



**The New York City Council,
Committee on General Welfare
October 31, 2016**

"Oversight- Child Abuse Cases and the Various City Touchpoints for Families"

**Testimony by
Gladys Carrión, Commissioner
New York City Administration for Children's Services**

Good afternoon, Chair Levin and members of the General Welfare Committee. I am Gladys Carrión, Commissioner of the Administration for Children's Services. Thank you for the opportunity to discuss our ongoing reform efforts to protect and serve our city's most vulnerable children.

I am deeply troubled by the death of 6-year-old Zymere Perkins. Simply put, the death of one child is one too many. The mission of ACS is to protect every child. There is no mandate more important and we need to do everything it takes to keep all children safe that come to our attention. As Commissioner of this City's Child Welfare system, I am deeply concerned that, despite several City agencies' involvement with his family, we could not protect Zymere from the abuse he suffered. While our system has helped hundreds of thousands of children, this child was not saved.

I am sure the foremost question on everyone's mind is how to make sure a terrible incident like this does not happen again. That is the priority for ACS and all of our provider partners. While we are not yet able to discuss Zymere's case, I am prepared to discuss with you the major steps ACS has taken— both before this tragedy happened and immediately after— to strengthen child safety and to better serve children and families across the City. Before I discuss these reforms and recent actions, I would like to provide some background on the child protective process and about the staff that do this important work.

Overview of Child Protective Process

Each year, ACS's Division of Child Protection (DCP) investigates over 60,000 reports of child abuse and neglect made to the New York State Central Register (SCR),

involving more than 80,000 New York City children. Once the SCR determines that the report meets the requirements for an investigation, it is routed to ACS and is assigned to a Child Protective Specialist (CPS).

The Child Protective Specialist must commence a child protective investigation and attempt to contact the reported child's family within 24 to 48 hours of receiving the SCR report. The investigation includes reviewing a family's history with ACS; where possible, contacting the person who made the report; visiting the home; and interviewing the child, parents, household members, and other important people in the child's life. A child protective team has up to 60 days to investigate and make a determination on each allegation in the SCR report, including evidence of any other allegations of abuse or maltreatment that are discovered during the course of the investigation.

In about 40% of cases, we find "some credible evidence" of maltreatment, which is the New York state standard to indicate a case. During the course of the investigation at any time, ACS takes action based on our assessment of risk. These actions can range from - in the most serious cases - removing and placing the child in foster care, to recommending voluntary or court-mandated services for higher risk families whose children are not at imminent risk of harm. In many instances, ACS makes referrals to contracted preventive agencies or community based organizations who provide services to address maltreatment concerns, including counseling, parenting classes, substance abuse treatment, domestic violence intervention, home-making, as well as support for pregnant and parenting teenagers. In 2015, ACS provided over 20,000 families with a vast array of these preventive services, 25% of which are evidence based.

Child Protective Specialists

Our city's most important asset for protecting our children is our team of over 1,200 Child Protective Specialists (CPS) conducting day-to-day investigations. CPS work around the clock, 365 days of the year to protect children and support families in some of the most challenging situations. Their responsibilities are numerous—they investigate and evaluate the safety and well-being of children, assess the risk of future abuse, file petitions and testify in family court, and identify interventions that can reduce risks to children. When the safety risks cannot be mitigated, CPS perform the difficult job of removing children from their home environment.

CPS are more than just investigators, they also engage and partner with families by connecting them to community resources to provide support and keep children safe. They connect families to other government agencies, help them access benefits, and coordinate family members and providers to link them with effective interventions that reduce risk to children. Without a doubt, there are few jobs in this city more important and more demanding.

We are proud that our CPS reflect the diversity of the families and children we serve and are committed to recruiting, training, and supporting the highest caliber of dedicated professionals. To be qualified for the position, CPS must have a Bachelor's degree from an accredited college with significant credits in the human services sector, including social work, psychology, education, or nursing. Upon being selected from the Civil Service List and hired, all CPS attend our James Satterwhite Training Academy for six weeks to learn social work and investigative skills. After graduating from the Academy, CPS are assigned to a training unit and work on a reduced number of cases

under close supervision of a training unit supervisor for an additional three months. Once training is completed, CPS are assigned to “Protective Diagnostic” units which are comprised of teams of child protective specialists who investigate reported cases of abuse and neglect.

Improving Child Welfare Practice

As you know, ACS was created twenty years ago as the first free-standing child welfare agency in this City’s history. At its inception, ACS’s leadership undertook a reform plan to address the widely acknowledged systemic failures that had long plagued this agency’s predecessors. Prior to the creation of ACS, it was not uncommon for cases to go without being investigated and for staff to routinely carry thirty cases or more and there was a near total absence of accountability structures throughout the agency.

In the decades that have since passed, we have made significant progress in strengthening child protection for at-risk and maltreated children. Major investments in training, performance-based evaluation, data management, and other areas have established a much improved system that strives to accurately assess each family and make the right decisions to promote child safety.

Every family and child is different and our staff is charged to make highly individualized, nuanced assessments based on risk and strengths. Keeping caseloads low remains a clear priority and we are proud that ACS has among the lowest child protective caseloads in the nation. As of September 24, 2016 caseloads were at 9.2 cases per worker, which is under our internal target of 12 cases per worker, as recommended by the Child Welfare League of America. To enhance our staff and

support closer supervision, we also created two additional DCP borough offices, one in the Bronx and the other in Brooklyn.

As the child welfare field grows in complexity and specialization, we must ensure that our CPS staff is continuously strengthened, supported, and equipped with the latest knowledge, best practices and tools—from effective investigative techniques to parent engagement strategies. We launched the ACS Workforce Institute in partnership with the City University of New York to support professional development opportunities for over 5,000 child welfare staff, including our contracted providers. The ACS Workforce Institute has trained over 4,500 child welfare professionals to date since we began in early 2016, 2,000 of those are frontline ACS staff, and 2,500 are provider agency staff.

Children are safer and families are stronger because of our investments in preventive services. Under this Administration, we have increased preventive slots to over 13,000 and added slots in programs that reach higher risk families, such as those with young children. Over the last several years, ACS has expanded our continuum of preventive services to include 11 evidence-based models that use proven methodologies designed to reduce risk of harm, prevent foster care placements, and expedite reunification and adoption.

Finally, our Child Protective Specialists are in the field at all hours of the day and night, every single day of the year, throughout the City. The staff who work to keep our children protected from harm must also feel safe and protected while doing their job. In 2012, ACS successfully lobbied for a state law that makes assaulting a CPS a felony. To prepare our CPS for home visits, we have also expanded our unit of Investigative

Consultants, former NYPD detectives, to determine whether there is a history of domestic violence or other police involvement at the address. In partnership with the NYPD, we also work with a lieutenant who is specially assigned to work with ACS staff on safety issues.

Child Welfare Reforms Under the de Blasio Administration

Early in the Administration, shortly after the tragic fatality of Myls Dobson, ACS instituted Operation SAFE, a comprehensive set of child safety reforms focused on strengthening the agency's child protective practice. One of the more ambitious aspects of Operation SAFE was the addition of 214 new positions to our Divisions of Child Protection, Preventive Services, and Foster Care services. As part of Operation SAFE, ACS also:

- hired an Internal Monitor who is charged with overseeing all ACS reforms;
- created two additional Child Protection Borough Offices to enhance and support staff in the Bronx and Brooklyn; and
- bolstered six strategic child welfare practice areas, including adding additional Investigative Consultants, providing greater technical assistance to foster care providers, and integrating case conferencing across the continuum.

The following year, ACS launched another major reform initiative, which included several components: the launch of the ACS Workforce Institute, the expansion of preventive services focused on early childhood, the addition of two child protection units to assess and support families entering homeless shelters, the launch of our Safe Sleep

unit to educate families on the dangers of co-sleeping, and an increase in our use of data to identify risk factors and inform decision making. To date, all of these initiatives are well underway.

External Child Welfare Case Reviews

This year, the NYC Department of Investigation (DOI) and the Comptroller's Office reviewed small samples of ACS cases and issued recommendations-- the DOI's report was based on a review of only three cases, and the Comptroller's report was based on a review of just 25 cases. While neither review represents the over 60,000 investigations ACS conducts each year, we take seriously the responsibility to address practice gaps and are committed to continued improvement. In addition to the investments and reforms described earlier, ACS committed to implementing the accepted recommendations.

The DOI made five recommendations in May 2016 and ACS accepted four of them. Of those four, two are completed and included retraining staff, and issuing updated guidelines on case documentation. The remaining two recommendations are close to completion, and include updating our case assignment system to address perceived conflict of interests and improving the aggregation of data relating to Court-Ordered Supervision cases. Similarly, in June 2016 the Comptroller issued six recommendations, five of which were accepted. Work to implement all five of those recommendations is underway and significant progress has already been made, including additional training for child protective supervisors and managers around casework reviews, strengthening reviews of child protection investigations and standardizing and cataloguing ACS policies.

To review our child welfare practice in a comprehensive manner, ACS has engaged Casey Family Programs, a nationally recognized leader in child welfare, to conduct an assessment, which will achieve a better understanding of the systemic issues related to child safety, highlight what is working well, areas for further improvement and provide an independent perspective on whether ACS' strategic initiatives are on the right path. This thorough review will include a crosscutting analysis of policy, practice, data, and case reviews, set within a context of national best practice around safety, and grounded in data rather than anecdote. We anticipate this review to be conducted through Winter 2017.

Actions Taken Since the Zymere Perkins Case

As the Mayor and I explained earlier this month, the Manhattan District Attorney has requested that ACS suspend our investigation and our public discussion of this case while their criminal investigation is ongoing. In addition, until ACS completes our own investigation and makes a decision on the case, the state social services law precludes us from releasing case specific information. However, we are conducting a thorough internal review and using the information we have learned so far to take swift action to fill gaps in practice both within our agency and in our shared work with the several other City agencies which also touch the lives of children and families ACS serves.

One of the first actions I took was to place five staff members-- one manager, two supervisors and two caseworkers-- who were involved in this case on modified duty while we continue to probe this matter. I have suspended an Assistant Commissioner

and a Borough Commissioner within the Division of Child Protection, as well as a Director and an Assistant Director in our General Counsel's Office.

In addition, the City has announced the following six reforms, all of which are underway:

- **First:** We are introducing two new Workforce Institute courses – one enhanced training for all caseworkers on how to handle suspected physical abuse and another enhanced training for all supervisors on conducting supervision through an investigatory lens. Both classes will start in November.
- **Second:** ACS will restore a funding cut made in 2008 and establish dedicated Child Protective liaisons to work with each of the five District Attorney's Offices, to share information, refer cases and enhance investigations. Liaisons will be in place in November.
- **Third:** We are strengthening oversight of our child protective staff by appointing a separate team outside of their division to conduct audits where case practice concerns are identified. This change will hold all levels of CPS staff accountable and reduce conflicts of interest. Audits have already begun and a new unit of 12 staff will be fully in place by February 2017.
- **Fourth:** When a preventive services provider seeks to end services on high risk cases, ACS will facilitate a Service Termination Conference, ensuring that all risk factors have been addressed. This began the first week of October and is ongoing.
- **Fifth:** We worked with the Department of Education to establish clear guidelines for when school absences should trigger a school investigation and coordination with ACS, where appropriate. A revised Chancellor's regulation will be prepared for the December meeting of the DOE's Panel for Education Policy meeting.
- **Sixth:** ACS is making several reforms to our staffing and processes at the five New York City Child Advocacy Centers where cases of children who are suspected to have endured serious abuse are jointly investigated:
 - 1) ensuring the appropriate numbers of child protective specialist supervisors are stationed at each CAC;

- 2) stationing one Child Protective Manager at each CAC to ensure a senior level review of every CAC case that does not result in law enforcement action;
- 3) stationing one Family Court Legal Services Lawyer at each CAC;
- 4) ensuring that every CAC case has a child safety conference;
- 5) working with MOCJ to add medical staff, including doctors and nurse practitioners trained in child abuse, and expanding their presence during day and evening hours.
- 6) beginning in October 2016, we created an interagency workgroup with the ACS, NYPD, the DA, and Safe Horizon that will propose recommendations and coordinate improvements to the CAC process

Beyond those recently-announced reforms, ACS and our sister city agencies are working together to institute a number of additional measures, some of which are:

- ACS will work with DHS and shelter providers on an MOU to expand sharing of information about families in shelter system with child welfare cases.
- To strengthen oversight for at-risk children, ACS will create a new training for DOE parent coordinators citywide to include assessment of safety and risk, appropriate follow-up and referrals to preventive family support services.
- ACS Senior Advisor for Investigations will newly oversee the Instant Response Team, which handle the most serious cases where NYPD and ACS respond jointly, to establish more aggressive oversight process and sustain strong coordination between ACS and NYPD on serious physical injury cases

Conclusion

As I told the Committee when I first became Commissioner and reaffirmed earlier this month, I have charged my agency and all of our provider partners to treat the children we work with as if they are our own. Safeguarding children and supporting struggling families takes the collaboration of many, including our communities. All New Yorkers play a part in protecting children. In the coming months, ACS will launch a public awareness campaign that raises attention to critical child safety issues, and I

want to use this opportunity to ask the Committee to join us in informing New Yorkers that when a family is in need of help, lend a hand. When you suspect abuse or neglect, don't hesitate to make that call.

As the title of this hearing suggests, many agencies and parties can touch the lives of children and families, and we all have a shared responsibility to these children. ACS has committed resources to enhancing coordination, including sharing data and information, and building inclusive processes so that children do not slip through the cracks. The actions that we have taken at ACS in the past weeks mark only the beginning. We will continue to work vigilantly to make sure that our practices, policies, and procedures are designed and carried out in a manner that ensures we are doing all we can to keep children safe. No large public child welfare system will ever be perfect, but I am resolute in my commitment to making the essential changes and improvements required to prevent the lapses and failures that can lead to tragedy.

As always, we are happy to work with the Committee in our continuing efforts to improve the system and to better serve children and families. We are happy to take your questions.

What Happens When a Suspected Case of Child Abuse or Neglect Is Reported?

New York City Administration for Children's Services Child Protective Investigation

Call is placed to the State Central Register (SCR) for Abuse and Maltreatment
1-800-342-3720 for Public,
1-800-635-1522 for Mandated Reporter or **311**

Report Accepted

SCR determines report meets the requirements for an investigation.

ACS assigns case to a child protective specialist.

Specialist contacts the reported child's family within 24 hours.

ACS has 60 days to conduct an investigation* and reach a finding.

Indicated

Some credible evidence of abuse or neglect is found.

Immediate Danger

Safety measures could include foster care placement.

High-Risk

Voluntary or court-mandated services.

No- or Low-Risk

Voluntary preventive services.

Report Rejected

SCR determines report does not meet the requirements for an investigation:

1. The victim is older than 18.
2. The alleged perpetrator is not the parent or guardian legally responsible for the child (*e.g., neighbor, teacher, etc.*).
3. The allegation does not meet the state's standard of abuse or neglect.

*Investigative Activities:

- Review family's history with ACS;
- Contact the reporter;
- Conduct home visits;
- Interview alleged victim, parents/caretakers, other household members and collateral contacts (*e.g., school staff, health care providers, neighbors, etc.*).

Unfounded

No credible evidence of abuse or neglect is found.

Preventive Services

Voluntary enrollment.

Case Closed

**New York City Council General Welfare Committee
Oversight Hearing on Child Abuse and the Various Touchpoints for Families
October 31, 2016**

**Testimony by Dr. Herminia Palacio, MD, MPH
Deputy Mayor for Health and Human Services, City of New York**

Good morning, Chair Levin, Councilmembers, and Public Advocate James.

My name is Dr. Herminia Palacio. I was appointed in January as the Deputy Mayor for Health and Human Services, and I oversee 9 agencies and offices including the Administration for Children's Services, Department of Homeless Services, Human Resources Administration, Office to Combat Domestic Violence, Office of Food Policy, Health + Hospitals, Department of Health and Mental Hygiene, Office of the Chief Medical Examiner, and the Center for Innovation through Data Intelligence.

