

CITY COUNCIL
CITY OF NEW YORK

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TRANSCRIPT OF THE MINUTES

OF THE

COMMITTEE ON CHILDREN AND YOUTH

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THURSDAY, DECEMBER 12, 2024

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HELD AT: COMMITTEE ROOM - CITY HALL

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COUNCIL MEMBERS:

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COMMITTEE ON CHILDREN AND YOUTH

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for Children's Services

Luisa Linares,
Deputy Commissioner for Prevention Services of
the New York City Administration for Children's
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Elizabeth Wolkomir,
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Raymond Toomer,
Associate Commissioner for the Community Based
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Daphne Torres-Douglas,
Vice President of Children's Village, Harlem
Dowling, and Inwood House on Preventive Services
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Tanesha Grant,
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Policy Counsel at The Bronx Defenders Family
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Nora McCarthy, Executive Director
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COMMITTEE ON CHILDREN AND YOUTH
A P P E A R A N C E S (CONTINUED)

Nila Natarajan,
Associate Director of Policy and Family Defense
at Brooklyn Defender Services

Mari Moss,
Regional Representative of Community Action Board
for Region 9; Mayor's Task Force for Ending
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Dr. Sophine Charles,
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Ericka Brewington,
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Maria Hernandez,
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Kym Mayo,
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Michelle D. Winfield,
District Leader in the 74th Assembly District

Etophia Lane,
Impacted Lived Experience Expert and Family
Advocate

Sharon Brown - unrelated topic

Angela Burton,
Co-chair of Narrowing the Front Door to New York
City's Child Welfare System

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COMMITTEE ON CHILDREN AND YOUTH

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SERGEANT LUGO: Good morning, this is a microphone check for the Committee on Children and Youth. Today's date is December 12, 2024; located in the Committee Room; recording done by Pedro Lugo.

(PAUSE)

SERGEANT AT ARMS: Quite down, please.

(PAUSE)

SERGEANT AT ARMS: Good morning, and welcome to today's New York City Council Hearing for the Committee on Children and Youth. At this time, we ask that you silence all electronic devices, and at no time is are you to approach the dais.

If you have any questions throughout the hearing, or would like to sign up for public testimony, please see one of the Sergeant at Arms.

Chair, we're ready to begin.

CHAIRPERSON STEVENS: (GAVEL SOUND) (GAVELING IN)
Good morning, how's everybody doing? It's a great day, it's very cold. But good morning, and welcome to today's hearing on Examination of ACS's Preventative Services Programming. I'm Council Member Althea Stevens, Chair of Children and Youth Services.

In addition to today's oversight topic, we will be hearing the following legislation:

1 Introduction 652, sponsored by Council Member
2 Sanchez, in relation to establishing pilot program
3 providing free mental health services to children who
4 have been returned to their home following a removal.
5

6 Introduction 9-A, sponsored by Council Member
7 Ayala, in relation to providing information about
8 obtaining counsel at the first point of contact
9 during an ACS investigation.

10 Preventative services play a critical role in
11 keeping families' interactions and reducing foster
12 care placements. Those services are often a lifeline
13 for families facing challenges. Providing support to
14 prevent children from being unnecessarily moved from
15 their homes. By addressing underlying issues early,
16 preventative services can help strengthen family
17 dynamics.

18 Ultimately, those service aim to reduce the
19 racial inequities that have been present for far too
20 long within the child welfare system. However, major
21 concern I have is, can family actually get those
22 services that they need without having intense
23 surveillance from ACS?

24 Another important strategy used by ACS is to
25 decrease the amount of children entering foster

1 care... and foster care is the CARES model
2 (Collaborative Assessment, Response, Engagement &
3 Support). In 2013, ACS included... introduced the
4 CARES model as an alternative to traditional child
5 abuse and neglect investigation. The CARES model aims
6 to provide a collaborative and less intensive
7 response to families by focusing on stabilizing
8 households. It is imperative that we use CARES to...
9 it is important that we use CARES to its full
10 potential to help families where a negative impact is
11 preventable.
12

13 However, advocates says, CARES sometimes can be
14 more intensive the actual, regular, traditional
15 investigation. This work may strike... however, our
16 work is to be a delicate balance. We must ensure that
17 families have access and support they need. Our
18 primary responsibility is to protect children who may
19 be in imminent danger. This balance demands a
20 thoughtful and measurable approach to every child
21 welfare investigation.

22 Both preventative services and the CARES model
23 hold significant promises in helping families
24 succeed, but recent tragedies involving children
25 under ACS supervision reminded us that we must stay

1
2 vigilant. We must ensure that intensities... that the
3 intense incentives that are applied are effective and
4 in the appropriate circumstances. This state... the
5 stakes are too high to allow any gaps in oversight or
6 execution.

7 Today, we must focus on ensuring that ACS is
8 doing everything possible to reduce the number of
9 children entering foster care, while maintaining the
10 safety and well-being of all those at risk.

11 I look forward to hearing from ACS and other
12 stakeholders on how we can strengthen preventative
13 services, improve the outcomes for families, and
14 continue working towards equity and safety for all
15 children.

16 I would like to thank my committee staff,
17 Christina and Elizabeth, for their hard work
18 preparing for this hearing and, obviously, the team
19 back in District 16.

20 And with that, I would like to turn it over to
21 committee staff so they can swear in the
22 Administration.

23 COMMITTEE COUNSEL: Hi, good morning, please raise
24 your right hands.

2 Do you affirm to tell the truth, the whole truth,
3 and nothing but the truth, before this committee, and
4 to respond honestly to council member questions?

5 Jess Dannhauser?

6 COMMISSIONER DANNHAUSER: I do.

7 COMMITTEE COUNSEL: Luisa Linares?

8 DEPUTY COMMISSIONER LINARES: I do.

9 COMMITTEE COUNSEL: Elizabethe Wolkomir?

10 DEPUTY COMMISSIONER WOLKOMIR: I do.

11 COMMITTEE COUNSEL: Raymond Toomer?

12 ASSOCIATE COMMISSIONER TOOMER: I do.

13 COMMITTEE COUNSEL: Thank you, you may begin when
14 ready.

15 COMMISSIONER DANNHAUSER: Good morning, chair
16 Stevens and members of the Children and Youth
17 Committee.

18 I'm Jess Dannhauser, Commissioner of the New York
19 City Administration For Children Services. I'm joined
20 today by Luisa Linares, the Deputy Commissioner For
21 Preventive Services, Elizabethe Wolkomir, the Deputy
22 Commissioner for Child and Family Well-Being, and
23 Raymond Toomer, the Associate Commissioner for
24 Community Based Alternatives in our Division Of Youth
25 And Family Justice. Together, their teams and our

1
2 nonprofit partners deliver a continuum of services
3 and supports for children, youth, and families. We
4 appreciate the city council holding today's oversight
5 hearing, examining our prevention services program.

6 Providing families and youth with support as
7 upstream as possible is the best way to keep children
8 safe and thriving. Because families across the city
9 have unique and individualized needs, we provide a
10 continuum of services of varying types and
11 intensities, which I'll talk more about today.

