRPERSON LEVIN: So, if-if you were-
21 and I-we have focused on-on-on the case of Zymere
22 Perkins extensively, but if you were to view Zymere's
23 case history, through this lens, how would you-what
24 would have to say about it? [pause] And I'm not

2 looking again—we don't want—I'm not—I'm not looking
3 to, you know, I'm trying not to—

4 COMMISSIONER HANSELL: [interposing]
5 Right.

6 CHAIRPERSON LEVIN: --blame anybody in
7 particular or anything like that, but in—in terms of
8 structurally through this lens, how would—how would
9 you look at that?

10 DEPUTY COMMISSIONER WHITE: And the—the
11 benefit of this case is that we've put it all out
12 there so we can talk about it a little bit
13 specifically, right, and I think in this case for
14 example there was a situation where there was a
15 failure to follow up after the Child Advocacy Center
16 knew about what was going—or—or after the Child
17 Advocacy Center had the case.

18 CHAIRPERSON LEVIN: Uh-huh.

19 DEPUTY COMMISSIONER WHITE: That was an
20 opportunity that was a—that we identified in our
21 review last year of a very clear gap in that moment
22 after the CAC involvement of the failure of ACS to
23 follow up, and others. If we had this quality
24 assurance methodology in place, that place absolutely
25 would have been on the list, and would have been—

2 CHAIRPERSON LEVIN: [interposing] Because
3 it would have been ID'd at CAC?

4 DEPUTY COMMISSIONER WHITE: It would have
5 been ID'd because it was a CAC case, because it was
6 an IRT case because it had history. Those are—those
7 are the kinds of things that automatically would
8 flag—will flag a case for this process. Therefore,
9 there would have been a QA review of that case by
10 somebody who had the time to really focus on it, and
11 to work with the CPS and the supervisor to go back
12 over it and make sure things were done properly.

13 CHAIRPERSON LEVIN: Okay, that makes
14 sense. Okay, and then the final—the final question I
15 have on the areas of opportunity identified in the
16 Casey Report about safety science principles for
17 child protection. So, can you explain what safety
18 science principles are and how that would apply?

19 COMMISSIONER HANSELL: Yeah, I think
20 that's the same issue we talked about a little bit
21 earlier, which is about creating a culture in which
22 it's possible to have an open conversation about
23 practice deficiencies that's not punitive, but that
24 encourages people to acknowledge and bring them to
25 the fore. It allows us to then identify the system—

2 the systemic responses that we need to implement to
3 them and get them in place. So, it's really—it's
4 really moving from a blame culture to a, you know,
5 sort of safe space culture that encourages people to
6 acknowledge gaps in practice that we need to address.

7 CHAIRPERSON LEVIN: And that's—and that's
8 because so if somebody comes forward and says, you
9 know, I—I had this case, and I didn't, you know, for
10 whatever reason it just—the system wasn't designed
11 to—to—for me to catch this one particular issue, of
12 if there was a gap here. There is—what's the method
13 then for—for somebody like that to come forward a CPS
14 like that to come forward?

15 COMMISSIONER HANSELL: Well, one of the
16 mechanisms right now is Childstat. This is exactly
17 the kind of thing we're doing in Childstat is we're,
18 you know, we're—we're doing both case reviews and
19 we're doing database metrics review and saying, hmm,
20 you know, whatever zone we're talking to that day in
21 Childstat we're saying, you know, your performance
22 here is below the citywide level. Why is that on
23 this particular metric? Maybe you're investigations
24 are slower or you have more families that are not
25 receiving the corporate service or something. And,

2 the idea is to engage the managers in that zone in a
3 conversation about their reasons for that, and if the
4 reasons fall within the zone, if there are things
5 that the zone should be doing to improve performance
6 better training, better, you know, or if the issue is
7 there isn't—as we talked before adequate available or
8 clinical consultants in that zone and, therefore
9 they're waiting too long to have those consultations
10 that's—then once we know that that's the issue, then
11 we can try to address it in—in a more systemic way.
12 So, Childstat—that's why I say Childstat really I
13 think is—is our initial model for creating that
14 safety science culture because that's exactly what
15 we're trying to encourage people to do within the
16 Childstat context.