With me today are leaders from some of these as well as other city agencies: Gladys Carrion, Commissioner of the Administration for Children's Services; Chief Michael Osgood, Commander of the Special Victims Division for the New York Police Department; Ursulina Ramirez, Chief of Staff and Chief Operating Officer at the New York City Department of Education; Daniel Tietz, Chief Special Services Officer at the Department of Social Services; and Hannah Pennington, Director of Policy at the Office to Combat Domestic Violence.

Thank you for inviting me to be here to discuss how our City manages child abuse cases and how we are protecting children from harm. The City Council is a crucial partner in this work, and I thank you for your commitment to this issue. Since this is my first time appearing before the Council, I will take a moment to share the perspective that I bring to my role as Deputy Mayor.

Over the course of my career, I have had the extraordinary privilege of being a physician in clinics and on hospital wards serving vulnerable urban communities, including many years at the San Francisco General Hospital during the height of the HIV/AIDS epidemic. The trust my patients placed in me to care for them their time of need was a great honor and a humbling responsibly.

As a public health practitioner, the entire community is under my care, not just one individual patient at a time. I have held senior leadership positions in local health departments, first in San Francisco and then for ten years as Executive Director and Local Public Health Authority in Harris County, Texas, the third most populous county in the nation.

In Harris County, I led a large systems change initiative to transform the department from a network of siloed divisions into a unified, streamlined agency that had a comprehensive vision and a clear strategic plan to accomplish our mission. We developed nationally recognized expertise in disaster management. In 2005, I had twenty-four hours to stand up the medical and public health response for 27,000 evacuees from New Orleans, becoming responsible overnight for the health, safety, and wellbeing of families ripped apart by the devastation of Hurricane Katrina.

All of these experiences have shaped my perspective as Deputy Mayor that to serve our most vulnerable populations with excellence, it takes a combination of dedicated staff, strong systems, and an organizational culture that is constantly learning and striving to better itself.

I will turn now to this Administration's efforts to address child welfare. I will focus on citywide investments and policy. But first, I must restate that the death of Zymere Perkins is an unacceptable tragedy. As a mother and as someone who has spent my career working with

families in crisis, I share the sorrow and anger of everyone here. The death of any child is always tragic, no matter the cause, but the violent death of a child is even more so.

Our mission is to ensure the welfare of every child. That is my mission, that is the Mayor's mission, that is Commissioner Carrion's mission, and that is the mission of the 6,500 ACS employees who have chosen this difficult, complex, and sometimes dangerous work.

I am prepared today to update you on the swift action this Administration took following the death of Zymere, including the status of ACS's internal investigation of this case and the disciplinary actions ACS has taken against those who failed in their duties. I will describe the review being conducted by the other agencies involved in this case at the direction of the Mayor, and I will provide more details on our recently announced reforms. I will also update you on the investments this Administration has made since day one and the impacts of those investments.

As you know, a criminal investigation, directed by the Manhattan District Attorney and supported by an NYPD investigation, is underway regarding Zymere's death. It is critically important that those who are responsible for his death are brought to justice, and we do not want to do anything that will compromise the investigation. This is one of the reasons we must refrain from discussing the specifics of this case today. The State Social Service Law also precludes us from releasing case specific information at this time. We are committed to sharing additional information with the City Council and the public as soon as we are able.

Let me first put this Administration's response to the city's involvement with Zymere Perkins into a broader context. Mayor de Blasio has a deep and long standing dedication to improving child safety and wellbeing. As a City Councilmember, he spent eight years as the chairman of the General Welfare Committee. In 2012, as Public Advocate, he urged ACS to implement changes that had not been made by previous reforms. He has demonstrated his

commitment from day one of his Administration, making investments and improvements to ensure that the City has the resources and leadership necessary to protect all of our children.

One of the first appointments Mayor de Blasio made to lead his Administration was of Gladys Carrion as the Commissioner of ACS. Prior to leading ACS, Commissioner Carrion served as New York State's Commissioner for the Office of Children and Family Services, overseeing the child welfare agency in every county across the State.

She has held senior management roles in nonprofit organizations across the City; was appointed to leadership positions under Mayors Koch and Dinkins; has served on the Legal Services of New York Executive Committee, and on the Child Welfare Watch Advisory Board; and has never waived from her commitment to serve the City's poorest families, the same types of families she advocated for when she began her career as an attorney at Bronx Legal Services. She is a nationally recognized expert in child and family services, and recently presented to the White House on innovation in child welfare.

Commissioner Carrion has devoted 40 years of her life to protecting children and supporting families in New York City. This Administration is confident that she is the leader we need to lead this agency and strengthen our child welfare system.

In his first Executive Budget, Mayor de Blasio began restoring the funds that had been cut in previous years. Tough decisions had to be made after the financial recession, and ACS was not immune to the budget cuts that were made across city and state government. In prior years, the agency sustained a reduction of \$280 million in total funds annually, forcing it to cut over 1,500 positions. Since 2014, the de Blasio administration has invested in critical initiatives to strengthen ACS, totaling \$139 million upon full implementation in FY19. These initiatives primarily target three critical priorities.

First, this funding has allowed ACS to restore more critical staff lines. Since 2014, ACS has hired over 630 positions in areas that reduce risk system wide. They have been able to hire

more Child Protective Specialists, who are on the front lines, providing services to families under incredibly difficult circumstances. Today we have 1,864 Child Protective Specialists on staff, compared to 1,651 in January 2014.

ACS has hired more Child Protective Supervisors and Managers to increase accountability and ensure that the right decisions are being made, and to give frontline workers the support and guidance they need to make these decisions. ACS also has hired more family court lawyers, who petition for court ordered supervision when a child is in danger and petition for removals when a child is being seriously harmed.

It has been reported that caseloads are higher than in the past, the suggestion being that this is negatively impacting families. This is not true. Caseloads are currently at 9.2 per caseworker. That is below the national best practice standard of 12. That is also below the statewide average of 15. This is also far below what they were ten years ago. In 2006, the average caseload was 16.5 cases per worker.

Caseloads fluctuate throughout the year and rise and fall for a variety of reasons, including seasonal changes, when caseworkers leave or are hired, and often following high-profile cases. While average caseloads have fluctuated slightly since 2014, they remain very low and have always been within best practice standards.

A second and related priority is our historic investment of \$12 million annually to increase and enhance staff training. ACS has partnered with the CUNY School of Professional Studies to create a brand new ACS Workforce Institute to support the ongoing professionalization of over 5,000 frontline child protective staff and supervisors.

Other professionals we trust with our children, such as teachers and police officers, must all receive training and professional development throughout their careers. Now, the people we send out to protect the city's most vulnerable and at-risk children have the same opportunities.

Before the ACS Workforce Institute, newly hired frontline staff received approximately one month of basic, onboarding training, and there were few opportunities for continued training apart from short courses required upon promotion. Now, frontline staff will have the opportunity to receive an additional 70 hours of in-depth, specialized training per year, and supervisors can receive up to 100 hours of additional training per year. Since the Workforce Institute launched, over 4,500 child welfare professionals have been trained. This ongoing training will increase ACS staff's ability to identify warning signs and act quickly.

Third, this Administration has made an unprecedented investment in prevention services, bringing the total prevention budget to \$250 million dollars. These services reduce the risk of children being subjected to repeated abuse or neglect, and reduce the likelihood that a child will need to be removed from his or her family and placed in foster care.

It is easy to jump to the conclusion after a tragic case like Zymere's that more children should be removed from their homes, but that is not always what is in best interest of the child or family. There are numerous consequences to placing a child in foster care, consequences that can seriously impact a child's long-term wellbeing. The package of foster care reporting bills recently passed by the City Council acknowledge this reality, and emphasize that the decision to remove a child must be taken with serious caution.

Prevention funding has helped us bring the number of children in foster care to historic lows. In the mid-1990s, over 45,000 children were in foster care. Today that number is under 10,000. As these numbers have decreased, we have not seen a subsequent increase in repeat

abuse cases. That tells us that the intervention program worked and that this funding made a measurably positive impact. Prevention services are a critical tool for child protective workers and help families stay strong and united.

In parallel with this Administration's funding restorations for hiring, training, and preventative services, Commissioner Carrion has also made significant managerial changes within ACS, transforming the agency's internal accountability and oversight structures. For example, she restructured the agency so that all Child Welfare services, including preventive, child protective, and foster care services are all under the management of one Deputy Executive Commissioner, thereby improving communication and streamlining operations.

Many families who come to the attention of ACS are served initially by child protective services and then subsequently by preventive or foster care services. Integrating these three formerly independent divisions ensures critical collaboration and strengthens ACS' ability to attend to the safety and well being of children, no matter what type of child welfare involvement the family may face.

Beyond ACS, Mayor de Blasio has made improving child welfare an administration wide priority. In 2014, he demonstrated this commitment by establishing the Children's Cabinet. Chaired by Deputy Mayor Richard Buery, the Cabinet is made up of twenty-four agencies, including those not traditionally focused on children and families, and has launched programs and initiatives that promote cross-agency communication to foster positive youth development and child well-being.

The Cabinet has been a key partner in the NYC Safe Sleep and Thrive NYC campaigns, promoting safe sleeping practices and mental health supports that are available for parents and

caregivers. Unsafe sleep is the single largest preventable cause of death among infants, and these efforts save children's lives.

The Cabinet has also produced Growing Up NYC, a digital guide that provides information to families about city resources and services, including a strong focus on ACS preventive services. A policy framework accompanies this guide, designed to inform agency decision-making about programs and services for children and families.

I co-chair the Cabinet's Child Welfare and Safety Subcommittee, which includes agencies that do have a specific focus on child safety: ACS, DHS, HRA, DOE and NYPD. This subcommittee is aimed at removing barriers to effective joint decision-making and developing policy solutions to address child abuse and neglect. The subcommittee has met twice already and will work to implement many of the reforms discussed today.

Now, let me turn to the Administration's response to the Zymere Perkins case. ACS began an internal investigation as soon as it learned of Zymere's death, reviewing all relevant case records and immediately placing the five child protective staff who worked directly on the Perkins case on modified duty pending further review. As the internal investigation proceeded, an additional four staff members, two managers in the Child Protective Division and two managers in the General Counsel's office, were suspended without pay for thirty days and demoted. At the request of the District Attorney, ACS has not interviewed any staff members, but is continuing its ongoing record review and is making relevant changes in real time.

In addition, I was charged by Mayor de Blasio to lead a multi-agency review of this case. I directed all agencies that were involved with this family to complete a thorough internal investigation and am working with Police Commissioner O'Neill, Chancellor Farina,

Commissioner Banks, and senior staff at each agency. This ongoing review is informing the strategic policy changes we recently announced.

We are making changes that strengthen the collaboration between NYPD and ACS at the Child Advocacy Centers. First, we are adding additional medical staff trained in child abuse. Second, in cases that do not result in law enforcement action, ACS will convene an automatic safety conference to ensure that the case continues to receive a heightened level of oversight. In addition, NYPD is conducting its own analysis of detective staffing levels at the CACs.

We are making changes to strengthen the collaboration between DOE and ACS. Outside of their own homes, children spend more time at school than anywhere else. Daily attendance at school is a crucial component to academic excellence, and unexplained absences from school can be a sign that something is wrong in a child's life. This is particularly true for students whose families are involved with ACS.

The Department of Education has released an emergency protocol that establishes clear guidelines for when a series of absences triggers an investigation for students known to ACS. This protocol will give school staff more and better information that can be used to monitor the attendance of high-risk students.

Effective immediately, ACS will provide DOE with monthly data that include information about all students who are ACS-involved. DOE will give heightened attention to children who may be at a greater risk for abuse, including children whose families are currently under investigation, whose families had a previously substantiated investigation, or children who are in living in foster care. The new protocol lays out a system to track these students on a daily basis through the DOE attendance logs and directs school staff to automatically contact ACS if they are unable to reach the family or suspect maltreatment.

Later this week, DOE will release a new emergency Chancellor's Regulation that will outline new protocols for identifying and responding to suspected cases of educational neglect for all students, not only those who are known to ACS.

Together, these new protocols will enable follow up and support for students and their families, and ensure prompt reporting of any suspected abuse or neglect.

In addition to the changes to their attendance policies, the DOE will also require school nurses to collect photographic evidence of suspected child abuse, and will provide professional development for parent coordinators and other key staff in assessment of safety and risk, follow-up and referral, and navigation of the child welfare system.

These reforms empower essential stakeholders and educators with important information in a context that encourages collaboration and swift intervention. By more closely partnering and by sharing more information, we will be able to reach more children and ensure that they are all safe, secure, and healthy.

We are also making changes to strengthen the collaboration between DHS and ACS. Homelessness has been a growing problem in New York City for decades, increasing by 115% over the last twenty years. Over 13,000 families, including 23,000 children, rely on our City's shelters every night. All of these families deserve our support, and this Administration has added additional resources to ensure that needs of children living in homeless shelters are being met.

Ensuring the safety of all children, especially those whose families are known to ACS, is a critical part of DHS's work. DHS and ACS perform a data match each day to identify all active ACS clients living in shelter. This data sharing will continue, and the two

agencies are reviewing how best to expand its use to confirm that child welfare families are supported and that changes in their shelter status are flagged.

DHS and ACS are currently developing an agreement that would also allow DHS, including shelter providers, to obtain more information about a family's child welfare case as they enter the shelter system, and which would better facilitate service provision to the family while they are in shelter. This agreement would also allow DHS provider staff and ACS provider staff to have case conferences about ACS involved families at critical times – for example, at conferences related to child safety or discharge.

While this agreement is being finalized, DHS and ACS have convened a workgroup that includes ACS and DHS providers to discuss policy changes that may be made to facilitate communications and information sharing between the agencies when a family in shelter has a child welfare case.

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

In closing, historic investments and proven leadership continue to strengthen ACS and our citywide efforts to improve child welfare. Our mission is to ensure the welfare of every child, but in this case, the City failed. We are continuing to thoroughly review this case and are prepared to make swift and necessary changes as we learn more. Work is underway as we speak to implement the changes and reforms announced today, and will be ongoing in the days and weeks ahead.

Thank you for your leadership, concern, and compassion. All of us here want the same thing – to protect children and keep them safe from harm. I look forward to working with the Council to strengthen the safety net for all vulnerable children and families across New York City. Thank you.

Center for Family Representation (CFR)
Submitted Testimony for the New York City Council Committee on General Welfare Hearing
October 31, 2016

CFR is grateful for the opportunity to present testimony to the New York City Council's General Welfare Committee as it investigates the tragic death of Zymere Perkins and explores the work of the Administration for Children's Services and other City agencies that regularly impact families.

About CFR

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

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

Recently, City Council provided CFR with generous funding to expand our services to families through our *Home for Good* Initiative. As the tragic death of Zymere Perkins demonstrates, child-welfare involved families do not experience problems in neat silos--very often CFR's clients are homeless or at risk of eviction, are in need of assistance to secure or maintain public benefits, or are struggling with educational issues impacting their children. Much of the time they are mistrustful of (or at least confused by) the very public systems with which they must engage to raise their children safely, including ACS, NYPD, the Board of Education, NYCHA, HRA and DHS. *Home for Good* has enabled CFR to provide representation and advocacy for parents in housing court, on immigration matters, and in securing critical public benefits.

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

Our testimony focuses on the following:

- (1) The perils of swift reform, which often lead to policies that over-emphasize removing children and prosecuting parents, practices that only make it more likely that parents will not engage needed services and that case workers will not have the time nor the inclination to improve their own practice. By the same token, reform efforts that ACS is already engaged in, that have employed and built on the expertise of children's and parents' advocacy agencies, have highlighted many opportunities to improve family stability. In this respect, we'd ask the Council to consider two actions: (1) require ACS to continue to engage not only other City agencies, but also these advocacy organizations in any proposed reform, and (2) explore whether there are opportunities to create more front line positions within DOE, DHS and NYCHA, the focus of which would be to act as liaisons to ACS to better trouble shoot any issues that undermine families.
- (2) The benefits of engaging parents early in an investigation and giving them greater access to advocates, including attorneys. In this respect, we'd ask the Council to consider supporting pilots in each borough that would replicate a project last undertaken in 2004 and 2005, in Community District 10, that gave parents the chance to consult with CFR attorneys and social work staff as they confronted an ACS investigation and developed a service plan for their family.