12 All of these services are free and available
13 regardless of immigration status and voluntary except
14 when participation is court ordered.

15 Families seeking help do not have to have any
16 involvement with child protection or an
17 investigation. Given the wide range of services we
18 offer, family services providers and community
19 members can contact our support line at 212-676-7667
20 or connect at acs.nyc.gov to learn more about the
21 options and what services would be most appropriate
22 for families' needs, whether that's within our
23 continuum or with our city partners.

24 We would love to continue to partner with the
25 Council to help spread the word about our support

1
2 line so that all families know how to access help
3 when they need it.

4 Through our Division of Child and Family Well-
5 Being, we work to ensure families and children have
6 the critical supports they need to thrive and
7 exercise self-determination. The division focuses on
8 leveraging concrete supports, stakeholder
9 relationships, and community and family strengths to
10 drive towards greater equity and social justice,
11 reduce disparities, and create conditions that foster
12 well-being.

13 Since 2007, we have supported 11 community
14 partnerships throughout the city. The community
15 partnerships serve as coalitions of multisector
16 stakeholders, including service providers, public
17 agencies, community organizations, community leaders,
18 and residents.

19 Partnership efforts are shaped by community
20 members and local community based organization
21 representatives in each neighborhood. Recent efforts
22 have included Know Your Rights seminars,
23 collaboration with New York City Public Schools to
24 host education forums on relevant topics for parents,
25 classes to support parent child bonding, summer

1 engagement of youth and entrepreneurship classes,
2 application support for child care assistance, and
3 referrals to services and concrete supports.
4

5 As you know, ACS also supports family enrichment
6 centers, which are warm, inviting walk in spaces for
7 families. In 2021, ACS announced a plan to expand
8 from three to 30 FECs. There are currently contracts
9 for 29, which are in various stages of
10 implementation. Some have been open and operating for
11 several years, others are in the startup phase
12 working to hire and train staff, engage community
13 members to design and renovate their sites, conduct
14 outreach, and provide in person and virtual offerings
15 through partnerships with community organizations and
16 leaders. We expect to announce the award for the 30th
17 and final site in the next few months.

18 The FECs promote family strengthening protective
19 factors like social connections, parental resilience,
20 and access to concrete supports that help families
21 pursue their dreams and weather hard times.

22 Everything about each FEC, including the name,
23 physical layout, and offerings provided are co-
24 designed with families and community members.
25 Providers with deep ties to their communities were

1 selected to operate the FECs. Notably, FECs do not
2 require families to disclose any identifying
3 information, including any information about child
4 welfare involvement.
5

6 We also want to make sure that families and child
7 serving professionals know how to keep children safe
8 by preventing unintentional injuries. Our Office of
9 Child Safety and Injury Prevention connects with
10 families, communities, and professionals to make them
11 aware of the leading causes of preventable childhood
12 injuries and the best way to keep children safe.

13 We provide education, training, and supplies,
14 including through participation in community based
15 events and public awareness campaigns to promote safe
16 sleep practices, as well as safe storage of cannabis
17 infused edibles, medication, and other household
18 items to mitigate unintentional poisoning of
19 children.

20 ACS oversees a nationally recognized continuum of
21 child well prevention services aimed at keeping
22 children safe, supporting parents with the resources
23 they need, and preventing, where possible,
24 involvement with child protection.
25

1 ACS contracts with 43 providers for a 124
2 programs, reaching over 15,000 families and 32,000
3 children each year.

4 I want to take a moment to thank our prevention
5 service providers, all of the nonprofits, community
6 based organizations, for all they do each day
7 supporting families and children.

8 Referrals to these services are increasingly
9 coming from schools, communities, and families
10 themselves. Just two years ago, 93% of referrals to
11 prevention came directly from ACS and our providers.

12 After more than 250 trainings over the last 18
13 months with staff from schools, medical providers,
14 hospitals, and shelters, nearly a quarter of
15 referrals are now coming from the community, not from
16 ACS.

17 ACS funded prevention providers support and
18 stabilize families by addressing common family
19 challenges, including family communication,
20 homemaking, health and mental health, substance
21 misuse, intimate partner violence, housing
22 instability, and more.

23 Our continuum ensures that every model is
24 available to families regardless of where they live.
25

1
2 The full continuum is available for free regardless
3 of immigration status.

4 Our continuum includes:

5 Clinically delivered evidence based intensive
6 models such as MST - multisystemic therapy -
7 functional family therapy, and brief strategic family
8 therapy, which typically works with families with
9 teens.

10 We also have child parent psychotherapy, which is
11 an intervention model for families with young
12 children who've experienced trauma.

13 We offer family treatment rehabilitation for
14 families where the primary issue is substance misuse
15 or mental health challenge.

16 A safe way forward for families impacted by
17 impairment violence and special medical services
18 where a parent or child needs additional support
19 because of a significant health or developmental
20 condition.

21 Group attachment based intervention, GABI, is
22 available in six sites in all five boroughs and helps
23 caregivers of children under four build strong bonds
24 with their young children.

1 We contract with five agencies to provide
2 homemaking services, which is a support in home
3 services to help parents and caretakers develop
4 skills to support child and family well-being and to
5 success successfully manage daily household tasks.
6 These services can be available up to 24 hours a day,
7 seven days a week, and we provide over 1,000,000
8 service hours annually.

9 We also offer family support programs, which
10 provide case management and in home tailored services
11 to address needs, such as service referrals, support
12 with concrete goods, and regular assessments of child
13 safety and well-being.

14 Our newest model is school based early support,
15 which launched in July of 2024, and builds on the
16 legacy of the ACS Beacon prevention model and support
17 our efforts to link families to support and resources
18 without the need for a child welfare investigation.

19 As part of our contracts with 16 programs, each
20 has identified at least three partner elementary
21 and/or middle schools in their district where they
22 will maintain a presence to serve families.

23 Providers are required to collaboratively co-
24 design at least four school based offerings per year
25

1 based on the needs of the school community, all with
2 the goal of being an easily accessible support for
3 families.
4

5 As required by Local Law 17 of 2018, ACS conducts
6 an annual Family Experience Survey to gather feedback
7 from families who've participated in prevention
8 programs.

9 The 2023 Family Experience Survey found that
10 approximately 94% of survey participants said they're
11 happy with the prevention services they received; 90%
12 said they would recommend the service to a family
13 friend; and 93% said the services are helping them
14 achieve their goals.

15 ACS has used family feedback to inform our work
16 with city agency partners and the public about what
17 ACS provides without a child welfare investigation,
18 as well as to enhance our internal capacity to help
19 families connect to community based resources and
20 supports outside the child welfare system.

21 The results of the 2024 survey, which we
22 anticipate based on our private feedback, will have
23 similar findings will be released in the coming
24 weeks, and we look forward to sharing those results
25 with the Chair and the Council.

