

COMMITTEE ON GENERAL WELFARE

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CITY COUNCIL
CITY OF NEW YORK

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TRANSCRIPT OF THE MINUTES

Of the

COMMITTEE ON GENERAL WELFARE

October 24, 2018

Start: 1:30 p.m.

Recess: 4:11 p.m.

HELD AT: Committee Room - City Hall

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

COUNCIL MEMBERS:

ADRIENNE E. ADAMS

DIANA AYALA

VANESSA L. GIBSON

MARK GJONAJ

BARRY S. GRODENCHIK

BRAD S. LANDER

ANTONIO REYNOSO

RAFAEL SALAMANCA, JR.

RITCHIE J. TORRES

MARK TREYGER

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

David Hansell
Commissioner of the New York City Administration
For Children Services, ACS

Jacqueline Martin
Deputy Commissioner for the Division of
Administration for Children Services, ACS

Lorelei Atalie Vargas
Deputy Commissioner for the Division of Children
And Family Well-Being of the Administration for
Children Services, ACS

Jeanette Vega
Training Director at Rise

Arij Abdul- Halim
Senior Director of Preventive Services at Arab
American Family Support Center

Tasfia Rahman
Policy Coordinator for the Coalition for Asian
American Children and Families, CACS

Deedra Cheatham
Constituent Liaison of New York City Council
Member Stephen Levin

Natalie Marks
Associate Commissioner for the Division of
Child Protection.

[gavel]

CHAIRPERSON LEVIN: Good afternoon

everybody, thanks for your patience and for your willingness to accommodate the Public Housing hearing which I think needed additional space so thank you very much for all your time. I know that, that people have limits on their schedule so, we will keep this hearing moving briskly. Good afternoon, I'm Council Member Steve Levin, Chair of the New York City Council's General Welfare Committee. Today we're holding a hearing to address preventative services in... at ACS. Before we begin, I would like to acknowledge other Council Members who have joined us; Council Member Brad Lander, seeing none others... we do... we do expect that we will have other members of the committee joining us, there's a number of conflicting either hearings or, or meetings happening right now as well. Preventative services are an essential tool designed to prevent entries into foster care and stabilize families involved in the child welfare system. We know that over the past decade as the availability of preventative services has increased the foster care census has significantly decreased without a subsequent increase

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2 in review... repeated abuse cases. Today I would like
3 to hear from ACS about the availability of
4 preventative services including a breakdown of the
5 various evidence-based models available to families
6 in New York City. I would also like to know whether
7 there are any accountability measures in place both
8 the existing or, or new; whether the effectiveness of
9 preventative services are being measured over time;
10 whether clients who are receiving preventative
11 services are given the opportunity to provide
12 meaningful feedback on how such services can be
13 improved and also the wrap around services that are
14 associated with particularly general preventative
15 services which constitute about half of the slots, a
16 little bit more than half of the slots in the system.
17 In addition to getting an update on the full array of
18 preventative services provided by ACS, I'd also like
19 to be sure that the public understands what
20 preventative services are and how they can be
21 accessed. I'd also like to discuss how these services
22 can be improved. According to a policy brief by the
23 Center for New York City Affairs, there's been a
24 significant slowdown in the opening of new
25 preventative services cases with the result that

1
2 result that families may wait months to participate
3 in programs that are required of them by Family Court
4 judges. Since October 2016 in the... in the last 20
5 months, shortly after Zymere Perkins' tragic death
6 occurred, ACS has, has closed 18 percent fewer
7 preventative services cases than they did in the 20
8 months from 20... October 2014 to May 2015. Providers
9 therefore have limited capacity and fewer new cases
10 can be opened. Now we know that under Commissioner
11 Hansell there has been historic investment in new
12 preventative services in New York City and we're
13 excited to work with him on that and we want to make
14 sure that... and as I understand now that there are no
15 wait lists currently for any of the preventative
16 services or if there are we'd like to hear about that
17 and what can be done about that. Over the past 20
18 months ACS has opened 13 percent fewer new
19 preventative services cases than it did in, in those
20 20 months, October '14 to May 2016 according to the
21 Center for New York City Affairs Report. The Mayor's
22 Management Report otherwise known as the MMR, also
23 appears to demonstrate that the number of children
24 receiving, receiving preventative services is
25 actually decreasing. According to the fiscal '18 MMR,

1 children who receive child welfare preventative...
2 prevention services during the year or the total
3 annual figure was 43,874 in FY '18 which is lower
4 than the FY '15 total of 47,001. Today we need to
5 have a better understanding of these figures and the
6 long-term impact that they may have. Finally, I'd
7 like to learn more about the new division of child
8 and family wellbeing and their efforts to assist
9 families well before maltreatment occurs. These
10 efforts include the Family Enrichment Centers which
11 are designed to be storefront community-based
12 resources providing support and making referrals for
13 families. Three of these centers opened this year and
14 I'd like to discuss how the progress is going. I'm
15 glad to see Deputy Commissioner Lorelei Vargas and,
16 and how progress is being measured for this new model
17 of primary prevent, preventative services. I think
18 it's vitally important that people are able to
19 interact and receive service with New York City and
20 ACS without the stigma of, of ACS as a... as a required
21 interaction, I think that that, that that is
22 essential in order to give families the support that
23 they need when they need it. In addition to hearing
24 from ACS, we want to... also want to hear from
25

1
2 advocates and providers about the gaps in service
3 that may exist as... and welcome any suggestions for
4 improvement. I'd like to thank the Council Staff for
5 their work today to prepare for today's hearing;
6 Counsel Aminta Kilawan; Policy Analyst Tonya Cyrus
7 and Crystal Pond; Finance Analyst Daniel Kroop. I'd
8 also like to thank my Legislative Director Elizabeth
9 Adams, Communications Director... Communication
10 Director Edward Paulino, Chief of Staff Jonathan
11 Boucher and Constituent Liaison Deedra Cheatham. I'd
12 also like to thank members of the administration who
13 have come here to testify; Commissioner David Hansell
14 and Deputy Commissioners Jacqueline Martin and
15 Lorelei Vargas and with that I will ask Council of
16 the Committee to, to swear you in if that's okay.

17 COMMITTEE CLERK: Will you all please
18 raise your right hands? Do affirm to tell the whole...
19 the truth, the whole truth and nothing but the truth
20 before these Council Members here today and to answer
21 honestly to Council Member questions?

22 DAVID HANSELL: I do.

23 COMMITTEE CLERK: Thank you, you may
24 begin.
25

DAVID HANSELL: Alright, good afternoon Chair Levin, Council Member Lander. I'm David Hansell, Commissioner of the New York City Administration for Children Services and with me today to my right are Dr. Jacqueline Martin, who is the Deputy Commissioner for our Division of Prevention Services and to my left Lorelei Vargas, whose Deputy Commissioner for the Division of Child and Family Well-Being and if you'll indulge me I do have to say that I am very fortunate and I think we are all very fortunate in New York City to have two women of their caliber leading this very important area of our work and we appreciate the opportunity to discuss it with you. We at ACS recognize that providing families with the help that they need to overcome challenges, challenges that include trauma, poverty, isolation, mental health issues, domestic violence among others, is critical to keeping children safe. Over the years, ACS has steadily increased the availability of evidence based preventative programs that are shown to reduce rates of maltreatment and to improve overall child and family well-being. Last year, Casey Family Programs, a nationally recognized child welfare organization,

noted that New York City is now at the forefront nationally in providing evidence-based prevention programs to support families. Under the recently enacted federal Family First Prevention Services Act, states now have the option for the first time to utilize federal funding under Section IV-E of the Social Security Act to support preventive services for families whose children would otherwise be candidates for foster care. Since this law took effect in February of this year, we at ACS have received increased interest from child welfare agencies across the country as well as the leadership of the federal Children's Bureau, in how ACS's evidence-based prevention programs could offer models for states and localities across the country. Our unprecedented investment in prevention services has continued to allow our agency to serve increased numbers of families in the community, while reducing the number of children placed in foster care. The number of children in foster care in New York City is now under 8,500, a momentous shift from the nearly 50,000 children in care 25 years ago and nearly 17,000 a decade ago. And the decline in our foster care population has continued even as national foster

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care caseloads have increased since 2012, principally as a result of the opioid epidemic. ACS has... ACS contracts with 54 nonprofit agencies who together with their staff deliver high quality services to thousands of New York City families every day. ACS provides extensive technical assistance and oversight to these providers to ensure high quality services and child safety. The investments we've made with the Council in our prevention providers beginning in the FY '18 budget, including our model budget process that we described in our testimony in June, ensure that our providers can implement the best possible service models to support families and that they are appropriately compensated for doing so. As you know, the tremendous progress that we've made was threatened by severe proposed cuts to child welfare funding that were included in the Governor's Executive Budget last January. Thankfully, the final State budget did not include these cuts, and I want to once again thank the Council for your powerful advocacy on behalf of our city's children and families during those state budget negotiations. I also want to thank the children's advocacy community across the city who did extraordinary work to make

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sure that the State Legislature understood the potential impact those cuts would have and persuaded legislators and the Governor to maintain the State's commitment to our work. Because we believe so strongly in prevention, we launched our Division of Child and Family Well-Being last fall, making ACS the first child welfare agency in the country to spearhead a primary prevention approach which seeks to reach families proactively with services, with resources and with educational messages that can support healthy children, families and communities. Our ambitious vision, building on the success of our existing prevention programs, is to build the capacity to reach families before involvement with the child welfare system occurs, through a range of direct service, public education and community building strategies. Our new Division has been in place for a year now and we're excited about the work we're doing and the potential to expand it in the future. So, I will now turn over first to Deputy Commissioner Martin and then Deputy Commissioner Vargas to discuss our prevention programs in more detail.

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2 JACQUELINE MARTIN: Good afternoon. I am
3 Jacqueline Martin, the Deputy Commissioner for the
4 Division of Prevention Services at ACS. Our goal in
5 DPS is to help keep children safe and to ensure that
6 every New York City child has the support of a strong
7 family and a healthy community to help them succeed.
8 We do this by partnering with families and providing
9 access to high quality services that have real
10 impact. New York City is one of the few jurisdictions
11 in the country where families have access to a
12 comprehensive, holistic and fully funded continuum of
13 services and supports to strengthen families and
14 prevent entry into foster care. ACS funds over 200
15 programs, delivered by 54 contracted providers that
16 support families throughout the city. Our contracted
17 providers are located throughout the five boroughs
18 and are fixtures in the communities they serve. The
19 services they provide range from case management to
20 high intensity evidence-based interventions for
21 families with significant mental health or other
22 challenges. The overall number of child welfare
23 prevention slots has increased from 11,994 in Fiscal
24 Year 2015 to 13,596 in Fiscal Year 2019. By the end
25 of Fiscal Year 2019, ACS will have expanded its array

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of family support services for approximately 2,900 families. This includes nearly 1,700 slots for families to be served by our contracted prevention family support services, and 1,000 additional families already receiving new, specialized supportive services as their children return to them from foster care. As you know, Local Law 16 of 2018 requires ACS to provide training for prevention services caseworkers. The Fiscal Year 2018 budget includes funds so that prevention agencies can send staff to trainings. Providers can receive training at our Workforce Institute or use their own trainings approved by ACS, to fulfill the training requirement. ACS has instituted a standard that all current prevention staff take six days of training each year. These include a mandated reporter e-learn program, as well... as well as courses on motivational interviewing, safety and risk, understanding and undoing implicit bias and intimate partner violence. Direct service staff and prevention supervisors are required to take all of the above; supervisors are also required to take a course on coaching. In addition, in Fiscal Year 2018, the ACS Workforce Institute developed an 11-day learning program for

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new preventive case planners in our provider agencies. This new program includes simulation opportunities and structured on the job experiences. During Fiscal Year 2018, 4,033 provider agency learners took courses through the Workforce Institute, including most frontline staff in prevention agencies. One of the important hallmarks of the New York City's prevention services system is that we offer a continuum of services that allows us to match a family to the services they need, both in terms of intensity and specialization. I'm going to describe the types of programs in our continuum. General Prevention and Family Treatment Programs; General Prevention is our largest service model and serves families with children between the ages of birth to 18 years, as well as young people between the ages of 18 to 21 years who were formerly in foster care. General Prevention services last a full year and are tailored to the individual needs of each family by including services such as case management, individual and family counseling, support groups for parents and youth, help in meeting children's developmental needs, referrals and help accessing benefits, education, prenatal care, substance abuse,

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mental health, and domestic violence counseling as well as vocational services and early care and education services. Across the city, ACS funds more than 7,000 general prevention slots. Family Treatment and Rehabilitation services or FT/R are designed for higher risk families and include treatment for substance abuse and mental illness. FT/R programs offer clinical diagnostic teams comprised of licensed therapists, Credentialed Alcohol Substance Abuse Counselors or CASAC, case planners, psychologist consultants, psychiatric consultants and other providers who work with families to develop treatment plans. Evidence based practice. ACS's continuum of prevention services includes promising practice and evidence-based models, which have been proven effective through documented rigorous scientific study. Evidence based models require intensive staff training and require clinical and case practice to adhere to strict fidelity standards. We lead the country in our implementation of evidence-based models including family functional therapy, child parent psychotherapy, and multi systemic therapy. These programs enable us to serve a broader array of families experiencing complex challenges and address

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2 issues like mental health, substance use disorder and
3 trauma. Over the past three years, the Division of
4 Prevention Services has been a forerunner in
5 launching innovative new programs and approaches to
6 continuously improve the way that we serve children
7 and families. I'd like to share a few of our new
8 programs with you. Court ordered supervision. In
9 expanding our continuum of prevention services, we
10 have made a deliberate effort to bolster services for
11 our higher need's families receiving court ordered
12 supervision or at immediate risk of court
13 intervention. In the spring of 2018, ACS announced
14 awards for 960 new prevention slots including 480 in
15 evidence-based programs. After implementation
16 planning throughout the summer within ACS and with
17 the awarded provider agencies, programs began
18 accepting referrals on October 1st, 2018. The second
19 phase of implementation is currently underway and
20 involves preparing and training provider agency staff
21 on providing informative testimony in family court
22 regarding the family's progress. ACS and our provider
23 agencies are working collaboratively to co-design the
24 processes and trainings required for this phase. With
25 support from the National Implementation Research

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Network, phase three entails developing practice profiles to help clarify the roles of the prevention case planner and the ACS family service unit child protective specialist when both professionals are working with the same family. This phase involves interviews and focus groups with the ACS Division of Child Protection, our family court attorneys and our prevention provider agencies. Group attachment based intervention or as we refer to it as GABI, in 2017, ACS launched GABI, the GABI Initiative, which provides access to trauma informed, intensive attachment focused therapy for our hardest to reach families, namely parents and very young children ages zero to three who have experienced significant trauma, housing instability, mental illness, domestic violence, and other challenges. GABI provides group settings where parents can connect with others experiencing similar challenges and seeks to improve children's development, decrease their experience to trauma and maltreatment, reduce parental stress and boost parental social support and mental health. There are currently five GABI drop in sites located throughout the city; in Manhattan, Queens, and Staten Island each have a GABI site and two sites are

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located in the Bronx. We are planning to open a Brooklyn site in 2019, which will be co-located with the Department of Health and Mental Hygiene at their Bedford Stuyvesant Neighborhood Health Action Center. A safe way forward. Earlier today ACS announced a Safe Way Forward, a new prevention initiative launching this spring that will work with families experiencing domestic violence. This new program is the first of its kind in the country, as it will provide both prevention and clinical services to all members of families experiencing domestic violence, including the survivors, children and the person causing harm. This model was developed through unprecedented research and collaboration. Our community-based strategies team conducted over 12 months of research including literature reviews, interviews with over 100 experts across the country, and close collaboration with survivors, advocates, parents causing harm, and the Mayor's Office to End Domestic... to End Domestic and Gender Based violence. This approach alleviates the voice of the... elevates the voice of the families we serve and will ensure that every part of the program is an empowering experience for them. we strongly believe that

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family's voice must be central to our work. ACS will partner with two provider agencies to serve 130 families in the Bronx and Staten Island that are involved in court ordered supervision and have been referred to prevention services. Earlier this year, our community-based strategies team was awarded the first ever Designing for Opportunity Grant from the Mayor's Office for Economic Opportunity's Services Design Studio. This competitive grant has enabled our team to work in partnership with designers using human centered design tactics to better understand the family's journey through prevention services. Over the past several months we have been interviewing ACS and provider staff, as well as families and advocates to understand their experience of ACS's prevention and will be co-designing system improvements with them to ensure that our services are accessible, family driven, and meet their needs. This work will also help inform future procurements of prevention services. I will now turn to my colleague, Deputy Commissioner Lorelei Vargas, to discuss the Division of Child and Family Well-Being.

