

CITY COUNCIL
CITY OF NEW YORK

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TRANSCRIPT OF THE MINUTES

Of the

COMMITTEE ON JUVENILE JUSTICE

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September 20, 2017
Start: 10:04 a.m.
Recess: 11:50 a.m.

HELD AT: 250 Broadway-Committee Rm., 14th fl.

B E F O R E: Fernando Cabrera
Chairperson

COUNCIL MEMBERS:

Inez D. Barron
Rory I. Lancman
Barry S. Grodenchik
Bill Perkins

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

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Deputy Commissioner of Youth and Family Justice
at ACS

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CHAIRPERSON CABRERA: Good morning. I am Council Member Fernando Cabrera of District 14 in the Bronx, proud Chair of the Juvenile Justice Committee. Thank you for being here today to discuss the important topic of violence in New York City's detention facilities. Before I begin my opening statement, I would like to thank the Committee Staff who helped put this hearing together, Committee Counsel Josh Kinsley, Committee Analyst William Hongach, and the Committee Analyst Daniel Crue [sp?]. Stated today hearing-- as stated, today's hearing will focus on violence in New York City's detention facilities. The Committee has always recognized the need for adequate care and comprehensive services for youth involved in the juvenile justice system. Therefore, we will seek to learn how the Department personnel are appropriately screened, trained and supervised properly oversee the City's detained juvenile population. The Committee plans to also examine how the Department investigates allegations or reports of violence within he secured detention facilities. This is for all forms of violence including incidents involving youth on staff. We are in all agreement that detained youth should be

provided with the proper attention and safeguards that help prevent violence within the Department's facility. We are here today to learn what appropriate measures have been and/or will be implemented by the Department to further reduce violence within its facilities. It is paramount that youth are provided with the safest environment while awaiting adjudication as well as staff being afforded a secure work environment. I would now like to ask representatives of the Department to please state their name for the record and for the Committee Counsel to administer the oath.

COMMITTEE COUNSEL: Can you please state your names?

DEPUTY COMMISSIONER FRANCO: Felipe Franco, Deputy Commissioner for the Division of Youth and Family Justice.

ASSOCIATE COMMISSIONER PRUSSACK: Stephanie Prussack, Associate Commissioner for Detention.

COMMITTEE COUNSEL: Do you each swear to tell the truth before this Committee and to respond honestly to Council Member questions?

DEPUTY COMMISSIONER FRANCO: Yes.

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ASSOCIATE COMMISSIONER PRUSSACK: Yes.

CHAIRPERSON CABRERA: Go ahead.

DEPUTY COMMISSIONER FRANCO: Good

morning. Good morning, Chair Cabrera and members of the Committee on Juvenile Justice. I'm Felipe Franco, Deputy Commissioner for the Division of Youth and Family Justice within the Administration for Children's Services. Thank you for the opportunity to testify this morning. The safety and security of our young people and of our staff are of paramount importance. It's only when staff and youth feel safe that we can achieve that there are perfect [sic] outcomes we want on behalf of the youth we serve. I look forward to sharing with you efforts of the Division of Youth and Family Justice has made to prevent violence and promote safety within our secure detention facilities. The Division of Youth and Family Justice oversees services and programs for youth at every stage of the juvenile justice process. Our continuum includes community-based preventive and alternative services for youth who are at risk of delinquency and their families, and we provide detention services to youth who are arrested and awaiting court resolution. Since 2012, we have been

providing residential services for all youth placed with New York City as adjudicated delinquents, as well as foster care services and supervision of their return to the community. ACS provides secure and non-secure detention services for youth have been arrested and are waiting for judges to hear their cases in court. The Division of Youth and Family Justice oversees seven not-for-profit provider agency operated non-secure detention group homes across the City, and directly operates two secure detention facilities, Crossroads in Brooklyn and Horizons in the Bronx. Secure detention has the most restrictive security fixtures and is typically reserved for youth who pose the highest risk or has been accused of committing serious offenses. Our non-secure detention residences solely serve juvenile delinquents while our two secure detention centers serve both juvenile delinquents and juvenile offenders. The number of young people admitted to detention has continued to decline over the last several years due to the smart policing practices leading to decline in juvenile arrests in New York City as well as the increased number of community-based alternatives designed to safely divert juvenile

delinquents from the juvenile justice system. In 2010, not that long ago, 5,084 young people were admitted to detention for the calendar year. Since then, the admission to detention has decreased significantly, dropping to just 2,126 total admissions in Fiscal Year 2017, which represent a 32 percent decrease from Fiscal Year 2014. ACS values transparency and reporting outcomes for doing this work including detention outcomes which are included in the Mayor's Management Report, MMR, that was released earlier this week. As a result of our historic low detention census, which continues to decrease, it is important to note that the rates reports in the number of areas of the MMR appear elevated in comparison to actual numbers. For example, while the child abuse and/or neglect allegation rate reported on the MMR rose from 0.11 per 100 average daily population in Fiscal Year 2016 to 0.14 in Fiscal Year 2017, the actual number of allegations decreased from 65 in Fiscal Year 2016 to 61 in Fiscal Year 2017. The MMR also reflects a small increase of 0.04 percent for Fiscal Year 2016 to Fiscal Year 2017 in the youth on staff assault with injury rate which translates to only two

additional incidents in Fiscal Year 2017 from the previous year 2016. While this is a very small increase, we take all incidents in our facilities seriously and recognize that there's always room for improvement. We're continuing the efforts to procure an on-site intervention programs such as Cure Violence embedded within our secure detention at both secure detention sites. We also working to hire additional frontline staff and improve staff training to emphasize the development of skills necessary to work with the high risk population which you will hear more about in the testimony. While youth crime in New York City has declined and the number of youth remanded to detention has decreased substantially over the last four years. The youth who are placed in detention are now the highest need youth in the City and present extremely challenging behaviors. Many have experienced significant trauma or abuse and have families with extensive child abuse or neglect histories. The vast majority, as high as 90 percent of the young people in the juvenile justice system regardless of gender have experienced some sort of trauma. To address this trauma, we strive to have a system that is both informed and responsive.

Meaningful support for the youth through targeted [inaudible] programming, cultural services and comprehensive educational programming helps to address their trauma, keep youth engaged, help prevent risky behavior, and keep our facilities safe. We are proud of our partnership with the Bellevue Hospital, NYU Langone Medical Center and others to create and implement trauma-informed screening and care in our secure detention facilities making us one of the first secure detention systems in the country to implement trauma-informed practices and training. Our work in detention is focused on helping youth we serve develop the skills to control and manage their emotions and behavior. We also recognize that the conditions of care in secure detention are strongly driven by the relationship between the youth and our staff, and we're committed to providing our staff the training and supports they need to work effectively with our youth and maintain safety in our secure facilities. We have contracted recently with the New York Society for Prevention of Cruelty to Children to provide stress reduction secondary trauma workshops to our secure detention staff, as well as resiliency interventions after eight critical incidents

happened. That begun in October-- that will beginning in October 1st, 2017. In partnership with the ACS James Satterwhite Training Academy and with the support of the ACS Workforce Institute. We have improved and expanded our pre-service training that we offer to all juvenile counselors at the start of their employment with ACS. Now, more time is devoted to training staff on safe crisis management, a highly-regarded crisis intervention model used across the country. We're partnering with external [sic] subject matters experts like Bellevue Hospital to provide new training on mental health and trauma and their impact on the youth behavior with practical guidelines to our staff for how to work with youth who have mental health needs. Behavior management theory in practice and on-the-job training experienced alongside more senior juvenile counselors, mentors, and JSA trainers to help the new staff learn the job while they're still in training. We are partnering with the John Jay College to provide six-weeks of Peace Officer training to all special officers who work in our detention facilities. I have partnered with the CUNY public sector economy [sic] for specialized training for our

special officers and front-end security, both facilities to improve practice, meaning less incidents, and reduce contraband coming into our facilities. Keeping our facilities safe is our top priority, and we have invested more resources than ever toward reducing contraband and implementing best practices to increase safety and security. While there's no single solution to prevent contraband, our current security protocols and investments in new technology are all meant to reduce the [inaudible] and prohibited items into our facilities. Security staff at each facility serves everyone who enters, staff, visitors alike using magnetometers, wands, cell phone, and other wireless detective equipment, and we have increased random resident and facility searches. Our staff uniforms were altered to prevent staff from bringing contraband into the facility and we added staff lockers to provide more storage for personal items. Our special officer management team and our tour commanders carry cell phone detective equipment as they walk throughout the facility, and we have upgraded this equipment to reflect the most technologically advanced equipment for detecting cell phones even when they're shut off or batteries are

removed. The Division of Youth and Family Justice is working aggressively to implement a team staffing model of care adaptive from the Missouri Youth Services Institute, MYSI Model, within our secured juvenile detention system. MYSI is a nationally recognized therapeutic approach for working with young people involved in the juvenile justice system. Facilitated small groups interactions and processes and the promotion of healthy productive relationships and interactions are at the core of the MYSI group process. These approaches will be administered by caring, skilled and well-trained staff who worked in multi-disciplinary teams that include juvenile counselors, case management and clinicians. These teams of staff working together are the key to helping youth make better decisions and monitor the negative behaviors of thinking. We continue to partner with the Missouri Youth Services Institute to train all juvenile counselors and supervisors on the MYSI model. One week of MYSI training has been recently incorporated into our preservice training program for juvenile counselors, and MYSI consultants provide onsite consultations to our detention staff year-round to improve their implementation of this

model within our secure detention facilities.