1 ACS also oversees a continuum of community based
2 alternatives that help prevent at risk youth from
3 getting involved with the justice system or entering
4 foster care. Our family assessment program, FAP, was
5 originally designed to help prevent youth from coming
6 into foster care as person in needs of in need of
7 supervision. When FAP began in 2022, there were 822
8 youth who came into foster care under PINS (Person in
9 Need of Supervision), In 2023, there were nine.

11 Today, FAP is free, voluntary, and available to
12 any family struggling with difficult teenage
13 behaviors. FAP bridges the gap between teenagers and
14 families in crisis by helping them resolve and manage
15 conflict through assessments, individualized
16 interventions, and referrals to a range of community
17 based support programs, including our own continuum
18 of services. FAP serves approximately 3,000, youth
19 each year.

20 The FAP continuum includes family stabilization,
21 intensive three-month crisis intervention to
22 deescalate conflict, functional family therapy, brief
23 strategic family therapy, multi systemic therapy,
24 substance abuse, respite, and mentoring and advocacy
25

1
2 where youth are connected to Fair Futures coaches for
3 the first time.

4 Introduction 652 would require the Department of
5 Health and Mental Hygiene to establish and operate a
6 pilot program to provide free mental health services
7 for up to one year for children who've been returned
8 home from foster care. ACS strongly agrees that
9 children and youth who are reunified from foster care
10 and then who are in need of mental health services
11 should have immediate access to these services
12 without charge.

13 Currently, when a youth is discharged from foster
14 care, there are provisions to ensure continuity of
15 care for services initiated while the child was in
16 care. Specifically, they would be able to access all
17 Medicaid services they were receiving while in care
18 for up to a year, so long as the foster care agency
19 notifies the managed care plan of the discharge.
20 Young adults aged 18 and older at discharge are
21 eligible for Medicaid up to age 26. And, also, older
22 youth exiting foster care have Fair Futures coaches
23 who can connect them to support services up to the
24 age of 26 as well.

1
2 Of course, families in need can access ACS funded
3 prevention service as well. ACS looks forward to
4 discussing this bill with the Council.

5 ACS also praises the Council's interest in making
6 sure that parents and caretakers know how to find an
7 attorney when ACS is conducting a child protective
8 investigation. Since 2020, ACS has been providing
9 families with the contact information for the legal
10 services organization in the borough at the start of
11 an investigation. Information is included with an
12 informational package about how to access resources
13 in their communities, such as food banks and family
14 enrichment centers. We look forward to discussing
15 this legislation with the Council as well.

16 As a father, I know that parenting can be
17 extremely rewarding and challenging and that many of
18 us have times when we need a helping hand. This is
19 why I wanna be sure that any New Yorker in need of
20 support knows how to find it.

21 Our support line, which, again, can be reached at
22 212-676-7667, is available to help connect families
23 to free services in their community regardless of
24 immigration status. We look forward to discussing
25 with the Council. Thank you.

1
2 CHAIRPERSON STEVENS: Thank you. At this time, I'm
3 going to read a statement from Council Member Sanchez
4 regarding her bill.

5 "A recent report from ACLU shows that across New
6 York City, Black children account for 54%, and Latino
7 children, 36% of emergency removals. While a 2019
8 analyst found that Black and Latino parents are more
9 likely to be subject to a child welfare investigation
10 without being more likely to be found guilty of abuse
11 or neglect.

12 What is the City doing to stem those alarming
13 racial inequities? And how are we supporting children
14 and families who experience those this trauma?

15 While emergency removals can be necessary in some
16 cases, they have a profound and long lasting impact
17 on children and mental health and it causes
18 immeasurable stress to their families.

19 Intro 652 include... would require DOHMH to
20 establish a pilot program for no-cost mental health
21 services for affected families and require outreach
22 to ensure the program reaches those who need it most.

23 Thank you, Chair Stevens," that's me, "for
24 hearing this important legislation. I look forward to
25 today's feedback in tailoring my bill to meet the

1 needs of families that experience this trauma in the
2 child welfare system.”

3
4 And that is from Council Member Sanchez, and I
5 hope she is resting with her feet up while she is
6 preparing to bring the new chicken nugget into the
7 world.

8 So at this time, I'm going to start questions.
9 I'm gonna start with some questions that I have from
10 this testimony that, uh, Commissioner, you just read.

11 One of the first things that I see here, uh, one
12 of the first things that I see here that was
13 interesting to me was the hotline and support number,
14 that you got... that you talked about.

15 How are you doing advertisement for this hotline,
16 and how do families find out about this?

17 COMMISSIONER DANNHAUSER: Thank you, chair
18 Stevens.

19 This is... this is really important. We've done
20 hundreds of trainings for mandated reporters in
21 schools, in shelters, and in hospitals. We are also
22 doing social media around this. I've been on some
23 news to talk about this. It's really key that
24 families know either the ConnectMe mailbox or the
25 number. They can outreach. They're connected to

1 Deputy Commissioner Linares' staff, who will walk
2 them through everything we have in our continuum and
3 supports that might be outside of our continuum.
4

5 We're seeing some progress. So in 2023, we had
6 500 calls to that hotline. Already in 2024, we've had
7 2,700 calls to that hotline, and we're connecting
8 families to support. It's one of the reasons we're
9 seeing fewer families connected to preventive through
10 ACS and more families connected on their own. So,
11 there's a long way to go. We'd love to partner with
12 you to continue to get information out about that,
13 but we are making sure we're using the state's new
14 mandated reporter training and saying, in instances
15 where you feel like families just need a little bit
16 of support, this is the hotline that you can call,
17 uhm, where it's not it doesn't rise to the
18 (UNINTELLIGIBLE) call. And that's one of the... it's
19 the most inequitable part of our child welfare system
20 is that initial call - seven times more likely that a
21 Black child's family is called in to the SCR than a
22 white child's family. And so we are out there doing
23 lots of training, and any partnership we can do to
24 get that out, uh, even further it would be great...

25 (CROSS-TALK)

1
2 CHAIRPERSON STEVENS: Yeah, because it's
3 interesting - just even in my office, specifically,
4 and I always say that if I feel like if it's
5 happening with me, it must be happening in other
6 places - I've gotten a number of calls, since I've
7 taken over oversight, from parents who have ACS cases
8 who are saying they don't know where they're supposed
9 to get support or how to get support, and they
10 already have cases. So I'm even confused that there's
11 a line, and I'm... I've, like, seen like, it has
12 doubled in my office.

13 So I hear you're saying you're doing trainings
14 for mandate report and all those things, so how do we
15 get it to the parents who have ACS cases? Is this
16 information given to them at the first point of
17 contact? What does that look like? Because I'm
18 confused on why parents who have cases...and I'm not
19 even talking about parents who don't have cases.
20 Right? I'm talking about parents who have cases who
21 are not getting the support or saying that their
22 worker isn't helping them, they don't understand.
23 So...