17 CHAIRPERSON LEVIN: And then—and
18 Childstat now it's a weekly? Is it weekly?

19 COMMISSIONER HANSELL: It meets three
20 times a month on a weekly basis. The fourth week of
21 the month is the Accountability Review Panel.

22 CHAIRPERSON LEVIN: Right.

23 COMMISSIONER HANSELL: So we do—every
24 week there is a review process. Three times a month
25 it's Childstat--

2 CHAIRPERSON LEVIN: Okay.

3 COMMISSIONER HANSELL: --and once a month
4 it's the AARP.

5 CHAIRPERSON LEVIN: And it randomly
6 selected cases?

7 COMMISSIONER HANSELL: Randomly selected
8 high risk cases, and we're doing it twice a month at
9 our headquarters in 151 William and broadcast out to
10 all the borough offices. Once a month if we're doing
11 it in a borough office in a particular zone, which
12 actually we're doing tomorrow in Brooklyn.

13 CHAIRPERSON LEVIN: Okay. Okay, I
14 appreciate very much your time in answering our
15 questions. We'll--obviously we'll have to continue to
16 engage with you guys and with City Legislative
17 Affairs on these pieces of legislation--

18 COMMISSIONER HANSELL: Uh-huh.

19 CHAIRPERSON LEVIN: --as they, you know,
20 we've discussed how to best codify some of these
21 things into local law and--and how, you know, how--how
22 we're going to proceed on the engagement. On the
23 substance of--of what we discussed today, you know, I
24 look forward to continuing this conversation and for
25 getting your clear eyed assessment of how--of how--how

2 the—all of these reforms are going. You know I asked
3 that you be as self-critical as you are possibly able
4 to be because I think that that is and I'm—and I'm
5 glad that there—you were able to engage Casey in a
6 constructive fashion in a way that is, you know,
7 looking, you know, both keeping—both looking back at—
8 at areas where we've come up short tragically at
9 times, but also looking forward into how we can make
10 the largest system—the largest child welfare system
11 in the world more effective, more responsive, and
12 [coughing] and, you know, I—I—I'm with the Mayor and
13 I know I can speak for Speaker on this that, you
14 know, we will spare no expense protecting our
15 children. It's our number one priority in terms of—
16 of the city's budget. There's no greater priority,
17 but I want to—we want to make sure we are doing the—
18 the work in an effective way and in—in the best—in
19 the best way possible looking forward. I'm sorry,
20 there's one more—one more questions that I have here.
21 There are several pending reviews. [pause] So,
22 alright. So, there are—there are additional reviews
23 I think that came out of the tragedies last fall. So
24 do you know where—you know, what the schedule is for
25 those when—which one will be next?

2 COMMISSIONER HANSELL: I'm not sure.

3 CHAIRPERSON LEVIN: State reviews? The
4 State Monitor Review for example--

5 COMMISSIONER HANSELL: Oh.

6 CHAIRPERSON LEVIN: --that you've engaged
7 with through OCFS?

8 COMMISSIONER HANSELL: Yeah, the--the
9 Independent Monitor Kroll Associates we are working
10 with. We've been working with them since March.
11 They have not given us a schedule as to when they
12 expect to produce reports or recommendations. So, we
13 don't know when that will be happening specifically.

14 CHAIRPERSON LEVIN: And that's with--
15 that's with the agency that--that you hired with--with
16 OCFS, is that right?

17 COMMISSIONER HANSELL: We were directed
18 by OCFS to engage Kroll Associates to do the
19 independent monitoring work.

20 CHAIRPERSON LEVIN: Okay, but so far we
21 don't have a schedule as to--but are they going to be
22 producing, you know, a--a review that's similar or
23 akin to what Casey did or we do not know?

24 COMMISSIONER HANSELL: We really don't
25 know. I mean I'm sure they're going to be producing

2 materials, but, you know, we don't know exactly what
3 they're going to be. I mean, they've been actively
4 engaged with us. They've been doing case reviews.
5 They've been interviewing some of our staff. They've
6 been reviewing our materials. So, they're actively
7 engaged with us, but we don't know exactly what their
8 plans are for actually issuing recommendations or
9 reports.