Division of Youth and Family Justice has employed Safe Crisis Management, SCM, as our crisis intervention methodology since 2012. SCM was elected over other tools largely because of intensive focus on helping staff learn how to understand youth development and behavior as well as prevention and the de-escalation strategies that can be used to safely influence youth behavior in lieu or prior to the need of physical interventions. We created and will implement this year and enhanced Safe Crisis Management training plan for secure detention and have contracted with the developer SCM to provide quarterly onsite training consultations to improve staff practice of SCM. Through our partnership with NYU Bellevue, all secure detention staff receives training in working effectively with traumatized youth and strategies for preventing or mitigating precarious [sic] trauma. The Division on Youth and Family Justice is pleased to continue our collaboration with NYU Bellevue to expand trauma-informed care within detention through the use of evidence-based training for staff and skill development for residents. We're now in the initial

phase of implementing Trauma Affect Regulation Guide for Education and Treatment, better known as TARGET. TARGET is a comprehensive trauma intervention specifically designed for use in juvenile justice settings. This effort is supported by a five-year grant from the Substance Abuse Mental Health Services Administration and is designed to increase staff understanding of trauma and its impact on the youth and staff, reduced institutional violence and includes youth and staff members' sense of safety and provide for my staff with the proven skill for managing the behavior of youth with trauma-related problems as well as [inaudible] stress reactions. Thanks for the opportunity to share with you targeted actions of the Division of Youth and Family Justice has taken to fortify safety and security in our secure detention facilities. New York City has a safe, secure detention system where youth go to school every day, where their medical and dental and more than ever their mental health needs are being met. Only the highest risk youth now reside in our facilities, and to maintain safety we need to continue to invest in our staff and in proven practice such as MYSI, SCM, and trauma responsive

therapies. The investment we are making now to improve our practice, support our staff and bolster safety at our facilities will strengthen the foundation of our system as the City enters into a new phase of juvenile justice with the implementation of the Raise the Wage. As always, we're happy to work with the Committee in our continued effort to improve the system and provide services for City juvenile justice involved youth. We're happy now to take your questions.

CHAIRPERSON CABRERA: Thank you so much, Commissioner. First, let me acknowledge that we've been joined by Council Members Perkins and Grodenchik. I will-- Commissioner, let me just start by stating that I don't know anybody who will not attest that in the last three and a half years we have seen a tremendous improvement under your leadership with you and your staff and all the work that has been done. So I wanted to start by commending you and all your staff that work day in and day out and all your work. It is a better place. I do have a few questions here that I want to address regarding the issue before us. And the first one is, according to the recently released Mayor's Management

Report, the percent of youth assault on staff have more than doubled during the previous two fiscal years. Can you share as to the reason for the increase, and what steps are we taking? And I'm looking specifically on the youth-on-staff assault with injury rate per 100 total ADP in detention that went from 0.05 to 0.11.

DEPUTY COMMISSIONER FRANCO: Your question is regarding youth-on-staff assaults?

CHAIRPERSON CABRERA: Yes.

DEPUTY COMMISSIONER FRANCO: You're talking about the increased from 48 incidents in 2016 to 50 incidents in 2017?

CHAIRPERSON CABRERA: No, I'm talking going back from 2015 to 2017. So when you put those numbers together you go from 0.05 to 0.11. So, that's how we end up with the double.

DEPUTY COMMISSIONER FRANCO: Yes, as I opened up before, I think it's important to keep in context the total number of incidents that we're talking about. We have to calculate the difference between 2015 to 2017. Having said that, I mean, even the change between 48 to 50 from 2016 to 2017 is two too many, and as I mentioned before, we're committed

to do everything that we can to maintain safe facilities, and we believe the best way to achieve that, which is what we're willing to do more than ever is by investing in the staff that makes the difference in the life of those kids.

CHAIRPERSON CABRERA: But what do you-- what do you-- what's the impetus? What's usually the catalyst for this youth-on-staff assault? Is there like a under-occurring that you--

DEPUTY COMMISSIONER FRANCO: [interposing]
I mean, keep in mind as--

CHAIRPERSON CABRERA: have been able to assess?

DEPUTY COMMISSIONER FRANCO: Council Member, as I open up, you know, the city has done an amazing job of the reducing the number of kids who come to detention by more than 32 percent. As I also mentioned before, 90 percent of the youth that we serve have actually been victims of neglect and abuse. We're working with a population that actually violence has been engrained in their day-to-day living. The job of our youth [sic] counselors and our clinicians and everyone else is helping young people that actually have seen violence as a way of

communicating to learn new skills. It's by the nature of who we are, we're working with challenging youth that actually-- and our job is to help them learn new ways of relating to others.

CHAIRPERSON CABRERA: What are repercussions whenever youth assault a staff?

DEPUTY COMMISSIONER FRANCO: We take that seriously, and we immediately take care of the staff, and I think Stephanie Prussack can talk about our procedures in more detail.

CHAIRPERSON CABRERA: Okay.

ASSOCIATE COMMISSIONER PRUSSACK: Well, we immediately assure that the staff is okay. We offer them any medical care if they need medical care. Sometimes they feel they can stay. Sometimes they feel they need to leave and seek outside medical care. If it's an incident in which the staff feels okay and wants to try to debrief with the youth, and the youth and staff are amenable, we do bring both together to try to find out why the incident occurred, and it often winds up with youth apologizing to the staff member.

DEPUTY COMMISSIONER FRANCO: I also want to emphasize, I mean, there's consequences to any inappropriate behavior--

CHAIRPERSON CABRERA: [interposing] Okay, that's what I was going to ask.

DEPUTY COMMISSIONER FRANCO: for what they did.

ASSOCIATE COMMISSIONER PRUSSACK: Oh.

DEPUTY COMMISSIONER FRANCO: Yeah. And, you know, we take that seriously. I mean, there's actually ways of creating consequences within our Behavior Management System in detention. And keep in mind that all the youth in detention actually have court cases going on through the Family Court or Criminal Court, and whenever one of these things happen, this is communicated to the court and has an impact in their case.

CHAIRPERSON CABRERA: So, that's the biggest consequence? Is there any other concrete consequences take place within the facility?

DEPUTY COMMISSIONER FRANCO: Yeah, I mean, again, within their behavior every case is individualized. Within the Behavior Management System there's actually consequences and privileges

that are lost, but I think more important, which is what we want to strive for, we actually use the opportunity to understand why the youth behave the way they behave.

CHAIRPERSON CABRERA: Yeah. What I'm concerned is, is there a demoralizing point for the staff where they don't feel safe or they feel like there's no real consequences that took place, just like there's consequences in families at home. You know, in essence you have a family at a detention center. What does that do to the morale? Have you done surveys on staff, and what was the outcome of those surveys regarding morale on youth-on-staff assaults?

DEPUTY COMMISSIONER FRANCO: Yeah, I mean, we conduct a survey as a part of a performance based standards which we are part of in New York City. The survey's results tend to indicate if staff feels safe. Having said that, more and more of our attention is in developing the right amount of skills for our staff, and consistently we hear from staff that they need further support, particularly more from their peers. We need more staff to serve the young people that we serve now.

CHAIRPERSON CABRERA: Do the staff get, and you mentioned it briefly, do the staff get debriefed by a professional whenever an incident takes place?

ASSOCIATE COMMISSIONER PRUSSACK: You mean like a therapist, or?

CHAIRPERSON CABRERA: Yes.

ASSOCIATE COMMISSIONER PRUSSACK: Not necessarily at the moment. We have--

DEPUTY COMMISSIONER FRANCO: [interposing]
Although--

ASSOCIATE COMMISSIONER PRUSSACK:
supervisors and managers on staff. We do have clinicians that they can go and speak with if they so choose, especially our psychologists, our Bellevue staff that offered that service. Most folks, we have employee assistance program as well, and I believe the union also offers supportive counseling. In addition, through our new grant we will be offering support to staff from-- to teach them about their own trauma and the impacts, to recognize it, and we're contracting with, as I believe in the testimony, we took-- what is it, the-- [off mic]

DEPUTY COMMISSIONER FRANCO: The New York Society for the Prevention of Cruelty of Children which actually have a team that have been available before to our DCP workers help in traumatic events. That will be now available to our staff in detention.

CHAIRPERSON CABRERA: IS that part of the culture? I mean, like, do you have data that shows how many do go and get degrees through staff? Because you know, this becomes a critical incident in their lives, and it can spill over to other, you know, young person or another staff. And so I'm curious as to see how many of them avail themselves, actually take opportunity.

DEPUTY COMMISSIONER FRANCO: As you're going to hear later from Doctor Branson [sp?] and others from Bellevue, many of these things have actually been put in place as we speak, and they're actually going to be focused on actually helping staff deal with the trauma of incidents, but the trauma of just working with kids who have been victimized before.

CHAIRPERSON CABRERA: So, this is a new program you're about to--

DEPUTY COMMISSIONER FRANCO: [interposing]

Yes.

CHAIRPERSON CABRERA: Okay. So we don't have it in place right now, right? Okay. My last question before-- I'm looking forward to hearing my colleagues with their questions. It's related to a case that was in the Daily News on August 31st regarding female staff. I'm curious, do we have cameras in place in entire facility?

DEPUTY COMMISSIONER FRANCO: Yes, we do, and we actually working with the Department of Design and Construction to ascertain any jobs or any needs for improvement of equipment that we have now.

CHAIRPERSON CABRERA: When were the cameras up-- were installed? Do you happen to know?

ASSOCIATE COMMISSIONER PRUSSACK: They've been there for--

CHAIRPERSON CABRERA: [interposing] So, they were prior to this incident.