24 COMMISSIONER DANNHAUSER: I would I'd love to dig
25 deep into that. We do provide an information packet

1 of services to parents at that very first contact
2 (INAUDIBLE)... (CROSS-TALK)
3

4 CHAIRPERSON STEVENS: Is it in multiple languages?

5 COMMISSIONER DANNHAUSER: It is in multiple
6 languages, and it's specific to the community. We
7 also know that there is a set of youth services that
8 we want families to know about. We table in a lot of
9 different places for our FAP program, because a
10 lot... I would imagine some of the families at least
11 that are reaching out, might be struggling with a
12 teen who's... has behavior challenges... (CROSS-TALK)

13 CHAIRPERSON STEVENS: I mean, that's been one
14 of... some of the (INAUDIBLE) one calls that I have,
15 that they don't know what to do, they need support,
16 and literally, I'm like, well, have you spoken to
17 your worker?

18 Like, it's gotten to the point where I'm, like,
19 well, tell your worker to call my office, because
20 this is unacceptable.

21 So what is the disconnect there?

22 COMMISSIONER DANNHAUSER: Well, we're bringing
23 together...and sometimes it's because they're in the
24 wrong... we have not sort of sufficiently connected
25 all of the dots. So we're doing a lot of work to make

1
2 sure that our child protective teams are educated
3 about what's available through FAP, that our referral
4 management teams that are in our borough offices that
5 are prevention are educating all of the staff as we
6 roll out, as we do (INAUDIBLE)... (CROSS-TALK)

7 CHAIRPERSON STEVENS: And just even to think about
8 that, as you're working with them, how are you
9 working with the local council members? Because if
10 like, again, if I'm getting calls, I'm sure other
11 people are getting calls. I probably get additional
12 calls because I'm the chair, but I'm sure other
13 people are getting calls saying, like, how do I help?

14 So how are you even getting that information
15 because I think that, you know, how I always feel, I
16 don't know why city agencies aren't working together
17 - and so how are you also working with DYCD to have
18 this in all their community centers or after school
19 programs, doing the outreach there? Because we keep
20 saying in schools, great, but we know sometimes that
21 that's not the right point of contact because the
22 parents don't feel comfortable there.

23 So what does this look like? How are we training
24 DYCD staff as they... they're working with kids on
25 basis to get this stuff? So what does that look like?

1
2 COMMISSIONER DANNHAUSER: We're accelerating all
3 of it. I would love to be able to sit down with you
4 and go through ways in which we can work with the
5 entire Council to get... it's a great idea, to see if
6 we can make sure everyone has that information. We
7 prioritize schools... (CROSS-TALK)

8 CHAIRPERSON STEVENS: If have principal stuff...
9 Principal stuff, because we could also just email it
10 to them as well.

11 COMMISSIONER DANNHAUSER: Yeah, absolutely...

12 CHAIRPERSON STEVENS: Okay, That'd be great.

13 COMMISSIONER DANNHAUSER: The reason we started
14 with schools is because they are one of the largest
15 reporters. We started there - we started with
16 hospitals, with shelters, and so we wanted them to
17 know right away. Your ideas about where to go next
18 are, I think, are spot on, and we... (CROSS-TALK)

19 CHAIRPERSON STEVENS: I mean, I think sometimes we
20 forget that after school programs are probably the
21 better place to start, because they have different
22 relationships, and we forget that. Right?

23 Because I... when I was a director, do you know
24 how many times schools would send kids to me and say

1
2 you need to call ACS, because they didn't want to do
3 it?

4 And so we are forgetting that there's a whole
5 other group of people that work with kids on a
6 regular basis, that sometimes have better
7 relationships than the schools, that we are just
8 kinda leaving out of the conversation.

9 So, like, when you're thinking about
10 Cornerstones, Beacons, those people are actually the
11 ones doing the support, and are usually the people
12 that you contract to do the wrap around services
13 anyway, so why would we not also just work there when
14 you're already contracting them to do the work?
15 Because a lot of these are multiple... like, they do
16 multiple things.

17 COMMISSIONER DANNHAUSER: As someone who's run
18 Cornerstone and Beacon's as well, I totally respect
19 them. We got it. I understand...

20 CHAIRPERSON STEVENS: Yeah, so, that's just my
21 feedback around that.

22 COMMISSIONER DANNHAUSER: Thank you.

23 CHAIRPERSON STEVENS: What's the average
24 attendance for the FECs?

1
2 COMMISSIONER DANNHAUSER: A little over 200. I'll
3 let Liz Wolkomir, who oversees our Division In Child
4 And Family Well-Being, speak a little bit about where
5 we are in that process.

6 DEPUTY COMMISSIONER WOLKOMIR: Sure. So each
7 month, the average per FEC is about 390 individuals
8 that attend offerings, and the offerings are discrete
9 programming, so activities, planned events,
10 gatherings, cafes, workshops, peer support groups.
11 There are also walk ins that... (CROSS-TALK)

12 CHAIRPERSON STEVENS: So that's average per site
13 or that's the total average altogether?

14 DEPUTY COMMISSIONER WOLKOMIR: That's the average
15 per site.

16 CHAIRPERSON STEVENS: Okay.

17 DEPUTY COMMISSIONER WOLKOMIR: But there are
18 other... also families that are walking in informally
19 to have a cup of coffee, to have a conversation, to
20 get support. But on average, it's 390 individuals per
21 site per month.

22 CHAIRPERSON STEVENS: How are you evaluating the
23 success of these programs?

24 DEPUTY COMMISSIONER WOLKOMIR: So we are... well,
25 one, that there was evaluation done after the pilot

1
2 years when the first three sites were open that
3 looked at whether or not they successfully met their
4 intended goal, which was to amplify the protective
5 factors of families, meaning social connection,
6 parental resilience, access to concrete supports,
7 knowledge of, parenting and child development skills.

8 And that was based on participant perception and
9 the growth of those factors based on their continued
10 engagement with FECs. And we saw a lot of strengths
11 around that, which was the basis for expanding this
12 work.

13 Now that we have a larger continuum, we are
14 building an infrastructure to continue to look at
15 that and see if we are meeting those benchmarks
16 around that goal of amplifying protective factors.

17 CHAIRPERSON STEVENS: What does outreach look...
18 what does outreach look like for the FECs?

19 DEPUTY COMMISSIONER WOLKOMIR: So each FEC... so
20 we have on our own website access to information
21 around the family enrichment centers. And as the
22 commissioner mentioned, we do a lot of work with
23 partners in the city to make sure that they're aware
24 that there are family enrichment centers in their
25 respective neighborhoods.

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2 The most powerful outreach that happens, happens
3 through the community based organizations because
4 part of the reason that they were selected through
5 the competitive procurement process is that they've
6 got deep roots in the community already.

7 So a lot of work that looks like programming our
8 offerings is also intended to bring new families in
9 the door. And each Family Enrichment Center builds a
10 Parent Advisory Council of local community members
11 that are also responsible for galvanizing outreach
12 and bringing families, especially those that might be
13 more isolated in community, into the center.

14 CHAIRPERSON STEVENS: Do you guys go out and do
15 observations of the FECs and get feedback? And, like,
16 do you guys... because I know, like, sometimes people
17 go out and look at them. Do you guys do that as well?

18 DEPUTY COMMISSIONER WOLKOMIR: We do. Our program
19 management staff is on-site very regularly at each of
20 the family enrichment centers.