The Perils of Swift Reforms and the Benefits of Engaging Advocates in Designing Reform

The deaths of children like Zymere Perkins and Myles Dobson are undeniably tragic and we appreciate the desire to hold professionals accountable when it appears they may have prevented those deaths. We also appreciate the desire to quickly create a new practice, employ a new tool, or quickly shift priorities to insure that no child suffers such a fate in the future. However, during 15 years of engaging and defending families, our experience is that any reactive rush to overhaul practice usually exacerbates casework deficits that already exist at ACS, does not achieve lasting improvements in coordination between agencies that impact families, and unduly strains parents and children—most often by unnecessarily removing children who could be safely at home. And that is not only harmful for children, it inevitably means that parents in impoverished communities (the ones most likely to be investigated by ACS) will have even greater reasons to be guarded, mistrustful and unable or unwilling to reach

out for the very help they may need. As well, if one hallmark of good child protective practice is thorough and thoughtful assessment of both risk and a family's strengths, in our view, 'reforms' that encourage overly formulaic approaches, unfair profiling or inevitable conclusions actually discourage such assessments.

Since the Perkins death, we have seen a dramatic increase in child protective filings and in ACS requests for removal orders from the court in Manhattan and Queens. Many times, the request for a removal order *actually comes after* a child has already been taken from his or her home and ACS is essentially asking the court to endorse its prior action. And in many cases, the court is denying the requests and returning children, as ACS cannot make a showing that the children are at risk. However, where the court grants the initial request, children enter or remain in foster care until the court can hold a hearing—that may occur within days or take weeks. Similarly, after the Myles Dobson fatality, we saw an across the board swift shift in ACS practice around cases where children had been home safely for some time and court ordered supervision was about to end—suddenly ACS made it mandatory that its attorneys request extensions of those orders, often for up to another year, without regard to whether there was any justification to continue to scrutinize a family. All of this taxes the court, ACS's legal resources, and the resources of attorneys representing parents and children. Perhaps more significant, these shifts also tax child protective caseworkers—when children enter foster care, in addition to other duties, caseworkers have to attend additional meetings required by the Court and ACS (often called preliminary and family team conferences respectively) and attend other hearings.

Both the May 2016 Department of Investigation (DOI) report and the June 2016 Comptroller report conclude that ACS caseworkers have caseloads that are too high, and lack the time needed to adequately document their investigations. While we have questions about many of the conclusions drawn by the DOI report, if they are accurate, the recent (and dramatic) shift in removing children and the need to appear in court only adds time and work for caseworkers who could otherwise be in the field, devoting time to working with families and helping them engage in services. For the average caseworker, the message is to discard thoroughness in favor of a regimented, standardized approach. And for parents, these practices only reinforce the notion that ACS is an agency that is over-reaching, that will remove children first and ask questions later, and is not to be trusted.

In our view, the same perils exist with over-reliance on checklists, approaches that assign a 'score' to a parent or otherwise attempt to quantify risk—to state the obvious, families are remarkably unique. In our experience, engaging families productively means taking the time to assess both their strengths and challenges, and constant vigilance against generalizations or bias that already permeate child welfare— and any measures which equate poverty with risk may contain implicit racial biases,¹ which this City has committed to reducing in many areas of city services. Time and again, in working with families, we already see ACS require parents to

¹ <https://chronicleofsocialchange.org/predictive-analytics/propublica-exposes-racial-bias-predictive-analytics/19783>

complete formulaic services plans that seem to correspond only and entirely to allegations, without meaningful regard for whether the services will actually work, or are really necessary. Many parents are asked to complete multiple services, without regard to whether compliance will mean they lose a part time job or have trouble visiting their children in foster care. Not every parent accused of leaving a child alone needs a parenting class; not every parent accused of substance use needs a drug program, and not every parent accused of inappropriate discipline needs extensive counseling—yet much of the work we do at CFR involves advocating with ACS (and foster care) workers to avoid such approaches and to develop service plans that are realistic and meaningful.

In our view, any formulaic approach undermines the goal of supporting caseworkers to learn to make better, more nuanced assessments—and we hope that remains a goal in the wake of the Perkins tragedy, as better assessments will help caseworkers both spot risk as well as recognize when a family can remain safely together with appropriate supports. Very important, when a parent is given a voice and support in developing a service plan, and when the services actually are helpful, the parent is much more likely to view service providers as credible and helpful resources—and thus are more likely to reach out should another issue impact their family in the future. Whatever the lessons of the Perkins tragedy turn out to be, we hope one goal would be to make it more likely that any parent in crisis will reach out to those who could assist, and ‘reforms’ that make parents more mistrustful, only ill serve children in the long run.

In our experience, meaningful reform is often the result of ongoing targeted discussions and problem solving that involve a variety of professionals that regularly support child welfare involved parents and children, including ACS, parents attorneys and social work staff, childrens’ attorneys and social work staff, preventive service agencies and academics in the legal and child welfare field. Over the years, these collaborations have resulted in ACS policies that have, in our view, improved family stability, made it more likely that children placed in foster could come home safely, and resulted in more nuanced and effective practice with parents with particular challenges, like teenage parents. Importantly, while these efforts take time, they have also resulted in many mutually reinforcing practices among case work staff and the agencies also working with families, and ongoing feedback routines so that advocacy groups can inform ACS of inconsistencies in front line practice. As well, and very important, input from advocates has helped insure that ACS practices do not over-reach, over punish or over generalize when serving families. There is a great deal of work to do on that score, but many of the efforts have been promising.

Currently, ACS and advocate organizations like CFR, Bronx Defenders, Brooklyn Defense Services and Legal Aid are engaged in 10 different workgroups that are addressing how to improve front line practice in a range of areas, from improving school stability for children placed in foster care to achieving safe reunification. One of these, the workgroup focused on improving housing stability, may have lessons for the Perkins case—in over a year of meetings, ACS and the advocates have identified close to a dozen ways in which ACS’s own policies to strengthen families are actually undermined or even contradicted by policies within NYCHA, HPD and DHS. As well, and also pertinent, this workgroup has identified several ways in which

staff within city agencies lack the ability to easily work together or be held accountable for the work each is doing with a family. For example, this workgroup has highlighted practices within DHS that create a disincentive to seek shelter, even for a parent who may be trying to leave an abusive partner and practices that make it very difficult for a child to regularly attend school while a family navigates the shelter system. This workgroup has created a set of resource guides for ACS workers as well as advocates and court actors, so that every stakeholder working with a family in the court process has ready and accurate information to make it less likely that housing issues will further complicate child welfare issues.

While we do not understand the full authority of the Council to steer ACS reform, to the extent that the Council can take action, we'd ask that it require ACS to include advocacy organizations and the other constituents of these workgroups in any reform effort arising from the Perkins fatality. And, related, we'd ask that it require ACS and other city agencies that impact families to substantially increase the workforce devoted to better coordination of services for families impacted by multiple systems. While we know the Children's Cabinet was created with a such a goal in mind, our experience is that coordination is sorely needed in great numbers and on the front line, in day to day work. A more robust 'liaison' workforce in DOE, NYPD, DHS, NYCHA, HRA and ACS would better serve families.

The Benefits of Engagement and Connecting Families under Investigation to Skilled Advocates, including Attorneys.

Child welfare has numerous examples of successful programs that improve child safety and family stability, where a parent has access to competent professionals in situations that have proven to be otherwise challenging for a parent or create risk to a child. The New York city Nurse-Family Partnership, the Montefiore Healthy Steps program (now being replicated statewide), and Connecticut's "Minding the Baby" programs all provide additional support for parents of young children with better outcomes for children and fewer child protective interventions. As well, over the years, ACS has created and then repeatedly modified a scheme for bringing parents and their supports together to develop service plans during a child protective investigation. In 2004 and 2005, CFR and ACS piloted an approach to families during an investigation that had many of the same attributes as the programs above that we would urge the Council to consider supporting again.

Project Engage was a unique partnership between CFR and ACS that supported parents in Community District 10, an area that in 2004 had a high volume of child protective investigations and removals. Essentially, in a small number of cases, ACS agreed to refer a parent to CFR's interdisciplinary staff at the point in an investigation when an 'elevated risk' was identified by ACS workers investigating a family. At that time, one of the conferences employed by ACS was referred to as an "Elevated Risk Conference" and was designed to bring a parent, his or her community supports and any providers already working with a family together; the goal of the conference was to determine if a removal would be necessary or could be avoided. In theory, and pursuant to ACS's conference policy at the time, at the point of an Elevated Risk

conference, no decision had yet been made by ACS about removal or filing a family court case.² The rationale behind *Project Engage* was that if a parent could have a skilled advocate assigned to them at this point, outcomes would be better. A social worker employed by CFR would support the parent at that first conference and beyond, insuring that ACS was not being inflexible, making sure the parent felt heard and supported, and assisting with identifying other programs, making referrals, and supporting the parent throughout. If ACS did file a case against the parent, CFR's attorney would represent the parent and the prior work that had been done by both agencies would benefit the court—unlike most instances, where a legal provider meets the parent on the day a case is filed, in *Project Engage* cases, CFR would already have knowledge of the family and could avoid protracted litigation as well as work toward a settlement of the case quickly. Legal staff with knowledge of the family gleaned from the project would have additional incentives to work on expeditious reunification.

The project was ambitious, requiring unprecedented collaboration between child welfare staff who were investigating families and a legal services provider whose mission is to provide advocacy for parents and prevent wherever possible, the placement of children in foster care. Over the course of two years, staff from both agencies had to confront philosophical differences over the dual goals of engaging parents while ensuring child safety and ACS had to become comfortable with an advocate supporting the parent who often disagreed with ACS and with whom the parent enjoyed a confidential relationship. Nonetheless, of the 48 families supported by *Project Engage*, in 38, there was no child protective removal and no filing in family court. And, perhaps not surprising, but disheartening, the project was abruptly discontinued after another tragic child's death—Nixmary Brown.

The common theme in each of these approaches is that parents had the opportunity to build a relationship with a skilled advocate *that did not work for ACS, but assisted the parent in engaging with ACS*—the extent to which parents mistrust child protective workers cannot be overstated. Especially when parents fear they will lose custody of their children, they have difficulty accessing an array of services, and this may be the point when they have the most need.

As Tanika Simpson, a social worker at Minding the Baby, describes:

Many of the young mothers who are served by Minding the Baby have had experience with child-protection services as children, and they've got good reason to be anxious about visiting social workers. Simpson says that by the time one of her clients' babies is born she's been visiting with that client for months. Her first meeting with the baby is in the hospital, soon after the child's birth. "It never fails to move me that we will go into that hospital room, and she will hand us her baby," Simpson says, a catch in her voice. "The trust there, it blows me away, every time."³

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

³ <http://www.newyorker.com/magazine/2016/02/01/baby-doe>

Giving a parent a skilled social work ally and advocate at what may be the most tumultuous period in their lives has numerous benefits: assessments of the family are more meaningful because the advocate's role, among other things, is to help ACS resist formulaic approaches and helps the parent engage with ACS more productively; the advocate can make additional referrals, make additional home visits, and trouble shoot housing, public benefits and educational issues, thus giving the ACS worker an additional resource in supporting a family; last, if the case does go to court, the attorneys teamed with that social worker can represent the parent armed with historical information that can reduce the need for hearings and can promote settlements of the cases. And at this point in time, all of the parent advocacy agencies have a long history of successful collaboration with ACS and are well poised, if financially supported, to provide early productive assistance during an investigation. Perhaps most important, family safety and stability will be a combined responsibility and no child who can stay safely at home will have to enter foster care.

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

THE SENATE
STATE OF NEW YORK



DIANE J. SAVINO
SENATOR, 23RD DISTRICT

**INDEPENDENT DEMOCRATIC CONFERENCE LIAISON
TO THE EXECUTIVE BRANCH**

ALBANY OFFICE:

ROOM 315
LEGISLATIVE OFFICE BUILDING
ALBANY, NEW YORK 12247
PHONE: (518) 455-2437
FAX: (518) 426-6943

DISTRICT OFFICES:

36 RICHMOND TERRACE
STATEN ISLAND, NEW YORK 10301
PHONE: (718) 727-9406
FAX: (718) 727-9426

2872 W. 15TH STREET
BROOKLYN, NEW YORK 11224
PHONE: (718) 333-0311
FAX: (347) 492-3263

CHAIR
BANKS

COMMITTEE MEMBER
CHILDREN AND FAMILIES

CITIES
CIVIL SERVICE AND PENSIONS

CODES
CONSUMER PROTECTION
CRIME VICTIMS, CRIME AND CORRECTION
FINANCE
JUDICIARY
LABOR

E-MAIL ADDRESS
SAVINO@NYSENATE.GOV

Submitted testimony of Senator Diane J. Savino

NYC Council – Committee on General Welfare, Stephen T Levin, Chair
Hearing on Child Abuse Cases and the Various City Touchpoints for Families
Monday October 31, 2016

Diane Savino began her career in public service as a caseworker for New York City's Child Welfare Administration now the Administration for Children's Services (ACS), providing assistance to abused and neglected children.

When a child fatality occurs, whether the child is known to the Administration for Child Services (ACS) or not, we need to ask how could this death have been prevented and what can we do differently to make certain that steps are taken to ensure the safety of all children who are subjects of reports of alleged abuse.

I would like to advance several proposals I believe will be positive steps toward preventing future tragedies:

- Amending Social Service Law Section 422 - pertaining to who is permitted to have access to sealed unfounded reports to allow case planners of contracted non-profit agencies to have access upon placement of a subject of a report with a contracted agency.
- Restoration of the Family Services Unit - while many reported cases are unfounded, there may still remain a need for services for these families. Restoration of the Family Services Units in all borough offices will provide an avenue for these families to receive the needed support and services to prevent them from becoming a future founded case.
- Creating ACS liaisons for each school. Nothing has changed in the 25-years from when I was first a caseworker for the City of New York. Teachers and principals are not CPS workers, nor should they be trained or expected to become caseworkers. The ACS Liaison will work with teachers and principals to access absences and other issues for actual neglect.

- Reporting of absences - suspend the practice of year end reporting of absences which creates a springtime dumping of educational neglect cases on ACS. Timelier reporting is necessary to better catch abuse and neglect cases as early as possible.
- Review Utilization of Family Assessment Response program. I would ask that this committee review the utilization of the Family Assessment Response (FAR) program within the City. Although FAR can only be used where caseworkers see that there is no immediate danger to children and where there are no allegations of serious child abuse, it is an important tool that I hope is being utilized by ACS.

Finally, I wish to address my concern regarding the proposal for NYPD and ACS to jointly investigate children. The legislature provided for separate penal law/criminal court and social services/family court for good reason. While I support the police and the valuable role they have in our City, I do not believe they should be part of any interview or investigation of a family unless their presence is requested by the case worker. This proposal will prevent families from accepting the help offered, which by law they are not required to take, and potentially exacerbate addressable situations.

I appreciate the opportunity to discuss ways to improve outcomes for the most vulnerable children of our City and offer myself, as former case worker and current legislator, as a resource toward crafting policy for positive outcomes for families in need.



moving victims of violence from crisis to confidence

Testimony of
Liz Roberts, Deputy CEO/Chief Program Officer
and
Michael Polenberg, Vice President, Government Affairs
Safe Horizon, Inc.