ASSOCIATE COMMISSIONER PRUSSACK: a pretty long time and we've added more over the years.

CHAIRPERSON CABRERA: I'm just curious how an incident like that can actually take place and not be, you know, under an archive record of a video?

So, do-- have you had an opportunity to check video records?

DEPUTY COMMISSIONER FRANCO: These alleged allegations have been some years ago and they just came to light. Again, we're working closely with the Department of Design and Construction to upgrade our equipment in the security.

CHAIRPERSON CABRERA: So, how long do you keep these videos archived, in the archives?

ASSOCIATE COMMISSIONER PRUSSACK: Our system right now can only keep video for between three and 30 days.

DEPUTY COMMISSIONER FRANCO: [interposing]
But--

ASSOCIATE COMMISSIONER PRUSSACK:
[interposing] On average.

DEPUTY COMMISSIONER FRANCO: But as I said already, we know about allegations. There's an investigation going on by our partners at the Department of Investigations. Those things are kept.

CHAIRPERSON CABRERA: I want to strongly encourage you to-- you know where I'm going. Buy some terabyte, you know, whatever it takes. It's really not that expensive to be able-- I imagining

these cameras only record when there's movement. So, therefore, they shouldn't take a whole lot of space. And probably, you probably have it in SD rather than HD, but even if you have it in HD it's worth for either for the youth or for the staff. This is, you know,-- it will mark them for the rest of their lives. So, is there a plan in place for us to archive this let's say for five years, or?

DEPUTY COMMISSIONER FRANCO: Yeah, we couldn't agree more. I mean, in terms of protecting the youth, but particularly protecting our staff, video recording will help, and that's why we have engaged the City Department of Design and Construction to do a thorough evaluation of our equipment and come up with recommendations and actually copy that plan to improve on that.

CHAIRPERSON CABRERA: Okay, thank you.
Council Member?

COUNCIL MEMBER GRODENCHIK: Thank you, Mr. Chair. Good morning. I want to follow up on the staffers. Do we keep records on how many people have been assaulted and need medical help outside of the facility? Is that-- do we know about that?

ASSOCIATE COMMISSIONER PRUSSACK: We keep record on staff who report that they were injured during an assault.

COUNCIL MEMBER GRODENCHIK: So you have that information, okay. One of the things that I didn't hear in the testimony this morning, and unfortunately, and I know Thrive New York, the City has been trying very much to meet it [sic] on the mental illness crisis. The children that, or the young people that are under your care, so to speak, are they given mental health evaluations when they come in, and can you tell me what percentage of these young people have mental health issues? Ballpark?

DEPUTY COMMISSIONER FRANCO: Yeah, I mean, we have two different ways of looking at it. About 70 percent of the young people that we serve when evaluated by the Bellevue team have mental health diagnosis, and as I mentioned before, when we look at post-traumatic stress disorder we have actually found numbers as high as 90 percent of the young people that we serve. So, as the City continues to do well in just keeping in secure detention those kids who need it the most we actually

are getting more of a higher prevalence of kids with high mental health needs.

COUNCIL MEMBER GRODENCHIK: Are there separate facilities for these young people or are they all, you know, I'm just curious about how they're treated.

DEPUTY COMMISSIONER FRANCO: Because so many of them need mental health needs, we have actually invested in facility-wide investments of psychiatry, mental health, psychologists that are available to all young people that we serve.

COUNCIL MEMBER GRODENCHIK: And how often do they see their-- do they get treatment for that? How often do they see counselors? Is it very?

ASSOCIATE COMMISSIONER PRUSSACK: As often, yes, it depends on the individual child. Some youth see therapist each-- every day, some youth twice a week. It really depends on the individual child and their needs.

COUNCIL MEMBER GRODENCHIK: Okay. Thank you, Mr. Chair. Thank you.

COUNCIL MEMBER PERKINS: Thank you. I have a few questions. So, you mentioned something about violence in their day-to-day conditions as a

part of what you understand is what's happening. Give me an idea of what those conditions are that you're talking about, specifically that make the difference.

DEPUTY COMMISSIONER FRANCO: Sure, Council Member. I think the way I talked about it was that actually we, New York City, have safe facilities where actually young people are going to school on a daily basis in a very small classroom where actually their educational needs are being met. They actually have state-of-the-art mental health services that we just talked about, and they actually have comprehensive afterschool youth development programming, actually provided by DYCD, the same folks who do this across New York City in our schools. The typical schedule of a kid who, you know, his every minute is accounted for in meaningful opportunities to grow and learn.

COUNCIL MEMBER PERKINS: So, their day-to-day conditions are not the conditions at the detention place, or the conditions in their community? What did you mean when you mentioned that?

DEPUTY COMMISSIONER FRANCO: Today, we're talking about the conditions within the detention sites.

COUNCIL MEMBER PERKINS: And there's violence in those detention centers?

DEPUTY COMMISSIONER FRANCO: I will argue that there's not. I mean,--

COUNCIL MEMBER PERKINS: [interposing]
Because that's why I was asking. So, you're talking about violence in their day-to-day conditions. Is that in their community, in their family, or is it in the facilities that you have that--

DEPUTY COMMISSIONER FRANCO:
[interposing] Yeah, I--

COUNCIL MEMBER PERKINS: [interposing]
They come from communities where they're experiencing day-to-day violence. Is that what you're saying?

DEPUTY COMMISSIONER FRANCO: I think I did mention in the context of 90 percent of the young people that we serve having been either neglected or abused, that many of them have experienced trauma and neglect.

COUNCIL MEMBER PERKINS: But that's 90 percent of the kids?

DEPUTY COMMISSIONER FRANCO: Yes.

COUNCIL MEMBER PERKINS: And what does that total-- 90 percent of what total?

DEPUTY COMMISSIONER FRANCO: Of the total population of the two south--

COUNCIL MEMBER PERKINS: [interposing]
Whatever population you're talking about.

DEPUTY COMMISSIONER FRANCO: I will give you the number. I mean, of the schools-- yeah, where the 2,000 youth that we have in in a typical year. When we work with our partners and evaluate they likely have been exposed to violence. Ninety percent of them have a history of violence and neglect.

COUNCIL MEMBER PERKINS: Do you have sort of demographic descriptions or information in terms of profile of the neighborhood, the family, the schools, etcetera? Do you have that picture?

DEPUTY COMMISSIONER FRANCO: We could provide-- sure, we could provide that information.

COUNCIL MEMBER PERKINS: Thank you.
Would you, please. How soon can I get that information?

DEPUTY COMMISSIONER FRANCO: By tomorrow.

COUNCIL MEMBER PERKINS: Alright, thank you. According to the recent released Mayor's Management Report, the percent of youth assaults on staff have more than doubled during the previous two fiscal years. Can you explain why this is happening and how is it being addressed?

DEPUTY COMMISSIONER FRANCO: So, I'm asking our [inaudible]. So, the number is between 2015 through 2017 [off mic].

UNIDENTIFIED: [off mic]

DEPUTY COMMISSIONER FRANCO: Yeah, in 15 there were 29 incidents. In 17 there were?

UNIDENTIFIED: [off mic]

DEPUTY COMMISSIONER FRANCO: Fifty. So, yes.

COUNCIL MEMBER PERKINS: What you said, 50?

DEPUTY COMMISSIONER FRANCO: Yeah, they went up from 29 in 2015, calendar year 2015, to 50 in Fiscal Year 2017.

COUNCIL MEMBER PERKINS: That's a-- is that a rate that is--

DEPUTY COMMISSIONER FRANCO: [interposing]
No, this is-- I'm giving you another total number.

So, 20-- you were right. I mean, it almost doubled, 29 to 50.

ASSOCIATE COMMISSIONER PRUSSACK: No, the number went down. No, it went up? I mean--

COUNCIL MEMBER PERKINS: It sounds like it's moving up according to what I'm--

DEPUTY COMMISSIONER FRANCO: [interposing] Yeah, yeah, I think you're correct.

COUNCIL MEMBER PERKINS: Fifteen in 17.

DEPUTY COMMISSIONER FRANCO: Yeah.

COUNCIL MEMBER PERKINS: So, how do we-- what are we doing? How do we account for that? What's--

DEPUTY COMMISSIONER FRANCO: Yeah, as I mean-- as I opened up and mentioned before, we are dealing with more of a risky population than ever before, and that's why we are implementing initiative that we centered [sic], such as the work with MYSI who has been proven to reduce violence in other jurisdictions like Los Angeles, Louisiana and elsewhere. We're working closely with our partners at Bellevue, and we're actually revamping our efforts with Safe Crisis Management.

COUNCIL MEMBER PERKINS: There's a more risky population that you're encountering today than in the past. So, give me the differences to some extent that you can account-- that you can identify between the riskiest of today versus the less risky of another period. What's happening that's different that makes them riskier?

DEPUTY COMMISSIONER FRANCO: I mean, the likelihood of a young person making it to detention is less than before, as I opened up before. I mean, for example, a good way of thinking about this, not that long ago 50 percent of the young people in detention, secure detention, were juvenile delinquents. Today, 71 percent of the youth in secure detention are juvenile offenders. By the nature of their placement they come to the Criminal Court and they are placed with us because of serious prevalence [sic].

COUNCIL MEMBER PERKINS: So, can you-- do you have like a sort of demographic profile of the neighborhood and the family and schools.

DEPUTY COMMISSIONER FRANCO: We have information that we will make to you available by tomorrow.

COUNCIL MEMBER PERKINS: Thank you.

DEPUTY COMMISSIONER FRANCO: Yes.