10 CHAIRPERSON LEVIN: When we find out, you
11 know, what--what action they're going to be taking and
12 when, can you let us know?

13 COMMISSIONER HANSELL: Certainly.

14 CHAIRPERSON LEVIN: That would be great.
15 Okay. Thank you all very much for-for your time
16 today. We-we look forward to working with you and I
17 hope you have a great summer, and we're going to take
18 a three-minute break and then we'll hear from members
19 of the public.

20 COMMISSIONER HANSELL: Alright, thank you
21 very much. [pause]

22 CHAIRPERSON LEVIN: Okay, so since there
23 are only three people to testify, two on the intros
24 and one on the resolution, I'll just call everybody
25 up in one panel. Stephanie Gendell, Citizens

2 Committee for Children; Sophine Charles of COFCCA;
3 and Joseph Rosenberg of Catholic Charities Relations
4 Council. Sorry, Catholic Community Relations
5 Council, Director, and—and I think is it Towaki
6 Kamatsu, if he's still here. I don't believe he's
7 still here. Okay. There you go. [pause] Okay, and
8 since there's only three of you guys, we'll—we'll—we
9 won't put anybody on the clock. Take as long as you
10 want.

11 DR. SOPHINE CHARLES: Good afternoon,
12 Chairman Steve Levin and members of the City Council
13 General Welfare. My name is Dr. Sophine Charles and
14 I represent the Council of Family and Child Caring
15 Agencies also known as COFCCA and our CEO Jim
16 Purcell. COFCCA represents over 50 New York City
17 child welfare agencies, organizations that provide
18 foster care, child maltreatment preventive services
19 to many thousands of families. Our members range
20 from large multi-service agencies to small community
21 based preventive service programs in community
22 districts around the city. We'll be testifying and
23 commenting on four of your proposed amendments to the
24 Administrative Code of New York City. The first that
25 we'll speak to will be Number 1590, the training for

1 preventive service employees. The second will be
2 Number 1598, the prevent service surveys, and the
3 third is on Childstat meetings and the fourth will be
4 discussion around the reporting protocol on frontline
5 workers, and child safety conferences. So, let me
6 just say that in beginning with number 1590,
7 preventive-training for preventive service employees,
8 we appreciate the Council's effort of trying to embed
9 this into the Administrative Code. We agree with you
10 that it is incredibly important to have some
11 standards around training new frontline staff. What
12 we do-what we are concerned with is the limiting and
13 the onerous and severe limiting of making this an ACS
14 only directive for training frontline staff, and I
15 think we just want to call to your attention that
16 there is a child welfare training network that works
17 very well and is very proficient and successful at
18 training front line staff not just in the provider
19 agency, but also within ACS. So, we don't see that
20 ACS currently that they have the capacity to train
21 all preventive service caseworkers along with their
22 CPS workers, and also with the child the foster care
23 caseworkers as well. So we just want to make sure
24 that you continue to keep a training an expansive
25

2 training portal available so that caseworkers can be
3 trained. Just to give you an example for the past 25
4 years, COFCCA has had a training grant from the New
5 York State Office of Children and Family Services,
6 and through that training grant, we have trained
7 thousands of frontline workers for their beginning
8 casework competencies so that they could—included in
9 that training would be a comprehensive core
10 curriculum on mandated reporters, child safety and
11 assessment and the bare minimum comprehensive skills
12 to get new frontline staff up and running. So, we've
13 been incredibly proficient and successful with doing
14 that, and we just want to make sure that you don't
15 close within your bill the training portals that are
16 already online support ACS and helping them with—with
17 their staff as well as the provider network. And the
18 one other thing that I would say about that is that
19 the mandating of two trainings annually is we believe
20 overwhelming. It will be overwhelming and very cost
21 intensive for both the provider agencies and ACS.
22 Even with the increased funding for training, it
23 would be still overwhelming for the agencies, ACS and
24 the provider agencies to train every frontline
25 staffer twice a year. So, I just want you to