Oversight: Child Abuse Cases and the
Various City Touchpoints for Families

General Welfare Committee
Hon. Stephen Levin, Chair

New York City Council

October 31, 2016

Thank you for the opportunity to testify before you today regarding child abuse cases and the various City touchpoints for families. My name is Michael Polenberg, and I am the Vice President of Government Affairs at Safe Horizon. I am joined by my colleague Liz Roberts, Deputy CEO and Chief Program Officer. Safe Horizon is the nation's leading victim assistance organization and New York City's largest provider of services to victims of crime. Safe Horizon's mission is to provide support, prevent violence and promote justice for victims of crime and abuse, their families and communities.

Our testimony today will focus on the role Child Advocacy Centers (CACs) play in investigating and responding to the city's most serious cases of child abuse, including the specific role Safe Horizon plays in operating all five CACs throughout the city. We will also lend our support to new policies and enhanced practices recommended by the Administration to help safeguard children at risk of abuse.

Child Advocacy Centers – The History

Child abuse cases grab at the heartstrings of every New Yorker. We recoil at the very thought of someone knowingly harming a child and entrust the professionals from a number of different agencies – police, prosecutors, child protective staff, doctors -- to investigate and respond to these cases so that children are protected. For many years, these agencies worked almost entirely in silos, focusing on their specific roles in uncovering what took place, or responding to the child, or holding the offender accountable. This disconnected approach meant that children had to repeatedly disclose painful details of the harm they had endured in a variety of settings not commonly thought of as “child-friendly” – including police precincts, district attorney's offices,

and hospital emergency rooms. Over and over, children would be asked to talk about the abuse they suffered, only to have to repeat their story yet again every time a new investigator stepped into the picture. Again and again, memories of pain and horror would flood the child's mind. And each time, the child wondered how many more times he or she would be asked to relive this pain so that another adult could scribble down some notes and ask yet another round of probing, deeply personal questions. Many were left feeling as if no one believed them. They were often blamed for the disruption they caused in their families. Many chose to shut down and take back what they said, just hoping that somehow the abuse would stop.

In 1985, the nation's first Child Advocacy Center opened in Huntsville, Alabama. The local District Attorney at the time – Robert “Bud” Cramer – recognized that by bringing all of the key investigative agencies together, children could be spared repetitive and often re-traumatizing interviews about the sexual and/or physical violence they endured. According to the National Children's Alliance, “the primary goal (of the Child Advocacy Centers) is to ensure that children disclosing abuse are not further victimized by the intervention system designed to protect them.”

Since the establishment of the National Children's Advocacy Center in Huntsville in 1985, more than 900 CACs across the country have opened their doors, working to prevent re-traumatization of children and better coordinate the investigation and response to child abuse. In October 1996, Safe Horizon opened the Brooklyn Child Advocacy Center. This Center took the model to a new level, by physically housing all the partners together under one roof, in what we now call a fully co-located CAC. We did what many thought would be impossible – successfully persuading fiercely independent agencies like the New York City Police Department, the

Administration for Children's Services and the Brooklyn District Attorney's Office to sit together with Safe Horizon and a medical provider from The Brooklyn Hospital Center in one child-friendly facility and work collaboratively on each case to achieve the best possible outcomes for child victims and their families.

Last week, we marked the twentieth anniversary of this center – now known as the Jane Barker Brooklyn Child Advocacy Center in memory of our former colleague who championed such a coordinated and collaborative approach to responding to child abuse cases. What seemed insurmountable back in the mid-90's – to establish a child friendly fully co-located CAC – is now the model for the City's response to the most serious cases of child sexual and physical abuse. In the intervening years, and with generous assistance from the New York City Council as well as successive administrations, Safe Horizon established four additional fully co-located CACs – in Queens, Staten Island, Manhattan and the Bronx. In FY16, these five Child Advocacy Centers provided services to 6,462 children and 3,908 caregivers. Safe Horizon is now the only organization in the country that operates five fully co-located CACs in an urban setting – and the fully co-located model is now considered the “gold standard” in the CAC movement by the National Children's Alliance.

I will now turn the testimony over to my colleague Liz Roberts who will describe the specific role Safe Horizon plays in the CACs across New York City and share our thoughts on the Administration's recommendations to better safeguard at-risk children.

Child Advocacy Centers – Safe Horizon’s Role

Thank you, and again, my name is Liz Roberts, and I am the Deputy CEO and Chief Program Officer at Safe Horizon. I have the great honor of overseeing all of Safe Horizon’s programs, including our five Safe Horizon Child Advocacy Centers and the wonderful, dedicated and compassionate staff who collaborate each week with our on-site partners to bolster the city’s response to child abuse. Over the course of my tenure at Safe Horizon, and indeed over the course of my thirty-year career as a social worker focused on ending domestic violence and child abuse, I have come to understand and truly appreciate that the core of the child advocacy center model is teamwork. No one system or organization alone can fully address the very complex needs that abused children and their families face.

Before I begin, I want to express my deep gratitude to the entire New York City Council for supporting the Child Advocacy Centers each year in the budget. This funding helps ensure that our staff can respond quickly and effectively to every child who walks through our doors. For those of you who have visited one of our CACs, thank you, and I hope you were moved by what you saw. For anyone who hasn’t yet visited, please consider this to be an open invitation for you and your staff to see first-hand what a coordinated and comprehensive response to child abuse looks like. With CACs in every borough, I’m confident we can accommodate all of your visits!

Each entity comprising the Child Advocacy Center multi-disciplinary team (the NYPD, ACS, DA’s Office, Safe Horizon and the CAC medical provider) is accountable for their own role and practice. Each of us plays a unique role, one that cannot be played by any other. Only the police can arrest a suspect. Only the prosecutor can decide if there is enough evidence to press

charges. Only the medical provider can perform a forensic rape exam. Only ACS can decide if a child needs to be removed from a household. Only Safe Horizon can provide mental health services. But by working together closely on each case and sharing information, our individual and collective response to every child victim and impacted family member is more coordinated and effective.

Safe Horizon plays a very specific role in the Child Advocacy Centers. We play a coordinating role by convening weekly inter-agency case planning meetings to discuss each case that comes into the CAC, to share information and coordinate our responses. We are the sole providers of mental health services in the CACs, and offer a range of support services to help child victims and impacted family members cope with the traumatic impact of sexual and severe physical abuse. Beginning in 2008, in partnership with Yale University's Child Study Center, we adapted a brief, effective mental health intervention known as the Child Family Traumatic Stress Intervention – or CFTSI – to reduce the distressing symptoms of post-traumatic stress disorder (PTSD) that many child victims experience in the aftermath of the abuse. Over the past eight years, thousands of children and their impacted family members have completed this treatment at our CACs with remarkable results. Children feel better and their post-traumatic stress symptoms are reduced significantly. Safe Horizon's and Yale University's pioneering work together has led over 70 CACs across the country to now implement CFTSI.

Recommendations

On October 5th, Mayor de Blasio, Commissioner Carrion and other city officials announced a series of reforms that would help address gaps in service in response to child abuse. From

bolstering the numbers of detectives and child protective services staff who will respond to child abuse cases to working more closely with the Department of Education to investigate if an increase in school absences might be tied closely to child abuse, Safe Horizon thanks the Administration for committing itself to these measures, which will strengthen our overall response.

Since that press conference, the City has put forth additional recommendations which will add additional protections and which we support wholeheartedly, including:

- Full-time medical coverage. Work in partnership with our CAC medical providers to bolster their capacity to provide full-time medical services at all five CACs.
- Dedicated Child Protective Manager. This individual will review all CAC cases that do not result in law enforcement action to ensure follow-up services are offered to the child and impacted family members.
- Ensuring Appropriate Staffing Levels for all partner agencies. We support the Administration's vow to take a comprehensive look at current staffing levels for Safe Horizon and the on-site partner agencies to determine if enhancements need to be made to effectively address the volume of cases in the CACs.
- Greater oversight. In the most serious cases of child abuse where both ACS and the NYPD respond, a senior ACS official will review each case to help ensure coordination and oversight between the two agencies on serious physical injury cases.

- CAC Interagency Workgroup. In partnership with the leadership of our on-site partners, Safe Horizon will meet regularly to coordinate and implement enhancements to the CAC response to child victims of abuse.

In addition, Safe Horizon will continue our advocacy with the New York State Office of Victim Services (OVS) to reimburse CAC providers for the cost of physical exams of children suspected to be victims of physical abuse. Currently, OVS only reimburses providers for the cost of forensic rape exams (FREs.) This added revenue would help Safe Horizon and other CAC providers around the State to support enhanced medical coverage in our programs.

As we recognize our progress to date, I also feel a renewed sense of urgency as we look to the future – to continue to nurture our partnerships, to continue to bring the best practices into our CACs and together ensure that we provide every abused child with an expert, coordinated investigation and response.

On behalf of all of our staff in our CACs and across Safe Horizon, we thank you for convening this hearing and we are happy to respond to any inquiries you may have.

Social Service Employees Union Local 371

AFSCME, AFL-CIO



817 BROADWAY • 14TH FLOOR • NEW YORK, NEW YORK 10003 • (212) 677-3900 • FAX (212) 477-9161

CITY COUNCIL TESTIMONY

October 31, 2016

Thank you, Chairperson Levin for convening this hearing on ACS.

I am Anthony Wells President of the Social Services Employees Union Local 371 (SSEU Local 371). We represent over 5,209 workers in ACS in various titles including Child Protective Specialist & Supervisor, Child Welfare Specialist & Supervisor, Protection Agent, Child & Family Specialist, Community Coordinator, Community Associate & Program Evaluator.

Our members have one of the most difficult and challenging jobs in the city; protecting children and families. They often work in the most adverse conditions, going to homes and locations not knowing what they will face on the other side of the door. In fact, many of our members have been attacked while doing their jobs. However, they accept their responsibilities with care, concern and commitment every day. They are often burdened with high caseloads and repetitive and redundant paperwork.

The recent death of Zymere Perkins has once again brought ACS into the public light. When there is the unfortunate and terrible death of a child and the family is known to ACS, the first thought is: What did the workers do wrong? This has been the history of BCW, SSC, CWA and ACS. When something goes wrong, the workers are the first, and sometimes, the only source of blame. Too often the workers are scapegoated because the public and yes sadly, public officials do not understand the nature of the job or what ACS workers do. This is not making excuses but rather trying to get to an understanding of what ACS is, what the workers do and how the public can be more involved in the saving of children's lives.

Unfortunately, in this instance the media has vilified the worker associated with this case. They have put one worker on the front page several times and rushed to judgment before any facts are known. This has devastated the worker as it seems that she was the perpetrator of the child's death to the public at large and to her family and friends. The boyfriend allegedly killed the child, not the worker. This type of coverage makes it difficult to attract and retain workers. It also shows all other workers that no matter how good they are protecting the thousands of children that they were successful with on their cases, when one child dies they can be fired and can have their reputations destroyed without any factual investigation. It is deplorable

President
Anthony Wells

Executive Vice President
Yolanda Pumarejo

Secretary Treasurer
Juan Ortiz

Vice Presidents
Carl Cook
Armenta Weekes
Darek Robinson
Patricia Chardavoyne
Michelle Akyempong

Trustees
Frederick Wiley
Annette Cintron
William Phippen Jr.



and it infects the morale of all ACS workers. It also makes it difficult to attract and retain new workers.

It is important that the public as well as the policy makers understand that it is not about blaming the worker but about ways to improve the system. Reforms and changes must be approached from a collaborative approach. Agency communication and support have to improve and understanding and respect for the jobs that ACS workers do must be encouraged and enforced. Support from ACS workers must come from ACS, other agencies, city hall, and public officials if there are to be real improvements in the system and yes there must be a better job done to educate the public about child abuse and the role of ACS workers. We have a few recommendations of our own. We continue to advocate for the creation of Social Work Units in each field office to deal with difficult and long standing cases in ACS. License Social Workers (of which there are many in ACS) are trained to engage clients and get to the root of the real problem. We recommend that the oversight of private agencies be restored to ACS. This oversight will not only ensure the quality of service being delivered but also assist private agencies in areas they need help.

We also recommend that the templates being used be reevaluated and reduced. This goes to the amount of work required on a case. It often includes such questions as "Explain to me what your day looks like for a 3yr old." We are working with ACS to address the templates issues. It cannot be said enough how crucial this is to assist workers without affecting or diminishing the quality of services being delivered. Templates cover the agency but create impossible and tedious use of the workers' time.

Finally, we commend the Administration for the hiring and training of new workers. We will work with them on the challenge of retention. **If the agency also implements reforms, such as reducing workloads and improving working environments, that will help the worker. The workers in ACS must feel that they are supported by management and by the city in which they serve.**

We can improve the system with the team approach and can use all resources in the community, family and friends. Unfortunately, in this society with so much drugs, alcohol, poverty and violence a child will die again and we cannot and will not accept the blame.

Social Service Employees Union Local 371

AFSCME, AFL-CIO



817 BROADWAY • 14TH FLOOR • NEW YORK, NEW YORK 10003 • (212) 677-3900 • FAX (212) 477-9161

Testimony of Trisha Van de Cruize **October 31, 2016**

A day in the life of a Child Protection Worker can be called many things but easy is not one of them. The day starts off with you kissing your own children good-bye to start your day with many uncertainties. You set your goals for the day with priority being "ensure the safety of NYC children and strengthen families". You enter your office, turn the computer on and start your day running, prioritizing, returning calls, and updating notes in a case load of fifteen or more. You sit and decide, will I break for lunch today or just continue working to ensure all deadlines are met. You get a new case and have to make contact with the source and family within twenty-four hours. You have to ensure that all children are seen despite their physical location or what time of day it is. You realize that there are five children and two adults in the family. This means that you have to completely document all seven templates prior to the submission of the seven-day safety assessment which is expected on the fifth day. Each template is typically six or more pages long. So, that's about forty-two pages give or take. The time frame in which you have to document does not change whether you have one child or ten children on your caseload.

Now it's time to meet with the families and you think to your self will this be the family that you actually provide a service to that makes a difference in their lives or the one where you run to the bathroom and cry in silence because you tried everything you could and a child still lost his life. Is this going to be the case where you get attacked or the case where the family has several prior cases with ACS but there was never enough plausible evidence to take legal actions but you know something is just not right but since you can't prove it you can't do anything about it. So many things run through the head of a CPS worker on a daily basis. You go to these homes never knowing what is on the other side of the door but you want to make a difference. You have to ease most families' negative perception of ACS and let them know we are not there to break their family apart. We are not the horror stories they've heard. CPS workers do not get a bonus for removing children and we don't get bonuses for keeping families together.

The family is seen and the worker is now hit with the task to find a one size fits all service provider to deal with all that you have been able to assess. The child that won't attend school, the substance abuse user, the domestic violence family, the rape

President
Anthony Wells

Executive Vice President
Yolanda Pumarejo

Secretary Treasurer
Juan Ortiz

Vice Presidents
Carl Cook
Armenta Weekes
Darek Robinson
Patricia Chardavoyne
Michelle Akyempong

Trustees
Frederick Wiley
Annette Cintron
William Phippen Jr.



victim, the mother or children with mental health issues, and the family that really doesn't need help and the ones that just need guidance or a simple conversation that someone could have had with them. Now you think to yourself what services can you put in place for this particular family. Then you remember this family does not have support they need, or certain services are not in the families' area or in their borough. But you have policy and procedures to follow knowing this family does not have the money to get to the services or it's a hardship for the family to get from point A to point B in the time frame allotted, or you know that this may not be the right service for the family but you put it in place anyway because this is what is available and you know you can't close the case with no services in place.

On a good day, your day has started at 8 AM and has ended at 8 PM. Someone else has picked up your child from school or the sitter. Someone else has fed your child, completed homework and possibly put them to bed. You try to wind down however you are worried about your safety. You received threats from one of the families you worked with; another one found your personal information and has invaded your personal space. You feel overwhelmed, over worked and too tired to deal with your own kids when you get home, but then you remember what all your efforts were for. Today you tried your best to make a family stronger, today you tried your best to ensure the safety of another child, you tried your best to make sure a child is not hungry or in danger. You love being able to educate and assist the family.

When a child dies we, all feel the pain of that death. The worst part is that your first thought is what borough did the death take place because you're wondering if this is a family that you once investigated. Then you still think will one of my cases be targeted by the media. Will they defame my character and integrity? Will my own children and family be subjected to the humility bestowed on them by the media?