CHAIRPERSON CABRERA: Thank you so much, Council Member Perkins. I just have a couple of more questions. Can you give us the percentage of allegations of assault/abuse by youth counselors that are substantiated?

ASSOCIATE COMMISSIONER PRUSSACK: Last year it was-- there was a 30 percent substantiation rate.

DEPUTY COMMISSIONER FRANCO: That means that only one out of every three allegations are substantiated.

CHAIRPERSON CABRERA: How does that compare to previous years?

ASSOCIATE COMMISSIONER PRUSSACK: I believe it's going up slightly. The Justice Center now is responsible for investigating and indicating, and they have a lower level of indication of-- criteria for indication. For example, a Level III indication, which the majority are, would not register on the VPCR so that it--

CHAIRPERSON CABRERA: [interposing] You mention codes that I--

ASSOCIATE COMMISSIONER PRUSSACK:

[interposing] I'm sorry.

CHAIRPERSON CABRERA: that I'm confused about. So, if you could explain to me the levels and BCR.

ASSOCIATE COMMISSIONER PRUSSACK: Right, unlike OCFS used to investigate child abuse allegation for the state. Now, a new-- the Justice Center does that. Their registry is called the Vulnerable Child Protection Registry, Vulnerable Person Child Registry, VPCR. And that's like the-- what used to be the state's central registry, SCR. So, they investigate all of incidents of child abuse called in.

CHAIRPERSON CABRERA: Can you account why are we getting more false allegations than before?

DEPUTY COMMISSIONER FRANCO: I think it's the other way around.

CHAIRPERSON CABRERA: Oh, the other way around. So, it's--

DEPUTY COMMISSIONER FRANCO: [interposing] Yeah, we're getting, and again I think this is change in practice. I mean, historically it used to be review and investigate by OCFS. The state created

the Justice Center, which actually is a separate agency that actually has a significant amount of resources just to do investigations, and actually that has created a different threshold, much higher than before.

CHAIRPERSON CABRERA: So, the criteria has changed.

DEPUTY COMMISSIONER FRANCO: Yes.

CHAIRPERSON CABRERA: So, we're kind of now comparing apples with apples.

ASSOCIATE COMMISSIONER PRUSSACK: It's potential for harm is the criteria.

CHAIRPERSON CABRERA: I see. So, it's-- so what you're saying it's kind of hard to compare the numbers from let's say two years ago with this year's because the criteria has changed.

DEPUTY COMMISSIONER FRANCO: Yes.

CHAIRPERSON CABRERA: When did the criteria get changed?

DEPUTY COMMISSIONER FRANCO: It's just the thoroughness of the investigation done by the Justice Center.

CHAIRPERSON CABRERA: And that just happened when?

DEPUTY COMMISSIONER FRANCO: 2013, we believe, but I will double check. The Justice Center was created by the Governor Cuomo.

CHAIRPERSON CABRERA: Okay, so the last four years then has been pretty steady. So, that still wouldn't account why the numbers have changed within the last four years.

DEPUTY COMMISSIONER FRANCO: And again, the rate of substantiation has changed. I don't know if we have change in any significant way. So, when we look at the numbers, I mean, that difference between 26 percent to 30 percent, that actually translate between 17 cases that were substantiated the previous fiscal year to 18 cases that were substantiated this year.

CHAIRPERSON CABRERA: One more.

DEPUTY COMMISSIONER FRANCO: So we're talking about one more case.

CHAIRPERSON CABRERA: Okay, got you. Alright, last question I have unless my colleagues have another question is related to the progress. What progress has been made to retrofit detention facilities to allow for transfer for adolescents to Rikers Island to ACS-managed facilities?

DEPUTY COMMISSIONER FRANCO: So, as I mentioned before, we're working closely on a daily basis with the Department of Design and Construction. Actually, design has actually taken place for Horizons, and I believe that actually some of the repairs have actually begun at Horizons, and they're also going to start at Crossroads.

CHAIRPERSON CABRERA: And anticipated day of completion will be?

DEPUTY COMMISSIONER FRANCO: We need to get everything done that we need to get done by October 2018.

CHAIRPERSON CABRERA: And you believe that we'll be able to finish?

DEPUTY COMMISSIONER FRANCO: We're working hard at it.

CHAIRPERSON CABRERA: Okay, fantastic. Well, thank you so much. Again, thank you for all that you do and for taking care of our youth in our detention center, and with that we'll have our next panel. And I'll ask from the City Comptroller's Office, Eric Lemos [sp?]. Did I say that right? Mr. Eric Lemos, Comptroller's Office, if you're here you could come. Not here. Oh, you're Eric Lemos? Okay,

great. No? Oh, okay. Alright, no problem. That's why you looked like you had the look of a deer when lights are coming. Alright, so with that we have James Davis. I think this is Davis, I'm sorry, from ACS, and Christopher, Doctor Christopher Brown from NYU School of Medicine. You may begin as soon as you're ready. You have a PowerPoint, right, that you'd like to use, or you just--

UNIDENTIFIED: [off mic]

CHAIRPERSON CABRERA: Okay. So, if the Sergeant of Arms could help us with that, very grateful. Okay, you could begin as soon as you're ready. She can turn the mic on. I think it was off. I think.

JAMES DAVIS: is it on now?

CHAIRPERSON CABRERA: Now it is.

JAMES DAVIS: Thank you. Good morning, Chair Cabrera and members of the Juvenile Justice Committee. I'm James Davis. I'm a Senior Consultant with the Missouri Youth Services Institute that Commissioner Franco was talking about. The abbreviation of that is MYSI. It's an honor to speak before this committee and engage in discussion about what's best for the young people of New York City.

After 35 years working with juveniles in the State of Missouri I retired, and most thankful for the youth and the staff that acted as my mentors, especially my early years. The kids taught me more than anything. So, I always enjoyed working with them. So, after Mark Stewart who is the Director of MYSI invited me to be part of the division-- he was the Director of the Division of Youth Services for 17 years. He's always been a youth advocate, and he invited me to join MYSI to provide consultation and training for systemic changes of the states. So, we've been in several states. We just happen to be in New York now. I don't work for ACS. I work for MYSI. I'm a contractor, so I'm not an ACS staff. So, when Mark offered me that opportunity it was a dream come true for me to come to New York City and be a part of this process. It's a wonderful experience. I joined MYSI in 2008 after my retirement and became involved in New York City's Close to Home Project in 2012. That's when we were establishing a program with OCFS called Brooklyn. This was the transition period for Close to Home as young offenders were moving from Upstate secure facilities to Close to Home facilities in the City. I was putting them closer with their

families which was the major part of it in smaller units. My role was and still is coordinating a team of six MYSI consultants who were training and coaching Close to Home private provider network. Over the past two years my responsibilities expanded to include training of all staff within ACS' two secure facilities, Crossroads and Horizons, on the Missouri Model. We're not trying to bring a model to New York. We're trying to bring the best practices of the Missouri Model to New York, and so those practices are what we're out there training and coaching in. Before I describe the work that I've been doing in detention, I'd like to provide a brief description of MYSI model itself. MYSI's goal is to provide a safe, secure environment to facilitate therapeutic change, and this is accomplished through the work in four areas. The first area is leadership in their organizational structure, safety, supervision and structure, group work, and facilitation skills in facility environment. These basic pillars form the foundation of the MYSI approach, and they're interconnected to establish and maintain a safe environment for growth and change. Relationships are always the key to the approach when

staff and youth see the same faces every day and they build a community to get to know each other, which is at the root of it. We all know that these youth have some difficulties managing relationships, and so you remember when he showed up with substitute teachers, what happened. So, we want the same staff, same faces working with the same youth all the time. We started the training and we trained the teams as a team. So we started training rounds of training and each team, complete team, was in there, the staff, frontline staff, the therapist. Everybody was in the training, and so we had one team and one vision. That continues through weekly unit team meetings, and when new staff are assigned we make every effort to make them-- schedule them consistently in the same unit. This consistency offers stability and provides opportunity for relation building. Youth are supervised 24/7 by staff utilizing eyes-on supervision and therapeutic positioning. This combination supervision structure and engagement places staff in the best position for early intervention and relationship building. We want them structured and engaged with eyes-on supervision at all times. The peer group is also an essential and

acts as a change agent for safety, and change, we believe safety is everybody's role and responsibility. When 10 or 12 youth live together, a peer group will inevitably emerge as an influential component. A recognition of the peer influence and the intentional development of the positive culture of the group influences another peer group-- other peers in the group to maintain a safe environment. Throughout the day, we facilitate check-ins, which is an assessment of the group atmosphere, the environment, significant issues, and the tone of the youth in their group. Their peer group is essential. When an issue arises, circle-ups are used. We pull the group together for a circle-up to resolve conflicts, organize activities, movements while recognizing strengths and progress. Each night there's a 60 to 90 minute group meeting facilitated by a trained staff. During that meeting youth in the group have-- and they address issues more thoroughly and go deeper in to develop skillsets and core competencies. For example, most of the youth have challenges with managing their anger and how to channel that. The group will explore origins of the anger, identify a safety plan, and then strategies

for de-escalation, and then make a commitment about how they'll help that person with those skill sets. During these two years in the working with Crossroads and Horizons we provided follow-up coaching and implementation for sustainability. This included the leadership training as well as training resulting in increased teen cohesion, improved definition of roles, therapeutic planning use the line of movement, which is basically how to-- what's under the behavior. It's what's causing the kids, the youth to act the way they're acting. Regular staff facilitate check-ins, circle-ups, and rap sessions, as well as unique group activities. We believe staff must be safe in order for youth to be safe. We have a saying, "If one's not safe, no one's safe." So, that's our motto. Safety for staff looks more like security. Enhancing staff security requires supervision and feedback on performance and a sense that their colleagues are concerned about everyone's wellbeing. Reporting to the same teach each day with the same youth provides added security, because staff get to know the youth, their triggers and what coping skills to keep the unit safe. Lastly, security means going home at the end of the shift to their families

having made a difference with the youth's life. They all signed up to make a difference with, you know, people's lives. Staff safety from my perspective is not an incident-driven set of events. Instead, safety is a 24/7 process. You have to know program to know safety in that context. How do staff treat the youth? How do they greet the youth? How well do team members interact and work together? Does the unit feel tense like something might happen? How do staff position themselves when staff enter the unit? How do young people introduce themselves? Does the living area look clean, neat, organized? Is the language respectful? Are youth engaged? Does the group know and understand the schedule so they can prepare? Do youth help each other? Does it seem that staff are engaged, ready to move as needed, but not on edge waiting for an incident? What is the conversation between youth and staff? Do frontline staff believe they are a change agent or they're just there to observe and report? So, they need to have meaningful involvement in the role. MYSI helps to develop all these components in juvenile justice settings to create a safe and secure space for youth and staff. We look forward to continuing our work

with ACS and with partners at Bellevue and JKM to improve best practices within the secured detention setting in New York City. Once again, I thank you for your time and the opportunity to discuss the best interest of youth in New York City. Are you ready?