21 CHAIRPERSON STEVENS: So how regularly? What does
22 that look like? Is there an evaluation? Are they
23 doing an evaluation? Do they do a write up? What does
24 that look like?

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2 DEPUTY COMMISSIONER WOLKOMIR: e get we get
3 regular reporting. We're in the process of really,
4 like, reforming and amplifying that as our continuum
5 has grown. I can't say with confidence the exact
6 amount of times that program staff are out, but they
7 are probably at each Family Enrichment Center one to
8 three times a month I would say.

9 CHAIRPERSON STEVENS: I mean, I recently went to
10 my Family Enrichment Center, my district, which I
11 thought was really nice, but it didn't have, uhm, it
12 was hard to identify. Like, I walked past, like,
13 three times, because it's in the Bronx, and it's
14 nice once you go inside, but I think even that,
15 like... and that was one of my feedback... when I
16 went there I was saying, like, how would anyone know
17 it was here? I didn't know it was there, and I'm a
18 whole council member.

19 They had never reached out to me, I never knew
20 that they were there, and so how do families know
21 that?

22 And I know they said they work really closely
23 with some schools, but, again, we are then missing...
24 we're still missing families if we're only focusing
25 on doing outreach in schools, because that was the...

1 that's what they said their primary outreach was, was
2 in schools. And so there's a lot of families - and
3 even in that area, there isn't a lot of providers in
4 that area, which I thought was a good place, but if
5 you're only going to the schools, what happens if
6 your kid isn't in school? What happens if this is a,
7 you know, a person who just moved to the
8 neighborhood? Like, it's so many other factors. What
9 if they don't go to school in the neighborhood?
10

11 I think that, for me, it's like, why aren't we
12 looking to do more partnerships or things like that?

13 So that's why I'm asking about what the
14 evaluation process looks for the FECs.

15 I just had another question from your testimony.
16 You said that the referral services, uhm, that you
17 were getting before, and that you believed that the
18 hotline... because it was at 93% referrals for
19 preventative services were coming from ACS, and now
20 more referrals are coming from the community.

21 What's the percentage now from the community, and
22 how... what's the number of disparities between those
23 two?

24 COMMISSIONER DANNHAUSER: It's 25% now from the
25 community... (CROSS-TALK)

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2 CHAIRPERSON STEVENS: It's 25% from ACS... (CROSS-
3 TALK)

4 COMMISSIONER DANNHAUSER: Yeah, 75% from ACS and
5 25% from the community.

6 CHAIRPERSON STEVENS: Oh, so the it's 75%...
7 (CROSS-TALK)

8 COMMISSIONER DANNHAUSER: Yeah, and we... (CROSS-
9 TALK)

10 CHAIRPERSON STEVENS so, there was...

11 COMMISSIONER DANNHAUSER: Oh, I'm sorry...

12 CHAIRPERSON STEVENS: No, I was trying to hear...

13 COMMISSIONER DANNHAUSER: Yes, so, it's... (CROSS-
14 TALK)

15 CHAIRPERSON STEVENS: (INAUDIBLE)

16 COMMISSIONER DANNHAUSER: 75% from ACS... (CROSS-
17 TALK)

18 CHAIRPERSON STEVENS: I'm sorry, (INAUDIBLE) this
19 back on...

20 COMMISSIONER DANNHAUSER: 25% from the community.
21 We think we are going to see a very significant jump
22 in the community referrals, not only from the work
23 that we were talking about, and some of what we will
24 do following this conversation, but we are also
25

1
2 seeing, uhm, we are launching the school based early
3 support programs...

4 CHAIRPERSON STEVENS: Mm-hmm

5 COMMISSIONER DANNHAUSER: which are primarily for
6 families who have not had the ACS contact or had not
7 had that sort of recently. So, they are, again,
8 connected in ways that we have seen families that are
9 allowed to not open a case, so where...

10 CHAIRPERSON STEVENS: Mm-hmm

11 COMMISSIONER DANNHAUSER: the portion of the
12 school based early support that is just dedicated to
13 getting concrete help to families, meeting their
14 specific need. So, we are trying to make it more and
15 more attractive to families to engage with those
16 services. That was launched July 1st...

17 CHAIRPERSON STEVENS: Mm-hmm

18 COMMISSIONER DANNHAUSER: There are 1,280 slots
19 there. We're already seeing hundreds of families
20 engage, and we're talking to all of the providers. I
21 know you've... you might have seen the scan program,
22 and so they are all engaging right now. So I think
23 we're gonna be at a third and more in the near
24 future.

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2 CHAIRPERSON STEVENS: And just, I guess, could you
3 talk to me a little bit more about the school based
4 program too? Just because I would love to think,
5 like, okay, how do they connect? Like, how does a
6 parent connect? Right? Like, because sometimes it
7 it's hard. So are they doing outreach? Is this
8 something that, like, someone sees and they're like,
9 oh, you should go talk to them? What does this look
10 like?

11 COMMISSIONER DANNHAUSER: Yeah. I'm gonna ask
12 Deputy Commissioner Linares to speak to that a little
13 bit.

14 DEPUTY COMMISSIONER LINARES: Thank you,
15 Commissioner, good morning.

16 So the school based programs are... the providers
17 are actually in the schools, which allows for the
18 staff at the schools to have constant interaction
19 with the providers and be able to connect the
20 families directly to the program.

21 We have, each of the 16 programs is connected to
22 at least three schools, and some of the, I think,
23 brilliant... (CROSS-TALK)

24 CHAIRPERSON STEVENS: So how many staff? So how...
25 they're connected to three schools. So with these

1
2 contracts, how many staff are, uhm, staffers are on
3 it? So is it one person per school? Are they there at
4 the school two days... two or three days a week? Are
5 you guys not mandating that? What does what does that
6 look like?

7 DEPUTY COMMISSIONER LINARES: So we are in the
8 process of program development, because the program
9 just started in July. So we are working out with the
10 providers some of the details as to how we best
11 service all of the families across these three
12 schools. There are some flexibility in terms of
13 having the providers be sitting at different
14 locations. They obviously have a main location for
15 administrative reasons, but the expectation is that
16 they are sitting in the different schools.

17 CHAIRPERSON STEVENS: So do they have, like, a
18 case load? Are they working with these families
19 intensively? Do they come in to the principals like,
20 hey, I have these fam... like, what does this look
21 like? Because I still am not able to picture it.

22 DEPUTY COMMISSIONER LINARES: Okay. So we have,
23 this is a very unique program, and we... we're super
24 excited about it. It's unique in many ways. Part of
25 it is that we have - it's an 80 slot program. Of

1
2 those 80 slots, there are eight slots that have tons
3 of flexibility. They are funded by City... (CROSS-
4 TALK)

5 CHAIRPERSON STEVENS: You said eight?

6 DEPUTY COMMISSIONER LINARES: Eight.

7 CHAIRPERSON STEVENS: Mm-hmm?

8 DEPUTY COMMISSIONER LINARES: They are funded by
9 city tax levy, which means that we are not binded, if
10 you will, by OCFS regulations. So with those eight,
11 provide... families can come in, and if there is a
12 need for one or two issues, for instance, the family
13 may have a need to be in a supportive program, a
14 parenting program and so on, the providers can
15 provide that service on a continual basis.