A CPS worker does not know how their day will end. What we do know is our job is nonstop and challenging. But in the end, we get the satisfaction of knowing that we played a part in a child's life while ensuring the safety and unity of the family.



Committee of General Welfare

Child Abuse Cases & the Various City Touchpoints for Families

Will Jones, Principal Industry Consultant for Government Specializing in Child Welfare

Good afternoon. My name is Will Jones and I am the Principal Industry Consultant for State and Local Government specializing in child welfare for SAS Analytics. SAS is the worldwide leader in advanced analytics and supports all 50 state governments including New York State and New York City. We work with governments to help them leverage their data and apply analytics to solve their most challenging issues. For example, in New York City, SAS used analytics to identify pre-k eligible families and enroll qualified children. We also help the New York City Department of Health & Mental Hygiene track citywide public health crises like West Nile Virus. In New York State we are helping address the opioid epidemic by detecting problematic behaviors of prescribers, dispensers and patients and informing investigators' caseload prioritization.

We all know that child welfare is one of the most complex issues government must address. I spend my time visiting and working states and local governments across the nation who are trying to understand how analytics may help as they work to best protect our most vulnerable citizens. I am not proposing that data analytics and technology is the solution, but I am proposing that it must be part of the solution.

I bring over 21 years of experience working on child welfare issues in the public and private sector to my role at SAS. As a life-long child advocate, I have witnessed how data analytics, combined with solid case practice, can help prevent child abuse fatality, chronic re-maltreatment, and timely permanency.

As we discovered while working for the Florida Department of Children and Families (DCF), having better information at their fingertips to help inform decision making on behalf of at-risk families is key to operationalizing predictive analytics. Florida DCF recently released a five-year child fatality trend analysis that the department will use to help investigators better predict the needs of families that are in crisis.

In California, we helped LA County Department of Children and Family Services (DCFS) prove that there is a more effective way to assess risk to children by creating a holistic view of the child by analyze cross-

system data including but not limited to, prior child abuse referrals, family involvement with law enforcement, as well as family mental health records and alcohol and substance abuse history.

Let me tell you what analytics can do:

- Analytics can ensure that there are no unresolved duplicate cases in the system. Currently, many child welfare systems have over 20% of unresolved duplicates that prevent a case worker from understanding the “full picture” of system involvement and risk for a child and his/her family.
- Analytics can help anticipate a child’s needs and risk by understanding his or her intergenerational family history with ACS.
- Analytics can assess risk of child fatality/re-maltreatment as well as risk of a perpetrator re-offending to help us understand which children are the most susceptible to harm and help protect them.
- Analytics can improve risk assessment accuracy and allow real-time risk assessment updates. We know a child’s risk can change in just hours and that this time-sensitive information needs to get into the hands of case workers who can take immediate action. Automated alert systems can distribute this information and can actually *require* certain actions to ensure that no child slips through the cracks.

I know that New York City understands the power of data and analytics and know that ACS has begun to explore how analytics can be used in New York City. With over 40 years of experience, SAS understands the challenges you face to operationally embed analytics into your work at ACS. We have shared our expertise across the nation and know many of the lessons other states and local governments have learned as they looked to address child welfare issues. We look forward to being of service to New York City as you move quickly to further improve your child welfare system. Please let us know how we can help.

My name is Sue Sena. I am an entrepreneur, consultant to the non-profit sector, a 20-year mental health advocate and LGBT rights activist, and a licensed NYC foster parent.

I am here today to respectfully share my experience over the last two years. I have personally witnessed:

- Children who were missing and unaccounted for by ACS and my contracting agency, NY Foundling

- Case aides leaving supervised visits to go to the bathroom or get cups of coffee

- Intimidation and reprisals by ACS ~~and its~~ contracting agencies against myself and other foster parents. Several wanted to testify today, but were afraid to do so.

- I experienced ACS and agency staff with no training of psychiatric disorders as the medically treatable and manageable illnesses they are. I saw a biological ^{many} suffer daily from active delusions and paranoia, with no community of support. Agency staff were unprepared to have the necessary conversations and effectively intervene to support her to get the care she needed. Yet they deferred to this ill and struggling woman to make treatment decisions about the child's numerous medical issues. And the agency continually maintained they "had no concerns" about the goal remaining return to parent.

- My requests for privacy were violated by ACS and NY Foundling when my full name and address were disclosed on a court document. As a result, I was named in a baseless federal lawsuit; identified to the international media, which harassed me and my elderly parents at our homes. We were followed to the child's daycare. Photos of us, the name and location of the daycare were published. I was investigated by ACS and subjected to homophobic slurs from the biological mother. ACS and the agency took swift action to remove him from my home after nearly a year – the home where he had lived the longest in his little life. I am terrified for his safety every single day. Today is his birthday.

I honestly was not shocked by the news of little Zymere's tragic death. Totally avoidable. But I cried. For the bio parents we are failing, for the children we are failing, and for foster parents we are failing.

Right now there is a surge in attention, outrage, and action. But this has happened before. And the DOI just released a scathing report in May about three other ACS cases.

The current commitment of ACS is, as the Commissioner recently said, "*We can't keep every child safe.*" Imagine if the NYPD said "*We can't keep our city safe.*" There would be universal outrage.

The current standard of care has children merely surviving, not thriving.

We are lacking leaders. And we are lacking love.

Together, we can elevate the standard so that everyone who works in this system will be asking:

“Would this be acceptable for my own child?”

We can use the more than \$1.5 BILLION the City is already spending on foster care to create:

- Intensive training for every worker in mental illness, addiction, and child development
- Performance-based management training for leadership
- Upgrading case workers' qualifications to social work degrees, with appropriate compensation, and the licensing of all ACS workers. Nail salon workers have licenses in NY.
- Protecting the privacy of all foster parents, without which we cannot adequately keep children safe in our care
- A shift in bias for “biology by any means necessary” to only what is in the best interest of the child

I am making myself available to be of service to the City in this transformation.

From a “system” of cynicism and resignation and low standards ... to a “community” of love and dignity and responsibility ... for each and every one of these 10,000 children.

So that they are cherished, valued, and thriving. **That's all we want for our own children.**

I'm available to answer questions or provide additional examples from my experience.
Thank you.



Testimony of

Stephanie Gendell
Associate Executive Director,
Policy and Advocacy

Before the
New York City Council
General Welfare Committee

*Oversight: Child Abuse Cases and the Various City
Touchpoints for Families*

October 31, 2016

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

I would like to thank Chair Levin, as well as the members of the City Council General Welfare Committee for holding today's oversight hearing on child abuse and how various New York City touchpoints can help keep children safe. This hearing is particularly timely given the tragic death of Zymere Perkins and we appreciate the City Council's interest in making New York City a safer place to be a child.

CCC also appreciates that the City Council not only invited the Administration for Children's Services (ACS) to today's hearing, but also the Department of Homeless Services (DHS), the New York City Police Department (NYPD), the Department of Education (DOE), the Mayor's Office to Combat Domestic Violence (MOCDV) and the Mayor's Children's Cabinet. The saying, *It takes a village to raise a child*, is particularly true when it comes to child safety. In fact, not only do numerous City agencies play a key role but so too do all New Yorkers. To quote another saying- *If you see something, say something*. It is critical that all New Yorkers, who suspect children are in harm's way take steps, such as calling the police or the State Central Register (SCR), to bring that child's situation to the attention of those who can help.

At the same time, it is also equally critical that we do not over-react to the Perkins tragedy by seeking to have children removed from their homes who are not in imminent risk or who could remain safely in their homes with appropriate services. As the media and elected officials focus on this case and the repercussions to the staff involved in the case, we must also work to ensure that staff do not feel too scared or risk averse to leave children in their homes when this it is safe to do so.

Child welfare is extremely complicated. As the first Commissioner of ACS, Nicholas Scoppetta, once said, "Our work is judged by our failures, not our successes." It is so important that elected officials, advocates and the media remember all of this as we take a critical look at the City's efforts in the Perkins case and in their efforts to keep all of the City's nearly 2 million children safe.

Child protective workers have perhaps the most challenging job in New York City: They are called upon to investigate families through paper histories, home visits, and interviews with family members and collateral contacts, and then make a decision about whether or not a child will be safe. They do this 24 hours a day, 7 days a week. ACS's child protective staff investigate 55,000-60,000 of these cases each year.

Incorrect decisions can mean a child who would be safe in his/her home suffers the trauma of being removed from his/her family and placed into foster care or that a child is tragically injured. When a case has a bad outcome and a child is either severely injured or dies, it is often easy to look back and see where different decisions could have potentially led to a better outcome. Unfortunately, that is not as easy to do in real time when the outcome is unknown- predicting the future is more difficult than looking back.

Identifying which children are safe at home and which children are in grave danger is a challenging job- often taking place at late hours inside families' homes and in some of the neighborhoods that experience higher levels of violence. We at CCC want to use this opportunity at this public hearing to thank ACS and their child protective staff for the work they do each and every day. Countless children are safer, and countless families strengthened, because of the work you do - work that is never reported publicly.

We say all of this not to excuse ACS or any other City agency for errors made in the Perkins case or any other, but to put these decisions in their proper context. We do not feel that a system should be judged solely by its fatalities- these cases are luckily not demonstrative of the child welfare system. That all said, these tragic cases do shed light on the errors made and/or areas where the systems serving children and their families need to be strengthened. We appreciate the City Council and other City officials, including the Mayor and ACS Commissioner Carrion, taking the time to thoroughly examine this case and others, so that we can make New York City's child welfare system the best in the nation.

In that spirit, we will use this opportunity to testify about ways that we think New York City can improve its ability to keep children safe. It is important to know that CCC is not privy to the facts of the Perkins case, beyond what has been reported publicly (and may not all be accurate), and thus these recommendations are not focused on this case in particular.

Recommendations to Make NYC a Safer Place to Be a Child

1) Ensure ACS has the Resources It Needs

CCC understands that ACS is currently reviewing the Perkins case specifically, as well as their case practices more generally, as a means to evaluate where any systemic changes need to be made. We urge ACS to be as transparent as possible as they learn of any areas that need improvement and for the City to fund any new resources identified as needed. CCC commits to partnering with ACS in this endeavor with regard to advocating for city and state resources needed and/or laws or regulations needing to be changed.

2) Strengthen Court Ordered Supervision in ACS

Court ordered supervision cases are those where after ACS investigates a family, the agency believes that the family needs services for the child(ren) to be safe and then gets court a court order that requires the family to participate in services and be supervised by ACS. For a court to order this, ACS must be able to prove that that there has been abuse or neglect.

Often times, these cases are supervised by ACS child protective workers who then refer families to needed services (like parenting skills classes or drug treatment programs.) This does not enable the family to benefit from the more holistic approach of working with a community based preventive services program. Alternatively, when court ordered supervision cases are referred to preventive programs there is often a lack of role clarity between the ACS staff and the preventive program staff.

While this does not appear to be the issue at play in the Perkins case, as it does not seem like that case had court involvement, CCC believes that court ordered supervision cases are some of the highest risk cases at ACS, yet they often receive the least amount of services. Since 2010, when CCC released *The Wisest Investment: New York City's Preventive Service System*¹, we have been urging various ACS administrations to address this issue and/or create a workgroup to look more closely at this issue so as to better protect these children. CCC remains interested in working with ACS on this issue.

3) Strengthen Preventive Services for Families

CCC believes that the best way to prevent child abuse and neglect, as well as the trauma of foster care, is through a robust preventive service system. We are proud to say that New York City does have one of the strongest, if not the strongest, such systems with regard to breadth, depth and capacity.

As the City reviews its case practices and responds to media and government calls for reform, it is critical that the agency continue its efforts to strengthen and support families. While it is easy to say after a tragedy that a child should have been previously removed, ACS and those looking at ACS case practice must resist the urge to recommend removing children who can remain safely in their homes. For the vast majority of children, including those living with parents who are struggling, the best place for them to be is with their family. It is therefore imperative that the City continue to strengthen its preventive service system.

We understand that as a result of the Perkins case and some of the work ACS has been doing to enhance IOC (Improved Outcomes for Children) that preventive service agencies will need ACS approval to close a preventive service case. Since ACS issued its last RFP for preventive services, and as documented in our 2010 report, CCC has been concerned about issues related to preventive case closure. Specifically, due to capacity issues at the time of the RFP, ACS provided incentives (i.e. cut funds) to programs that did not maintain an average 12-month length of service and/or open 25% of their capacity each quarter. CCC has repeatedly expressed our concern that it is impossible for a caseworker to implement an average length of service to their caseload and that the result would in essence be a "12-month rule," whereby cases would be closed after 12 months of service.

We once again reiterate that we strongly believe that preventive service cases should be closed based on the safety, risk and needs of each individual family and not based on an arbitrary timeline. If adding ACS oversight of case closures will help accomplish this, we are supportive of this policy change. That said, we still urge ACS to eliminate incentives to close cases at 12 months of services.

Finally, it is worth noting that the rates for preventive services were set in 2008 and have not been increased since. Aside from the 2.5% human services COLA last year, preventive service staff have not had salary increases. This means that both programs and staff have not seen increases to rates or salaries that are necessary to adequately fund these services in 2016. We urge ACS and the administration to use the upcoming budget to increase the rates and the

¹ Citizens' Committee for Children. *The Wisest Investment: NYC's Preventive Service System*. (2010). <http://www.cccnewyork.org/wp-content/publications/CCCReport.WisestInvestment.PreventiveServices.April2010.pdf>.

salaries so that programs are able to maintain staff and provide the high quality services the City's families need and deserve.

4) Eliminate or Modify DHS's "No Visitor" Policy

CCC was deeply disturbed by the recent October 2016 IBO report, "*Not Reaching the Door: Homeless Students Face Many Hurdles on the Way to School.*"² The report raises many concerning issues about families with children in shelter including the bureaucracy and challenges of ensuring children attend school (regardless of whether they need to enroll in a new school or get transportation to their original school). Some of these challenges, such as the lack of access to laundry facilities, raise issues both about school attendance and larger safety and well-being issues for children and families in shelter. We urge the City Council to explore the numerous issues in the IBO report at another hearing in the near future.

One issue, however, that is relevant to the topic of today's hearing is that DHS shelters have a "no visitor" policy whereby residents cannot have guests in their units/homes. Some shelter facilities have common areas where there can be guests and some do not. Shelter residents in facilities without these types of common areas cannot have visitors at all. Parents in the IBO focus groups spoke about the impact the "no visitor policy" created in hampering the ability of their children to make friends in their new school and in the parents' ability to maintain their support network.

CCC is deeply disturbed by the impact of this rule because we feel it is **manufacturing social isolation for parents and their children**, which is a well-documented risk factor for child abuse and neglect.³ One well known researcher wrote, "Of course, most poor people do not neglect nor otherwise maltreat their children, but poverty, when combined with other risk factors such as substance abuse, **social isolation**, financial uncertainty, continued family chaos, or a lack of available transportation and affordable child care can put a child at greater risk of child abuse or neglect."⁴

When DHS moves a family from their community of origin to another community, which due to the census is now a common practice, the family is being moved away from their existing social network. By instituting a "no visitor" policy, families are unable to create a new social network in their new community/home and are unable to have their family and friends visit their new home. Combined with the curfew, it is nearly impossible for adults and children in shelter to maintain connections to their social supports and networks. Furthermore, the current average length of stay in shelter for families with children is 431 days.⁵ This is a very significant amount of time to be cut off from a social support system.

² New York City Independent Budget Office. <http://www.ibo.nyc.ny.us/iboreports/not-reaching-the-door-homeless-students-face-many-hurdles-on-the-way-to-school.pdf>

³ There is a great deal of literature about social isolation as a risk factor for child abuse and neglect. For example: DePanfilis, D., United States Department of Health and Human Services, *Child Neglect: A Guide for Prevention, Assessment and Intervention*. 2006. <https://www.childwelfare.gov/pubPDFs/neglect.pdf>. American Psychological Association. <http://www.apa.org/pi/families/resources/understanding-child-abuse.aspx>.