CHRISTOPHER BRANSON: Good morning. So, good morning, members of the Committee and the rest of y'all. It's a real pleasure to be here. My name is Doctor Christopher Branson. I'm a Child Psychologist and Assistant Professor at New York University School of Medicine, and I'm going to be talking about the trauma-informed care work we're going to be doing in detention with a particular emphasis on what we're going to be doing for staff. So, real quick, I won't bore you with my background. But I myself am a former juvenile offender. It's the whole reason I became a psychologist so I can tell you that safe facilities are very important to me. You know, I was-- I think ACS brought me on because I have expertise in juvenile justice trauma-informed care. Over the past five years I've been a consultant or investigator on 13 trauma-informed care projects in eight different states. So, over the past five years here in New York City I've done work

with Rikers Island. I'm the lead on the first NIH-funded study of trauma-informed care ever, and it involves the New York City Department of Probation, two diversion programs at Drug Treatment Court. So, I recently finished training every single probation staff in Brooklyn in the skills that we're going to be bringing to detention with a plan to spread it to the other four boroughs. And next week, I'll be going up to Albany and the State Capitol to talk about taking the model we're developing here in New York City and spreading it throughout the entire state juvenile justice system. I've also done work in several other states. It's in the slide, so I won't read through that. So, before I get into the specific plans, I just want to provide some context. You know, the challenges we're talking about here in New York City are not unique to our city. This is the same challenges facing leaders of detention correctional systems across the country. I know that from working with them personally. I just completed a survey of juvenile correction administrators; got some sponsors from 37 states, and I know the research data inside and out. So, according to statistics from the US Department of Justice, correctional

officers experience the second-most work-place violence of any profession in this country behind officers. They also get-- you know, so that's getting assaulted, witnessing violence, hearing about traumatic incidents, hearing about traumas in the lives of the kids that they serve, and all of that, you know, makes them very vulnerable, and as a result there's extensive research showing that 25 to 60 percent of frontline correctional staff will develop significant symptoms of post-traumatic stress disorder. So, to give you context, if you look at the US adult population, only seven percent will ever develop PTSD in their lifetime. So, the rates of PTSD among staff are similar to those of the kids in these facilities as well as military veterans returning from Afghanistan and Iraq. And if we don't do something about it, it can have a major toll on their mental and physical health, their job performance, their personal lives, their quality of life, and when you have a lot of traumatized people in one building, kids and staff, it's bound to be combustible. But there's good news. We can do something about it. Research shows that staff who feel supported by their organizations, who have

adequate training, who work in an organization where they do something to address these issues are less likely to develop these negative outcomes. They're still going to be exposed to trauma. I doubt we're ever going to see a day where there's zero violence or incidents in these kinds of facilities, but it doesn't have to inflict lasting damage on the important people who run these facilities. So, trauma-informed care is a movement that's taken hold nationwide since about 2000, and it's really-- it goes beyond just providing treatment for kids who have trauma-related issues, but it's changing the whole way that, you know, organizations operate, the way they provide services, their policies, how they manage behavior. We need everyone in these facilities to be knowledgeable about trauma, have specific skills for responding to it, and we need to make sure that nothing that we're doing adds new trauma to the lives of kids or staff or exacerbates existing trauma. So, this is a, you know, a significant shift in organizational culture and practice for most facilities across the country, and it's a process. So, the key elements of a trauma-informed justice system are listed here, and again,

the one I'm really going to focus on today is number four, staff safety and traumatic stress prevention. And after-- second what my colleague said, you know, the research shows and my experience have come to believe that staff safety is the foundation of a trauma-informed and safe agency. It's kind of like when you get on airplane and they're giving emergency instructions. The oxygen mask falls, "Parents, put yours on first before you put it on the kid." It's the same thing. Staff have to feel safe and supported in order to create a safe environment for you. So, just so you don't think this is something I made up in my ivory tower office, this is a list of stakeholders at the National and local level who support trauma-informed care. It's pretty much a who's who. Alright, so let's get to the details, the plan. So, Commissioner Franco spoke about this. I'm going to give you some more details. One of the thing is really want to highlight is, you know, consultation with leadership of these facilities on developing organizational strategies to promote staff wellness and increased safety , and I'm going to give you really specific examples in a minute. Also, TARGET. So, TARGET's the treatment for kids who have

symptoms of traumatic stress, but then the great thing is the developer of TARGET created T4, which is designed specifically for people who aren't therapists, frontline staff in juvenile justice, and we're also going to be doing target groups for families. So, TARGET is the only trauma-informed model that's included in the US Office of Juvenile Justice Delinquency Preventions Model Program Guide. It's the reason that I chose to start implementing this when I started doing this work back in 2012, and based on my experience in New York City, I still think that it's the best model available in terms of trauma-informed care. So, these are the four steps of T4. So, staff are taught, and we're going to teach every staff member who interacts with kids or interacts with other staff members in these facilities in these skills, and this is what I've already trained over 500 professionals in New York City in these skills. So, skills for recognizing when a kid is having a trauma reaction. What are the early warning signs? You know, it's easy to recognize when a kid starts throwing punches, but it's a little late to intervene and de-escalate at that point. So, we want them to catch it even

earlier before it even turns into violence. Giving them very specific skills. So, this is how you de-escalate. This is how you engage the youth. This is how you get them to cope. And the great thing about it is they're also skills to help staff manage their own stress reactions. You know, imagine running into a unit and seeing some, you know, big incident, you know, a big fight. Imagine your heart pumping, the adrenaline, you know, going through your veins. If you're not at your A game and thinking clearly at that moment, you might run in and escalate it, unintentionally do something that makes it worse. So, these skills help staff manage down [sic] reactions so they're not reacting out of fear or anger, but reacting with best practices. And beyond the data which I'm going to share a little bit of with you in a minute, the reason I believe in this, because correctional officers at Rikers Island tell me it works. Probation officers tell me it works. Staff I've trained in other states tell me that they've been able to prevent potential riots and fights and get kids to apologize and feel safer and more effective in their jobs. And again, because we're going to be doing TARGET groups with kids. So,

they're going to learn these skills. Then they're going to go out into the unit where every single staff member knows the same skills can help remind children about, kids about the skills and help them practice, but then we're doing groups with parents so that when kids return to their homes, their parents can continue reinforcing these skills and the parents can use them themselves. Many of these parents have trauma histories of their own. Managing a teenager in general is challenging, but if your kid has PTSD it's even more so. So, the evidence. So, they implemented TARGET plus T4 statewide in Connecticut's juvenile detention system and found significant reductions and used disciplinary infractions, reduction in the use of isolations. They didn't have to fall back on those harsh traditional punishments, and statewide recidivism went down. When they did this in Ohio, youth on staff aggression went down, use of physical restraint, use of isolation, improvements in youth mental health services, satisfaction services received. And I want to point out that in both of those projects they only did T4 and TARGET. They didn't do any of the extra organizational strategies to address staff trauma

that we're going to be doing here. Now, for my own ongoing project in New York City, preliminary data shows that our model has led to a significant increase in staff ratings of perceived safety within the organization and perceived support from leadership, which I think is exactly what we're all talking about. And this is just a graph from the Ohio study. So, the line on top is the unit that didn't do trauma-informed care. They just kept doing what they usually do. The line on the bottom is the unit that implemented trauma-informed care. So, you see big reductions. So, let's get real specific. So, there are a number of potential strategies that we can implement, and I'll detail them in a second, but we are not-- our approach is never one-size-fits-all, because every site is different. And so we start by doing a baseline organizational assessment. So, we're going to anonymously survey every single staff member in the facility, using a measure that I've developed and validated, getting ready to publish, and it includes questions about do they feel safe? Do they feel supported? Is their leadership doing enough to prevent secondary trauma? There's also place for just open comments, feedback, and