16 So we have eight slots, but really we can serve a
17 large number of families as they come in and out.

18 The other 17 are more the traditional child
19 welfare prevention program. Some of the differences
20 between, uhm, some of the difference between school
21 based and other programs is that the school based is
22 not only in the school, but is also trying to get to
23 the family before there's any involvement with us
24 with ACS. So these are what we call advocate cases
25 that assist only on-site, and so we don't have the

1
2 record in the system and so on. And the family can
3 connect directly to the to the provider, and there's
4 an expectation, there's ongoing communication between
5 the school staff and our prevention staff. We also
6 ask them they do different activities together. We
7 just had a launch event this past month, uh, where we
8 brought the school principals and superintendents
9 together with our prevention staff.

10 So the idea is that we are constantly evolving in
11 terms of how we're serving those families and that we
12 are, uh, engaging the families also in thinking about
13 the service itself.

14 I think Beth said (INAUDIBLE) our commissioner,
15 uh, recently is that if we look the same in three
16 years, then we haven't been asking families how the
17 program should look. So I think we have lots of
18 flexibility. It's an opportunity for innovation, and
19 we're very excited to be able to have this program
20 with us.

21 COMMISSIONER DANNHAUSER: And I'll just add that
22 one of the other key differences is that there's
23 actually an embedded benefits worker in each program.
24 And so the focus on concrete needs, make sure we're
25 addressing issues of income security, we're looking

1
2 at trying to learn from that more broadly on our
3 preventive services system. Case planners do help
4 with benefit access across the system, but this has
5 somebody who is dedicated to that specifically. And
6 that was based on feedback after our concept paper
7 from providers and advocates.

8 CHAIRPERSON STEVENS: Yeah, I mean, I think that
9 I'm excited to hear about the program, but I still am
10 having... I'm struggling on thinking about, like, how
11 does this fit into the bigger... the bigger picture
12 around a lot of the things? Because it all like... so
13 it's like, I just I wanna come out to see the
14 program. Because, I'm just struggling with...

15 COMMISSIONER DANNHAUSER: Okay.

16 CHAIRPERSON STEVENS: like, kind of, like,
17 understanding how all of this plays into, like, why
18 isn't this just not a part of a community school? Why
19 you know, why are we not just partnering with
20 community based organizations to have them in there?

21 Like, it just... it's it seems duplicative again
22 where it's, like, this is something that already is
23 kind of happening in a lot of schools. And so then
24 why, like... so why I can't from some... you know...

1
2 Again, I just... it's it seems very duplicative in
3 some ways.

4 COMMISSIONER DANNHAUSER: Yeah, we'd love... we'd
5 love to have you out, of course. In addition, I just
6 want to say that the... each superintendent and
7 principal had to determine that this is something
8 they wanted in their school, so that they didn't...
9 they... if it was duplicative, they weren't gonna do
10 it. And so... (CROSS-TALK)

11 CHAIRPERSON STEVENS: But a lot of times,
12 especially principals and superintendent just want
13 more services because they wanna be able to give
14 people access. And so did we... so does that mean we
15 didn't look at the data to see where there is not as
16 much services to say, like, this actually makes more
17 sense? Because I have... I have...

18 COMMISSIONER DANNHAUSER: (INAUDIBLE)

19 CHAIRPERSON STEVENS: schools in my district where
20 they have... They're a community school, they have a
21 Beacon, they have a 21st Century contract, then I
22 have schools that have nothing. So, it's how are we
23 making sure that this is going where it needs to be?
24 And like again, when you think about the community
25 school model, like, a lot of that stuff that you're

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saying should be being done there. And so I...
that... That's what I mean.

COMMISSIONER DANNHAUSER: Yeah, I agree with you,
but I just wanna add that the community school model
doesn't include some of the sort of case management
navigation of that... (CROSS-TALK)

CHAIRPERSON STEVENS: So, then we should just add
it instead of ,like, adding more agencies into more
things, especially when it seems like a lot of
times... well, not seems like, we know that a lot of
the cross collaboration isn't happening in the way
that it should be. So, I mean, I see the Chair of
Education is here, so I'm sure she's gonna ask
questions, so I'm a leave that there and let her get
to that.

But I mean, I think I'm excited about it because
in the sense of, like, I know that ACS often has lot
of programs that parents should be able to access
without having to get a case, and so this is a way
for them to get in. But, again, if... I have some
concerns, but we'll talk... we'll talk. And, like I
said, Rita, I'm sure she'll have a bunch of
questions.

1
2 You talked a little about the survey that you
3 guys do at the... for participants, and I know you
4 said, like, 94% of the folks who have taken the
5 survey, it's usually positive feedback.

6 Is the survey anonymous? How is it distributed?
7 How do you administer that?

8 COMMISSIONER DANNHAUSER: It's administered
9 through the agencies and it's confidential. We don't
10 see... it's not anonymous, but we don't get the
11 information on sort of who filled out what in
12 particular. We get the sort of macro data. It's about
13 2,000 participants who filled it out last year.
14 Anything you'd wanna add?

15 DEPUTY COMMISSIONER LINARES: Uh, we had, yeah,
16 about 2,000, and we had about 31% respond rate from
17 families across the city.

18 CHAIRPERSON STEVENS: Mm-hmm. Uhm, is there a
19 reason why you haven't opted to do more of an
20 anonymous... because we know you'd probably get
21 different results?

22 COMMISSIONER DANNHAUSER: Uhm, no, no reason. A
23 lot of providers use a variety of ways of parent
24 roundtables, some of them have, uh, at Graham Windham

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2 we used to have a kiosk where people could say happy
3 or not...

4 CHAIRPERSON STEVENS: Mm-hmm

5 COMMISSIONER DANNHAUSER: And lots of different...

6 (CROSS-TALK)

7 CHAIRPERSON STEVENS: I remember that...

8 CHAIRPERSON STEVENS: Yeah, a lot of different
9 ways where they're trying to get feedback, and we are
10 encouraging providers to have access to come to
11 have... for parents have access to them, so that they
12 can give their feedback about what's working and
13 what's not.

14 Obviously, it's also, uhm, if we make our
15 services accessible to families and what families
16 believe is helpful, we'll see more families come to
17 us voluntarily. And that to me is ultimately what is
18 really, really key.

19 We know also that preventive services are
20 effective in reducing the likelihood of repeat
21 maltreatment and entry into foster care. So, less
22 than about 5% of families who graduated, completed
23 preventive services, have a re-indication in the next
24 six months, and less than 2% have an entry into
25 foster care. It's closer to 1% than 2%.