LORELEI ATALIE VARGAS: Thank you. Good afternoon. I am Lorelei Atalie Vargas, Deputy

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Commissioner for the Division of Child and Family Well-Being at ACS. As Commissioner Hansell noted earlier, ACS has significantly enhanced our work in prevention services to provide supports for families before a need for intervention arises. The creation of the Division of Child and Family Well-Being last fall brought our city to the forefront nationally for our commitment to primary prevention. CFWB aims to engage families before they ever reach the child welfare system with resources and services to help them prosper. We focus on the factors that contribute to family well-being including health, education, employment, and culture and use place based and population-based approaches to engage families and communities. We also exercise a two generational approach to meeting the needs of families, meaning, we are focused on engaging and providing supports to both parents and children, the entire family unit because when parents thrive their children can flourish. Research shows that adverse childhood experiences or ACEs cause damage to the physical, social and emotional development of children and are a critical public health issue. CFWB is working to address ACEs and build protective factors for

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resilience. We know that sharing knowledge on ACEs and building these protective factors will be effective in reducing child maltreatment and improving child development outcomes over time. Our objective is to educate communities about brain science and work closely with them to design culturally competent approaches to reduce and mitigate toxic stress in their neighborhoods, with a long-term goal of healthier outcomes. In addition to family enrichment centers, which I'll discuss further, CFWB's scope includes ACS's community partnership programs, the Safe Sleep Initiative, the Medication Safety Campaign, early care and education, and a new Office of Equity Strategies that works to identify strategies to reduce inequities, implicit bias, and other factors that contribute to disparate outcomes for the families and communities we serve. ACS's Family Enrichment Centers represent an innovative new model for providing comprehensive, community focused support to families. The FEC model is family centered primary prevention strategy that's designed to reduce rates of child maltreatment and increase family stability and well-being. Everything about each center, from the name, to the physical

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layout, to the services offered, was co-developed with families and the community. The FECs are open to all families in their communities and provide a range of services that support healthy child development. Because the design of each center is community driven, they, they are an important vehicle for helping all children and families to thrive. Each Family Enrichment Center mirrors the needs of the community and helps families locate and access the unique resources they need to succeed. We are proud to have launched three pilot Family Enrichment Centers in 2018 in neighborhoods with high rates of child welfare system involvement. The first center opened in February in the Hunts Point/Longwood neighborhood of the Bronx and is called O.U.R Place, organizing to be United and Resilient. Shortly thereafter, the C.R.I.B., Community Resources in Brooklyn in East New York and Circle of Dreams in Highbridge opened their doors to the community. Our goal is to work alongside the community and bring them the resources they have identified to help each, and every family thrive. By listening to communities and using data, we are able to leverage resources to support families, with the eventual goal of lowering

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2 rates of involvement in the child welfare system.

3 FECs are currently in the midst of a pilot period,

4 and once this demonstration project is complete, our

5 goal is to expand and procure for FECs to continue in

6 these high... in these and other high need communities.

7 So, thank you for the opportunity to discuss some of

8 the many ways ACS supports families in New York City

9 through our continuum of prevention services. ACS is

10 deeply committed to providing high quality programs

11 and services to meet the needs of all families in the

12 city and we're grateful for the Council's support in

13 this mission. We look forward to further cultivating

14 our partnership with you to carry out this important

15 work. Thank you again for your time and we're happy to

16 answer any questions.

17 CHAIRPERSON LEVIN: Thank you very much

18 Commissioner Hansell and Deputy Commissioners Martin

19 and Vargas. Before I go to my questions, I want to

20 acknowledge Council Members that were able to attend

21 unfortunately they had to run back to a, a budget

22 meeting; Council Members Adams, Ayala, Salamanca,

23 Grodenchik and Reynoso and they might come back for

24 questions... [cross-talk]

25 DAVID HANSELL: Uh-huh, great.

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2 CHAIRPERSON LEVIN: So, I guess maybe
3 we'll start with the Family Enrichment Centers and
4 then... and then maybe go backwards through the...
5 through the testimony. So, how... how, how is it going,
6 how are the... just empirically how are... the challenges
7 I think at the outset of these were how do we create
8 programs or places in communities that people would
9 want to engage with, you know even knowing that ACS
10 is kind of involved with it, how, who do we create...
11 you know how do we do that and, and how... you know how
12 to kind of overcome some of those challenges and
13 obviously people will, will go if they feel that
14 there's benefit to be had, you know if there's a... if
15 there's... if they're able to access resources that
16 they may be in need of or searching for and... yeah,
17 how's, how's it going thus far?

18 LORELEI ATALIE VARGAS: Its going great...
19 [cross-talk]

20 CHAIRPERSON LEVIN: Okay... [cross-talk]

21 LORELEI ATALIE VARGAS: So, the FECs are
22 well underway, they've been open now a little under a
23 year... [cross-talk]

24 CHAIRPERSON LEVIN: Uh-huh... [cross-talk]
25

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2 LORELEI ATALIE VARGAS: ...every... each FEC
3 was co-designed with the community that means that
4 the community chose the name, the community was
5 involved in the physical layout and now the community
6 is involved in identifying what services and supports
7 they need so we've, we've really kind of turned the
8 traditional model of how government interfaces with
9 nonprofits and with communities and even how
10 philanthropy interfaces with communities on its head...
11 [cross-talk]

12 CHAIRPERSON LEVIN: Uh-huh... [cross-talk]

13 LORELEI ATALIE VARGAS: ...we're not going
14 in and saying these communities need X, Y, Z; we're
15 asking the community what they need... [cross-talk]

16 CHAIRPERSON LEVIN: Uh-huh... [cross-talk]

17 LORELEI ATALIE VARGAS: ...and you know
18 that's been a major shift. They're going very well,
19 and I'll give you a couple of examples. One, we have,
20 you know each of our, our Family Enrichment Centers
21 are on their way providing services and programs.
22 Again, all of the services and programs have been
23 identified by the community saying we need this so
24 they're different at each location... [cross-talk]

25 CHAIRPERSON LEVIN: Uh-huh... [cross-talk]

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2 LORELEI ATALIE VARGAS: ...but they range
3 from things like a domestic violence support group to
4 mommy and me time. So, they, they vary. In terms of
5 the stigma, we were very intentional as we set these
6 up that ACS's name, ACS's logo is nowhere to be found
7 in these spaces... [cross-talk]

8 CHAIRPERSON LEVIN: Uh-huh... [cross-talk]

9 LORELEI ATALIE VARGAS: ...in part it's to
10 begin to draw the community in, to create and build
11 trust with the community and to develop a sense of
12 safety with the community. We have though since had a
13 lot of conversations with the community and with the
14 staff at these centers about, you know what that
15 means and what the community's response is because
16 some people in the community ask, you know why is
17 this here and who's funding this... [cross-talk]

18 CHAIRPERSON LEVIN: Right.

19 LORELEI ATALIE VARGAS: And the providers
20 are very direct with them that ACS is, you know
21 funding this work and the responses have varied from,
22 you know wow we didn't know that ACS did this kind of
23 work which is something that we like to hear because
24 we do a lot of this work and we've been doing a lot
25 of this work, you know to oh, you know we're not

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2 really sure that we want to be engaged but then they
3 continue coming because they find that there is
4 support there for them... [cross-talk]

5 CHAIRPERSON LEVIN: Uh-huh... [cross-talk]

6 LORELEI ATALIE VARGAS: I've personally
7 spoken with community members, parents in these
8 programs and I think one of the most powerful things
9 that I hear over and over again regardless of which
10 program the parent is connected to is that the family
11 enrichment centers have really helped to provide
12 social connections for families who otherwise would
13 not be connected with other people in their
14 community...

15 CHAIRPERSON LEVIN: Uh-huh... [cross-talk]

16 LORELEI ATALIE VARGAS: ...and we know that
17 those connections are critically important protective
18 factor, we know that relationships are a top
19 mitigator of toxic stress and adversity... [cross-talk]

20 CHAIRPERSON LEVIN: Uh-huh... [cross-talk]

21 LORELEI ATALIE VARGAS: ...so, that alone
22 is telling us that we're doing something right in
23 these... in these FECs. As far as evaluation goes,
24 we're in the process right now just as in the spirit
25 of the design of the Family Enrichment Center of co-

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designing with the community and evaluation, you know there were concerns around coming in and studying the community... [cross-talk]

CHAIRPERSON LEVIN: Uh-huh... [cross-talk]

LORELEI ATALIE VARGAS: ...and with the community we've been somewhat transparent with them that evaluation is a necessary piece of how we understand how they're working and, and how we begin to support, you know and, and gather funds for further expansion and so they're on board with that and they are working with us to co-design an evaluation, we've partnered with the University of Oregon through funding from the Robinhood Foundation... [cross-talk]

CHAIRPERSON LEVIN: Okay... [cross-talk]

LORELEI ATALIE VARGAS: ...to do that work.

CHAIRPERSON LEVIN: Okay... [cross-talk]

LORELEI ATALIE VARGAS: So, that's how they're, they're, they're going.

CHAIRPERSON LEVIN: And you're working with, with not for profits as well, right, so there's nonprofit partners in, in each of those, correct?

LORELEI ATALIE VARGAS: That's correct, yes.

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2 CHAIRPERSON LEVIN: And those are?

3 LORELEI ATALIE VARGAS: So, Graham

4 Windham, oh gosh... sorry?

5 JACQUELINE MARTIN: Good Shepard...

6 LORELEI ATALIE VARGAS: Yes, Good

7 Shepard, sorry it's not just fresh in mind... [cross-

8 talk]

9 CHAIRPERSON LEVIN: Yeah, right, right...

10 [cross-talk]

11 LORELEI ATALIE VARGAS: So, Graham

12 Windham...

13 CHAIRPERSON LEVIN: Good Shepard...

14 LORELEI ATALIE VARGAS: ...Good Shepard and

15 Children's Village slash Bridge Builders which is

16 part of... [cross-talk]

17 CHAIRPERSON LEVIN: Right... [cross-talk]

18 LORELEI ATALIE VARGAS: Children's

19 Village.

20 CHAIRPERSON LEVIN: Right and so then...

21 and so they're hiring the staff... the construction of

22 it is that they're hiring the staff and then the

23 staff are participating in any... like are they

24 engaging in any type of training akin to what

25 preventative service... [cross-talk]

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2 LORELEI ATALIE VARGAS: Yeah, so we
3 train... so, they, they have hired staff and we've
4 trained the staff there on appreciative inquiry and
5 using the parent café model... [cross-talk]

6 CHAIRPERSON LEVIN: Uh-huh... [cross-talk]

7 LORELEI ATALIE VARGAS: ...and the parent
8 café model essentially engages leaders in the
9 community to come in and build and develop leaders in
10 the community to lead conversations that are really
11 structured through the protective factors and that is
12 how we begin to kind of understand what the needs of
13 the community are and what services and, and supports
14 need to be provided through them.

15 CHAIRPERSON LEVIN: Are you... I mean
16 every... as a Council Member and I'm sure every Council
17 Member hears this, you know one of the big
18 challenges, you know people's, people's challenges
19 that they're encountering in day to day life might
20 not fit neatly into like the jurisdiction of a single
21 counsel committee or a single agency's
22 responsibility, often there's... you know there may be
23 housing challenges or employment challenges or
24 education challenges that people are having, how are
25 you engaging or how is this... how is this program or

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2 system going to be engaging with housing, I mean... you
3 know which is like, you know one of the most vexing...
4 I can tell you super vexing challenges that, you know
5 that we encounter...

6 LORELEI ATALIE VARGAS: Absolutely, so
7 two things, one is that when families feel
8 comfortable enough and they've... you know the programs
9 have developed the trust with the families that they
10 could... they come in and they actually share those
11 concerns. The providers and the staff there at these
12 agencies will reach out to us and say hey, we have a
13 family that, you know is in need of housing or
14 there's a mom here who's confided in us that she's in
15 a... in a difficult, you know DV situation where can I
16 access services and supports for her. So, the staff
17 are very good about reaching out to us when they
18 don't know what exists but the other piece is that we
19 recently procured our community partnership programs
20 and they're going to be coming online in January of
21 2019, there will 11 of them but we were very
22 intentional about it including the FEC communities in
23 the RFP so that we double up in our efforts in these
24 three high need communities and so part of the role,
25 one of the lead roles of these community partnership

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2 programs is really about leveraging existing
3 investments that we're already making not we ACS but
4 we the city... [cross-talk]

5 CHAIRPERSON LEVIN: Sure... [cross-talk]

6 LORELEI ATALIE VARGAS: ...you know and,
7 and private funders around things like housing and
8 mental health, health, education and so we have spent
9 the better part of the last three- or four-months
10 beginning conversations with our partners at various
11 sister agencies to identify in these communities what
12 are the supports that exist... [cross-talk]

13 CHAIRPERSON LEVIN: Uh-huh... [cross-talk]

14 LORELEI ATALIE VARGAS: ...and how can the
15 CPPs serve to really connect the dots and create a
16 two-generation continuum of support with those
17 existing investments... [cross-talk]

18 CHAIRPERSON LEVIN: Right... [cross-talk]

19 LORELEI ATALIE VARGAS: ...and that is
20 going to be a compliment to the work that happens in
21 the FECs but really connecting families to supports.

22 CHAIRPERSON LEVIN: Right, I mean I'm
23 not... I'm not sure... I'm not that familiar with each of
24 these neighborhoods to speak definitively about it
25 but in a lot of neighborhoods you have Settlement

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2 House type models where you, you do have multi-
3 generational, two, three generation engagement with
4 families, seniors and parents and, and, and children
5 and yeah, looking to see... I mean I, I... one thing I
6 would be wary of is kind of reluctance to do... people
7 retreating into their own turf or into their own
8 organizations. So, for example, like if, if the
9 Graham Windham providers in a neighborhood, you know
10 is in the lower East Side and Settlement House down
11 there is, is Henry Street Settlement House that
12 they're not seen as anyway competitors but instead
13 complementary and kind of working to, to leverage
14 those resources that have existed for, you know
15 through state and city programs, you know...