2 consider that as well, and we-we have a very strong
3 supportive training network, and we want to make sure
4 that that portal-training portal remains open. Okay.
5 So, with respect to the Preventive Services Survey,
6 we just want to say that we thank you for
7 understanding of knowing that it's important to get
8 feedback from the consumers regarding the quality of
9 services that they receive, and we also want you to
10 know that many of the providers currently engage in
11 customer service surveys, and they share those
12 surveys with ACS, and we want to make sure that there
13 is also a collaborative type of survey is there is
14 going to be a survey. We know that CPS is the front
15 door for preventive services, and once families come
16 in through preventive-through CPS services, they also
17 work very closely with the provider agencies. So
18 that collaboration should be represented in any
19 surveys if those are to go online. We do have a
20 concern regarding putting surveys and the results of
21 surveys on the website. We think that there is some
22 concerns around the validity of the data that's
23 collected. There's some concerns around making sure
24 that agencies are not receiving frivolous or
25 slanderous types of reports, and we just want to make

2 sure that you think about that in advance, but it
3 would also be very costly for ACS to mandate that
4 level of customer services throughout the system.
5 So, please take into account that the cost. Also,
6 take a look at what the provider agencies are already
7 submitting in the form of customer service surveys.
8 Okay, and with respect to the Childstat meetings, we
9 just want to say that we believe and we support what
10 ACS currently has online regarding reviewing cases
11 through the Childstat format, and the restrictive and
12 very detailed guidelines that you've outlined in your
13 bill would be we think overkill. And we'd like you
14 to take a look at what currently exists and to
15 monitor what ACS is currently doing because they—it
16 works, and it has been successful, and they have also
17 revised and restructured based on lessons learned,
18 and we would not want them to throw out the baby with
19 the bath water in terms of what's already been
20 learned, and they also already have some structures
21 in place to improve what currently exists. So, we—we
22 echo what ACS says about wanting--not wanting to have
23 that written into law regarding the structure and
24 what the Childstat meetings look like. And, moving
25 onto Number 1607, there are a number of--of things

2 that we would like to see added into a data
3 collection system. For example, the number of
4 indicated cases that were referred to provider
5 agencies without ACS contract for preventive services
6 we'd like to see some data on that. We'd also like
7 to see some data on the number or indicated cases
8 that were referred to community based organizations
9 without ACS contracts to receive—for families to
10 receive preventive services there. Most of the ACS
11 referrals to community based agencies those referrals
12 go to agencies without a child welfare lens. And so,
13 we'd like to see in terms of repeat maltreatment what
14 the outcomes are and comparing families that go to
15 community based organizations for preventive service
16 without the ongoing monitoring or how well those
17 families are doing, and we'd like to see some data in
18 terms of the number of—of referrals that go to our
19 providers with the ACS contracts. [coughs] So, we
20 believe that there's a distinct difference in
21 tracking reporting and monitoring mechanisms for
22 those two cohorts of referrals.

23 CHAIRPERSON LEVIN: Do you know if ACS
24 tracks those referrals internally?

2 DR. SOPHINE CHARLES: They do track them
3 internally. We'd just like to have some data, you
4 know, some reports on those regularly.

5 CHAIRPERSON LEVIN: Okay.

6 DR. SOPHINE CHARLES: The other—the last
7 piece around data points that we're interested in is
8 connected to evidence based services. So, three
9 years ago, the city invested in approximately \$10
10 million in evidence based interventions, and we know
11 that ACS keeps data on the evidence based programs,
12 but we'd like to have them report out. For example
13 the number of families with indicated cases that were
14 referred for evidence based interventions each year.
15 We'd like to know about the number of families with
16 unfounded cases that were referred for evidence based
17 interventions. We'd like to know about the number of
18 families with indicated cases that come back into the
19 child welfare system after having completed an
20 evidence based intervention, and last but not least,
21 we'd like to know—we'd like to see comparative
22 outcomes data on families that have received the
23 evidence based interventions and comparing those with
24 the families that are receiving the traditional
25 preventive service interventions. So, that's some