1 we're doing it anonymously so that, you know, people
2 don't have to fear retribution for giving honest
3 opinion. And I can tell you from past experience,
4 when you do that staff will be honest with you.
5 You'll get some real feedback, and based on those
6 results, we're going to figure out-- work with
7 leadership and the frontline staff to figure out
8 what's the best plan. So, some of the possibilities.
9 One that we're definitely going to do is protocol for
10 staff debriefing. So, when there is a violent
11 incident, a critical incident on site, that has the
12 potential to inflict lasting harm on staff and kids.
13 It's not just going to be about, you know, incident
14 reports or the justice center investigation or, you
15 know, liability. It's going to be, "Is everyone
16 okay?" We're going to check in with each other.
17 We're not going to be pointing fingers, "Who's fault
18 is this?" because these incidents happen, but it's
19 going to be coming together to make sure staff have
20 the support that they need. We're also-- you know,
21 another possibility is implementing staff forums.
22 So, giving a regular space for the frontline staff to
23 share their concerns, security issues, other ideas
24 for making the facility better. Because I'll tell
25

you, I've talk to hundreds of frontline staff across the country. They have brilliant ideas about what needs to change, and we need to give them a voice. And when, you know, one of the tenants of trauma-informed care is voice and choice, not just for the kids. Staff need to feel like they have voice and choice and influencing how the environment they work in is shaped. We also can train supervisors to address staff stress and wellness in team meetings or supervision. You know, I'm a psychologist and we talk about our feelings all the time. It's normal for us, but in the justice system it's not the norm to get into your stressors and things like that in supervision, but it's needed because it's one of the most difficult jobs there is. On-site peer support groups is another possibility, something I've done with agencies I've worked with. Also, continuing ed. workshops, you know, teaching additional skills and supports, staff wellness, their ability to manage stress with stress management, mindfulness, meditation, yoga, training on, you know, working with youth with mental health issues. But then-- those are-- a lot of those things are preventative, but there are going to be staff who go on to develop

1 symptoms of post-traumatic stress, and we can't just
2 let them flounder. We have to do something about it.
3 SO, you know, my team has been pulling together.
4 We've been vetting every New York City mental health
5 center that we can to find out who are the people who
6 really have expertise in treating PTSD. We don't
7 want to just give staff a long list of numbers of
8 random therapists. We want to send them to the best
9 of the best because they deserve it. And last, you
10 know, this may sound like a small thing, but
11 recognizing staff successes, because staff in these
12 centers, they only get publicized when there's
13 something in the New York Post or on the night news.
14 No one ever talks about the kid who sends them a
15 wedding invitation years later because that staff
16 meant so much to them. It's one of the reason-- and
17 staff, they care about these kids and they beat
18 themselves up when something bad happens. I can tell
19 you personally. So, we need to recognize them for
20 the good work that they do. We need to support them
21 because I got to tell you, I'm a former juvenile
22 offender. I didn't get into this business to help
23 juvenile justice staff, but they longer I do this
24 work, the more I truly believe unless we do right by
25

them, we're never going to do right by our kids.

Thank you very much.

CHAIRPERSON CABRERA: Thank you so much, and I'm glad that you ended with staff successes because last year we had the opportunity to honor in both detention centers the staff, and it was really over the top. The accolades and the presentation, when I walked in I was really, really pleased, and we have citations to all of the staff, and I agree with you. Who don't-- who does not want to be affirmed? That what you're doing makes a difference. I think at the end of the day we all want to feel like we're making a difference. I have a quick question regarding two things. Your graph, the tick [sic] increases safety in juvenile justice facility. I noticed when you see the graph, they were both going up. You introduced the trauma-informed tick program and then it went down, but I noticed the control group started going down as well, and then both started going up at the same time. Was there an incident in the facility that contributed to that? Though, it's a success to be able to say you have seven versus, already mentioned, 18. So how do you control for that?

CHRISTOPHER BRANSON: So, this was an Ohio study. It wasn't one that I was involved in, but I know the investigator very well. She's a close colleague of mine. So, my understanding is number one, when they decided-- the reason they actually implemented this was because the state was being sued because a child unfortunately died in one of their facilities, and they were facing a challenge of an increasingly complex population. So, Commissioner Franco was talking about that. It's something we see in juvenile and adult prisons across the country, more and more mental health issues compared to the past partially because our system, mental health system, is not adequate. And so, you know, at the time they implemented this they were starting to get a more complex population, but the actual, the uptick in the beginning for, you know, trauma-informed doesn't surprise me, because it's, you know-- there's a steep learning curve, and it's a big shift, and not everyone buys in right away. You know, I can tell you when I went to Rikers Island, you know, I wouldn't say the majority were buying what I was selling the first time I spoke to them, but when they saw some of their coworkers used it and it worked,

and they didn't have to pull out their pepper spray or their night sticks, that's when they started to believe.

CHAIRPERSON CABRERA: And how long that took? I'm just curious.

CHRISTOPHER BRANSON: What, to get other people on board?

CHAIRPERSON CABRERA: Yes.

CHRISTOPHER BRANSON: Yeah, you know, the Rikers project is on hold now because of our changing Commissioners, and you know, so I won't get into that too much, but I'll say it depends on the place. There, you know,-- I've worked with agencies where very quickly people buy into this. At probation, you know, it's taken a little bit more time, but--

CHAIRPERSON CABRERA: [interposing] But what's that number? I mean, a week might be, you know, quick to you. It might be long to me. A month? A year? What are we talking about?

CHRISTOPHER BRANSON: So, I think in a year, you know, you can hope to see the majority of staff bought in and using these skills regularly.

CHAIRPERSON CABRERA: That's reasonable. That's reasonable in any organization. My other

question was related to you mentioned that you do an organization assessment, which I think is brilliant, but is there an ongoing-- and that's why I was looking at that graph, that a year later is there a need to do another organization assessment because things do change. Staff change. Leadership changes. So, if you do that, and how do you go about doing that?

CHRISTOPHER BRANSON: Absolutely. So, with all the work that I do, you know, we collect data to evaluate the outcomes because I need to know that this works. I don't want to do it because it sounds good to me, but if it doesn't actually improve the lives of these kids and these staff, then I don't want to waste any more time. So, we're going to be-- as part of the grant that funds this project, we had to write a detailed evaluation plan. We're going to be collecting data at multiple points. We are going to re-administer the organizational assessment surveys. We're also going to be looking at facility data, PBS data, measuring youth symptoms. So we have multiple indicators. Absolutely, because for me this has to stick, you know? And you can't just train everyone and then leave and hope for the best.

1 That's not going to work. So, we're here. This is a
2 five-year project. We're going to be, you know,
3 working with them closely. And we don't even-- you
4 know, we don't wait until the follow-up period to get
5 data. We're talking with staff constantly, and
6 they're letting us know there's a problem with this,
7 there's a hiccup with this, so that we can shift
8 course earlier. I don't want to collect data nine
9 months down the road and all the staff tell me yeah,
10 this was terrible and a waste of time.

11
12 CHAIRPERSON CABRERA: Right.

13 CHRISTOPHER BRANSON: So, we, you know,
14 we collect anecdotal data. You know, we talk to
15 everyone. This is really a collaborative process.
16 This isn't, you know, NYU Bellevue coming in, telling
17 folks how to do it. We're working with that, because
18 they're experts on their facility.

19 CHAIRPERSON CABRERA: Indeed.

20 CHRISTOPHER BRANSON: So we're going to
21 work together to try to make the best plan possible.

22 CHAIRPERSON CABRERA: And I'm happy. I'm
23 sure if you were here earlier you heard me mention
24 about the debriefing staff. Look, I was involved
25 when 9/11. I was involved with Flight 587. The

1 biggest lesson I learned, 587 when it went down-- I
2 was there for 12 hours dealing with the families. I
3 remember getting to my car with my wife, and my wife
4 asked me, "How did it go?" And I was getting ready
5 to say something, and I just started crying, just
6 uncontrollably. And the next day, you know, I talked
7 to my colleagues and to the supervisor and the Red
8 Cross. He goes, "Oh, we forgot to do something." I
9 said, "What was that?" And he goes, "We forgot to
10 de-brief and talk about our experience." That was an
11 invaluable lesson for me. The next day we were at
12 the Jarvis [sic] Center. We went through the process.
13 I walked out, and I remember saying, "I'm okay." And
14 imagine all the staff that are there literally every
15 single day dealing with, you know, critical incidents
16 that are-- we think is in a kind of controlled
17 environment, but it's, you know, the anxieties, the
18 fear factor that we're dealing with. So, I'm very,
19 very happy to hear. Now, question for both of you,
20 and I'll close with this for this panel, is what do
21 you see as the most important step that we need to
22 take moving forward at this point?

24 JAMES DAVIS: With this, I think we're
25 just going to do ongoing team meetings, team unit

1 management where the units stay together and cut down
2 on movements of kids, keeping kids in the same unit,
3 keeping staff together. I think that will carry it
4 forward, and part of the team meeting, to have a
5 weekly team meeting, part of that is the de-briefing
6 and taking care of each other and talking about what
7 happened, how did that-- how was that incident
8 handled. And not just the ones that we handled
9 wrong, the ones we handled well, because there's too
10 much focus on just the ones we don't handle, but the
11 ones we handled well, and we'll talk about those.
12 Some people say, "Well, that's the practice [sic]
13 we're looking for."

14
15 CHAIRPERSON CABRERA: Very good.

16 CHRISTOPHER BRANSON: And for my part,
17 I'd actually say I think the organizational
18 assessment, because I can't-- you know, again, I'm an
19 outsider, and the staff, I need them to tell me what
20 they need, how they're doing, what kind of supports
21 are working, what's not working. You know, otherwise,
22 I'd just be offering an educated guess, and I really
23 believe you have to listen before you act.

24 CHAIRPERSON CABRERA: Very good. Thank
25 you both of you for your service and for the impact

that you're making, and you will be making. Thank you so much.

CHRISTOPHER BRANSON: Thanks for the opportunity.