16 LORELEI ATALIE VARGAS: Yeah and that is
17 baked in the design of the work that we're doing, I
18 mean we've been very intentional about, about
19 engaging not only our sister agencies, but the
20 providers and we are taking a collective impact
21 approach so really engaging everybody that's there on
22 the ground doing the work... [cross-talk]

23 CHAIRPERSON LEVIN: Right... [cross-talk]

24 LORELEI ATALIE VARGAS: ...to connect
25 resources. We have providers who, you know aren't

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2 seeing the number of clients that they could be
3 seeing if they were better connected with each other
4 and that's... [cross-talk]

5 CHAIRPERSON LEVIN: Right... [cross-talk]

6 LORELEI ATALIE VARGAS: ...kind of the
7 approach that we take in bringing them together.

8 CHAIRPERSON LEVIN: Right, right... [cross-
9 talk]

10 DAVID HANSELL: If I could just add Chair
11 to what Deputy Commissioner Vargas said this is
12 really an approach that pervades, I think everything
13 that we're doing at ACS... [cross-talk]

14 CHAIRPERSON LEVIN: Uh-huh... [cross-talk]

15 DAVID HANSELL: ...we real... as, as I said
16 in, in testimony we realize that often the roots of
17 what manifests as child welfare issues can be
18 attributed to poverty, to trauma, to housing
19 instability, to educational issues... [cross-talk]

20 CHAIRPERSON LEVIN: Uh-huh... [cross-talk]

21 DAVID HANSELL: ...mental health issues and
22 health issues and so on and so the response to them
23 have to be much broader than the services that ACS
24 offers directly so through all of our preventative
25 services, the ones that Deputy Commissioner Vargas

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2 has described, our preventative programs and the
3 community based services that we through our
4 preventative programs and through our child, child
5 protective work we connect families to our goal is
6 always to leverage the resources that exist in the
7 communities that will help respond to the issues that
8 families are dealing with in a way that will help
9 address child welfare issues if those have occurred
10 or help to forestall them if they haven't. So, we...
11 [cross-talk]]

12 CHAIRPERSON LEVIN: Right... [cross-talk]

13 DAVID HANSELL: ...are very attuned to
14 that. You, you in your opening statement mentioned
15 wraparound services which I'm sure we'll come back to
16 and that's a great... [cross-talk]

17 CHAIRPERSON LEVIN: Yes... [cross-talk]

18 DAVID HANSELL: ...example of how we can
19 complement what we are doing directly at ACS with
20 services that already exist in the communities that
21 can provide complimentary support to families.

22 CHAIRPERSON LEVIN: Right and having a,
23 a, a structure in place, I mean I can just tell you
24 in my personal experiences is like trying to find
25 housing resources for constituents that come to me

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can be like an immensely frustrating experience for me as the Chair of the committee banging my head against the wall saying how come this person can't receive a voucher or you know what resources are available or how are they going to find an apartment and going to home base and being told by home base that they can't serve the person then going back to home base and then going back to... over to A... HRA and then going back to home base and it... and, and I think that like making sure that there are structured linkages... [cross-talk]

LORELEI ATALIE VARGAS: Uh-huh... [cross-talk]

DAVID HANSELL: Uh-huh... [cross-talk]

CHAIRPERSON LEVIN: ...between the various types of resources, the Department of Health resources, community... you know community based DOHMH or mental health as you said, the... whether its GED programs, we're, we're... I work... we have a literacy initiative out of the council that does a lot of work on early child literacy, when you mentioned mommy and me programs, you know having you know group... you know group reading, I mean I just think if my, my, my wife Ann and my daughter Francis go to music class down

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the street, you know having... making sure that we're engaging with like... you know having a, a music class for toddlers at, at... programs like... I mean I think that that's all beneficial and that... you know that, that my family can access but, but want to make sure that like every child in New York City has access to that.

LORELEI ATALIE VARGAS: Absolutely and that's the goal.

CHAIRPERSON LEVIN: Yeah. Okay, we might come back to some of those issues. Let's see... oh, well how are... I mean how are families coming in, I mean how are they... are they being referred or are they walking in off the street or... [cross-talk]

LORELEI ATALIE VARGAS: It's a combination... [cross-talk]

CHAIRPERSON LEVIN: ...how's that happen... [cross-talk]

LORELEI ATALIE VARGAS: It's a combination so there are events that take place that draw families in, some families just walk in the street... walk in off the street and say what is this place, I've never seen this place before, what do you do here. We're now at the... at the stage where

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2 families are telling other families in the community
3 about it so there's kind of family to family referral
4 to come on in and see the space and spend some time
5 there and get involved so it's really kind of a broad
6 range and the staff in the beginning were doing a
7 significant amount of outreach in part, you know
8 participating with other providers that were in the
9 community, you know already kind of connected to
10 families and just kind of going out talking with
11 families, getting to know them and letting them know
12 that the Family Enrichment Center was there.

13 CHAIRPERSON LEVIN: How about schools,
14 are you involved in the elementary schools or the... or
15 the early child... the, the Pre-K programs or what...
16 [cross-talk]

17 LORELEI ATALIE VARGAS: Sure. So, yeah
18 so, those relationships exist in each of the
19 respective communities and the staff at each of the
20 Family Enrichment Centers have been really good
21 about, you know developing those relationships and in
22 any of these cases whether it's the schools or the
23 child care centers or the neighborhood health action
24 centers, you know in any way that we can help to
25 facilitate the connection we absolutely do.

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2 CHAIRPERSON LEVIN: Right, Health and
3 Hospitals?

4 LORELEI ATALIE VARGAS: Yes.

5 CHAIRPERSON LEVIN: Yes...

6 LORELEI ATALIE VARGAS: Absolutely.

7 CHAIRPERSON LEVIN: Okay. We've been
8 joined by Council Member Mark Gjonaj, Council Member
9 do you have any questions? Okay, so let's turn over
10 to, to preventive for a while. So, I think if we
11 could... take kind of a, a, a kind of big picture
12 perspective on where things stand on, on preventive
13 cases, new cases and kind of what's happening, its
14 relationship to the broader child welfare system over
15 the... over the last 20 months. So, if, if you've read
16 the, the... Center for the City of New York report kind
17 of speaks to say... Center for New York City Affairs,
18 sorry, the... speaks to the... kind of... some of the
19 dynamic shifts that have happened since, since, since
20 this time in 2016... [cross-talk]

21 DAVID HANSELL: Uh-huh... [cross-talk]

22 CHAIRPERSON LEVIN: ...where we've seen
23 caseloads increase significantly, average caseloads
24 have gone up to 14, this is a... this is... the report
25 was put out in July, so these are on July's numbers.

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We've seen a, a really significant number of... an increase in the number of cases where ACS is referring the case to... for, for a court intervention of some kind so the case gets... there's a... you know a, a... not necessarily an emergency removal but a, a referral to, to the court system basically to, to, to put it before a judge and have a judge... and... kind of describes that process and basically there's a... an over... through an abundance of caution engaging with, with the family court system which is in turn causing a, a law jam effect at, at the family courts which then, you know is, is, is having potentially, you know other... it, it makes it so that other cases that may be more... deserve more attention or should get more focus are kind of getting less time because there are more cases in front of our family court judges. Now we have not seen a... an increase in the... obviously the number of, of foster care placements and we have not seen I don't believe an increase in the number of court ordered supervision but we have seen it in a, a, a decrease in the number of new cases, preventive cases being opened in... kind of in those... in that... in that... those... they're, they're comparing... you know if you look at the charts that

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they have they're going month to month and comparing it year over year so that they're not comparing June of one year to October of another year, they're comparing June to June and October to October. How is this all kind of fitting together and what... I guess why... the first question as it relates to preventive is why are... why are the, the number of new cases of preventive actually less than they were three years ago?

DAVID HANSELL: Uh-huh. Well let me... there was a lot in your question, number of questions and so... [cross-talk]

CHAIRPERSON LEVIN: It's a big, big picture... [cross-talk]

DAVID HANSELL: ...let me... let me... [cross-talk]

CHAIRPERSON LEVIN: ...question... [cross-talk]

DAVID HANSELL: ...try to give sort of a, a broad answer and then we can zero in on the specifics that are of interest to you. And the time frame you're talking about is, is largely parallels my term as Commissioner, I came in about 19, 20 months ago in the wake of the fatalities in late, late 2016 and

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2 after those fatalities, in the months after those
3 fatalities we saw... we did see a number of things
4 happen in New York City. One is we saw a very
5 significant spike in the number of reports of abuse
6 and neglect that we receive and as you know those
7 reports go initially to the state's hotline which is
8 formerly known as the state's central registry or the
9 SCR, the state makes an initial determination whether
10 to accept that report and if they do they refer it to
11 us and we are obligated to investigate every report
12 that the state refers to us and make a determination
13 of whether we believe that the allegation of the
14 child that's been maltreated is, is substantiated or
15 not. So, there was a significant spike in those
16 reports in early 2017 and it has continued since then
17 and that has meant that the volume of reports that
18 our Division of Child Protection has had to
19 investigate has gone up... [cross-talk]]

20 CHAIRPERSON LEVIN: Uh-huh... [cross-talk]

21 DAVID HANSELL: ...that did mean for a
22 period of time that our average caseloads went up, we
23 have done a lot about that issue, we first, first of
24 course... for, foremost is hiring, we hired about 700
25 new child protective specialists last year, we're

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doing a lot to try to improve our retention rate among those specialists, we're doing a lot to improve the efficiency with which they do their work through providing them technology, tools, improving things like transportation supports so they can get out in the field faster to expedite their investigations. So, we have been working very aggressively to manage that very significant increase in reports with the, the workload that we have... the work... the workforce that we have and I'm happy to say that in August of this year, August of 2018, a couple of months ago we had reached the lowest average caseload in our child protective division that we have had since prior to those fatalities in 20... in 2016, our average caseload was down to something around an average of nine cases per caseworker, it's gone up a little bit since then because there is some cyclical variation in reports but we are still well below the threshold that we use which is 12, an average caseload of 12 which is what we consider to be a caseload that a child protective specialist can reasonably manage. So, we have been below that threshold for the last few months and, and we continue to be. With regard to preventive services... [cross-talk]

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2 CHAIRPERSON LEVIN: Sorry Commissioner
3 that, that... [cross-talk]

4 DAVID HANSELL: Sorry... [cross-talk]

5 CHAIRPERSON LEVIN: ...peaked, where did
6 that peak?

7 DAVID HANSELL: It peaked... I believe it
8 peaked in the early summer of this year... [cross-talk]

9 CHAIRPERSON LEVIN: Okay... [cross-talk]

10 DAVID HANSELL: ...again typically there is
11 a, a spike in the number of reports we receive in the
12 sort of May, June period near the end of the school
13 year because many of them are related to educational
14 reports that come in near the end of the school year
15 and then there's another peak usually around this
16 time of year as children go back to school and as
17 schools begin to see attendance patterns and observe
18 kids who are not coming to school on a regular basis,
19 we tend to again sort of see an increase in, in
20 reports at that time so I think... I think we peak sort
21 of in the late spring or early summer range, its been
22 coming down since then and we hit a low point in
23 August and we continue to be well below the average
24 of last year and, and, and below the average of 12.
25 With regard to preventive services you, you mentioned

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the issue of, of fewer new preventive cases opening that is something and actually I discussed this previously with, with you and with the committee in, in prior hearings including our, our budget hearings last year, when I became Commissioner in March of last year one of the things that I was very concerned to learn was that we were a rate of closing cases, preventive cases had slowed and as a result of that our rate of opening cases because we have a limited... a finite number of slots and so it's very important for us to work with families to the point where they've achieved their objectives and we think children are safe and we can... we can safely move that family off of preventive services so we can make that slot available to a new family who's, who's needs are, are, are more immediate. That process had slowed and I actually immediately began to work very closely with Dr. Martin and her team to understand why because I was very concerned about it and because I did know that we were a point back in early 2017 where we were not able to match families, families needing services with the appropriate services as quickly as we wanted to... [cross-talk]

CHAIRPERSON LEVIN: Right... [cross-talk]

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2 DAVID HANSELL: ...so we the analysis of
3 that and we discovered there were several things at
4 the root of that. One was... one was... one part of it
5 was internal out switch was sort of business process
6 that there were things about our process of doing
7 that referral and matching that were not as efficient
8 as they could be, so we worked on that. A second part
9 of it had to do with the fact that in response to the
10 fatalities in, in late 2016 particularly the Zymere
11 Perkins fatality we implemented some changes in
12 response to recommendations we got from Department of
13 Investigation and, and others that slowed the process
14 of closing cases, made it more difficult for us to
15 close cases and that had the entirely unintended but
16 still significant consequence of making it more
17 difficult for us to make slots available to families
18 coming into the system. So, we looked at how we could
19 expedite the process of safely closing preventive
20 cases when we thought the families had successfully
21 completed their objectives in, in the service model.
22 And the third is that we found that many of our
23 providers were unable to meet their contracted
24 capacity because they could not staff, they could not
25 maintain... attract and retain enough qualified case

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2 workers and case managers to serve the population
3 that they were contracted to serve and that was
4 because we were not adequately compensating them to
5 do that and that of course led to the conversations
6 we had in the budget process beginning last June in
7 Fiscal Year '18 about what we needed to do to make
8 sure that we were adequately compensating providers
9 to provide the quality of services and to maintain
10 the quality of staff with which they needed to do
11 that and so with the support of the council we
12 invested in some specific areas like increased
13 training, increased conference facilitation,
14 increased participation in our quality assurance work
15 but we also initiated the model budget process which
16 we talked about at the hearing in, in June which has
17 enabled us and that, that process is now pretty well
18 done and I think virtually all of those contract
19 elements are now completed and registered... [cross-
20 talk]

21 CHAIRPERSON LEVIN: Uh-huh... [cross-talk]

22 DAVID HANSELL: ...that has enabled our
23 providers to raise salaries for their case work staff
24 and their supervisory staff to levels that enable
25 them to attract the caliber of staff they need and,

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2 in many cases, have enabled them to reopen their
3 intake systems so that they can increase the number
4 of, of families that they're serving...

5 CHAIRPERSON LEVIN: And that's been... just
6 for the... for the record that has been widely... there's
7 a consensus that that has gone well for providers,
8 they... there's been positive feedback from providers
9 on, on the ACS final budget process?

10 DAVID HANSELL: Yeah, well that's great
11 to hear... [cross-talk]

12 CHAIRPERSON LEVIN: In fact, I've gotten...
13 [cross-talk]

14 DAVID HANSELL: ...its certainly the
15 feedback we got and its great to hear you got it as
16 well but what's most important is we've seen the
17 impact we wanted which is that providers are able to
18 staff up, they're able to reopen intake, they're able
19 to meet their contracted levels of service so by
20 focusing on all those things, there's some others but
21 those I think are the most important ones. In the
22 first six months of my tenure here between March of
23 2017 and August we were able to get to the point
24 where we were in the vast majority of cases able to
25 match families with services that they needed very

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quickly, and we have stayed in that place since then.

So, I think some, some of the data that you're reading is probably over a period of time, it doesn't necessarily reflect where we are today. With regard to court ordered of services that you mentioned that is an area... we obviously have seen an increase in the number of court ordered service... supervision cases, I'm sorry, court supervision and often those cases involve court ordered services we seek court supervision in situations where we believe that it is possible to keep a family together safely, it is possible to keep a child with his or her parents or parent or caretakers but only if the parent or parents participate in services to address the source of the risk to those children, whether it's substance abuse, whether it's domestic violence, whether it's mental health or health issues we only believe that that family can remain together safely if the parent gets services and we're not certain that the parent will do that voluntarily and those are the situations in which we seek from the family court an order directing the parents to participate in services.