2 very important data. We've had those interventions
3 for about three years, and we'd like to see ACS
4 report out on--on those interventions. We also think
5 that the data points would go a long way to inform
6 all stakeholders about the effectiveness and the
7 value and the functionality of the various types of
8 preventive models that are in the system, and it's
9 likely that ACS already has this data. So, we'd like
10 to see some--some data points on this, and again,
11 thank you for the--[coughs]--embellishing the--the ACS
12 budget. We're looking forward to having some or
13 reaping some of the preventive--the benefits in our
14 provider agencies, and I just want to echo one other
15 point that was raised during the ACS testimony, and
16 that is that CPS workers after six months of training
17 I think their salary is in the \$40,000 range and then
18 at the 18 month mark they're now in the \$50,000
19 range. I just want to remind you that our frontline
20 provider workers are making about \$36 or \$37,000 a
21 year.

22 CHAIRPERSON LEVIN: Yes, yes.

23 DR. SOPHINE CHARLES: And we appreciate
24 you listening to our testimony, and we're happy to
25

2 answer any questions and certainly make ourselves
3 available for follow up comments.

4 CHAIRPERSON LEVIN: Absolutely, and I
5 haven't forgotten about the disparity in the
6 preventive workers salaries. Dr. Charles, just a
7 quick question. You mentioned the data around
8 evidence based preventive models. Do you anecdotally
9 from your provider-member provider agencies have a
10 sense of-of how the effectiveness of evidence based
11 versus traditional preventive-preventive slots?
12 Obviously, they are a lot more expensive, a lot more
13 intensive? Are they a lot more effective?

14 DR. SOPHINE CHARLES: So, based on the
15 COFCCA evidence based work group feedback--and
16 comments, and we meet monthly--they are very pleased
17 and very excited about the outcomes that they're
18 receiving on an individual agency basis--individual
19 agency basis--

20 CHAIRPERSON LEVIN: Uh-huh.

21 DR. SOPHINE CHARLES: --but we're
22 interested in system wide data.

23 CHAIRPERSON LEVIN: Okay.

24 DR. SOPHINE CHARLES: That's the data
25 that we don't currently have at the moment, but

2 they're very excited about it, and the families also
3 are giving great feedback according to the providers.

4 CHAIRPERSON LEVIN: It sounds like a good
5 bill idea to me.

6 DR. SOPHINE CHARLES: Okay.

7 CHAIRPERSON LEVIN: Thank you, Dr.
8 Charles.

9 DR. SOPHINE CHARLES: Thank you.

10 STEPHANIE GENDELL: Good afternoon. My
11 name is Stephanie Gendell. I'm the Associate
12 Executive Director for Policy and Advocacy at
13 Citizens Committee for Children. I'm going to
14 testify both about the child welfare bills and in
15 support of the resolution in support of home
16 stability support. I wanted to thank the Council and
17 in particular Council member Levin for holding
18 today's hearing, and for your attention and interest
19 in child welfare and to ensuring that ACS has the
20 resources that it needs to keep children safe and
21 strengthen families. We appreciate all that the new
22 commissioner has done to date, as well as the
23 investments that were in the budget that addressed
24 many of the issues that we've been talking about
25 including trainings for preventive workers,

2 additional slots and the model contracting process
3 that we hope will be successful for preventive
4 providers. We are also grateful that Childstat has
5 been brought back, and I just wanted to before
6 getting into the five bills say I appreciated all of
7 the attention you gave earlier today to the Casey
8 Report, to thank Casey and ACS for engaging in that
9 process, and for your interest in particular around
10 home visiting and early childhood education
11 referrals. We completely agree with that. We have
12 also suggested that there might be a way—New Jersey
13 has for families who participate in home visiting can
14 meet part of their work requirements for public
15 assistance through the hours they spend in home
16 visiting programs to think about that also in your
17 cross-divisional thoughts. But turning to the
18 legislation, we generally support the goals and
19 intent of all five pieces of legislation. We
20 appreciate the need to legislate policies and
21 procedures so that when we have a change in the
22 administration we don't lose a good practice. We
23 think that Childstat is a very good example of how
24 good practice can be lost when you change
25 administration. In general, however, we urge the