CHAIRPERSON CABRERA: With that we have our next panel: Christine Bella and Nancy Ginsburg from the Legal Aid Society. Welcome, ladies. You may begin as soon as you're ready. I think the microphone is off. No, it's off. Try it now.

CHRISTINE BELLA: How about now?

CHAIRPERSON CABRERA: There you go.

CHRISTINE BELLA: Yeah, I can hear the difference. Thanks. So, good morning. My name is Christine Bella. I'm an attorney with the Legal Aid Society's Juvenile Rights Practice, and I'm here with Nancy Ginsburg who is the Director of the Adolescent Intervention and Diversion Project in the Criminal Defense Practice of the Legal Aid Society. So, we thank you, Chair Cabrera and the Committee for holding this hearing about the important topic of violence in the secure detention facilities and the need for greater oversight. So, this is especially important now and emergent because of in light of the City's plans to remove all the 16 and 17-year-olds

from Rikers Island as well as the state's eminent plans to raise the age of criminal responsibility for some 16 and 17-year-olds in New York City. So, we must address the problems with violence in the secure facilities now. Our testimony is informed by daily contacts that we have with detained youth, our clients, their families, ACS, DYFJ officials, and staff at the facilities. In our testimony today, you have our written testimony, but we'd like to speak about and emphasize the root causes that may be driving the violent incidents that you've heard about in secure detention both by youth and by staff. And violence in secure facilities presents in many different ways to youth. So, we have to also consider what youth tell us. So, youth complain of physical and mechanical restraints. They characterize incidents that could be described as excessive force by staff and assaults by staff. They also describe assaults by other youth. So, we have to look at violent incidents across many different measures. So, our clients also report that even when staff are aware of a threat by youth, say another youth, they sometimes fail to intercede, and that would lead to further conflict. We have heard from

youth sometimes that staff may instigate conflicts which leads to violence. So, all of-- we say all of that because we really need to look across the board, not just at the youth who I understand may be responsible for some of the violence in the facilities, but really let's look at the root causes. Let's look at what is driving the incidents and let's look at what we can do for both you and staff in the facilities. The prior panel really, I think, echoed what we believe is critically important, is providing this trauma-informed care, and that trauma-informed care must be presented to both youth and staff as well. So, we know that effective training and supervision and trauma-informed care are necessary tools for the successful management of these facilities, and we urge ACS to continue its efforts in that regard. We want to see staff better able to de-escalate conflicts and violent incidents. We want to see staff better able to respond with behavioral interventions and modifications, and we also want to see collaborative responses with mental health, and we want to see restorative practices and interventions. We prefer that to having our clients, young people arrested in facilities which often may

be a consequence of some of the incidents that you've heard about. So, in addition to reports from youth and staff, the scope of violence can also be measured by the data. You heard a lot about the data today, so we won't go on about that, but the data can help identify trends that occur at the facilities, such as evaluating where and when violent incidents occur and which staff are involved and which youth are involved, and sort of drilling down on the data. These trends can allow management to discern among other things a need to re-evaluate the level of staffing. Do they need an increase in staffing? We suggest they do. Do they need increase in supervision and programming? We suggest they do, and all that in an effort to provide youth with a safer environment and also to keep youth occupied during their detention. So, a lot of what we talked about earlier really focused on the consequences for violent incidents as they pertain to youth. But we, again, want to talk about the root causes. So, restraints. Mechanical and physical restraints do occur in detention, and it's well-recognized that these restraints come with inherent risks, risks such as exposure to trauma, physical injury and even death

in facilities. So, it's important that we look at the needs of the youth that are exposed to this violence. We find now that the needs of detained youth are greater than those in the general public. We've heard about that extensively again from the Commissioner, Deputy Commissioner this morning. We know that mental health needs of youth in detention are significant. What we also know is that these so-called aggressive kids do not present with just one single need, but research tells us that these youth are dealing with a host of other problems which include mental health needs and educational needs and exposure to trauma. We also acknowledge that the staff, as we heard from Doctor Branson, also come to the job with similar needs. They come to the job from similar communities. The communities that we know that drive admissions to detention such as Bedford-Stuyvesant, East New York, Harlem, the South Bronx, and the Rockaway. These neighborhoods share significant problems of poverty, inadequate services, to meet the high needs of its residents' low-performing schools at times and higher than average rates of health, mental health issues and violence, and that instability also exposes you to trauma. We

also want to emphasize the need for oversight. So, while it's important that ACS provide training, increased its staff, increased its programming, and provide supports for both its staff and the youth in the facilities, we see a need for oversight in the facilities, and independent oversight. The City has developed a more therapeutic approach, certainly, and we are very encouraged by that, but no system no matter how well intentioned is immune from problems. So, what we would like to see is independent oversight that would shine a light on the serious problems, but also give a voice to youth and staff. As Doctor Branson said, give both staff and youth a voice and choice in the governance within the facilities, and independent oversight would provide that opportunity. Incarcerated youth are often socially isolated and unaware of their rights and unable to effectively assert them. We know that from our experience that they don't tend to report abuses, and often accept abusive treatment as a norm in a particular facility. They live under rigidly controlled environments that allow only limited and highly supervised contact with the outside world, thus leading to further reluctance for them to

report. They do not utilize the Resident Advocate Program we know, which is one avenue for them to report abuses within the facilities, as the resident advocates are a staff of ACS DYFJ, and are embedded in the facilities, and in the view of youth, too close to other staff. So, while ACS is subject to oversight from certain governmental agencies including the Council and OCFS as well as the Justice Center, we think independent oversight would provide sort of more broader look at the problems within the facilities, and also more transparency. Effective oversight would include as essential elements the following: independence, unfettered and confidential access to staffing and resources, additional staffing, the power and the duty to support findings and recommendations for the public, so not just being able to evaluate the problem which many of these internal governmental agencies do, but also to report out for transparency purposes to the public. And we think a multifaceted approach to evaluating the treatment of youth would provide for better outcomes for safer and more humane conditions. So, just a few recommendations that we want to call from the testimony that we've provided you the written

testimony. We think the increase in treatment and programming and appropriate levels for staff would prevent idle time and improve outcomes. We think that an increase in staffing and training would certainly improve outcomes. We think that arresting youth for physical altercation should be a last resort, and we really-- we urge programming to include interventions that are both appropriate for youth with mental health needs as well as provide behavior modifications techniques and restorative practices. We, again, echo the need for the increase in training and hiring additional staff to alleviate burdens on over-stressed staff. With regard to the LGBTQI community, while we are encouraged by ACSs' efforts to create a culturally competent environment, we also ask that they meet the requirements of PREA. We want to ensure that they are meeting the requirements of PREA which is the Prison Rape Elimination Act, by ascertaining which youth identify as LGBTQI and ensure that those youth receive the individualized safety assessments that they require. We want to make sure that that's in place. And lastly, as laid out more fully in the testimony, we would like to see the development and implementation

of a multi-disciplinary oversight body. Nancy has more to add.

NANCY GINSBURG: I'd just like to-- [of mic]. I'd just like to address the address the issues that came up earlier about the increase and the percentage of juvenile offenders, and I would like to emphasize that despite the fact that those kids are charged by definition with more serious crimes, they are not necessarily violent in the facilities. And what we-- what we do see is that the juvenile offenders, the youth, the four-- mostly 14 and 15-year-olds who are charged with violent felonies in Supreme Court, their cases last much longer, and they spend much longer periods of time in secure detention waiting for their cases to win through the court system. And this can be very, very stressful for these kids and for their families, and often what happens is that they will receive family visits and their family will dump their anxiety on the child, and then the child walks back into the facility with that increased anxiety, and mostly what we see is when the kids act out behaviorally it masks tremendous sadness, depression, and anxiety that they do not have the tools to

manage, and I could not really agree with Dr. Branson more that it is very difficult to manage a group of kids trying to manage this kind of, this set of issues without the tools to do that when you as the adult do not have the tools to help those kids. And so we do credit ACS. We-- since Bellevue has gone into the facilities we have seen a tremendous uptick in true identification of the kids' mental health diagnoses and true treatment, and we believe that that has contributed to a much better environment. There's much more coordination of treatment between the treatment providers and the frontline staff, but I could also not agree with Doctor Branson more that this is an incredibly stressful environment, both for the teenagers in that building and the adults, and the adults need a lot of support, and they need not to be working double shifts constantly. You can't be exhausted when you're going into those facilities. They usually go home to their own children and have to deal with the problems and the issues that their own families have, and then they come back and all of the trauma from their own life comes in and it gets compounded in that building. And we have seen staff really, really work for our kids, really, advocate

for our kids, try to help them manage the issues that they're dealing with. We have also seen staff struggle, and there needs to be supports for those staff who are struggling to try to raise their level of competency so that they can address the needs of those kids. As far as what Doctor Branson was talking about about the Rikers reform, I can say I sit on the Adolescent Reform Advisory Board, and we have seen, I would have to say, remarkable advancements in the adolescent building on Rikers Island, and it is true that there was a lot of resistance in the beginning, but ACS actually has taken part in that process and DOC has adopted many of the practices that they are using in secure detention to the staff benefit and to the youth's benefit. And so this is a very complicated area where I think many, many jurisdictions are struggling with this because of the level of need among these populations and within the neighborhood that feed the court system, and so until we can really address the percentage of neglect and abuse that these kids are exposed to, the violence in their neighborhoods, the violence in their homes, the issues of lack of services and lack of identification of their issues prior to detention, we're never going

1 to make real progress, and I think that we are
2 certainly getting there, but there's a lot of work to
3 be done. There's a lot of work to be done in their
4 communities so that they can be connected with
5 services prior to arrest, hopefully preventing
6 arrest, and hopefully at some point we will see fewer
7 and fewer kids end up in detention, and the kids who
8 do end up there will come in as a healthier group
9 overall.
10

11 CHAIRPERSON CABRERA: Well, thank you so
12 much and thank you so much for what you do for young
13 people. I have a few questions. You mentioned too
14 that we need more staff, but what I hear from the
15 other side is that since the population has greatly
16 decreased that we have more than enough staff. So,
17 how do-- since we have less kids now, the ratio
18 between staff and student has become smaller and
19 become more manageable. Did you mean to say that we
20 have a need-- rather than more staff, but better
21 trained staff?