Very often in the case of a domestic violence situation, it may be an order to require that the

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person causing harm remain away from the family so that they're not jeopardizing either adults or children in that... in that family situation but whatever it is it's... we seek that only when we think that court oversight is necessary to ensure that parents participate in those services. Sometimes we, we... it's... there some situation in which we go to court requesting a removal and the court makes a decision that supervision is adequate but, in every case, supervision is an alternative to removal of children which is where it's safe and possible an alternative that we prefer. So, it's, it's an intervention that we think is appropriate in many situations, but we also only want to use it where it's absolutely necessary.

CHAIRPERSON LEVIN: Right and what we've seen... I mean in this, this report, you know speaks to a certain kind of level of caution that has been a lasting... this is a lasting consequence of the crisis surrounding Zymere Perkins death that the case worker said... ACS staff are more inclined to recommend that the cases be taken to court rather than allowing families to do voluntary services and you know the, the... if there's an in... you know there's a ten percent

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increase in the SCR calls in the corresponding time
and a 54 percent increase in the... in the instances of
ACS referring the matter to family court in other... in
other words not, not handling the issue, you know
through voluntary services, it just... it... and
obviously it has an impact on, on the case load and
management at our family courts which are obviously
over, overburdened anyway but kind of... you know
they're... if, if family... I mean it, it talks to family
court judges booking two, three cases in the same
half hour slot, you know I'm, I'm not necessary... I
mean look judges are, are... we need family court
judges to be... to be there to be able to make
difficult decisions but I'm not sure that if they
have two or three cases in a half hour slot whether
they're going to be necessarily any more informed
than a caseworker that's been working on a... or a
supervisor that has been working on a case for, for,
for a month... [cross-talk]

DAVID HANSELL: Uh-huh... [cross-talk]

CHAIRPERSON LEVIN: Right, I mean I, I
just... I'm, I'm... [cross-talk]

DAVID HANSELL: No, no... [cross-talk]

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2 CHAIRPERSON LEVIN: ...concerned about
3 that... [cross-talk]

4 DAVID HANSELL: I appreciate it, yeah...
5 [cross-talk]

6 CHAIRPERSON LEVIN: ...as a kind of ongoing
7 consequence of, of, of these, these cases.

8 DAVID HANSELL: I appreciate those
9 concerns, we have... those are of course also issuing
10 for our family court legal services attorney's that
11 are taking those cases to court as well as our child
12 protective specialists that go to court to testify as
13 to why we believe supervision is necessary so it's
14 something that we, we monitor closely. I guess I... two
15 things I would say is... one is I think it is important
16 to look at those numbers in relationship to as, as
17 you acknowledged Mr. Chairman that the... our foster
18 care caseload is going down significantly so... [cross-
19 talk]

20 CHAIRPERSON LEVIN: Yes, right... [cross-
21 talk]

22 DAVID HANSELL: ...yes, we have more cases
23 under supervision, but we have fewer cases going to
24 foster care which I think is... [cross-talk]

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2 CHAIRPERSON LEVIN: The right direction...

3 [cross-talk]

4 DAVID HANSELL: ...what we'd prefer to see...

5 [cross-talk]

6 CHAIRPERSON LEVIN: Yes... [cross-talk]

7 DAVID HANSELL: The other thing I, I have
8 to say we do work very closely with the family court,
9 I meet on a regular basis with Jeanette Ruiz who is
10 the Chief Administrative Judge of the court to talk
11 about ways that we can work together to make the
12 system work more efficiently but I will say that I...
13 you know we need to make our judgements based on what
14 we think is necessary to keep children safe... [cross-
15 talk]

16 CHAIRPERSON LEVIN: Right... [cross-talk]

17 DAVID HANSELL: ...and I, I would be
18 concerned if we were making judgements based on the
19 capacity of the court system rather than what's...
20 [cross-talk]

21 CHAIRPERSON LEVIN: Yes... [cross-talk]

22 DAVID HANSELL: ...necessary for children's
23 safety.

24

25

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2 CHAIRPERSON LEVIN: Absolutely, I agree.

3 Council Member Gjonaj has a question or two that he...

4 [cross-talk]

5 DAVID HANSELL: Sure... [cross-talk]

6 CHAIRPERSON LEVIN: ...would like to ask

7 you.

8 COUNCIL MEMBER GJONAJ: Thank you

9 Chairman, good to see you again Commissioner... [cross-

10 talk]

11 DAVID HANSELL: Good to see you...

12 COUNCIL MEMBER GJONAJ: What are the

13 total number of investigations that took place in

14 2017?

15 DAVID HANSELL: In 2007... 2017, I believe

16 it was about 55,000, do we have the exact number...

17 yep, sorry, 50...

18 [off mic dialogue]

19 DAVID HANSELL: ...59,812.

20 COUNCIL MEMBER GJONAJ: How many of those

21 were for abuse or neglect, do you have a breakdown?

22 DAVID HANSELL: Yes, we do. Here we go...

23 and typically the majority are for... are for neglect

24 so... do I have them broken out, let's see here... these

25

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2 are broken up between indicate... so... I'm going to have
3 to...

4 [off mic dialogue]

5 DAVID HANSELL: We can get you the exact...
6 I'm, I'm looking... on... roughly speaking approximately...

7 [off mic dialogue]

8 DAVID HANSELL: Let's see... the vast
9 majority are neglect, there... of, of the total 59,000...
10 I'm sorry, well this has...

11 [off mic dialogue]

12 DAVID HANSELL: I'm sorry, 87.5 percent
13 of those were neglect only, 12.5 percent were either
14 abuse only or were a combination of abuse and
15 neglect.

16 COUNCIL MEMBER GJONAJ: How many of those
17 are substantiated or unsubstantiated?

18 DAVID HANSELL: Yeah, typically about 40
19 percent of our investigations result in a
20 substantiated, in 2017 39.8 percent of our total
21 investigations were substantiated. So, about, about
22 23,805 investigations.

23 COUNCIL MEMBER GJONAJ: And of the 60
24 percent of the roughly 60,000 that you close out as
25 unsubstantiated... [cross-talk]

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2 DAVID HANSELL: Uh-huh... [cross-talk]

3 COUNCIL MEMBER GJONAJ: ...do you have
4 investigations that take on... take place at a later
5 date as to reopen an investigation, do you have
6 recidivism in that sense?

7 DAVID HANSELL: We do that if there is a
8 new report, if we... if we complete a report on... make
9 an investigation on a report and we determine its
10 unfounded we close that investigation however if
11 there's a subsequent report involving that child or
12 those children or those parents that history is part
13 of what we consider in doing a new... a new
14 investigation on a new report.

15 COUNCIL MEMBER GJONAJ: Do we have any
16 idea how many cases are re-investigated after they've
17 been closed?

18 DAVID HANSELL: Because there's a
19 subsequent report on that family... what we can... I... we
20 don't have handy, we can get that information to you.

21 COUNCIL MEMBER GJONAJ: I think that
22 would be an important statistic as we understand the
23 trends and... [cross-talk]

24 DAVID HANSELL: Sure... [cross-talk]
25

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2 COUNCIL MEMBER GJONAJ: ...are we closing
3 cases properly and are they being reopened later on
4 and there is a found of abuse and neglect, I think
5 it'd be very telling as to how we're... how far the
6 investigations are taking place and an average
7 investigation is what period of time?

8 DAVID HANSELL: Invest... we have a 60-day
9 period to complete investigations, they typically
10 take almost that complete period of time sometimes
11 they take a shorter amount of time but typically the
12 investigative period is 60 days.

13 COUNCIL MEMBER GJONAJ: How many visits
14 to a family's home?

15 DAVID HANSELL: It depends on the nature
16 of the allegation and what we learn. We always make...
17 we're required and we do make an initial visit to a
18 home within 24 or 49 hours depending on the severity
19 of the allegations and see the children within that
20 period of time we then do... in addition to whatever
21 additional home visits are required we do contacts
22 with collaterals who may have information which could
23 be school personnel, it could be neighbors, could be
24 medical personnel, it could be you know a therapist
25 or, or other providers who are working with the child

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2 or working with the family, it could be other
3 relatives, we... in addition to researching whatever
4 history might exist with regard to that family we
5 collect information from a number of other city
6 databases that might be relevant in terms of that
7 family's utilization of other kinds of services, we
8 do a review of any criminal history related to that
9 family, domestic violence history related to that
10 family so the investigative process is very extensive
11 but in terms of your immediate question, how often do
12 we visit the home that depends upon the nature of the
13 allegation and how often we need to go to, to make a
14 determination of whether to substantiate the report.
15 If we do substantiate it and we make a decision that
16 continued involvement is necessary and if a... for
17 example, if a, a case moves to court ordered
18 supervision as we talked about we then remain
19 involved with that family and visit at least every
20 two weeks sometimes more frequently than that to make
21 sure that whatever risk issues we're concerned about
22 are maintained at a level that does not pose a safety
23 concern for children.

24 COUNCIL MEMBER GJONAJ: That's when
25 they're substantiated but when they're not my concern

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2 is how many visits are really made to a home to... it
3 could be telling of the neglect or the potential for
4 abuse.

5 DAVID HANSELL: Yeah... [cross-talk]

6 COUNCIL MEMBER GJONAJ: ...and that's not a
7 formula that... [cross-talk]

8 DAVID HANSELL: It really... it depends on
9 the nature and the spirit of the allegations and it
10 depends on, you know there... as I said there are a
11 number of ways in which we have... we have to collect
12 information to make the determination of whether we
13 think there's a credible basis for the abuse or
14 neglect to the allegation and some of that certainly
15 comes from observing the home, talking with the
16 parents and meeting the child, some it comes from
17 other sources as well.

18 COUNCIL MEMBER GJONAJ: Is it safe to say
19 that one visit is not the norm?

20 DAVID HANSELL: Yes.

21 COUNCIL MEMBER GJONAJ: So, there are
22 several home visits that are made during a 60-day
23 period?

24

25

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2 DAVID HANSELL: Yes, usually there are
3 multiple interactions with the family and with the
4 children.

5 COUNCIL MEMBER GJONAJ: Actual... well
6 interactions is one thing, I'm, I'm referring to
7 unscheduled, unannounced visits to the home.

8 DAVID HANSELL: Again, I think... I have to
9 say... let me talk... consult with my experts here but I
10 think it... again it depends because sometimes there
11 are reasons why we want to see the children away from
12 the home because we want to make sure that the
13 children are not be coached by parents about what
14 they're saying, we sometimes meet with children in
15 the school or in other settings. In the case of very
16 serious allegations, allegations are for example
17 physical abuse or sexual abuse, we actually have
18 protocols for interviewing children in child advocacy
19 centers and, and places like that where we can really
20 do the best possible job of, of getting to the bottom
21 of what may in fact have happened so again there's a
22 range of different ways in which we would interact
23 with the children and interact with the family
24 depending upon the nature of the report that we're
25 investigating.

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2 COUNCIL MEMBER GJONAJ: I, I guess my
3 real concern is that we're not closing cases
4 prematurely without doing a full investigation and
5 nothing can be more revealing than home inspections
6 where the alleged abuse or neglect is actually taking
7 place and to a trained eye several visits to a home
8 and interviewing the family members could be very
9 revealing so I'm just trying to get a better
10 understanding how we investigate, how we make these
11 home visits and at what point do we really feel
12 comfortable in determining whether they're... its
13 substantiated or not.

14 CHAIRPERSON LEVIN: If you could... sorry,
15 just say... [cross-talk]

16 NATALIE MARKS: Sorry... [cross-talk]

17 CHAIRPERSON LEVIN: ...say your name for
18 the record please.

19 NATALIE MARKS: Natalie Marks, Associate
20 Commissioner for the Division of Child Protection.
21 So, our standards are the same whether the cases are
22 unfounded or indicated, we would make at least by
23 weekly visits during the duration of when the case is
24 opened and as the Commissioner stated under certain
25 circumstances it would be much more frequently. For

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2 example, if there are children under one or we begin
3 to have serious concerns for the family we will make
4 visits, we also have the ability to send our
5 emergency children services on nights and weekends if
6 we suspect something is going on so, you know again
7 it's, it's based on a holistic assessment of the
8 family.

9 COUNCIL MEMBER GJONAJ: So, walk me
10 through this please, so I have a better... [cross-talk]

11 NATALIE MARKS: Sure... [cross-talk]

12 COUNCIL MEMBER GJONAJ: ...understanding.
13 Obviously... from the obvious you'll walk in
14 unannounced, you'll make an inspection, you'll see if
15 there is adequate food or nutrition for the children,
16 right, you'll look for I'm sure telling signs of
17 physical abuse... [cross-talk]

18 NATALIE MARKS: Yes... [cross-talk]

19 COUNCIL MEMBER GJONAJ: ...which will
20 determine the next step, could you elaborate a little
21 bit?

22 NATALIE MARKS: Sure, so when we come in,
23 you know initially during our required 24/48 hour
24 home visit we must make an assessment of the home so
25 that includes food, it includes adequate bedding, we

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2 have to determine who resides in the home, we would
3 ask for identification so that we can conduct proper
4 clearances, we interview children and all family
5 members separately whenever possible and we look for
6 obvious signs of abuse, you know bruises, marks, if
7 there's a lack of food, you know those are things
8 that are, are red flags for us and often times we
9 will... you know if we see something we make a decision
10 about safety and risk at every single visit so there
11 are times, you know in the initial visit we see
12 something that's very serious and we take action or
13 we safety plan with the family depending on the
14 circumstances and then that visit will determine next
15 steps.

16 COUNCIL MEMBER GJONAJ: And those next
17 steps are... please remind me how many visits are
18 normally, bi weekly so 60-day investigation leads to...
19 [cross-talk]

20 NATALIE MARKS: So, at... [cross-talk]

21 COUNCIL MEMBER GJONAJ: ...what... [cross-
22 talk]

23 NATALIE MARKS: ...the minimum we have to
24 make visits bi weekly while the case is open so every
25 two weeks, we have to see that family. So, if it's

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2 open for 60 days then we would see the family, you
3 know at least four times, right.

4 COUNCIL MEMBER GJONAJ: And that's in
5 every case, that's the bare minimum?

6 NATALIE MARKS: Bi weekly but we do close
7 some cases, not many but some cases less than 60 days
8 so however long it's opened so if it's open for 30
9 days we will see the family at least twice, if it's
10 open for 60 days we would see the family at least
11 four times.

12 COUNCIL MEMBER GJONAJ: Cases that are
13 closed does anyone have any idea of the percentage
14 that are re-opened that are found unsubstantiated, a
15 later complaint requires another investigation, the
16 same protocol within 48 hours?