2 Council to work with the agency to make sure that the
3 final versions of these bills are not overly
4 prescriptive for ACS as ACS is going to need to adopt
5 its policy and procedures over time. We agree with
6 actually many of the suggestions ACS made earlier
7 today. I'll turn briefly to each one individually.
8 On Intro 1590 related to training for preventive
9 service workers, as you know, CCC has long supported
10 the need for preventive service. Case workers have
11 training. I've testified here many times about I
12 heard discontent about there being no training.
13 While we support the training, we're worried that the
14 proposed bill is both overly broad and also overly
15 prescriptive. We agree with what has been said
16 earlier that not all of this training needs to be
17 provided by ACS. In terms of what was really
18 described as essentially mandated reporter training.
19 It only referred to physical abuse, but we would, of
20 course, on all type of abuse, and we're concerned
21 about what exactly is legislated, and we—we're
22 wondering if perhaps it could be legislated. It is
23 really just a requirement that preventive service
24 workers be trained before they start working with
25 families without—with families without prescribing

2 who provides the training and what exactly the
3 training is. Turning to 1598 with regard to the
4 surveys, we do appreciate the intention of the
5 legislation. We under its important for ACS to know
6 how the consumers of preventive services feel about
7 the programs they are participating in. That said,
8 we're concerned parents may not want to—parents in
9 preventive services are often fearful that ACS could
10 remove their children. They may be very concerned
11 about receiving a survey from ACS, which is also to
12 them the government. They might be worried about
13 their immigration status. The bill would require the
14 survey be administered to every family that had a
15 case in the preceding calendar year. So, some of
16 those families would actually have closed cases and
17 may be concerned about receiving something in the
18 mail or however—whatever format from ACS, and we also
19 are concerned about the cost. We think there might
20 be some alternative to address the intents of the
21 legislation to get feedback from families so that,
22 both ACS and the public have a sense of how
23 preventive services are going, maybe doing a survey
24 sample of those participating in preventive services
25 by creating a publicizes mailbox both physical and

2 online where parents could anonymously submit
3 comments, concerns and feedback to ACS about their
4 program, and then require ACS to provide the Council
5 with a report on the comments. Turning to Intro 1601
6 related to Childstat, we strongly support the intents
7 of the legislation, and similar to the training bill,
8 are concerned that again it's overly prescriptive and
9 doesn't give ACS the chance to change its staffing
10 pattern or exactly what they look at over time, and
11 suggest perhaps just legislation that ACS have a
12 Childstat type process. On 1607 with regard to the
13 caseloads versus workloads, we think this is really
14 important and based on the testimony of everyone
15 today. So, it would just be helpful for the Council
16 and the agency to come up with the best way for ACS
17 to report that type of information and perhaps just
18 after the Workload Study that they discussed, they
19 talked about how they would, of course, share the
20 Workload Study with the Council. Over time, we've
21 heard those things before, and not from this
22 Commissioner, but from others, and we don't always
23 get those things, and so another option might be to
24 require that they share the Workload Study publicly.
25 On Intro 1609 related to the Accountability Review

2 Panel, as ACS mentioned we're also concerned about
3 the timeline. Often the medical examiner report will
4 not have been received by ACS in time to meet the
5 requirements in the bill, and we also want to make
6 sure that as ASC discussed that the types of findings
7 and recommendations that they need internally if
8 reported externally could stymie staff from wanting to
9 make certain findings and recommendations because
10 they want to work on them internally. Perhaps
11 instead, ACS could file annual reports at a different
12 timeframe that could include some factors about the-
13 the fatalities that wouldn't intrude on their process
14 so they could, for example, include the number of
15 fatalities of children known to ACS, cause of death,
16 age, gender, race, ethnicity, et cetera, and then a
17 summary of case practice findings and systemic
18 changes made. Finally, CCC strongly supports Reso
19 1462 as well as Assembly Member Hevesi's Home
20 Stability Support Program. We will advocate anywhere
21 we can for it including here. We appreciate the
22 Assembly Member's staff being here today, and if there
23 is anyway we can be helpful in trying to move this
24 legislation through the State Legislature, we would
25 do so. And then lastly, I just wanted to mention

2 that there's another preventive service data bill
3 pending, 1374-2016, which would provide details about
4 preventive service utilization by program type, and
5 it was addressed in the hearing in December. We just
6 ask that as you negotiate these bills, you also
7 include 1374 because we would love to get that data.
8 [coughing] Thank you.