⁴ DePanfilis, D., United States Department of Health and Human Services, *Child Neglect: A Guide for Prevention, Assessment and Intervention*. 2006, pp 29-32. <https://www.childwelfare.gov/pubPDFs/neglect.pdf>.

⁵ Mayor's Management Report Fiscal Year 2016. Department of Homeless Services, at 197. <http://www1.nyc.gov/assets/operations/downloads/pdf/mmr2016/dhs.pdf>.

The removal of social networks of support is the exact opposite of what we want for families struggling with the trauma and stress of homelessness. We know that the histories of many child fatalities, including the Perkins case, include bouts of homelessness.

CCC strongly urges the City to reconsider the “no visitor” policy. We appreciate that this policy is likely in effect to help ensure safety to the residents in shelter, but we urge the City to re-think how to both protect shelter residents and ensure that homeless families are not isolated from their communities of support by a system that is supposed to be helping them. Options could include requiring common areas for guests; establishing reasonable hours when guests can be in shelter units using a system where guests sign in and out; and/or eliminating the policy completely.

5) Better Coordinate Child Welfare Services with Other City Services

Coordinating City services seems to always be a challenge regardless of what city agencies are involved and/or what systemic issue we are discussing. That said, regardless of these challenges, when children’s lives are literally at stake, it is imperative that we do the best we can to make the coordination as seamless and effective as possible. We suggest that the Mayor’s Office create interagency task forces, that include outside providers and advocates, to address the agency coordination issues identified through the Perkins case and other recent tragedies.

6) Take Steps to Increase Staff Morale

There is no more challenging time for a child welfare agency and its staff than after a highly publicized fatality. The ongoing negative press attention and the known sanctions taken against staff members have a tremendous impact on staff- many of whom are hardworking, caring individuals who come to work every day seeking to help children and their families.

In addition to the direct impact negative publicity can have on staff, caseloads also tend to increase after cases with a lot of media attention. Historical data documents trends showing that reports of child abuse and neglect increase after well-reported cases, which then translates into more investigations and often times more removals. History has also shown that staff attrition increases following these types of incidents, further exacerbating higher caseloads. It is therefore critical that ACS, the Mayor’s Office and other city agencies anticipate these trends now and focus on supporting existing staff, recruiting and hiring more staff, and also recruiting more high quality foster homes.

In addition, as advocates and responsible New Yorkers we believe that we all have a responsibility not to demonize the child welfare workforce; instead, we must use every opportunity we can to shed light on the very complex, challenging and meaningful work child welfare staff perform every day. And we must commit to ensuring ACS and its partner agencies have the resources they need to protect children and strengthen families.

We hope CCC’s testimony today reflects these beliefs. We look forward to partnering with ACS, DHS, DOE, the City Council, the Public Advocate, preventive service and foster care providers, child welfare advocates, families and youth to strengthen the City’s child welfare agency in a way that protects both the safety and well-being of New York City’s children and their families.

Thank you for the opportunity to testify.



**BROOKLYN
DEFENDER
SERVICES**

**The Bronx
Defenders**

TESTIMONY OF:

**Lauren Shapiro
Director, Family Defense Practice
BROOKLYN DEFENDER SERVICES**

**Emma S. Ketteringham
Managing Director, Family Defense Practice
THE BRONX DEFENDERS**

**Presented before
The New York City Council
Committee on General Welfare
Oversight Hearing on
Child Abuse Cases and the Various City Touchpoints for Families**

October 31, 2016

Lauren Shapiro is the Director of the Family Defense Practice at Brooklyn Defender Services (BDS) and Emma Ketteringham is the Managing Director of the Family Defense Practice at The Bronx Defenders (BXD). Both BDS and BXD are public defender organizations that provide inter-disciplinary, holistic, client-centered representation in the areas of criminal, family, and immigration defense, as well as civil legal services, for tens of thousands of clients every year. The Family Defense practices together have represented more than 16,000 clients since their inception in 2007 and have helped thousands of children either remain safely at home with their families or leave foster care and safely reunite with their families. Our attorneys, social workers and parent advocates are in the

field every day interacting directly with Child Protective Service and foster care agency workers.

We thank the New York City Council Committee on General Welfare and, in particular, Chair Stephen Levin, for the opportunity to testify today about the points at which child-welfare involved families interact with various City services. The Administration for Children's Services (ACS) affects the lives of thousands of children each year - most of whom are low income and African American or Latina - and it is critical that the City Council regularly review and monitor ACS and ensure that it remains accountable for its actions. At the same time, we appreciate the efforts of the many hard-working staff at ACS and recognize the enormity and complexity of their charge to protect the safety of children while at the same time make efforts to give families the help and services they need to remain together.

Recognizing the Role of Poverty in Child Welfare Cases

In setting and implementing child welfare policy, policymakers must keep in mind what stories in the media ignore: that the vast majority of child welfare cases in Family Court involve allegations of neglect, not abuse, and almost all child welfare cases are related to poverty and the stress that poverty brings to families struggling to survive.¹ While we are making a number of substantive recommendations in our testimony today, we believe that any conversation about the so-called "failures of the child welfare system" must begin and end with the understanding that the vast majority of families

¹ New York City, KEEPING TRACK ONLINE: THE STATUS OF NEW YORK CITY CHILDREN (2013), available at <http://data.cccnewyork.org/profile/location/1/city#1/new-york-city/1/1193,1194/a/a>.

would never become involved with the child welfare system but for their poverty. Most parents and caregivers become involved with child welfare because of allegations related to failing to provide adequate food, shelter, medical care or child care—reflecting conditions of poverty rather than parental failure or ill will. Studies have shown that families who are “below the poverty line are 22 times more likely to be involved in the child protection system than families with incomes slightly above it.”² In 2014, the journal *Pediatrics* published a nationwide study conducted by Cornell University that further clarified the links between poverty and child welfare.³ John Eckenrode, one of the study’s authors, found that “reducing poverty and inequality would be the single most effective way to prevent maltreatment of children.”⁴ Indeed, “poverty—not the kind or severity of child mistreatment—is the leading predictor of both placement into foster care and the amount of time that children spend” separated from their parents.⁵

Racial Disparities in the Child Welfare System

The families that populate the child protection system are also disproportionately families of color. The child welfare system remains one of the most racially segregated institutions in American and the racial disparity of children in foster care must be

² Martin Guggenheim, REPRESENTING PARENTS IN CHILD WELFARE CASES: ADVICE AND GUIDANCE FOR FAMILY DEFENDERS, ed. Martin Guggenheim & Vivek S. Sankaran, 17 (2016).

³ John Eckenrode et al, *Income Inequality and Child Maltreatment in the United States*, 133 PEDIATRICS 454 (2014), available at <http://pediatrics.aappublications.org/content/133/3/454>.

⁴ H. Roger Segelken, *Child abuse and neglect rise with income inequality*, CORNELL CHRONICLE, Feb. 11, 2014 available at <http://www.news.cornell.edu/stories/2014/02/child-abuse-and-neglect-rise-income-inequality>.

⁵ Dorothy Roberts, SHATTERED BONDS: THE COLOR OF CHILD WELFARE, 27(2003) (noting that “[p]overty—not the type or severity of maltreatment—is the single most important predictor of placement in foster care and the amount of time spent there.”); Leroy H. Pelton, *The Continuing Role of Material Factors in Child Maltreatment and Placement*, 41 CHILD ABUSE & NEGLECT 30 (2014) (noting that “[c]hildren in foster care have been and continue to be placed there from predominantly impoverished families.”); Mark E. Courtney, *The Costs of Child Protection in the Context of Welfare Reform*, 8 The Future of Children 88, 95 (1998).

considered as we fashion changes to the system. For more than a decade, black children have made up the majority of children in the United States child protection system, despite making up a relatively small portion of the nation's population. A national study of child protective services by the U.S. Department of Health and Human Services reported that "[m]inority children, and in particular African American children, are more likely to be in foster care placement than receive in-home services, even when they have the same problems and characteristics as white children."⁶ While racial disproportionality exists in foster care nationally, statistics from New York City illuminate the extent to which foster care placements are concentrated in poor communities of color: "In 2008, African American children accounted for 27 percent of the children under the age of eighteen in the city but comprised a staggering 57.1 percent of the foster care population. In contrast, 24 percent of the children under age eighteen in New York City were white, but white children comprised only 4 percent of the foster care population."⁷ Data released by ACS for 2013 was nearly identical to the 2008 data.⁸

Family Preservation Should Remain the Priority because Children do Better Overall Remaining with their Families than when they are Placed in Foster Care

Singling out horrific cases and focusing on increased surveillance of families rarely results in the kind of thoughtful reforms that keep children safe and families strong. A response to Zymere Perkin's tragic death that relies upon increased reporting,

⁶ Dorothy Roberts, *Child Welfare and Civil Rights*, 2013 U. Ill. L. Rev. 171, 172-73 (2003) (quoting ADMIN. FOR CHILDREN & FAMILIES, U.S. DEPT. OF HEALTH AND HUMAN SERVS., CHILD MALTREATMENT 1992: REPORTS FROM THE STATES TO THE NATIONAL CHILD ABUSE AND NEGLECT DATA SYSTEM, Executive Summary, Finding 4, at 3 (2000)).

⁷ Tina Lee, CATCHING A CASE: INEQUALITY AND FEAR IN NEW YORK CITY'S CHILD WELFARE SYSTEM, 5-6 (New Jersey: Rutgers University Press, 2016).

⁸ See Roxana Saberi & Lisa Semel, *In NY, black families more likely to be split by the foster care system*, AL-JAZEERA AMERICA, June 25, 2015, available at <http://america.aljazeera.com/articles/2015/6/25/new-york-foster-care-system-racial-disparity.html> (citing ACS data).

investigations and removals of children from their homes will further reinforce the vulnerability of the families in the system and contribute to the system's racial disparity. This approach will also lead to the abandonment of the government's legal and moral obligation to ensure that children are not wrongfully removed from their families and communities; it will be at the expense of opportunities to make the deeper, more systemic changes that will save and improve the lives of the majority of New York City's children.

Although most foster parents are well intentioned and provide a safe environment, there is overwhelming evidence of the negative outcomes of foster care placements. As the VERA Institute of Justice noted, "research shows that entry into foster care raises the risk of long-term adverse effects on children compared to socioeconomically similar children who are not removed, including poor school performance, homelessness, arrest, chemical dependency, and mental and physical illness."⁹ In the words of Molly McGrath Tierney, Director of the Baltimore City Department of Social Services: "Awful things happen to children in foster care. Short-term, their outcomes for important things like health and education are abysmal and long-term, it just gets worse. Kids that grew up in foster care [are] overwhelmingly destined for the penitentiary."¹⁰

Children placed in foster care are more likely to experience psychopathology than children who are not in foster care, with children in foster care being between 2.7 and 4.5 times more likely to be prescribed psychotropic medication than children not in foster care,

⁹ Reva I. Allen, Alex Westerfelt, Irving Piliavin, & Thomas Porky McDonald, ASSESSING THE LONG TERM EFFECTS OF FOSTER CARE: A RESEARCH SYNTHESIS (Child Welfare League of America, 1997), cited in Allon Yaroni, Ryan Shanahan, Randi Rosenblum, & Timothy Ross, *Innovations in NC Health and Human Services Policy: Child Welfare Policy*, VERA INSTITUTE OF JUSTICE POLICY BRIEFS, Jan. 2014, available at <http://www.nyc.gov/html/ceo/downloads/pdf/policybriefs/child-welfare-brief.pdf>.

¹⁰ *Rethinking Foster Care: Molly McGrath Tierney* at TEDxBaltimore 2014, available at <http://tedxtalks.ted.com/video/Rethinking-Foster-Care-Molly-Mc>.

according to one study.¹¹ Studies have found that rates of safety are actually worse for children in foster care than for those in family preservation programs. For example, one study shows that children are actually twice as likely to die of abuse in foster care.¹² New York State ranks the third worst for rates of substantiated or indicated reports of maltreatment of children in foster care. Even these statistics are likely underestimations, as “abuse or neglect by foster parents is not investigated because agencies tolerate behavior from foster parents which would be unacceptable by birth parents.”¹³

Child-protection-involved children tend to leave foster care with more problems than when they entered care. Children exiting foster care have significantly more behavioral problems when compared with their own pre-placement measures of adaptation. Former foster children experience additional negative life outcomes, including higher teen birth rates and lower career earnings.¹⁴ Former foster children are also disproportionately likely to experience homelessness compared to the general population.¹⁵

¹¹ Children in foster care in Florida, Massachusetts, Michigan, Oregon, and Texas were prescribed psychotropic medications 2.7 to 4.5 times more often than children who were not in foster care. U.S. GOV'T ACCOUNTABILITY OFF., GAO-12-8201, FOSTER CHILDREN HHS GUIDANCE COULD HELP STATES IMPROVE OVERSIGHT OF PSYCHOTROPIC PRESCRIPTIONS 8 (2011).

¹² Richard Wexler, *Take the Child and Run: Tales From the Age of ASFA*, 36 NEW ENGLAND L. REV. 129, 137 (2002).

¹³ Compl. at 59-60, *Eliza W. v. City of N.Y.*, No. 1:15-CV-05273-LTS-HBP, available at http://pubadvocate.nyc.gov/sites/advocate.nyc.gov/files/amended_complaint_12.28.2015.pdf (“Based on the most recent federal data available, New York State ranks 46th out of 48 states and territories for instances of substantiated or indicated maltreatment of children while in foster care. Put simply, children in New York are more likely to be harmed while under the state’s protection than children in virtually every other state.”)

¹⁴ Joseph J. Doyle, *Child Protection and Child Outcomes: Measuring the Effects of Foster Care*, 97 AM. ECON. REV. 1583, 1584 (2007) [hereinafter “Doyle 2007”].

¹⁵ See Patrick J. Fowler et al., *Pathways to and From Homelessness and Associated Psychosocial Outcomes Among Adolescents Leaving the Foster Care System*, 99 AM. J. OF PUB. HEALTH 1453 (2009).

Children who are on the margin of placement tend to have better outcomes when they remain at home as opposed to being placed in out-of-home care. In one study, a researcher looked at case records for more than 15,000 children, segregating the in-between cases where a real problem existed in the home, but the decision to remove could go either way.¹⁶ Despite the fact that the children who remained home did not get extraordinary help, on measure after measure the children left in their own homes fared better than comparably maltreated children placed in foster care. All of this evidence demonstrates that keeping children together with their parents, even within homes that are not ideal, is usually preferable to foster care placement.¹⁷

The adverse consequences of removal can be reduced by placing children who have been removed from their homes with relatives rather than in foster care with strangers. Children fostered by relatives—known as “kinship care”—have fewer behavioral problems than their foster care counterparts.¹⁸ They also demonstrate better development and better mental health functioning than children in non-kinship foster care.¹⁹ Additionally, children cared for by relatives experience fewer disruptions and a better quality of life while in care: they have fewer placement moves, are more likely to remain in their own school, and are more likely to report liking their placement and wanting it to become permanent.²⁰ However, most foster children are not placed with relatives; ACS reports that

¹⁶ See Doyle 2008, *supra* note 14.

¹⁷ *Id.* at 766-67.

¹⁸ David Rubin et al., *The Impact of Kinship Care on Behavioral Well-being for Children in Out-of-Home Care*, 162 ARCHIVES OF PEDIATRICS AND ADOLESCENT MED. 550, 552-53 (2008).

¹⁹ Marc Winokur et al., *Kinship care for the safety, permanency, and well-being of children removed from the home for maltreatment*, CAMPBELL SYSTEMATIC REVIEWS 4 (2009).

²⁰ Winokur, *supra* note 19.

only a third of children in foster care in New York City are placed in kinship care.²¹ An approach that does not recognize how critical one's family and home life are to healthy human development, even when troubled or full of challenges and adversity, harms rather than improves the welfare of children and families.