17 NATALIE MARKS: Yes.

18 COUNCIL MEMBER GJONAJ: How... do we have
19 an idea of what percentage of the 60,000 cases...
20 [cross-talk]

21 NATALIE MARKS: I don't have that number,
22 but we can get it for you.

23 COUNCIL MEMBER GJONAJ: Thank you. Thank
24 you Chair.

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2 CHAIRPERSON LEVIN: Thank you very much
3 Council Member Gjonaj. So, I'm going to cover a few
4 topics here. Let's see... the, the first topic I'd like
5 to talk about a little bit is in following up on
6 Council Member Gjonaj's line of... line of questions,
7 so the... so, the vast majority of, of cases that are
8 called into SCR and cases that are indicated involve,
9 involve neglect, as you're aware just in the last
10 couple of weeks a report came out identifying over
11 100,000 New York City school students who meet the
12 definition of homeless according to McKinney Vento, I
13 think it was 100 and... over 110,000 and housing
14 instability as I referenced before has become a... an
15 enormous factor in, in New York City much worse than
16 it was ten years ago, much worse, I mean we're on a...
17 we're on a whole different level these days in terms
18 of housing instability and that means children are
19 doubled up, it means children are just in, in
20 unstable housing environments so rent is in arrears,
21 parents are stressed out or it means families are in
22 shelter...

23 DAVID HANSELL: Uh-huh... [cross-talk]

24 CHAIRPERSON LEVIN: Families might be in
25 shelter due to domestic violence and so that's the

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HRA DV system, that's also the DHS system, family DHS system where people... there's no more room in, in the HRA DV system and families are in a... in the DHS system due to domestic violence circumstances. One alarming piece of data that I think is for everybody to be concerned about is the, the, the percentage of children that are... or families that are placed in the DHS system who are placed according to their youngest child's... in the same borough as their youngest child's school of attendance which four or five years ago was at 80... over 80 percent and has gone down to around 50 percent and hovers around 50 percent to this day. How... when, when we're examining for... this goes for CPS and this then goes for preventive case workers and supervisors how are we exploring housing instability and other... and other measures of poverty as, as being... as causing circumstances that might... that might lead to somebody calling an SCR complaint on somebody or an indication or not an indication but a guide... guidance towards voluntary preventive services, how... I mean how... and then, then... and then as a follow up to that question what, what are we then doing about it if somebody's in... so, you know if

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somebody's in a general preventive program... [cross-talk]

DAVID HANSELL: Uh-huh... [cross-talk]

CHAIRPERSON LEVIN: ...how are they... how are we helping them with housing instability which is, you know really difficult stuff to deal with just because the city doesn't really have a lot of resources to deal with it frankly so... let alone ACS but I mean like the city itself doesn't bring a lot to bear?

DAVID HANSELL: No, those are very, very important questions and those are things that we spend a lot of time thinking about both ourselves within ACS but also working very closely with both the DHS and the HRA sides of, of Department of Social Services because we do believe, we know that there are a large number of families who are involved in both the shelter system and in the child welfare system and so we have a responsibility to work as closely as we can to make sure we're addressing all of the issues that those families are dealing with. We... early last year we... and I have talked about this previously as well we entered into a new memorandum of understanding with Department of Homeless Services

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and ACS which enabled us to do a number of things; it enabled us to share data with them more robustly than we had previously so that we can... we... again obviously subject to, to legal constraints but making sure that we can look at both the data we have about families and the child welfare issues and the information that we collect in the course of our child welfare investigations or our preventive services and the information that, that Department of Homeless Services has to provide holistic services and holistic case, case management for those families and it also has allowed us, our staff and DHS case managers mostly through their providers that run the shelters also to work together more closely and to exchange information that enables us to serve families better and them to serve families better. So, for example, we are now getting more real time information from DHS when families are moved from one shelter to another because, which does happen for some of the reasons you're saying and, and that decision is a decision we have no involvement in but when it does happen we need to know because of course it's, it's important for us to remain engaged with that family whether they're under investigation,

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whether they're receiving preventive services, wherever they are in our system we want to make sure that we're following them so that they can continue to receive the services that they are receiving through, through ACS and we also want to make sure that families who are in DHS temporary housing are still able to receive and eligible for all the same services they would receive in the community. So, under the MOU for example all families in DHS shelters receive counseling about unsafe sleep practices which is important to us for all the families we work with and information and access to early learn programs and other early education programs so we're bringing... making sure that we bring ACS services, proactive services into the shelters and reach families that are there. On the preventive side and I, I think I will also just mention we also have had since last year a team of child protective specialists, an ACS team co-located physically at the path so that we can make sure that we're advocating for our families and we do aggressively advocate for families that we're involved with at the path to do everything we can to support their establishing eligibly for shelter if they need that and to the

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extent that we can assist with that based on information we know from our interaction with them we will do that but also to make sure that we get information through the path quickly that we can then convey back to child protection teams around the city that are working with those families. In the area of preventive, we actually have been working with and have initiated a couple of pilot programs with DHS and HRA that we are very excited about and I think actually Commissioner Banks and his team are very excited about it as well that go right to your, your question about what can we do in, in our preventive work to help families that are dealing with housing instability, there are two of them and, and Dr. Martin can talk in more detail if you'd like to hear about them but we are... we have worked closely with really the HRA side to make sure that through our preventive... and we've piloted this in a part of the city, actually we're piloting it in Brooklyn and hoping eventually to scale it across the city but to work with families who are receiving preventive services to identify housing instability to basically screen for housing instability and make sure that those families are referred to home base so that they

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can get the advantage of home base services to avoid actually becoming homeless and thus entering the shelter system on the frontend and on the backend we are working with families that are receiving preventive services from ACS and are in the commercial hotel component of the shelter system to help them get rehoused and get out of the shelter system altogether. I think we all agree that commercial hotels are not a place we want families to be certainly not a place we want the families we're working with to be and so we have piloted an initiative with Department of Homeless Services to identify those families who are in commercial hotels who are receiving preventive services from us and to work aggressively with them to help them use the subsidies that are available to them to get rehoused and get out of the commercial hotel part of that system. So, those are a couple of examples of things that we're doing that we're very excited about because we do believe that an, an essential part of our preventive interactions with family's needs to be around housing instability and homelessness where that's a reality that those families are dealing with.

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2 CHAIRPERSON LEVIN: Why just the hotels,
3 why not tier two shelters and, and remaining cluster
4 sites that still, still exist?

5 DAVID HANSELL: Well I'll let Dr. Martin
6 sort of talk... she, she really has been much more
7 engaged in the details of working this out but I
8 think fundamentally it's because we wanted to start
9 this as a pilot on a small scale to see... establish
10 basically proof of concept and then expand both
11 geographically and potentially broad... more broadly
12 across the system but let me ask Dr. Martin to speak
13 to that.

14 CHAIRPERSON LEVIN: And just one thing
15 before you... before you begin Dr. Martin, that... I
16 can't... it's hard to express my frustration trying to
17 find... trying to get... help somebody who is in shelter
18 either get a voucher or when they get a voucher find
19 an apartment, people... I talk to people that have a
20 voucher in hand for two years and can't find an
21 apartment because the vouchers are like... you need a
22 two bedroom apartment, two bedroom voucher is like
23 1,500 dollars and it's just hard to find a two
24 bedroom for 1,500 dollars and so on the other side of
25 the... of this committee's work, you know trying to

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advocate for an increase in the voucher limits but I can just... I mean nothing makes me more frustrated in my entire work than trying to find somebody... help somebody find an apartment and, and getting turned away frankly sometimes by home base staff, sometimes by DSS staff so just... I just want to preface this with like... I get really frustrated with this stuff so...

DAVID HANSELL: And, and to that point I mean we understand that, it's an experience we hear a lot from families we work with that's obviously a little bit outside of our jurisdiction but... [cross-talk]

CHAIRPERSON LEVIN: Right... [cross-talk]

DAVID HANSELL: ...what we do want to do is make sure that we're helping the families, we're working with... utilize the resources that they do have to get out of the system and sometimes, you know through our prevention services we can help them with that search process so that we can, you know maybe expand on their capacity to use the vouchers to find the, the housing that they need but let me... let Dr. Martin explain that... [cross-talk]

JACQUELINE MARTIN: Yeah... [cross-talk]

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2 CHAIRPERSON LEVIN: Thanks Dr. Martin, I
3 didn't mean to interrupt.

4 JACQUELINE MARTIN: Thank you so much. I
5 think, you know we definitely share those concerns
6 and so the Division of Prevention Services our
7 commitment is really to ensuring that our prevention
8 providers have the support that they need to help
9 families that they are working with and so we have
10 approached that through the collaboration with both
11 DHS as well as HRA and so to elaborate on the pilots
12 that the Commissioner has been referencing we believe
13 that we are seeing some very positive outcomes for
14 those families. For example, for the families in
15 commercial hotels we were working very closely in
16 collaboration with the DHS providers able to rehouse
17 approximately 31 families in this past year and
18 rehouse them safely so our efforts are really about
19 collaboration, having the family, you know also as a
20 part of this conversation and ensuring that we are
21 getting them using whatever financial resources that
22 they have to get them rehoused. On the... on the HRA
23 side, which I think is also pretty exciting... [cross-
24 talk]

25 CHAIRPERSON LEVIN: Yeah... [cross-talk]

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2 JACQUELINE MARTIN: ...we were able to
3 pilot a screening tool I think and although we are in
4 Brooklyn what we were able to do is to actually
5 screen over 2,000 families to see whether or not they
6 were at risk of housing instability and so we think
7 that attract... addressing this from both ends if you
8 would, you know our efforts to prevent families from
9 going into shelter as well as our efforts to, you
10 know expedite their discharge.

11 CHAIRPERSON LEVIN: What about things
12 like just, you know necessities so a family is maybe
13 in shelter, maybe in insecure housing and, and is
14 receiving preventive services if they're in need...
15 say, say they get an apartment but they don't have
16 furniture, they don't have, you know the... just... maybe
17 they're not able to buy enough food, I mean honestly
18 SNAP benefits... some people... I know people that are
19 receiving 22 dollars a month in SNAP benefits, so you
20 know not, not nearly enough to, to fill the fridge,
21 how... if someone's in a general preventive slot how,
22 how are we making sure that those basic needs are
23 met?

24 JACQUELINE MARTIN: Sure, thank you for
25 raising that because this really is the work that we

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do. To ensure that families who have benefits keep those benefits, that there's not an interruption to those benefits, we work very closely with HRA but we also and I'm excited to tell you about another pilot that, you know ongoing work, I wouldn't even call that a pilot, we meet with HRA every two months to actually look at families who are involved in child welfare and also receiving benefits through HRA and our goal is to ensure that those benefits are not disrupted and that if there are sanctions against those benefits that we are working closely with our providers to ensure that the families cooperate with HRA to get those sanctions lifted or reduced. So, our goal is to ensure that the families have the... have the, the resources that they need. Prevention agencies can also assist families with accessing these... the, the... as you mentioned. For example, furniture. So, one of the services and the resources that we have within ACS is our day program where when either doing an investigation or when prevention services is involved if we see that a family needs furniture or beds or cribs whatever the needs are, we are able to provide those quite expeditiously so that the families don't have to wait.

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2 CHAIRPERSON LEVIN: Okay. I mean there's
3 a... there's a bigger question here which is are
4 families either getting involved in a neglect case
5 or... either voluntarily or being mandated to
6 preventive services where the root issue is purely
7 economic, the root issue is that they... that there's
8 just not... that there's, there's not enough money, I
9 mean I, I will... I will tell you I mean like I've...
10 again I... nothing has frustrated me more than working
11 on individual cases and I get told that somebody
12 doesn't... can't receive... gets 22 dollars a month in,
13 in SNAP benefits and doesn't... can't receive PA
14 because they're receiving 750 dollars a month in
15 disability and that's it, 750 a month total that's
16 their annual... that's their monthly budget to be able
17 to... and so... I mean are... I guess my, my, my question
18 is like if you take a big step back are we examining
19 this all through the lens of... this is... this is about
20 poverty and it's about economics more than everything
21 else, it's about... it's just about... it's about... it's
22 an economic issue not a... not necessarily a child
23 welfare issue.

24 DAVID HANSELL: Yeah, so this is a, a
25 difficult issue for us, I think it's a difficult

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2 issue for all child welfare agencies, the difficult
3 issues for us is... I mean we know that economic
4 inequality is at the root of many, many of the evils
5 in, in our society... [cross-talk]

6 CHAIRPERSON LEVIN: Uh-huh... [cross-talk]

7 DAVID HANSELL: ...so it is a reality we
8 have to acknowledge. What we... what we try to do, and
9 I think this is what Dr. Martin said and this is not
10 just true in our preventive services this is also
11 equally true within our Division of Child Protection.
12 When a family is still in the investigative process
13 even at that stage from the very beginning of our
14 involvement with the family if we see that a parent
15 is having... is struggling to meet the needs of their
16 child because of economic issues, because of lack of
17 tangible things like cribs, beds, refrigerators, food
18 and things like that we will work with them to help
19 maintain benefits as Dr. Martin said, to provide the
20 tangible things that they need to help that parent
21 provide the support that their children need and
22 that, that's a... from our perspective a critical part
23 of what we do... [cross-talk]

24 CHAIRPERSON LEVIN: Uh-huh... [cross-talk]

25

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2 DAVID HANSELL: ...and for... so, for
3 example, you know when we launched this past summer
4 our CPS appreciation campaign publicly that was one
5 of the themes that we thought it was very important
6 for us to try to project out to the city which is
7 that a critical part of the work of our child
8 protective specialists is to help parents meet the
9 needs of their children and their families and also
10 get, you know the resources they need whether it's
11 education, whether its child care, whether it's jobs
12 that will enable them to support their children. So,
13 throughout the course of our involvement with the
14 family whether it's protective or preventive or even
15 pre through, you know our primary prevention work
16 that is a core part of what we do. Having said that
17 our fundamental responsibility is to protect children
18 and keep children safe and neglect can be as
19 dangerous to children as abuse, medical neglect, not
20 treating a child's serious medical issues can be a, a
21 very serious risk to children, not providing for a
22 child's nutritional needs can be a very serious risk.
23 So, we do have to make sure ultimately that, that
24 children are not being endangered by the situations
25 in which they live but our goal is to do that by

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2 supporting families, working with parents, helping
3 parents access benefits, services, financial concrete
4 whatever they may be so that they can address
5 whatever economic challenges they are facing and, and
6 proactively care for their children whenever that's
7 possible for them to do that.

8 CHAIRPERSON LEVIN: If... [cross-talk]

9 JACQUELINE MARTIN: May I... may I just add
10 to what the Commissioner had said, so I just first
11 want to say that you are definitely speaking to my
12 heart, I have been doing this work for 30 years and
13 at the heart of what we see in families engaged with
14 child welfare is exactly that issue, right and so our
15 intent and I don't think that we would ever leave
16 those needs unmet but they have been challenges along
17 the way in terms of how we can be more responsive and
18 I think that we will have an opportunity as we
19 redesign our services to look more at economic
20 mobility opportunities as with the Family Enrichment
21 Centers, I know that that's a core of the service
22 that they will offer to families and our intent is to
23 have that as a value throughout all of our child
24 welfare services and so we definitely want to be
25

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2 innovative and cutting edge in terms of how we
3 respond to just these needs.

4 CHAIRPERSON LEVIN: And making sure that
5 that... and I appreciate... I think that that's exactly...
6 I mean you're speaking to my heart but making sure
7 also that that is... that that message is getting down
8 to the case... the preventive case worker who may be 26
9 years old and you know not long out of college and is
10 now earning more than they used to earn but, but, but
11 is, is still... maybe doesn't have that breadth of
12 experience necessarily to, to, to put all of those
13 pieces together on their own but... so that that is
14 part of the core message is hey, you're walking into
15 a situation where somebody might be catching a
16 neglect case that is purely because of their
17 economics so how do we work through that... [cross-
18 talk]

19 JACQUELINE MARTIN: Uh-huh... [cross-talk]

20 CHAIRPERSON LEVIN: You know I think that
21 that's... I mean that's... I think an, an important
22 message that has to get down to that... to the level of
23 that... of the... of the case worker who's, you know not
24 long out of college and is... has a large caseload and...
25 you know, and it doesn't want to make a mistake.