9 CHAIRPERSON LEVIN: Thank you, Stephanie.

10 JOSEPH ROSENBERG: Good afternoon, Chair
11 Levin. I'm Joseph Rosenberg. I'm the Director of
12 the Catholic Communities Relations Council
13 representing the Archdiocese in New York and the
14 Diocese of Brooklyn on local legislating and policy
15 issues. I'm here today in support of—of your
16 Resolution, Reso 1462, which calls for the passage of
17 the Home Stability Support Plan. Homelessness is one
18 of society's most contractable challenges. Many
19 strategies including legislative reform, financial
20 commitment and social change are required to confront
21 and resolve this ongoing crisis. Charitable
22 organizations and now houses of worship serve an
23 important—an important role in this effort. One of
24 the basic principles of Catholic social teaching is
25 to preserve the dignity of all people. To that end,

2 focusing on the prevention of homelessness and the
3 sheltering of the homeless has been a longstanding
4 priority of the church. Catholic Charities of the
5 Archdiocese of New York Catholic Charities of the
6 Diocese of Brooklyn have embraced the important
7 mission of assisting this population by providing
8 many programs and preserving and developing housing,
9 concentrating on the specific need. The significant
10 and timely capital funding commitments from Mayor de
11 Blasio, Governor Cuomo and the City Council to
12 preserve and develop supportive housing will go far
13 in providing housing for families and individuals at
14 risk of homelessness, and of those already in
15 shelters. The right to housing—the Right to Counsel
16 in Housing Court Initiative championed by the City
17 Council and the Mayor is also a crucial tool to
18 assist in abating the homeless crisis. But everyone
19 searching for solutions to this challenge knows that
20 more is needed. The Home Stability Support Program
21 is another source of redress. Sponsored by Assembly
22 Member Hevesi, the Statewide program would help to
23 prevent the displacement of families and individuals
24 who are eligible for public assistance and are facing
25 eviction from their homes, victims of domestic

2 violence facing possible homelessness would also be
3 covered by this program. The Home Stability Support
4 Program would assist this vulnerable population by
5 providing a rental supplement intending to bridge the
6 current inadequately low shelter allowance. It would
7 cover up to 85% of the fair market rent and replace
8 all existing optional rent supplements. Localities
9 will also have the ability of providing additional
10 subsidies that would help the supplement cover 100%
11 of the fair market rent as determined by HUD. This
12 program is a cost-effective alternative to the
13 placing of families in hotels and homeless shelters.
14 Most importantly, HSS provides a humane approach to
15 confronting and preventing homelessness as opposed to
16 the destructive effort that shelter living can have
17 on families and children. The Home Stability
18 Support Program will help keep these families in
19 their homes. That is why we support the Reso. Thank
20 you for sponsoring it, and urge that it be passed.
21 Thanks.

22 CHAIRPERSON LEVIN: Thank you so much,
23 Mr. Rosenberg. I appreciate everybody's testimony
24 here today. We also appreciate—appreciate the
25 ongoing collaboration with your agencies to advance a

2 more just and socially equitable city. We all know
3 the important work that we collectively have to do to
4 ensure that those New Yorkers that have fallen on
5 hard times or who are especially vulnerable have the
6 assistance of the city. We just passed an \$85
7 billion budget. We should make—we should be able to
8 make sure that—that nobody is falling behind or
9 falling through the cracks and, you know, those—you
10 know, all the—the benefits of the greatest city in
11 the world are available to all citizens, and—and—and—
12 and to non-citizens. I greatly appreciate your
13 testimony and your patience today, and your ongoing
14 collaboration. Thank you.

15 JOSEPH ROSENBERG: [off mic] Thank you.

16 DR. SOPHINE CHARLES: Thank you.

17 CHAIRPERSON LEVIN: Any other testimony?
18 Seeing none, at 4:05 p.m. this hearing is adjourned.

19 [gavel]

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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 July 6, 2017