ACS Should Continue Policies to Reduce the Foster Care Census

ACS has worked diligently and successfully to reduce the number of children in foster care in all five boroughs over the past ten years. Since 2007, when the institutional providers for parent representation in New York City were created, the foster care census has been reduced from over 17,000 to under 9,000 children as of October 2016. We must continue in this direction, and not roll back any gains. Notably, there has been no evidence or indication of an increased occurrence in child abuse as the foster care census has dropped. This progress has been possible through the increased availability of preventive services to families in need of support, earlier identification of such families, and greater accountability within the Family Court Systems to ensuring that appropriate service plans are put in place. These trends must be applauded and not rolled back in response to Zymere Perkin's tragic death.

Today, we would like to address specific areas of concern that we hope to bring to the Council's attention. We commend the Committee for bringing together so many city agencies to discuss the various ways that they work together to serve families with child welfare involvement. Strong leadership from the Council, along with a willingness to dive deep and not propose quick fixes that run the risk of harming children even more, will be

²¹ *Flash: October 2016*, NYC ADMIN. FOR CHILDREN'S SERVS., available at <http://www1.nyc.gov/assets/acs/pdf/data-analysis/2016/Flashindicators.pdf>.

the key to ensuring that Zymere Perkin's death does not lead to unnecessary and harmful interventions for thousands of other families and children.

The City Must Not Implement Policies That Will Exacerbate the Vulnerability of Families

Since Zymere's death last month, we have already seen a dramatic and frightening impact on our practices and the lives of child-welfare involved families in New York City. In the last few weeks, the number of emergency and court removals of children has increased, the filings of neglect cases have nearly doubled, and even important decisions about visitation and reunification of families are being affected by the current climate of fear to the detriment of many children. We have received phone calls from fearful parents who have been investigated in the middle of the night and had their children roused from deep sleep and questioned based on non-emergency concerns.

Instead of relying on surveillance and removals and making the approach to working with the city's poorest families more punitive, the City should be employing a strategy that encourages families to seek and get the help that they need to take care of their children. When ACS reacts as they are now out of fear, seeking more removals and pitting case workers against parents in court proceedings, it has the effect of discouraging parents from seeking the help that they need. For example, in Brooklyn last week, ACS received a call from a mother who stated she was overwhelmed, and was asking for help. Instead of providing her with assistance, they removed her son, separated the family for three days, and came to court to seek approval to place her son with strangers in foster care. Cases like this show parents that, when they need help, they cannot count on the city's administration to provide it to them. It instead encourages them to isolate and avoid

seeking assistance and the help they need to address any risk to their children. This only worsens outcomes for children.

Recommendations

1. Continue And Expand ACS's Commitment To Preventive Services

BXD and BDS strongly support increased funding for preventive services to avoid the need for children to be placed in foster care and to reduce the time children spend in care. In large measure, preventive service programs helped reduce the foster care population from almost 40,000 in 1999 to under 10,000 in New York City today. Keeping families together and children in their homes and communities with services in place, instead of placing children in foster care, prevents the harm and trauma of removing children from their families while saving tax-payer money. We also believe that preventive service programs can and should be delivered more effectively to help families provide safe and stable homes for their children and to reduce the number of children who enter foster care.

For more information and specific recommendations about ACS's provision of preventive services, please see BDS's testimony before this committee on March 17, 2015. A copy is available online at: <http://bds.org/testimony-before-new-york-city-council-on-ac-dhs-preliminary-fy2016-budget/>.

2. ACS Should Transition To A System Where Child Protective Workers Are Required To Have Social Work Degrees

Child protective workers who conduct initial investigations must make vital assessments about the complex issues many families face, such as domestic violence, mental illness, and substance abuse. ACS child protective workers rarely have the

credentials of a social work degree and are not adequately trained to make such determinations. They also may lack the expertise and time to help parents navigate complex bureaucracies, such as public assistance, housing, the shelter system, childcare assistance, Medicaid and the Department of Education. This lack of expertise can result in misguided decision-making and improper advice given to families, which jeopardizes family stability. Front-line staff must have adequate training and preparation to be able to truly help families.

Since the late 1980s studies have found that workers with either a BSW or MSW degree in social work have better outcomes than child protective workers in the same jobs who hold non-social work degrees.²² They received higher performance ratings from supervisors, especially in complex cases; were more effective in permanency planning; remained in the employ of agencies longer; felt safer making home visits alone; and spent less time on paperwork than their non-social work degreed counterparts.²³ Social workers have specific skills and knowledge in working with individuals, families, groups, organizations and communities that grounds the social worker in a much broader understanding of client needs.

²² See *Testimony from the National Association of Social Workers, Washington Chapter before the Committee on Human Services and Corrections* (2013), available at <http://nasw-wa.org/wp-content/uploads/2013/06/Testimony-SB-5163-CPS-Workers-2013.pdf>.

²³ *Testimony from the National Association of Social Workers, Washington Chapter*, *supra* note 24 (citing Surjit Singh Dhooper, David D. Royse, & L.C. Wolfe *Does Social Work Make A Difference?*, 35 SOCIAL WORK 57-61 (1990); Booze, Allen, & Hamilton, *The Maryland social work services job analysis and personnel qualifications study. Report prepared for the Department of Human Resources, State of Maryland*, (1987); U.S. General Accounting Office, *Child Welfare: HHS could play a greater role in helping child welfare agencies recruit and retain staff* (2003)).

Recommendation: Our experiences in the Bronx and Brooklyn are in line with national research and lead us to believe that ACS should prioritize hiring trained, credentialed social workers for child protective positions.

3. The Housing Crisis In New York City Must Be Addressed And ACS Should Help Homeless Families And Families Living In Unsafe Housing Conditions.

Over a third of our clients live in unsafe housing, family shelters, doubled up, and/or are moving from place to place. Addressing the affordable housing crisis is critical to addressing homelessness and its attendant risks to children.²⁴ The data and research on the experiences of homeless children shows that homelessness creates risks to the physical and emotional well-being and educational success of children. For example, children experiencing homelessness have an increased risk of illness compared to children who are not homeless, they suffer disproportionately from food insecurity, as they are twice as likely to go hungry as non-homeless children, and, being homeless has also been demonstrated to be harmful to children's emotional well-being. Homelessness also causes traumatic disruptions in the lives of children and increases children's vulnerability to mental illness.

In practice, ACS files neglect petitions against families living in unsuitable housing. Rather than assist families in securing safer living conditions or addressing housing concerns directly, ACS workers frequently suggest that families leave homes deemed to be in poor condition (including NYCHA apartments) to go into the shelter system. While this

²⁴ Data has shown that median household income has not kept up with median rent in New York City. This is particularly true in some of the City's struggling neighborhoods. For example, in University Heights in the Bronx, median monthly rent increased 14.3% from 2005 to 2014, while median income decreased 12%. See, e.g., New York City Rent Guidelines Board, *2016 Income and Affordability Study*, April 17, 2016, available at http://www.nycrgb.org/downloads/research/pdf_reports/ia16.pdf.

suggestion meets many of ACS' short-term goals for ensuring a safe environment for children, it creates an added burden on the already-overburdened NYC shelter system, and there are long-term negative consequences for family stability: the shelter system no longer provides permanent housing options to families; living in many of the family shelters in New York is harmful to children and families; and such a move often disrupts children's education, as children still are often forced to change schools or travel long distances to get to school. Rather than address the problem of family homelessness, the system offers a family further displacement in a city shelter or foster care. Lack of adequate housing also makes it difficult for clients to comply with mandated services, causing children to be placed in foster care and/or delaying family reunification when children are already in foster care.

a. ACS should advocate with DHS regarding shelter eligibility issues

BDS wrote extensively on this issue for the March 17, 2015 hearing. Please see specific policy recommendations and client stories on areas for improved coordination between ACS and DHS in our testimony available here: <http://bds.org/testimony-before-new-york-city-council-on-ac-s-dhs-preliminary-fy2016-budget/>.

b. Housing Subsidies

ACS offers a housing subsidy for certain families, but it is currently available only in a very few cases, and is woefully inadequate to meet the realistic needs of the families we all serve. The state-funded housing subsidy of \$300 per month for families with active foster care or preventive cases is not enough to enable families to actually find affordable apartments in New York City. City Council recently recognized the need for increased

housing subsidies in passing Resolution 1073-2016, a resolution calling upon the New York State Legislature to pass, and the Governor to sign legislation that would increase the amount of housing subsidy from \$300 to \$600 per month, and extend the age eligibility from 21 to 24 for youth who have aged out of foster care.

In our experience, preventive services workers and even ACS workers are generally unaware that the subsidy exists, and those who are aware of it explain that it is not a useful tool for keeping children out of foster care. Even workers who are aware of the existence of the housing subsidy are often unaware that it can be used to provide families with lump sum payments for rental arrears, repairs, and other one-time expenses to help a family obtain or preserve stable housing. As a result, preventive workers often advise families to enter the shelter system — an intervention that is far more costly and harmful to family stability — instead of assisting them in preserving stable permanent housing. Ultimately, the state could save money by helping people pay rent, rather than paying \$3,000 per month for a child in foster care and even higher sums for family stays in emergency shelters, yet they continue to pursue a punitive approach to poverty.

Recommendations: ACS should join forces with the City Council in lobbying the State for an increase in this subsidy to meet families' needs or should supplement it with City funding. In the interim, ACS should better train its employees about the benefits of the subsidy.

4. Identify High-Quality Services For Parents And Caregivers With Developmental Disabilities And Mental Illness

Another critical area that the City should be looking at is providing and improving services to parents and caregivers with Intellectual or Developmental Disabilities and

mental health issues. We are concerned about the number of clients we see where the only allegation against them in an Article 10 case is their cognitive delays or mental illness; these cases represent a failure of the system. The National Council on Disability reports that removal rates where parents have a psychiatric disability have been found to be as high as 70 percent to 80 percent; and where the parent has an intellectual disability, 40 percent to 80 percent nationwide.²⁵ Many parents struggling with these issues end up in the child welfare system because there are little to no resources available to assess and appropriately evaluate parenting capacity, and no resources to support parents to keep their children in the home.

ACS should not be filing neglect cases against these families but should instead be working with the appropriate City and State agencies to ensure that they get the ongoing support and services that they need. Very often the families have received inadequate and insufficient evaluations. Although these families can function independently with ongoing supportive services, the services that child protection currently offers these families, such as short-term preventive services, are inadequate and inappropriate to meet these families' needs. In a letter dated January 29, 2015, the U.S. Department of Justice (DOJ) found that the Massachusetts Department of Children and Families (DCF) had violated the Americans with Disabilities Act and Section 504 of the Rehabilitation Act of 1973 by denying a mother with developmental disabilities opportunities to benefit from support and services to achieve reunification. Among other issues, the DOJ found that DCF failed to provide appropriate policies and training for social workers to understand their obligation to

²⁵ National Council on Disability, *Rocking the Cradle: Ensuring the Rights of Parents with Disabilities and Their Children* (2012), available at http://www.ncd.gov/sites/default/files/Documents/NCD_Parenting_508_0.pdf.

ensure the civil rights of parents with disabilities.²⁶ New York City's child welfare system faces many of the same deficiencies.

Recommendation: Where a parent presents to ACS with a possible intellectual disability or mental illness, ACS should assess whether the parent is receiving or eligible to receive any supportive services related to the perceived disability, coordinate the referral and evaluation process for the parent to receive appropriate services, and provide transitional services to the parent until those disability-related services are put in place. The process of applying for state assistance through OPWDD can be difficult to navigate, and ACS should be familiar with this application process and assist parents with establishing their eligibility. ACS staff should be trained in reasonable accommodations that people with intellectual disabilities may need, such as more time allotted for case conferences and casework contacts, more specific assistance with traveling to appointments and time management, and specific services and classes that are tailored to the needs parents in this population. ACS staff should also be trained in how to approach and talk to parents with a perceived disability, so as not to alienate parents. In one of our cases where our client has a developmental delay, the case worker approached her in a very threatening manner, telling her that she was going to take her child. This caused our client to be fearful and flee, resulting in worse outcomes for the family. Had the worker approached her with sensitivity and offering assistance, the outcome likely would have been different.

²⁶ Joint Letter from U.S. Dep't of Justice: Civil Rights Division and the U.S. Dep't of Health and Human Services: Office for Civil Rights, *Investigation of the Massachusetts Department of Children and Families by the United States Departments of Justice and Health and Human Services Pursuant to the Americans with Disabilities Act and the Rehabilitation Act* (DJ No. 204-36-216 and HHS No. 14-182176), Jan. 29, 2015, available at https://www.ada.gov/ma_docf_lof.pdf.

5. The City Should Provide Funding For Parents And Caregivers To Have Legal Representation At Child Safety Conferences

As court-based advocates, we often meet our clients after they have already been in contact with city agencies for months, or even years. They have often already been interviewed by case workers and detectives, evaluated by mental health professionals, and given numerous directions to show up at conferences, meetings, or other events, with little understanding of the context or consequences. In our experience, once these families enter the court system and parents are assigned attorneys, we are often able to smooth out misunderstandings, provide our clients with advice on how to better navigate systems, and connect them to services tailored to their needs. By the time a family is coming to Court, however, it is often too late to avert the placement of a child into foster care or the separation of families. If parents were provided with independent advice and counsel earlier in the process, it could help to avert some of these family separations, and likely would avert many filings, thereby saving court time and resources and ensuring that cases that needed to come before judges moved more quickly and received more attention.

Child Safety Conferences (CSC's) are an important mechanism used by ACS during a child welfare investigation to determine child safety when ACS is considering filing a petition in court. At the conference, which is supposed to include the family, a safety plan is developed, including recommendations for services, and a determination is made as to whether a case will be filed in court and whether foster care placement will be recommended. In some cases children have already been removed or children are removed at the conference. At the CSC, a parent or caregiver is often in the middle of a crisis, terrified that she will lose her children, and unaware of her rights and responsibilities

during a child welfare investigation. Too often a critical opportunity to engage a family and conduct an appropriate needs' assessment is lost and the relationship between a parent and the agency breaks down.

CSCs would be more successful and traumatic removals of children would be avoided, if parents were advised of their rights and responsibilities by a parent advocate or social worker who is associated with an attorney at this early stage. Presently, no legal organization is contracted to provide parents with representation at CSCs and before a case is filed in court. Parents are assigned a lawyer only once an abuse or neglect case is filed in Family Court. Parents receive legal counsel only after the CSC and often after their children have been placed in foster care. Once an attorney is assigned, an appropriate safety plan can be developed allowing the children to remain safely at home. Institutional providers also have success averting removals at CSC's where children are under Court-Ordered Supervision. We believe the success we have achieved can be replicated with pre-petition advocacy.

Although not funded by the City, family defense providers have been able to provide some families with a small amount of pre-petition advocacy with good results for families. The Center for Family Representation (CFR) achieved positive outcomes for families when it provided representation to parents and caregivers in CSCs (then called PDMs) through Project Engage and their work is discussed in their testimony submitted today. In addition, through its Healthy Mothers, Healthy Babies program funded by a small grant, as well as its hotline and community intake services, BXD has provided pre-petition advocacy to parents and caregivers during a child welfare investigation and at a CSC. The results show the promise of this approach. In FY 2015, BXD provided targeted social worker support and

advocacy to 197 pregnant mothers who had older children in foster care. Fifty of those women gave birth to babies who were at great risk of joining their siblings in foster care. Once they were born, a CSC was convened and an advocate from BXD attended. BXD collaborated with the foster care agency overseeing the older children and ensured that all of the women enrolled in HMHB were referred to prenatal care and evidence-based services including mother-child dyadic therapy, and substance abuse or mental health services if necessary. BXD also provided assistance with housing and public assistance to further stabilize the lives of the expectant mothers. Of the 50 births to the women engaged with HMHB, 66% were never removed from their mother's care, 20% were removed but placed with their father or another relative identified by HMHB, and only 7% were placed in non-kinship care. These results demonstrate that pre-petition advocacy saves families from the trauma of separation and reduces legal costs and foster care placements.