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2 DAVID HANSELL: Yeah... no, I, I couldn't
3 agree with you more and I think that's why the
4 ability that the agencies now have first of all is to
5 hire higher caliber staff, the training requirements
6 that we are now able to put in place because we are
7 now able to fund them for that to make sure that they
8 are getting core training around the way we want them
9 to engage with, with parents and with families all
10 those things we hope will help to move in the
11 direction that you're describing.

12 CHAIRPERSON LEVIN: Okay and I realize
13 that we're, we're... it's a little past three so we'll
14 try to... try to wrap up our questions. Is there like
15 a, a preventive, preventive services client bill of
16 rights that, that... or is that something that you've
17 considered or kind of... you have a right... you know if
18 it's a voluntary thing you actually... you have a right
19 to say no because I... because there's a... maybe a
20 concern that maybe they feel like if they don't
21 engage in preventive services that they might... that
22 they... you know they, they might get reported again or
23 there... you know there's a... it's, it's really I think
24 traumatic in any circumstance to get a call from ACS,
25 right, ACS shows up on your door I don't care who you

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2 are you... that is a scary situation and trying to
3 make... extricate yourself from that situation, you
4 know you don't want to do anything wrong just... you
5 know you don't want to make a mistake, you don't want
6 to lose your child and is there... is there kind of a
7 thought towards, you know kind of affirmative rights
8 for, for people receiving voluntary preventive
9 services?

10 JACQUELINE MARTIN: So, under the, the
11 state regulations all families that we're offering
12 prevention services to must be informed of their
13 rights and, and know their rights and so that's a
14 part of the application for prevention services but I
15 also want to say that you know to your point about
16 how, you know our case planners and our frontline
17 staff at the prevention agencies interface with
18 families to just really help them to understand the
19 nature of the services that they are participating in
20 on two levels. I want to say that our prevention
21 agencies have been steady agencies in the communities
22 where they are, they are... they serve families not
23 only through child welfare services but through other
24 services as well and they are also able to engage
25 families or assess families that need prevention

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2 services without an investigation, right, so those
3 are our fewer voluntary prevention families if you
4 would, the walk ins that come in seeking help for
5 other interventions but we also have worked very
6 closely with our prevention agencies through the
7 trainings that are offered at the workforce institute
8 so all new prevention workers are expected to
9 participate in at least 11 hours of onboarded
10 training and some of the things that they get to...
11 certainly and, and that training also includes some
12 simulation as I said before so it's sort of the... this
13 is the classroom but then there is the reality of
14 when you are working with a family and so we are able
15 to actually begin to work with those case planners or
16 new to child welfare, we certainly want them to be
17 committed to this work and supported in the work so
18 we think that training is one key and certainly for
19 the supervisors not only training but also coaching
20 to ensure that they're then also supporting the case
21 planners as they engage in this what we know as is
22 very difficult and challenging work.

23 CHAIRPERSON LEVIN: And so... okay, this
24 may be something we can continue to talk about how,
25 how the information is conveyed, you know whether

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2 somebody is getting a pamphlet when they first... at
3 the first visit or something like that or you know
4 ways to make sure that people know, you know what
5 their... what their rights are... [cross-talk]

6 JACQUELINE MARTIN: Yeah, certainly, we
7 can do that... [cross-talk]

8 CHAIRPERSON LEVIN: And then I, I'm going
9 to ask just a few questions about, about data but
10 before that I just want to ask one more about just
11 service provision and then I don't think I'm... we're
12 going to have time to really get into the, the
13 various diverse evidence based models that you... that,
14 that are... but I'm, I... that's a, a long term subject
15 matter that I would... I would be very interested in
16 knowing, you know how we're comparing evidence based
17 to general preventive and how we're determining... I
18 mean at a certain point is it worth the investment in
19 general preventive, I know it's, it's less expensive
20 per slot than, than, than evidence based but is it...
21 is it worth investing in general preventive when we
22 have so many different models and I'm sure that there
23 are models of evidence based that we actually... I mean
24 of... I think we have... like something like 15 different
25 models but I'm sure there are more out there that we

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could, you know we could bring on if we... you know and I'm assuming over the next several years there will be new models developed. Before we get there and maybe you can speak a little bit to that but before we get there in general preventive do we... do families have access to counseling, you know therapy, licensed clinical social workers that can help them talk through, you know group sessions things that, that you know just kind of this kind of mental health services that, that could probably help with a lot of issues people are dealing with?

JACQUELINE MARTIN: So, I think... you know our intent in prevention services certainly is to match families with the most... you know with the service that's going to meet their needs, right and so some families do need short term evidence informed intervention, very focused on the therapeutic, it all depends on what those needs are so for example, the family might be struggling with, you know raising adolescents or a teenager, right and so we have evidence based models in our system to help a family really navigate that. We also have evidence-based models that are really proven to work very effectively with families who are parenting zero to

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three-year olds but they've had some traumatic experiences or exposure to, you know traumatic experiences. So, for example, child parent psychotherapy is a model that we have in our system and so families come to us with all varying needs and our general prevention program really has been the program that sort of captures the... most of the families in the net, they're in crisis and certainly that may be the reason why they've become known to child welfare or they just have, you know sort of case management needs. It may be that they're, you know at risk of losing their housing or their... they've gotten notification that, you know they, they have an eviction notice for example so all the various types of, of issues. It very well also might be they they're facing... you know, or they have been exposed or have a domestic violence situation and they, they get referred to general prevention. It is our expectation that no matter which program model you're engaging in that all... safety of the children becomes paramount so that's a non-negotiable for us which includes the, the assessment... [cross-talk]]

CHAIRPERSON LEVIN: Uh-huh... [cross-talk]

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2 JACQUELINE MARTIN: ...but also in general
3 prevention they can have and do have access to case,
4 case work counseling to meet their needs. When an
5 agency is unable to provide the level of service that
6 that family needs for example, if they need mental
7 health services then that agency will refer them to a
8 mental health, you know program to meet those needs
9 so part of the work of the, the general prevention
10 agencies is to be... assess what that family needs and
11 then link them to the service that they need or refer
12 them to the service that they need.

13 CHAIRPERSON LEVIN: Can somebody... can
14 somebody say that they're originally enrolled in a
15 general preventive and it becomes clear that, that
16 they might benefit from an evidence based model and
17 there's a slot available, is that something that
18 people can, can... at the... through a referral from
19 their case planner, case manager go towards... go to a
20 general preventive?

21 JACQUELINE MARTIN: Yes.

22 CHAIRPERSON LEVIN: Alright... [cross-talk]

23 JACQUELINE MARTIN: So... [cross-talk]

24 CHAIRPERSON LEVIN: I mean go to evidence
25 based, I'm sorry.

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2 JACQUELINE MARTIN: From, from general
3 prevention... [cross-talk]

4 CHAIRPERSON LEVIN: General to evidence,
5 yeah... [cross-talk]

6 JACQUELINE MARTIN: ...to evidence based..
7 [cross-talk]

8 CHAIRPERSON LEVIN: Yeah... [cross-talk]

9 JACQUELINE MARTIN: I think the, the..
10 they definitely can, the way that we are structured
11 in our continuum we want families to have access to
12 the service that they need and so our... the way that
13 we support agencies through that and in working with
14 families would be that they are able to, you know
15 have an elevated risk conference if that's the need
16 with the family at the table and then make a decision
17 about which model might be beneficial but I think you
18 also know that one of the things that we have done at
19 ACS is to bring GABI group attachment based
20 intervention... [cross-talk]

21 CHAIRPERSON LEVIN: Yeah... [cross-talk]

22 JACQUELINE MARTIN: ...to... specially to
23 serve families who are in our general prevention and
24 our family treatment and rehabilitation program..
25

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2 CHAIRPERSON LEVIN: And how is GABI
3 available, is it... does people have to ask for it or
4 is it made readily available to anybody that, that...
5 [cross-talk]

6 JACQUELINE MARTIN: Yes, I think we... our
7 expectation is that the case planners would discuss
8 the service entity with the... with the family and or
9 during the investigation if CPS can also talk to the
10 family about GABI but generally, we rely on that case
11 planner or CPS worker to be able to talk to the
12 family about the service. So, any family in GP that
13 serves children... or that have children zero to three
14 years old can be GABI family.

15 CHAIRPERSON LEVIN: Okay. And how long
16 has GABI been in, in existence in New York City?

17 JACQUELINE MARTIN: Well existing in New
18 York City it's been for a long time through
19 Montefiore Hospital... [cross-talk]

20 CHAIRPERSON LEVIN: Okay... [cross-talk]

21 JACQUELINE MARTIN: ...in the Bronx and so
22 what we have done through our contract with
23 Montefiore is to actually take GABI to scale... [cross-
24 talk]

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2 CHAIRPERSON LEVIN: And that's been... how
3 long has that been?

4 JACQUELINE MARTIN: Over the last year,
5 yes... [cross-talk]

6 CHAIRPERSON LEVIN: Okay, last year...
7 [cross-talk]

8 JACQUELINE MARTIN: Yeah.

9 CHAIRPERSON LEVIN: Okay. Okay, sorry to
10 keep you guys further I just... a couple more
11 questions. The... in looking at the data provided by
12 ACS if you were to go through each individual
13 evidence based program the, the average length of
14 service varies pretty significantly and I, I was
15 wondering if you could speak to that a little bit so,
16 you know there are some programs that, you know have
17 a... an average of multisystemic therapy for child
18 abuse and neglect, 3.7 months is your average length
19 and then, you know parent child psychotherapy is 7.6
20 and then... you know and then general preventive is,
21 is, is 9.7 and, and special medical is 23.1 so
22 obviously a huge, huge range why is that and then for
23 those that are discharged after only a couple of
24 months what's the aftercare look like, so what's the
25 follow up look like and, and how do we ensure that

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2 families are able to receive services after they've
3 been... after their case is closed basically?

4 JACQUELINE MARTIN: Sure, so just to
5 address the length of service question that you have...
6 that you asked, so each of the models determine what
7 they are... and research has shown what the length of
8 service should be for a family that engage and
9 complete the service intervention and so the evidence
10 based models one of the reasons why we invested in
11 them is because the evidence showed that they, you
12 know have success at working short term with families
13 and getting them on that path to stability. So, each
14 model has their own length of service determination.
15 With regard to the special medical program that we
16 have the special medical model actually works with
17 families where there is chronic health concerns as
18 well as developmental disabilities and so those
19 services tend to obviously take a longer time
20 wrapping services around the families that will meet
21 those, those needs and as we know those issues tend
22 to be... you know they're not easily eradicated if at
23 all and one of things that we also try to work
24 through is getting the families offramps to engage in
25 services such as OPWDD, getting their eligibility,

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2 you know in, in terms of being eligible and getting
3 them transferred to the services that they need long
4 term.

5 CHAIRPERSON LEVIN: And then touch...
6 aftercare, after, after the length of... [cross-talk]

7 JACQUELINE MARTIN: Uh-huh... [cross-talk]

8 CHAIRPERSON LEVIN: ...services is
9 discontinued?

10 JACQUELINE MARTIN: Yes, so all families
11 that engage in prevention services have the ability
12 to return to the pogroms whenever they feel that they
13 need to touch bases with them so all prevention
14 programs no matter what whether they're evidence
15 based or they are general prevention or FTR the
16 families at discharge or once we end prevention
17 services know that they can return. Part of the
18 aftercare of those services is also addressed while
19 the family is receiving services so part of the
20 assessment is once this service intervention ends
21 what might the family need to continue within their
22 community and so wrapping that... wrapping services
23 around them that will continue with community based
24 organizations for example helping the families to
25 know what services are there that they might want to

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2 participate in and of course, you know our FECs that...
3 is where we actually see an opportunity for families
4 to be able to continue those in community sources...
5 resources.

6 CHAIRPERSON LEVIN: Okay and then just to
7 go... moving over to data there was this report that,
8 that was put out last year so this was in 2017 but
9 it's still relevant, it's called Data Before Dollars
10 it's the Citizens Budget Commission and, and, and
11 it's a short report it's only four pages... four or
12 five pages but it, it speaks to the need for some
13 more transparency about metrics and how we're
14 measuring because... you know and, and it started off
15 by saying look we have... we've had a... you know a, a...
16 over the last 15 years enormous investment in
17 preventive services, it's, its correlated with a
18 decrease in, in foster enrollment, may not... and
19 correlation doesn't equal causation so it's, it's,
20 it's not necessarily determined... you know one
21 determines the other but it's hard from, from where
22 they sit to be able to glean how effective preventive
23 services are based on the publicly available data
24 and, and so that's... you know they're conclusion in
25 New York City has more than doubled its investment in

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preventive services from 123 million dollars in fiscal 2000 to 256 in fiscal '17 and obviously it's over 300 now, these investments are meant to improve outcomes for family and prevent foster care and child, child maltreatment critically important policy goals, additional investments in these services could be contingent on a more thorough understanding of whether these services are achieving the desired outcomes. ACS's performance should be evaluated consistently using data and metrics rather than in response to headline, headlines of tragic cases that focus the public... focus the public... that focused the public's attention, you know obviously I know that you agree with that... [cross-talk]

DAVID HANSELL: We agree... [cross-talk]

CHAIRPERSON LEVIN: ...but I, I want to know how are we looking at data and metrics when it comes to... I mean how are we evaluating... are we evaluate... and, and, and is there a... you know kind of a qualitative approach to that so, you know outcomes... what, what kind of outcomes are we looking at when we... when we evaluate these... [cross-talk]

DAVID HANSELL: Well... [cross-talk]

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2 CHAIRPERSON LEVIN: ...programs... [cross-
3 talk]

4 DAVID HANSELL: We do, do agree obviously
5 not just that there should be a more holistic look at
6 our success but also that outcomes are ultimately
7 what we're concerned about so you know we're proud of
8 how many families we're serving, we're proud of the,
9 the services they're receiving but the real question
10 is, you know is it helping families be more stable,
11 is it keeping kids more safe and we do have
12 quantitative data and I'll speak to... we're happy to
13 share the actual numbers with the council and we
14 actually have, have shared them publicly as well and
15 then we do very intensive qualitative work with the
16 providers through our quality of assurance system
17 which Dr. Martin can talk about but in terms of
18 really objective outcomes a couple of things that
19 we're proud of and as I say I'll, I'll get you the
20 exact numbers but I'll give the general sense that I
21 have and that is we have looked at the likelihood
22 that a family that has successfully completed
23 preventive services will return with another
24 indicated investigation on abuse or neglect report
25 within in six months versus a family that has not

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2 successfully completed services and our data show
3 that the likelihood of another indicated
4 investigation within six months drops by 80 percent
5 if a family... and I, I'm not going to remember the
6 exact number, I think it's something like... it's a
7 likelihood of one in 36 as opposed to one in seven
8 families who have successfully... did, did I get that
9 right, oh good... [cross-talk]

10 CHAIRPERSON LEVIN: A difference be... is
11 that... is there a difference between general and
12 evidence based?

13 DAVID HANSELL: That's across the entire
14 portfolio, I don't know if we've broken it down, we
15 probably could do that...