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2 CHAIRPERSON STEVENS: Well, listen, I know that a
3 big... a big push you've been really hyper focused
4 on has been around, like, trying to get the numbers
5 down for folks going into foster care, and
6 preventative services has been something that you've
7 been hyper focused on, which I really appreciate,
8 because I don't... I honestly don't feel like that's
9 been a priority for any commissioner. But it's really
10 good to see a lot of these programs, but, I just
11 wanna make sure we... we continue to, like, push on
12 it.

13 I wanna change gears a little bit to talk about
14 the CARES model a little bit. Can you outline the
15 process for ACS following after receiving a report
16 from SER? Specifically, how does a respond, uhm,
17 differ between a traditional investigations case
18 assigned in a CARES track?

19 COMMISSIONER DANNHAUSER: Okay, It'll take a
20 couple minutes here because ,you know, to sort of
21 just set some context. So, the...

22 CHAIRPERSON STEVENS: Yeah, explain this to us
23 like we're five year olds because, you know, I'm slow
24 sometimes.

25 COMMISSIONER DANNHAUSER: I doubt that.

1
2 So, the CARES model is what the state calls
3 family assessment response or differential response.
4 It's a state law, state statute, that allows for
5 responses to calls to the SCR to be responded to
6 differentially. CARES is what ACS calls it. Actually,
7 a parent named it that several years ago.

8 The state sets the initial criteria. So the state
9 criteria, uhm, sexual abuse, abandonment, assault
10 against a child, those types of things cannot go down
11 the CARES track. The state, also has... so that...
12 about half of cases will be eligible to go down the
13 CARES track. No jurisdiction in the in the state is
14 using CARES at a 50% rate. These are dedicated CPS
15 who then get retrained, keep their CPS skills, and
16 are retrained as a CARES child protective specialist.

17 ACS has additional exclusionary criteria, a
18 serious injury that fits the criteria for our instant
19 response team, and a newborn positive toxicology for
20 any drug other than marijuana, we do not send down
21 the CARES track. And so, we're actually a little bit
22 tighter than the state; although, we use it more than
23 any other place in the state.

24

25

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2 The... when the call comes, it will say from the
3 state, FAR Eligible, family assessment response to
4 eligibility. So the state makes the first screen.

5 We have dedicated staff in... that are there to
6 screen cases and send them down the investigation
7 track or the CARES track, or the instant response
8 team track or to, the hospital sex abuse track. So
9 they are looking at what the allegations are, what
10 the history has been here, and they're trying to make
11 an assessment of what would be the most effective
12 approach.

13 CARES is a safety response. Investigation is a
14 safety response. They are done differently. Once they
15 make that determination, if it is going down the
16 CARES track, it goes to a unit that is dedicated to
17 CARES, and the CARES worker makes a phone call, talks
18 to the parent about CARES, explains to them that it's
19 optional. We used to say voluntary, but that's not
20 quite fair, because the option is either CARES or an
21 investigation.

22 So we, we work with the family. If they accept
23 the CARES, we do a home visit, and we begin the
24 process.

1
2 During that first seven days, they... our staff
3 are doing a safety assessment. They're using lots of
4 other social work tools that we don't use typically
5 in investigation. We're working on trying to infuse
6 some of that into every instance. So they're, the
7 three houses that are set, they're using motivational
8 interviewing, and they are sort of bringing real
9 social work skill to that conversation.

10 If at any time in that first seven days the CARES
11 CPS determines that there is something unsafe here,
12 they can retrack it to an investigation. It can go
13 back to an investigation. If they determine anything
14 after that seven days - because it's voluntary after
15 those seven days - and so after that seven days, if a
16 family either, there's a different concern, our staff
17 can call in an additional case, and then it'll go
18 down an investigative track.

19 This happens... those two retracking, all
20 combined, happens in about 10% of cases. So
21 they're... they're seeing something concerning and
22 then they retrack it to an investigation. But 90% go
23 forward and are completed as CARES.

24 The, uhm, in CARES, families set, with us, a
25 plan. They will often, let's say they're struggling

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2 with getting the child to school, we'll bring the
3 school in, we'll do a family team meeting, and we'll
4 work on sort of ways in which we're gonna work
5 together to get the child in school. They might need
6 a childcare voucher. They might need other services
7 through preventive services. And you can get to
8 preventive services either through an investigation
9 or through CARES. If it's CARES, it's more on the on
10 the advocate track that Luisa was describing earlier.

11 So, you know, I think it's really important that,
12 we say the CARES... the CARES approach is a safety
13 response. If someone needs just a little bit of help,
14 we don't need to be calling the SCR to get CARES.
15 CARES is in response to a report of child
16 maltreatment, and it does a thorough assessment of
17 the child's safety. And so, again, sort of the state
18 sets the initial criteria. We have additional
19 criteria. Our teams do an assessment. And then
20 there's an ongoing assessment during that first seven
21 days when the staff have seen the children and been
22 able to engage with the parents.

23 CHAIRPERSON STEVENS: That was a lot.

24 COMMISSIONER DANNHAUSER: I know, I know.

25 CHAIRPERSON STEVENS: But it's helpful.

1
2 I would like to acknowledge, we have the Public
3 Advocate who has joined us, Jumaane Williams; Council
4 Member Rita Joseph; Council Member Linda Lee; and
5 Council Member Williams.

6 What steps are taken, if family declines to
7 participate in CARES? Will ACS still provide them
8 with information about community based organizations
9 unaffiliated with ACS that can offer assistance?

10 Additionally, is ACS providing material support
11 such as direct cash assistance, furniture, food, or
12 clothing to families who opt out of CARES?

13 COMMISSIONER DANNHAUSER: Absolutely. All services
14 are available regardless of which track. ACS does not
15 itself provide direct cash, but all of the other
16 things we do, furniture, cribs - we've opened
17 pantries in our borough offices. We will work with
18 our partners at HRA if cash assistance is needed. And
19 so... and we do often provide money for immediate
20 needs - if there's groceries that are needed, we can
21 purchase them. Staff have access to purchasing around
22 concrete needs in the home.

23 CHAIRPERSON STEVENS: Are you guys... is ACS
24 helping with... helping them with HRAs to get cash
25 assistance? Because that was another thing, I've been

1
2 getting a lot of calls in my office where they're
3 saying that their worker isn't helping them connect
4 those dots.

5 COMMISSIONER DANNHAUSER: One of the things, that
6 we've done, Chair, over the last few months, that I
7 think is really important here is revive our FPP
8 program, Family Preservation Program. All old ideas
9 are good (INAUDIBLE) supplement like that. So the...
10 we had a family preservation program, there are
11 dedicated staff who come alongside the CPS to work on
12 things like that, benefits access, concrete needs.
13 CPS have right now, the caseload's about seven and a
14 half. They're going out to do another assessment, so
15 we have now a dedicated unit in each office that can
16 go out and support families, particularly where
17 there's risk to children. They can continue to
18 observe in that role, but they are really... they are
19 dedicated. Sometimes we encounter families where
20 there are serious conditions in the home, and we're
21 working with NYCHA or HPD. Sometimes there's a
22 hoarding condition, and we need to do deep cleaning.
23 We needed to have an additional resource to support
24 CPS because of what you're identifying. And so this

1
2 just came back online, this is something that we are
3 really...