In 2015, The Bronx Defenders social work staff provided pre-filing advocacy to 183 clients. BXD's advocacy helped preserve families and avoid the trauma of unnecessary family disruption for hundreds of children. Because of the information provided by advocates during child welfare investigations in 183 cases, 142 of these cases resulted in connecting families with preventive service providers, such as drug treatment, mental health services, homemakers, visiting nurses or daycare facilities, to help parents address the needs that exist. Moreover, children in 157 families were not placed in foster care.

Recommendation: The City should consider funding pre-petition advocacy in all five boroughs based on the results and lessons learned from small pilot projects conducted by CFR and BXD and the participation at CSC's of all the parent representation providers.

6. Assess And Address The Continuing Problem Of Racial Disproportionality In New York City's Child Welfare System

New York City's child welfare system is almost exclusively a system for families of color, as discussed previously. In the past nine years that our organizations have been representing parents in Article 10 cases, racial disparities have remained static. As in the criminal justice system, racially biased enforcement of the Family Court Act breeds distrust for child protective services agencies in poor neighborhoods of color. A woman named Jameelah with a child welfare case in New Jersey explains, "You'll see a Caucasian person in a supermarket and let's say their children don't have on a hat or shoes and its cold outside. Let that happen to an African American. Before you know it they're reading your license plate and, boom, you have a social worker knocking at your door."²⁷ Our clients in Brooklyn and the Bronx express similar sentiments to our attorneys and social workers regularly. Troubling racial disparities should cause ACS to remove children from their homes with more caution, not less.

Recommendation: If ACS is truly committed to diminishing and eventually eliminating racial disparities, removals should only be on the table in the most extreme cases. Otherwise, the communities that we serve will continue to view ACS as racially biased.

7. Do Not Implement Predictive Analytics In New York City's Child Welfare System.

Over the last year, governments and child welfare agencies across the country have begun to consider the utility of predictive analytics in the child welfare context. We strongly urge ACS and the Council not to pursue this avenue. As we have seen in the

²⁷ Sarah Gonzalez, *Black Mothers Judged Unfit at Higher Rate than White Mothers in NJ*, WNYC, May 26, 2015, available at <http://www.wnyc.org/story/black-parents-nj-lose-custody-their-kids-more-anyone-else/>.

criminal justice context, risk assessment instruments are plagued by biases that reflect the prejudices or beliefs of whoever created or scored the instrument. ProPublica looked at one of the most widely used risk-assessment programs and how it fared in Broward County, Fla.²⁸ Researchers found that the risk assessment instrument was only accurate about 61 percent of the time, and that it treated blacks and whites differently. Black defendants were twice as likely to be rated as “high risk” incorrectly, meaning they did not go on to reoffend. Meanwhile white defendants were twice as likely to be incorrectly rated as low risk and yet go on to reoffend.

Similar biases would be built into any child welfare analytics and exacerbate the severe racial disparities that exist already. We oppose any use of predictive analytics which substitutes stereotypes, bias and presumptions for the type of comprehensive case-by-case, fact specific assessments that families need and deserve, including an assessment of family strengths and progress in their lives.

Recommendation: Given the previously-discussed stark disproportionality we already see in the system, we implore ACS not to employ this untested tool and unwittingly embed racial disparity deeper into this system’s functioning.

8. Stop the Criminalization of Poverty

Every day, our criminal defense practices serve low-income New Yorkers who are arrested, prosecuted and incarcerated because of their economic condition, with clear

²⁸ Julia Angwin, Jeff Larson, Surya Mattu and Lauren Kirchner, *Machine Bias: There’s software used across the country to predict future criminals. And it’s biased against blacks*, PROPUBLICA, May 23, 2016, available at <https://www.propublica.org/article/machine-bias-risk-assessments-in-criminal-sentencing>.

adverse impacts on the ability of affected individuals to care for their children. Arrests and prosecutions for poverty-based offenses such as fare evasion separate parents from their children every day. To our knowledge, the City does not track the number. However, we do know from the Osborne Association that 105,000 children in New York State have a parent incarcerated in prison or jail, and that this separation can have devastating consequences on the children. In this way, our City's and State's criminal justice policies and priorities are in direct contravention of the City's other efforts toward preserving strong, healthy families.

Our clients spend countless hours in court, and, in many cases, far longer stretches in jail or prison. They suffer diminished work, education, and housing opportunities due to publicly-accessible criminal records. Many experience severe trauma, especially those who are incarcerated in New York's notoriously abusive prisons and jails, which only compounds the intergenerational cycles of trauma that are at the root of the most serious child welfare proceedings.

Recommendation: The City should track the number of parents in NYC Department of Correction facilities and work with criminal court system stakeholders like BDS and BXD to ensure that pre-trial detention and incarceration sentences are rarely used in cases involving parents or caregivers.

9. Make ACS More Accountable To The Communities It Serves

Another important way to improve the child welfare system is to make ACS more accountable to the communities it serves. Stakeholders, including parents and parent attorneys, should be directly involved whenever ACS develops and implements large scale policy changes or practice mandates, such as those that are being considered today.

Policies and changes should be made and implemented after thoughtful consideration and in collaboration with stakeholders.

Lastly, we address the recent DOI report and respond to the assessments and recommendations laid out there.

The May 2016 DOI Report

In May 2016, the NYC Department of Investigation issued a report and recommendations based on a review of three cases with ACS involvement where there was either a fatality or near fatality. The evaluation of the individual cases appears to be based on a review of records in the three cases and interviews with professionals involved. We question the validity of system-wide recommendations based on only three cases out of thousands and without talking to all of the parties involved including, in one case, BDS who represented one of the parents. In that case, which involved a child who died “under suspicious circumstances,” the report fails to mention that the child was living in a City shelter and the conditions of the shelter are likely to be blamed for the child’s death. We question why this case involving an accidental death of a child is even included in the DOI report. The report is also filled with subjective interpretations of facts which should not be the basis for systemic changes.

The report criticizes ACS for the lack of documentation and timing of supervisory reviews. While intensive supervision of CPS workers is absolutely crucial to the quality of casework practice, the focus of any evaluation should be on the substance and quality of decision-making, not on adherence to documentation and time frame rules.

We are also concerned about the recommendations suggesting taking appropriate disciplinary actions against staff. While disciplinary action for violating rules, such as

falsification of records, may be warranted in some cases, we are concerned about this reaction to tragedies (such as in the recent case of Zymere Perkins) because it scapegoats individual caseworkers for systemic problems, and encourages the overreliance on filing cases and removing children because workers and supervisors are afraid. As noted above, removals into foster care and out of the home harm children and families and should never be the go-to response to tragedy.

The report also finds that ACS failed to adequately oversee its foster care agency providers. While we understand ACS's monitoring role of foster care agencies and how important it is for ACS to ensure that agencies are complying with ACS policies and regulations and with the law, such as providing reasonable efforts for reunification and ensuring timely reunification, it is important to recognize that the case planners at the foster care agencies are the workers who are the most familiar with what is happening with a family on a day-to-day basis. As such, case planners are often in the best position to make decisions about the family. Increased monitoring of agencies should not result in more barriers to family reunification when that is in the children's best interests. We agree with ACS that DOI should not be the body that ACS reports to regarding improved oversight and appreciate the opportunity ACS has given the public recently to comment on its proposed Integrated Family Team Conference Policy. We hope that community stakeholders will be involved in ongoing implementation and review of the policy as our clients experience the impact of these policies on a day-to-day basis.

In addition, the report raises the issue of whether foster care agencies are timely filing petitions to terminate parental rights and argues that there are many children in foster care where petitions should have been filed where exceptions to filing are not

documented. Based on our experience in the field, we are confident that these cases generally do meet the required exceptions, including that the children are in kinship placements. However, it is possible that these exceptions are just not clearly documented at service plan reviews and we agree that they should be documented. Finally, the report recommends collecting and sharing additional data points with DOI. We would request that stakeholders be involved in determining the data points and that the information be shared widely.

Conclusion

Our proposals would not only strengthen the system in these key areas, ensuring that children are able to remain with their families in safe, secure and stable environments, but would also help enable the child welfare system to leverage available resources in the most cost-effective and impactful ways possible. We believe that following these suggestions will result in more stable families with access to the resources they need.

Once again, we are grateful to the Council for your attention to this important issue. Please do not hesitate to reach out to Lauren Shapiro at lshapiro@bds.org or (917) 204-2568 or Emma Ketteringham at emmak@bronxdefenders.org or (718) 508-3468 with any questions.

May 17, 2016

Jeffrey Marenfeld
1374 Ocean Ave Apt. 2F
Brooklyn, NY 11230
Telephone: 718-338-6141

FOR THE RECORD

To Whom It May Concern

Disabled people are often misunderstood, labeled, stigmatized, taken for granted and taken advantage of by the failures of the system and bad decisions. In this context, we, Betty Aklipi and Jeffrey Marenfeld, as biological parents, were treated with disregard and placed under duress in navigating the legal issues and fallout revolving around visitation rights to our child in the final decisions that followed.

During her pregnancy, Betty knowingly chose not to take medications in order to prevent undue harm to the health and development of the child, and support the child to be born healthy and normal. Without these medications, Betty was disoriented and not competent to make major decisions, such as adoption.

While still in this disoriented and incoherent state, Betty was placed under extreme psychological pressure to sign adoption papers for her newborn daughter. Betty and her partner, Jeffrey, were tricked against their will into surrendering their parental rights to the adoptive parents under the banner of an open adoption, to their disadvantage.

Initially, the open adoption agreement was honored, and we saw our daughter three times a year, but in 2012 our visits were abruptly cut off without explanation.

At present, the child is eight years of age and we miss her very much. We, as the biological parents, would like to restore our visitation rights with our child.

Sincerely, *Jeffrey Marenfeld*
and Betty Aklipi

**THE COUNCIL
THE CITY OF NEW YORK**

Appearance Card

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

☐ in favor ☐ in opposition

Date: 10/31/16

(PLEASE PRINT)

Name: Daniel Tietz, Dept. of Social Services

Address: _____

I represent: DSS | DHS

Address: _____

**THE COUNCIL
THE CITY OF NEW YORK**

Appearance Card

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

☐ in favor ☐ in opposition

Date: 10/31/16

(PLEASE PRINT)

Name: Jill Krauss, Deputy Commissioner

Address: 150 William St

I represent: NYC ACS

Address: 150 William St

**THE COUNCIL
THE CITY OF NEW YORK**

Appearance Card

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

☐ in favor ☐ in opposition

Date: 10/31/16

(PLEASE PRINT)

Name: Gladys Carrion, Commissioner

Address: 150 William St

I represent: NYC ACS

Address: 150 William St

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

**THE COUNCIL
THE CITY OF NEW YORK**

Appearance Card

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

☐ in favor ☐ in opposition

Date: 10/31/16

(PLEASE PRINT)

Name: Deputy Chief Michael Ossgood

Address: Commanding Officer, NYPD Special Victims Division

I represent: NYPD

Address: _____

**THE COUNCIL
THE CITY OF NEW YORK**

Appearance Card

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

☐ in favor ☐ in opposition

Date: 10/31/16

(PLEASE PRINT)

Name: Lauren Shapiro

Address: 177 Livingston Street, 7th fl.

I represent: Brooklyn Defender Services

Address: Brooklyn, NY 11201

**THE COUNCIL
THE CITY OF NEW YORK**

Appearance Card

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

☐ in favor ☐ in opposition

Date: 10/31/16

(PLEASE PRINT)

Name: Jahmani Hylton

Address: _____

I represent: DHS

Address: _____

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

**THE COUNCIL
THE CITY OF NEW YORK**

Appearance Card

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

☐ in favor ☐ in opposition

Date: _____

Name: Jeff Warrenfeld (PLEASE PRINT)

Address: _____

I represent: _____

Address: _____

**THE COUNCIL
THE CITY OF NEW YORK**

Appearance Card

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

☐ in favor ☐ in opposition

Date: 10/31/16

Name: JEANETTE VEGA (PLEASE PRINT)

Address: _____

I represent: RISE MAGAZINE

Address: 112 W. 27TH STREET, 6TH FLOOR
NEW YORK, NY 10001

**THE COUNCIL
THE CITY OF NEW YORK**

Appearance Card

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

☐ in favor ☐ in opposition

Date: 10/31/16

Name: Henry Garrido (PLEASE PRINT)

Address: 125 Barclay Street NY NY 10007

I represent: Executive Director DC37

Address: _____

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

**THE COUNCIL
THE CITY OF NEW YORK**

Appearance Card

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

☐ in favor ☐ in opposition

Date: _____

(PLEASE PRINT)

Name: Joyce McMillan

Address: 504 W 134th St SB 10031

I represent: CWOP

Address: 80 E 110th St, IE 10029

**THE COUNCIL
THE CITY OF NEW YORK**

Appearance Card

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

☐ in favor ☐ in opposition

Date: 10/31/16

(PLEASE PRINT)

Name: Will Jones

Address: _____

I represent: SAS - Data Analytics

Address: _____

**THE COUNCIL
THE CITY OF NEW YORK**

Appearance Card

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

☐ in favor ☐ in opposition

Date: 10/31/16

(PLEASE PRINT)

Name: Emma Albert

Address: 177 Livingston St, 7th Fl

I represent: Brooklyn Defender Services

Address: Brooklyn NY 11201

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

**THE COUNCIL
THE CITY OF NEW YORK**

Appearance Card

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

☐ in favor ☐ in opposition

Date: 12-31-16

Name: Dwayne Andrews (PLEASE PRINT)

Address: 223 E 117 St

I represent: _____

Address: _____

**THE COUNCIL
THE CITY OF NEW YORK**

Appearance Card

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

☐ in favor ☐ in opposition

Date: _____

Name: Stephane Gendel (PLEASE PRINT)

Address: _____

I represent: Citizens' Committee for Children

Address: _____

**THE COUNCIL
THE CITY OF NEW YORK**

Appearance Card

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

☐ in favor ☐ in opposition

Date: 12/31/16

Name: Maverick Scott (PLEASE PRINT)

Address: Wall Street Station, P.O. Box 94, NY, NY 10268

I represent: Myself

Address: _____

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

**THE COUNCIL
THE CITY OF NEW YORK**

Appearance Card

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

☐ in favor ☐ in opposition

Date: _____

(PLEASE PRINT)

Name: Angehrne Montauban

Address: 510 W 55th St #605 NYC 10019

I represent: Thierry Edwards

Address: 510 West 55th St #605

**THE COUNCIL
THE CITY OF NEW YORK**

Appearance Card

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

☐ in favor ☐ in opposition

Date: _____

(PLEASE PRINT)

Name: Senator Michael Savinberg + Liz Roberts

Address: 36 Richmond Terrace Suite 112

I represent: Safe Horizon

Address: _____

**THE COUNCIL
THE CITY OF NEW YORK**

Appearance Card

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

☐ in favor ☐ in opposition

Date: _____

(PLEASE PRINT)

Name: Michael Polenberg + Liz Roberts

Address: _____

I represent: Safe Horizon

Address: _____

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

**THE COUNCIL
THE CITY OF NEW YORK**

Appearance Card

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

☐ in favor ☐ in opposition

Date: 10/31/16

(PLEASE PRINT)

Name: Trisha Vande Cruize

Address: 871 Broadway NY NY

I represent: Local 371, SSEU, DC37

Address: _____

**THE COUNCIL
THE CITY OF NEW YORK**

Appearance Card

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

☐ in favor ☐ in opposition

Date: 10/31/16

(PLEASE PRINT)

Name: Anthony Wells

Address: 871 Broadway NY, NY

I represent: President, Local 371, SSEU, DC37

Address: _____

**THE COUNCIL
THE CITY OF NEW YORK**

Appearance Card

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

☐ in favor ☐ in opposition

Date: 10.31.16

(PLEASE PRINT)

Name: Sue Sena

Address: 36-01 31 Ave Astoria NY 11106

I represent: foster parents. I am a foster

Address: parent in Queens.

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