16 CHAIRPERSON LEVIN: That would be
17 interesting... [cross-talk]

18 DAVID HANSELL: ...but I'm not... [cross-
19 talk]

20 CHAIRPERSON LEVIN: ...to know... [cross-
21 talk]

22 DAVID HANSELL: ...I'm not sure that we
23 have so that to us is a very strong indicator that
24 preventive services are achieving their... the core
25 goal of keeping children safe and out of the future

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involvement with the child welfare system. The other thing is with regard to the decline in the foster care census not only has it dropped but one thing that has... that we looked at that is... I, I think is illustrative is to compare the decline in the foster care caseload in New York City versus the rest of New York State. New York State's foster care caseload as a whole has declined over the last six, eight years basically through this decade but it's declined faster, significantly faster in New York City than it has in the rest of the state and we operate under exactly the same rules about when to do a removal, when to indicate a case, everything is the same frankly except the most significant difference is the investment we've made in preventive services so again that's correlation not causation but we also think that's a strong indication that the investment in preventive services as an alternative to removal into foster care has made a difference in terms of a much faster decline in foster care census in New York City than elsewhere in New York State. So, those are sort of quantitative outcome metrics but as I say our, our quality assurance program which we call COKE UI, involves very detailed work with the agencies on the

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2 regular basis and sharing and review of data with
3 them on their performance on a very regular basis as
4 well.

5 CHAIRPERSON LEVIN: Right and there's a
6 scorecard... [cross-talk]

7 DAVID HANSELL: Yes... [cross-talk]

8 CHAIRPERSON LEVIN: ...that... now that's,
9 that's not publicly facing, right?

10 DAVID HANSELL: It is not currently
11 publicly facing, that's right.

12 CHAIRPERSON LEVIN: Is, is there a... is
13 that under consideration being that a lot of these
14 are the same agencies that are doing foster care and
15 that was one of the outcomes of the DOI... [cross-talk]

16 DAVID HANSELL: So, because as you know
17 in response to a recommendation from the Department
18 of Investigation a couple of weeks ago, we have
19 decided to make the scorecards publicly available for
20 foster care agencies, we're now considering whether
21 we should do the same thing with regard to preventive
22 services, haven't made a determination yet.

23 CHAIRPERSON LEVIN: Right, it's
24 complicated, right, I mean it... and you know and you...
25 but I think that having something that is... something

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2 that is understandable, I mean I think honestly for,
3 for, for somebody that's engaging with a... with a
4 preventive service agency it, it, it's, it's helpful
5 to know these... you know how, how well performing
6 these agencies are, you know compared to their peers.
7 Again, it's... I, I, I understand the limitations of,
8 of, of kind of comparing one organization to another
9 and you know the... comparing apples to oranges in some
10 instances so I, I can understand the, the challenges
11 with that but... [cross-talk]

12 DAVID HANSELL: Yeah... [cross-talk]

13 CHAIRPERSON LEVIN: ...I think having... in
14 terms of transparency, I mean transparency is always
15 good I think for all parties...

16 DAVID HANSELL: Yeah, no we understand
17 that and, and that's something that we're looking at,
18 we, we are certainly interested in consumer
19 assessment of the quality of our services and we will
20 be doing a survey to that effect as... [cross-talk]

21 CHAIRPERSON LEVIN: Yes... [cross-talk]

22 DAVID HANSELL: ...you know...

23 CHAIRPERSON LEVIN: How do we do that;
24 how do we get feedback from... like is there... is... going
25 back to the kind of the, the... maybe the idea of a

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client bill of rights, do, do... is there like an ombudsman that... where some... like a client can say you know what I didn't get the services that I felt like I needed or I didn't get the... you know I just didn't get the engagement that I felt like I needed or I needed furniture and I couldn't get furniture or you know I needed help with a case... you know with, with an HRA case and I didn't get help with an HRA case, is there a... is there a, a number for them to contact or is there an office or is there somebody that's kind of like within the preventive overall structure that, that acts as an ombudsman?

JACQUELINE MARTIN: Uh-huh, yeah.

DAVID HANSELL: Well let me... being there's a... we have an office of advocacy within ACS that fields complaints from clients or anyone else for that matter about any ACS service and then fields it appropriately to the right unit for follow up so... [cross-talk]

CHAIRPERSON LEVIN: And that's a phone number people can call?

DAVID HANSELL: Yeah.

CHAIRPERSON LEVIN: Okay...

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2 DAVID HANSELL: Yeah. So, we do have one...
3 I don't know if there's one specific to... [cross-talk]

4 CHAIRPERSON LEVIN: And, and then...
5 [cross-talk]

6 DAVID HANSELL: ...preventive or not...
7 [cross-talk]

8 CHAIRPERSON LEVIN: ...more broadly how do...
9 what's the structure for getting feedback from
10 clients because I think that that would be very
11 helpful to know?

12 DAVID HANSELL: Uh-huh... [cross-talk]

13 JACQUELINE MARTIN: Yeah. So, that's a
14 very good question, within the prevention agency they
15 certainly can survey their families both at entry as
16 well as exit but what we found is, is that those
17 surveys are not consistent, you know across the
18 entire continuum. One of the things that we're
19 excited about in the project that we have with
20 designing for opportunities is really helping us to
21 figure out exactly the question that you asked, how
22 do we get at that information, when should we get at
23 that information and then what do we do with it
24 across our continuum so we're pretty excited to be
25 able to look at that entire pathway of a family from

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2 the minute that they're referred to prevention
3 services until their exit and so part of the
4 interviews that they will be doing with families is
5 going to help us design exactly that. I also think
6 that one of the things that we have been, been doing
7 in terms of planning for, you know 20, 2020 and 2021
8 which is RFP and our, our services having the family
9 voice really included in that work is so critical to
10 us and so we're going to be looking at how we do take
11 advantage of that and opportunities and the survey
12 that the Commissioner mentioned I think that we are
13 expected to implement that survey in 2019 I believe
14 and so we are beginning to think through how we will
15 go through, you know the survey.

16 CHAIRPERSON LEVIN: I mean that's a case
17 in the... [cross-talk]

18 DAVID HANSELL: And of course, in
19 response to the council...

20 CHAIRPERSON LEVIN: Yes...

21 DAVID HANSELL: Although something we
22 want to do, you know on our own as well.

23 CHAIRPERSON LEVIN: Okay and that's... and
24 that's akin to the... to the foster survey that we
25 were... that we did through legislation?

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2 DAVID HANSELL: Yes.

3 CHAIRPERSON LEVIN: Okay and I guess my,
4 my last question is what's the size of the preventive
5 work force in New York City? Sorry, I didn't mean to...
6 didn't mean as a gotcha question, it could be a... it
7 can be an approximation.

8 DAVID HANSELL: Yeah, we know how many
9 agencies of course, 54 agencies and about 200
10 programs, do we know staff? We may have to get you...
11 we'll get you that, that number.

12 JACQUELINE MARTIN: Yeah, we'll get that
13 number.

14 DAVID HANSELL: Yeah.

15 CHAIRPERSON LEVIN: Okay because I think
16 just in terms of like... it, it would be helpful to
17 know, you know then how many people are needed to be
18 trained... [cross-talk]

19 DAVID HANSELL: Uh-huh... [cross-talk]

20 CHAIRPERSON LEVIN: ...you know and, and,
21 and have to go through that... you know and I'm
22 assuming there's the... there's the onboarding but then
23 is there other refreshers, you know annually you have
24 to do a certain... [cross-talk]

25 DAVID HANSELL: Yeah... [cross-talk]

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2 CHAIRPERSON LEVIN: ...amount of... [cross-
3 talk]

4 DAVID HANSELL: Well the, the mandate we
5 put in place thanks to the funding we got last year
6 is six days a year... [cross-talk]

7 CHAIRPERSON LEVIN: Annually... [cross-
8 talk]

9 DAVID HANSELL: ...annually, yes.

10 CHAIRPERSON LEVIN: Okay... [cross-talk]

11 DAVID HANSELL: Yes, six days of annual
12 training, uh-huh.

13 CHAIRPERSON LEVIN: Okay that would be
14 helpful to know, and I think just kind of helps us
15 maybe visualize how, how much of a challenge that
16 that is really of, of getting that level of training
17 done for that size of workforce.

18 DAVID HANSELL: Uh-huh, sure.

19 CHAIRPERSON LEVIN: Yeah. Okay, one last
20 request is that I would love to come out to one of
21 the Family Enrichment Centers and see the... see what's
22 happening there, I'm very excited... [cross-talk]

23 LORELEI ATALIE VARGAS: Love to have you.

24 CHAIRPERSON LEVIN: Great...

25

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2 DAVID HANSELL: Even all, all three if
3 you'd like.

4 LORELEI ATALIE VARGAS: Yep.

5 CHAIRPERSON LEVIN: Okay, thank you very
6 much Commissioner and Deputy Commissioners for your
7 time, to your entire staff for preparing for today's
8 hearing and I look forward to, to working with you
9 and engaging with you over the next three years and
10 you know two months to, to really try to advance the
11 level of service as much as we can in the time that
12 we have.

13 DAVID HANSELL: Thank you very much.

14 CHAIRPERSON LEVIN: Okay, thank you very
15 much. We'll take a five-minute break and then we have
16 one panel. Okay, hi everybody, welcome back. We
17 appreciate everyone's patience and we have one panel
18 of public testimony, so I will call them up. Jeanette
19 Vega, I know Jeanette has stayed longer than I think
20 that she was urgently able to stay; Tasfia Rahman
21 from Coalition for Asian American Children; oh and
22 I'm sorry, Jeanette is from Rise and Arij Abdul
23 Halim, Arab American Family Support Center; and
24 Deedra Cheatham, who is here representing herself but
25 for a full disclosure it is an employee staff member

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2 in my office at the Council. Oh yes and I'm sorry
3 we've been joined by Mark Treyger of Brooklyn, thank
4 you Mr. Treyger for attending. Jeanette if you have
5 to leave...

6 JEANETTE VEGA: No...

7 CHAIRPERSON LEVIN: Okay. Whoever wants
8 to begin just make sure that the light is on, on the
9 microphone and, and state your name for the record
10 please.

11 JEANETTE VEGA: Good afternoon, my name
12 is Jeanette Vega and I'm the Training Director at
13 Rise. I would like to thank you for the invitation to
14 present to the committee today on behalf of over 200
15 parents. Rise was started in 2005 to give parents a
16 voice facing the child welfare system, we train
17 parents to write and speak about their experiences
18 with the Child Welfare and become advocates for
19 reform. I would like to start with the importance of
20 families in New York City losing the fear of reaching
21 out for help. Families of color that live in low-
22 income communities like the Bronx and Brooklyn have
23 the highest numbers of investigations within the
24 Child Welfare system so, we feel a high threat of
25 having our children removed and our parenting

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undermined by authorities who have never lived the same lifestyles as us. Having community resources like the Family Enrichment Center is a great start, these centers were created with the input of those community's members that they serve. In my neighborhood in the Bronx Family know it's there and what they actually offer. I know a mother who was having her lights shut off and she was panicking, she told me that she went to the Bronx location by Hunts Point and that the staff was welcoming, supportive and very helpful. The mother left with a resolution to her light issue and a prom dress with accessories for her daughter and money management workshop so that she did not repeat the same issue again. These are the things that our communities need, what our families need not just emotional support but connections to financial support for families facing an emergency, resources to prevent the child welfare system from removing children from their homes, from their families. A simple peer support group will be beneficial to so many families, parents sometimes just need to be listened to and hear other stories so that we don't feel alone or isolated in our situations. Families should not fear removal when

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reaching out for support, but the reality is that parents in New York City rather hide their struggles and have things escalate in their life to a level where there is no room for preventive anymore. An important factor that will play a big role in these preventive agencies is having parent advocates at every preventive agency to assist. We at Rise... we applaud ACS for beginning these new models and the agencies running them and we hope... we hope that the outreach, community engagement and confidentiality that these centers offer can be expanded to many more preventive sites around the city. It's really important that ACS brings down the numbers of families referred to preventive by CPS, that's almost 60 percent of families that are being referred. It is also really important that fewer families experience that court supervision that you spoke about. At this point more families are in court for court ordered supervision and removals combined than ever before. We do applaud preventative models for high risk families but too often investigations are the way that parents get into preventative, kids will be safer and parents will feel a lot safer going to the doctor or even just sending their kids to school if

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preventative agencies will do outreach to these places so that families can get resources before a crisis calls CPS to their door. We must have... we must not have these great preventive agencies that we've spoken about today hidden from parents. Parents in my neighborhood do not even know that most of these preventative agencies exist, many schools and hospitals do not either. If preventative agencies would reach out to the schools, hospitals and shelters families will be referred for support rather than be reported whenever possible. Lastly, the Mayor's Design Studio has contracted with ACS to look at how to give parents more choice and voice in preventive services and this is great. Parents at Rise already offered insight into what they see happening in preventive. To be honest, parents talked about how preventive was mandated on them and it felt to be almost a foster care light, we hope that ACS and the preventative agencies will seek out more parent feedback on service quality. This is important because parents who have been there are telling other parents that this is helpful. Listen to the community we want to serve, open a door so families are not scared and alone in their everyday struggles. The

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2 city and ACS should be a resource for parents, don't
3 start a relationship with a sentence of being told
4 that you are an unfit parent. We would like to thank
5 you for listening to a parent's perspective on the
6 importance of preventative and community outreach,
7 thank you.

8 CHAIRPERSON LEVIN: Thank you Jeanette.

9 So, just a quick question for you that... so you are
10 seeing some progress but, you know overall still,
11 still needs... there still needs to be... work to be
12 done?

13 JEANETTE VEGA: Yeah, I think the biggest
14 thing that we see at Rise is that parents are scared
15 to reach out for help because the reality is that the
16 stigma in New York City is that ACS is going to
17 remove your child if you don't accept the services
18 that they're requesting you to do or that they
19 recommend so it feels like a mandate any way you put
20 it and when most parents are entering preventative
21 its either you're not going to remove my child or I'm
22 going to enter preventative so its not really an
23 option or a choice its really a mandate... [cross-talk]

24 CHAIRPERSON LEVIN: Uh-huh... [cross-talk]
25

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2 JEANETTE VEGA: ...or like a threat we like
3 to call it because if you don't do A, B and C they
4 will remove your children because they'll say it's a
5 safety concern so again just having parents being
6 able to say I need help and the city being able to
7 help them without the fear of losing our children is
8 very important for people to get out of the struggles
9 that they're in.

10 CHAIRPERSON LEVIN: And you... and you've
11 been to a Family Enrichment Center?

12 JEANETTE VEGA: Yes, I've actually been
13 to the Hunts Point one and that's when I met one of
14 my neighbors actually, I live in the Bronx myself so
15 the neighbor went in and was excited because she went
16 in for a Con Edison bill and they actually referred
17 her to HRA to get the Con Edison bill and they were
18 also offering prom dresses for her daughter and they
19 wanted to make sure she didn't have the same Con
20 Edison issue again so they referred her to money
21 management so she could start learning to budget and
22 manage her money a little better which is great...

23 [cross-talk]
24
25

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2 CHAIRPERSON LEVIN: And you would see the
3 benefit in expanding to more neighborhoods, more
4 program?