22 CHRISTINE BELLA: I really think it's
23 both. I think that there are certain kids, and we've
24 certainly seen this on Rikers as they've moved
25 through this reform, there are certain kids in the

highest need group where the ratio for those kids can be two to one or one to one or three to one where it is an all-day behavioral modification model where they really work with those kids until they can rejoin a general population and not upset the larger group.

CHAIRPERSON CABRERA: You happen to know what the ratio is right now by chance?

CHRISTINE BELLA: On-- in secure detention?

CHAIRPERSON CABRERA: Yes.

NANCY GINSBURG: I think it's still one to eight.

CHRISTINE BELLA: Eight to one.

CHAIRPERSON CABRERA: One to eight.

CHRISTINE BELLA: Yeah.

CHAIRPERSON CABRERA: Okay.

NANCY GINSBURG: So, I think we're not asking for a massive influx of staff, but I think part of the problem and perhaps ones that training is enhanced-- when you have a body of workers who are traumatized and are stressed out, they tend to call in sick a lot, and I think that we hear that a lot from the detention facilities that people just don't

1 clock in, and then other staff members have to cover
2 for them. And so, it's more of a staff management,
3 and I-- we do believe that if services are enhanced
4 for staff and they receive more support and better
5 training that you are less likely to see that
6 phenomenon. It's not so much an overall number of
7 staff that are going into these buildings. It's who
8 actually show up and who's available for the kids and
9 for each other as supports to the staff.

11 CHAIRPERSON CABRERA: Alright. I also
12 heard about having more mental health services. Can
13 you be a little bit more specific because right now I
14 thought we had like the best of the best, not only in
15 mental health but also recreational activities, I
16 mean, the overall plethora of services that they're
17 getting, and from the best. I mean, we-- you have
18 Carnegie Hall from Bellevue, NYU. We have the best
19 legal services. I mean, so I'm just curious to know
20 what else do we need.

21 NANCY GINSBURG: I can just speak to
22 programming, and one of the consistent complaints
23 that we get is that not all programming is available
24 to all youth. So there may be difficulties between
25 youth on a particular unit, and so certain youth can

attend programming and other youth have fun [sic] programming. And--

CHAIRPERSON CABRERA: [interposing] But they can't because--

NANCY GINSBURG: It may-- it may because there is conflict between youth that needs to be addressed, and the same for even school programming, whether a kid may be brought to school or not. So, while those are-- you know, there certainly are challenges in managing youth that are in conflict with each other, which is why we need sort of this collaborative approach with mental health and we need behavioral interventions and we need restorative practice to resolve that conflict. Not all programming is available to all youth to keep all youth occupied in a constructive way. So, it may not be necessarily bringing in additional programming, but making sure that all programming is available to all youth.

CHAIRPERSON CABRERA: Okay, that makes sense. We've been joined by Council Member Barron. Council Member Perkins has a question.

COUNCIL MEMBER PERKINS: So, significant in this testimony is that race matters significantly,

1 and but it doesn't respond to that racism that's-- it
2 acknowledges it but it doesn't respond to it. Do you
3 understand what I'm trying to say? We point out that
4 the city's jails are almost exclusively poor African-
5 American or Latino experienced in trauma, significant
6 social issues beyond poverty and etcetera, and they--
7 you identified the communities for the most part,
8 Brownsville, etcetera, that they come from. So, if
9 racism is kind of evident in this, how do we deal--
10 how do you res-- what are you saying you should do?

12 NANCY GINSBURG: Well, I mean, I would
13 suggest that racism exists, you know, across the
14 board which is leading to and driving to the
15 disproportionate minority contact between youth and
16 police, youth and the courts, and then youth that are
17 being then directed to detention. So, this is a much
18 bigger challenge. What we're seeing is-- and I think
19 we-- these numbers are significant, and each and
20 every time we testify we try to make sure that the
21 Council understands who we're talking about and who
22 these youth are. They have come from the same five,
23 ten zip codes in New York City, from the same
24 communities. So, certainly culturally competent
25 services are important to the training for staff, but

COUNCIL MEMBER PERKINS: I guess my concern is I consider youth the victims of something called racism, and so I'm not judging the staff, because they're just fortunately employed, and hopefully committed to the concerns that we all have, but it's sort of missing a point if you don't look at what's driving this population into prisons.

COUNCIL MEMBER PERKINS:

NANCY GINSBURG: Well, I think that if anywhere close to sufficient services in ties where they live, starting from birth, be identified earlier, they would probably o the same trajectory of issues that they

develop as they age into teenage-- into their teenage years. So, what we see often when we, let's say, and take a 15-year-old in Supreme Court. We see a child who's been struggling in school since he entered school in Kindergarten. We see a child who is not necessarily identified appropriately with learning disabilities. They're often over identified as having emotional disturbance, and even when they're identified with emotional disturbance, they don't receive appropriate mental health care to address that emotional disturbance. There is not-- there are not enough services for children with true learning disabilities, and the children who do have true learning disabilities at a young age become more and more frustrated as they move through the grades, and they start to act out as they get older. And often what we see are kids who started as being diagnosed with learning disabilities who are now being labeled as emotionally disturbed because based on the fact that they're acting out because they failed to receive services to address their learning disabilities. They often come from families with generational histories of mental illness that has either gone unidentified or untreated. The level of

COUNCIL MEMBER PERKINS: The consequences-- the easiest thing that we do is teach them consequences. We put them in jail for life, or we might as well put them in jail for life, because once they go, they're crippled for life in many respects. But they're not the-- the consequences should not-- they should not be the ones to bear the consequences. It should be those who create--

NANCY GINSBURG: [interposing]
Circumstances.

COUNCIL MEMBER PERKINS: the circumstances, the environmental circumstances, the lifestyle circumstances. So, we're blaming the victim is what I'm saying, I guess, and we need to face that and recognize where do we get beyond them and get to what we're doing wrong systemically, racially, but our prejudices that subject them to this inevitable consequence.

CHRISTINE BELLA: Right, and what you're talking, largely-- you know, when you're talking about creating preventive measures, preventive measures that keep young people from coming into contact with what we perceive to be racist institutions where they're disproportionately

represented, and that is a tall order, but certainly we should be looking always at prevention.

COUNCIL MEMBER PERKINS: But I also say we should also look at the racism that's taking place.

CHRISTINE BELLA: Absolutely.

COUNCIL MEMBER PERKINS: Okay, because it's not just-- some people seem to be prevented and other people seem to be quite the opposite.

NANCY GINSBURG: I think that's our point [sic]--

COUNCIL MEMBER PERKINS: [interposing] Exclusively invited.

NANCY GINSBURG: Yeah.

COUNCIL MEMBER PERKINS: To say the least. So, I just want us not to miss the point that we have a bigger issue here at work in our communities, and it's affecting not just those who are the targets, but also it has a ripple effect that affects all of us. You know, even those who are white.

CHRISTINE BELLA: I think that's our point, is that the fact that we're only seeing five to eight neighborhoods feed the system is a

demonstration that children in other neighborhoods that are better resourced are being prevented.

COUNCIL MEMBER BARRON: Thank you, Mr. Chair, and thank you for the panel coming and sharing their thoughts on this matter. I just wanted to briefly echo the comments made by my colleague, Council Member Perkins, and that it's a system which is a manifestation of the racism that's embedded and the policies that continue to feed into a system where our children are incarcerated and in a perpetual motion of being in the system and providing that for the system, and until we address the conditions in the neighborhoods before children get into that, we've got to look to see what we're going to do in the system. the Chair did arrange for some tours, and I did go to Crossroads and Horizon and had a chance to talk with children, and my first love and my first profession is as a teacher, and until we address the educational inadequacies that the system has forced on children and puts them in the situation where they're not at all prepared to read on a basic level or to comprehend and to dialogue and to debate and discuss, and until we give them the opportunities that will allow them to function either in a standard

business or in their own entrepreneurial pursuits, we're going to continue to see this. So, I think it's more than just the education piece. It's a compilation of all of those measures that have to come together and perhaps we need to assign a definitive number of hours of education and a definitive number of counseling and make sure that our students who are in the system get those services that they need so that they-- once they get out of the system they don't come back, because the recidivism rate is very high. So, I just want to thank you for coming in for your presentation.

NANCY GINSBURG: Thank you.

CHRISTINE BELLA: Thank you for your work.

COUNCIL MEMBER BARRON: Thank you, Mr. Chair.

CHAIRPERSON CABRERA: I want to thank my colleagues for staying all the way to the end, and I want to thank you for coming and for all the other panelists. I thought today was very informative and very helpful, and we're going to take appropriate next steps forward. Thank you so much. Have a wonderful day.

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COMMITTEE ON JUVENILE JUSTICE 89
CHRISTINE BELLA: Thank you. You, too.
[gavel]

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COMMITTEE ON JUVENILE JUSTICE

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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 October 4, 2017