5 JEANETTE VEGA: Yes, definitely.

6 CHAIRPERSON LEVIN: Okay, thank you.
7 Whoever wants to go next.

8 ARIJ ABDUL-HALIM: Alright, good
9 afternoon everyone. My name is Arij Abdul-Halim, I'm
10 the Senior Director of Preventive Services from the
11 Arab-American Family Support Center. So, I want to
12 thank you, thank you to the New York City Council and
13 the administration for Children Services for
14 collaborating and... with community-based organizations
15 like the Arab-American Family Support Center to
16 improve the lives of our most vulnerable neighbors.
17 I'm honored to be here today to testify on behalf of
18 the marginalized and under-resourced immigrant and
19 refugee families throughout New York City. Together
20 we have come far in providing strong support systems
21 and together we will continue to ensure the most
22 effective solutions are available to those that are
23 in need. At the Arab-American Family Support Center,
24 we have strengthened immigrant and refugee families
25 since 1994 by promoting well-being, preventing

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violence, getting families ready to learn, work and
succeed and amplifying voices of marginalized
populations. We have been strong partners of New York
City and ACS through our Preventive Services Program.
Our culturally and linguistically competent, trauma
informed case managers meet with the families
throughout the five boroughs, although we have an
office in Queens and Brooklyn we still go out to all
the five boroughs to prevent and end violence,
improve parenting skills, and most importantly we
want to prevent children from being placed into
foster care and really being able to look at the
culture and what services the family really needs. We
commit to servicing these families which are at
various levels of risk, at a high touch point, seeing
families from... for nine to 12 months and some even
longer. Our staff speaks 16 languages including
Arabic, Bangla, Hindi, Nepali, Pashto, Spanish,
Tibetan and over 30 dialects. The valued of this
cultural and linguistic competence cannot be
overstated. Our city is rich with diversity, as such
we cannot utilize a one size fits all approach to any
service. We can only drive real, effective and
sustainable change when we offer services in a

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2 language that makes sense to the clients, when we
3 understand the cultural elements that play and when
4 the service providers appreciate and respect the
5 trauma our clients faced in their home countries at...
6 in war, in the migration journeys and living in
7 poverty. So, we urge you to continue your commitment
8 and to prioritizing and increasing the availability
9 of culturally and linguistically competent, trauma
10 informed services throughout the five boroughs. So,
11 the Arab-American Family Support Center stands ready
12 to work with you to help the most vulnerable among us
13 thrive. Thank you.

14 CHAIRPERSON LEVIN: Thank you so much and
15 thanks for the... [cross-talk]

16 ARIJ ABDUL-HALIM: No problem... [cross-
17 talk]

18 CHAIRPERSON LEVIN: ...great work you...
19 [cross-talk]

20 ARIJ ABDUL-HALIM: No problem... [cross-
21 talk]

22 CHAIRPERSON LEVIN: ...do and I'm, I'm very
23 proud to represent two of your locations at the Arab...
24 at Brooklyn headquarters on Court Street and Khalil
25 Gibran International Academy...

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2 ARIJ ABDUL-HALIM: Thank you.

3 CHAIRPERSON LEVIN: Thank you.

4 ARIJ ABDUL-HALIM: You're welcome, thank
5 you.

6 TASFIA RAHMAN: Good afternoon, my name
7 is Tasfia Rahman and I'm the Policy Coordinator for
8 the Coalition for Asian American Children and
9 Families, CACS. We thank you the Chair, Council
10 Member Levin and members of the General Welfare
11 Committee for holding this important hearing on ACS
12 Preventive Services. Since 1986, the Coalition for
13 Asian American Children and Families is the nation's
14 only pan-Asian children and family advocacy
15 organization and leads the fight for improved and
16 equitable policies, systems, funding and services to
17 support those in need. The Asian Pacific American,
18 APA, population, over 1.3 million people, comprises
19 over 15 percent of New York City and yet the needs of
20 the APA community are often overlooked, misunderstood
21 and uncared for. We are constantly fighting the harmful
22 impacts of the model minority myth, which prevents
23 community's needs from being acknowledged and
24 understood. This means our communities, as well as
25 the organizations that serve the community often lack

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resources to provide critical services for those in need. We work with almost 50-member organizations to identify and speak out on common challenges and needs across the APA community. APAs hail from South, Southeast, East and Central Asian countries, as well as from the Pacific Islands. In New York City we represent over 40 ethnicities, tens of languages and religions and a multitude of cultures and immigration experiences. On behalf of the almost 50 Asian led and Asian serving community and social service organizations that comprise of our membership, I urge the council to ensure APA and immigrant children and families have access to much needed culturally competent and linguistically accessible preventive services. Today we ask you to encourage the Administration for Children Services to expand preventive services contracts and various innovative models of prevention, including Family Enrichment Centers to be able to serve, serve the diverse and high need APA communities of New York City. Currently there are no Family Enrichment Centers serving the various APA communities across the city. Additionally, there are no preventive services for a large number of APA children and families apart from

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the Chinese and Arab-American communities. Many times, we are not accurately counted, and our needs remain misunderstood and unaddressed. Currently, despite our growing population, APA community organizations receive approximately one percent of city social service contract dollars. In data collection efforts across the city, including city agencies such as ACS, our communities are many times mistaken in our ethnic or language backgrounds and our needs are, are regulated to the category other. This lack of accurately collected data and information the community, coupled with a lack of accessible information and entry points for APA children and families who require resources and services is often erroneously equated to a lack of need or risk within our communities. Currently, there are no culturally competent and language accessible preventive services available for this... for the multiple APA communities, including those most disenfranchised and struggling across communities such as various Southeast and South Asian groups. APAs struggle not only with a lack of culturally competent service provision, but also struggle with a cultural stigma regarding receiving government

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services. The recent federal proposals and mandates such as changes in Public Charge serve to alienate and punish immigrants, especially those who are undocumented that access needed services. This has only increased the amount of misunderstanding and fear among our communities regarding accessing city services and driven those who require services to remain in isolation. As reported by many of our APA organizational members, language barriers that still exist within the child welfare system in New York City include; a mismatch in interpretation services with requested language slash dialogue, lack of quality interpretation and interpreter bias, delays in interpretation and poor quality.. sorry, and poor-quality translations of written materials. Limited access to culturally competent, linguistically accessible services in child welfare services and other settings make navigating systems impossible for individuals struggling with limited English proficiency, cultural barriers and lack of knowledge or familiarity with existing systems of care. This should be considered part of the definition of high risk that draws the city's funding and attention for innovative preventive programming, yet our APA

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immigrant communities and the community organizations serving them have traditionally been left out of the dialogue in this regard. We would like to acknowledge the recent efforts of ACS to invite in and understand some of our APA community needs in prevention. Our community has been invited to meet regularly with ACS leadership and we have been involved with the strategic processes of the Child Welfare 20/21 initiative in preparing for the upcoming round of RFPs for preventive and other ACS contracts. We hope to see reflected in the agency's upcoming RFP for preventive services for various issues and priorities discussed. Still, there remains much to be done and multiple families are languishing without enough data and understanding of community needs and without appropriate preventive services. Improving language access and cultural competence within ACS is crucial to APA communities. All services should be linguistically accessible to all access points; phone, mail, website, and in person. City agencies must go beyond simple translation and interpretation services. Sustained oversight is needed to ensure that strategic policies and investments targeted at ameliorating the cultural gap between immigrant

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communities and child welfare systems are implemented. Our recommendations today are as follows: One, encourage ACS to continue its data collection on the diverse and high need APA immigrant communities and to consider and incorporate the various challenges faced by the immigrant communities in the assessment of community risk and need. Under Local Laws 126 and 127, ACS is named as one of the city agencies to provide a demographic survey regarding ethnicity and languages spoken of people involved in the system and a compilation of the data for review. There's not enough clarity at this point around the ethnic and language backgrounds of the APA families already involved ACS services. Additionally, the most recent New York City language access law, Local Law 30, requires the expansion of translation and interpretation services to include Arabic and Urdu among other languages. We ask that there be continued oversight on this process and we ourselves will also be testifying on the implementation of that law tomorrow. Ultimately, better data and consideration of the community's high needs can result in innovations like Family Enrichment Centers and other prevention models to be reached to the APA

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communities in New York City. Two, encourage the ACS to focus on APA community needs in the upcoming RFP process for preventive services. APA children and families comprise of 15 percent of the city's population and APA-serving preventive agencies have seen a significant increase in demand over their service capacity for in language preventive services. The community organizations that provide culturally competent and language accessible services that are in contract of an ACS are also providing intensive support services to families involved with ACS. Mainstream prevention providers must be held accountable to prioritizing outreach and service to the currently underserved Asian Pacific American ethnicities. For example, there has been a significant increase in the APA population in the Bronx and Staten Island but because of the dearth of Asian led and Asian serving CBOs in these boroughs many clients travel to Manhattan, Brooklyn and Queens for child welfare and youth services that, that are culturally competent and.. competent and linguistically accessible. Ultimately, ACS must be able to ensure vital preventive services in neighborhoods that have well established and newly

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2 emerging APA communities. Thank you for the
3 opportunity to testify. We hope that, that the City
4 Council will continue to be a champion for New York's
5 most vulnerable children and families.

6 CHAIRPERSON LEVIN: Thank you so much for
7 that testimony and I look forward to working with you
8 maybe we can set up a meeting in the... in the near
9 future to talk through how to try to get these
10 recommendations implemented but I look forward to
11 also working with our colleagues at ACS to, to see
12 that these issues are addressed in the upcoming RFPs
13 and, and an expansion of Family Enrichment Centers
14 which I think is a broad consensus that needs to be
15 expanded and expanded to more communities.

16 TASFIA RAHMAN: Okay, thank you.

17 CHAIRPERSON LEVIN: Thank you.

18 DEEDRA CHEATHAM: So, good afternoon
19 ladies and gentlemen, Chair Levin and the... thanks for
20 having me at this ACS Preventive Services Family
21 Enrichment hearing. I am just going to give personal
22 testimony of my experience in dealing with ACS and
23 preventive services coming from a former homeless
24 situation. ACS came into my family's life a year ago
25 and I was currently homeless in a domestic violence

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shelter and there was an allegation, the process that I encountered dealing with the ACS worked initially was called the... I was interrogated, and I say interrogation because I was pulled away from my children in the shelter in a separate location and there with them for two and a half hours specifically focusing on the domestic violence without even knowing what the initial allegation was. They spoke to my children after that having me separate from the children, the ACS worker came into my life at a point where I had no HRA benefits, I was receiving disability and we had no means of anything. The shelter wasn't providing anything, and we were just stuck. In talking to the ACS worker, I... she met with me maybe twice at the shelter in... over the course of I want to say three months, I transitioned out of shelter into my own home eventually and I still had an ACS case, so it carried over into my own home. My... I had to provide my worker with where I was moving, location and things like that. Mind you I still had nothing, no HRA benefits, no food stamps, no cash assistance except for the disability which was about 700 and... 700 dollars a month. I had no beds, I had no food, my children had bare necessity clothing, we

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1
2 were shifting from some... summer to fall so the only
3 clothes we had were summer clothes. I requested that
4 I, I told my ACS worker that I didn't have, you know
5 anything to move in my apartment and she told me that
6 I needed to talk to shelter staff, shelter staff
7 coordinated with her and provided me with air beds.
8 I'm, I'm saying this to speak to the volume of lack
9 of caring and lack of caring starts at the first
10 interaction. ACS and you know the preventive services
11 team spoke a lot about, you know first steps and how
12 they initially interact with people, well the first
13 thing interaction I had was horrible and they
14 neglected my family from the beginning. I want to
15 also speak to the fact that my preventive service
16 worker, she's an amazing individual but she... there
17 was no resources for us, we had no resources for
18 therapy which according to ACS was mandated, we had
19 no... she had no resources for us for therapy, no
20 resources for us for bare necessities; food,
21 clothing, I mean we had shelter but that was through
22 hard advocacy and you know my due diligence.
23 Preventive services in my opinion is lacking, they
24 are lacking a lot, they are lacking in resources,
25 they are lacking in funding, they are lacking in care

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and compassion and again I can only speak from my point of view in it. The pop-up visits were horrible, I wanted at one to point discontinue my services with preventative care and I was told I could not do that even though I had... I had my kids in therapy and I did everything that I had to do that was required of me. Yeah, I don't know what more to say other than something is wrong, and something has got to change with preventative services. There is really no reason that they... ACS can turn a family who has nothing over to the care of another provider and there are no resources and you still leave children with nothing and when I say I don't want the care that you guys are offering me because there are no services to be provided except what I'm providing I'm being told no. I was never given a bill of rights like they said, I never got a bill of rights to say when I could terminate services, how, they never connected me with counselors so I'm calling them out right now because whet heard its not true at least from my perspective. So, I just wanted to put that on the record and thank you.

CHAIRPERSON LEVIN: Thank you Miss

Cheatham and thank you for, for your courage in

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2 speaking before this committee today and for telling
3 your story and, and for bringing an important
4 perspective to this hearing.

5 DEEDRA CHEATHAM: Thank you.

6 CHAIRPERSON LEVIN: Do you as a quick
7 follow up question, do you see, or do you anticipate
8 that there would be value in having kind of a
9 formalized structure of client feedback so that... and
10 then in a way that's kind of a more formal approach
11 than has existed to date?

12 DEEDRA CHEATHAM: I mean they, they do
13 have client feedback but its, it's a form and its
14 pretty much general questions... it's the same
15 questions they ask you when you get the services but
16 yeah to answer your question I do think that there
17 needs to be a way for families to voice their opinion
18 especially during the process when they need help,
19 you don't know who to call, you're told to call your
20 ACS worker but then you're transferred from ACS to
21 preventive services so you're bouncing around, no one
22 at the ACS office knows who you're talking about when
23 you saying you need to file a complaint because then
24 they think its atomically ACS, they make you feel
25 like its two separate entities and they're not

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working together even though they overturn care to each other.

CHAIRPERSON LEVIN: And on something like just the basic, you know bedding or clothing and things like that do, do you feel like that was a facilitated experience at all or whether that was an easier experience or was that a... was that... do you see that as a difficult or... experience or, or one filled with obstacles?

DEEDRA CHEATHAM: It was difficult, I had to beg... you, you have to beg for them, we slept on... I moved in my apartment in October we slept on an air mattress until January and we got... my daughter got a bed and my son got a crib that broke the next day.

CHAIRPERSON LEVIN: Uh-huh... [cross-talk]

DEEDRA CHEATHAM: And I let the ACS worker know the crib was broke, I let the preventative care person know the crib was broke and I was told to call the people that delivered it.

CHAIRPERSON LEVIN: Uh-huh. Huh...

DEEDRA CHEATHAM: Yeah.

CHAIRPERSON LEVIN: I think that there's a lot of work that still needs to be done and, and you know as I said the outset, you know you, you do

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2 work during your normal business hours on our staff
3 and, and so I, I've, I've been in her office... in the...
4 in the office and so I, I look forward to continuing
5 to work with you and, and ACS on, on, on making sure
6 that reforms that are made are translated from, you
7 know the Commissioner, Deputy Commissioner and
8 Assistant Commissioner level and that that... that that
9 has a real impact on case manager and supervisor
10 level in the agencies themselves.

11 DEEDRA CHEATHAM: Thank you.

12 CHAIRPERSON LEVIN: Thank you very much
13 for your testimony, thanks. Okay, does anyone else
14 wish to testify? Seeing none at 4:12 p.m. this
15 hearing is adjourned.

16 [gavel]
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C E R T I F I C A T E

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



Date

November 11, 2018