4 CHAIRPERSON STEVENS: When did that come back
5 online again?

6 COMMISSIONER DANNHAUSER: It's called the Family
7 Preservation Program.

8 CHAIRPERSON STEVENS: I said, when did it come
9 back online?

10 COMMISSIONER DANNHAUSER: We staffed up, it's
11 December, some time late summer.

12 CHAIRPERSON STEVENS: Oh...

13 COMMISSIONER DANNHAUSER: Yeah...

14 CHAIRPERSON STEVENS: How many people...

15 COMMISSIONER DANNHAUSER: early fall...

16 CHAIRPERSON STEVENS: How many people?

17 COMMISSIONER DANNHAUSER: I'll get you the exact
18 numbers, but it's a dedicated unit in each office.

19 CHAIRPERSON STEVENS: Okay.

20 Families have reported that sometimes ACS resort
21 to cooperative practices to gain cooperation from
22 parents referred to CARES track, including
23 threatening the removal of children. How do you
24 ensure that the program remains voluntary or
25 optional? I don't know which one we're using.

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2 COMMISSIONER DANNHAUSER: We have, you know, I
3 think this is part of the reason it's so important
4 that we're informing families about calling an
5 attorney early on that they have that right. As you
6 know, we are now notifying families at the front door
7 that we need their permission to come into their home
8 and that they have the right to call an attorney, and
9 we're providing legal defense.

10 Our staff are not... it is not our practice to
11 threaten, uhm, to threaten families, to tell them to
12 take CARES or we remove the children. That is
13 absolutely counter to our practice. But we always
14 need reinforcements. We always need, sort of, to make
15 sure that families have access to someone who they
16 can talk to about their rights.

17 CHAIRPERSON STEVENS: I mean, the feedback from
18 specialty advocates, they are still saying that that
19 is not happening. So we definitely need to continue
20 to have that conversation of what that truly looks
21 like around letting families know their rights,
22 because I'm hearing that that is not happening on a
23 regular basis.

24 And so, you know, sometimes I think it can be a
25 disconnect, especially if we have staff who's been

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2 there for a long time and it hasn't been something
3 that has been done before, and what does the training
4 look like?

5 But, I'm gonna keep going with some of the other
6 questions. Could any of the funding received by ACS
7 for the CARES program be used for direct
8 (UNINTELLIGIBLE).

9 According to ACS, cases are deferred to cases
10 tracked if they are low risk. What criteria does ACS
11 use to determine which cases are considered low risk?
12 Are those specific safeguards to prevent cases from
13 being miscategorized?

14 COMMISSIONER DANNHAUSER: Yes. So the criteria
15 that we described earlier from the state level and
16 then the additional criteria that ACS has, including
17 our instant response team. And, again, there's a
18 retracking if there's something that's noted that's
19 unsafe for a child. And so that's... We have
20 managers, supervisors, managers, deputy directors.
21 They get involved in these conversations with teams,
22 to really do that do that assessment.

23 There are times when we wanna use CARES, and a
24 family doesn't wish to do it, uhm, we will

1 immediately retract that and go down the
2 investigative track.

3
4 CHAIRPERSON STEVENS: So, I mean, I guess that's
5 why you kinda changed it from voluntary to optional
6 because if they refuse, they are automatically going
7 to get an investigation?

8 COMMISSIONER DANNHAUSER: By state law, we, ACS is
9 mandated to respond within 24 to 48 hours to every
10 report that comes into the state central registry.

11 We can do CARES if there's not an exclusionary
12 criteria, or we can do an investigation, but we have
13 to do one or the other.

14 CHAIRPERSON STEVENS: So my question is, and just
15 thinking about this, and if we are coming in and
16 leading with, you know, coming in saying we're trying
17 to help the kids, and we're only coming in for
18 resources, then why do we have two different models?
19 Right? Because if I'm coming in to do an
20 investigation, it, you know, I believe you guys start
21 with like a safety evaluation, and that's one of the
22 first things... and so why is that not the base,
23 opposed to saying, we're gonna go through a CARES
24 track or investigate, like, I think that's a little
25 bit confusing because if we're coming in and saying

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2 like, hey, we're just coming in to do an assessment
3 to make sure the kids are okay, why is that not the
4 first step, and why are there two different tracks?

5 COMMISSIONER DANNHAUSER: The first step is always
6 a safety assessment and to make sure that the
7 children are okay.

8 The big difference, in addition to some of the
9 practices that we've been able to build into CARES,
10 is that the focus is not making a determination of
11 indication or not. And so there's a lot that we have
12 to do in investigation to determine whether we have
13 the preponderance of evidence that there's been
14 maltreatment or not.

15 So take a child who's chronically absent from
16 school. A lot of the focus in the investigation has
17 to be, did the parent meet the minimum degree of
18 care? Do we indicate or do we not?

19 And in CARES, we can get to much quicker, how do
20 we help get the child to school?

21 In investigations, we're doing that too, but
22 there is a requirement to determine whether we have
23 the provenance of evidence or not in an
24 investigation.

1
2 And for CARES, even if, you know, having an
3 indication over something that you're struggling with
4 that affects employment and other things, we think if
5 we can solve the problem, keep children safe without
6 saddling families with an indicated record, that
7 that's the right thing to do. But safety is always
8 the first, assessment. It's always what we're focused
9 on.

10 CHAIRPERSON STEVENS: Because, listen, I just
11 wanna say, I a 100% understand that, you know, we
12 wanna always focus on safety and making sure that
13 kids are safe, and... but it's a delicate balance,
14 and I understand that, you know, especially with the
15 disproportionate of Black children specifically being
16 having removals from homes. I think that, you know,
17 we also have to... it just seems strange that we
18 would be like, okay, we have these two different
19 tracks.

20 And what I'm hearing from advocates that they're
21 feeling like CARE sometimes actually is more
22 intrusive than the actual investigatory, because I
23 think if the CARES, the case is open longer when a
24 lot of times, if they go down a regular track, the
25

1 cases actually close a lot quicker and have less
2 involvement.

3
4 So that's why I'm also confused where it's, like,
5 if I'm hearing from advocates that they don't even
6 really like CARES, well, like, who is this benefiting
7 if they're saying that cases are longer, parents
8 don't really feel like it's voluntary, it kind of
9 feels like they have the feels like they have the
10 same type of scrutiny, what's really the difference?

11 And so that's why I'm, you know...

12 COMMISSIONER DANNHAUSER: Yeah. What we... what
13 some of the, uhm, we look at time to closure on both
14 CARES and investigations. They're fairly equivalent.

15 CARES, if we developed a plan with a family to
16 make sure that whatever underlying issues are
17 addressed, our team is gonna stick around to make
18 sure that we can support them in that.

19 CARES is voluntary after the seven days. And so
20 if we have made an assessment that the child is safe,
21 families do not have to continue with CARES.

22 What we're hearing is they are continuing,
23 because we're advocating for services for them or
24 there are supports that they need that we're putting
25 into place. But this is a conversation I've had

1
2 directly with advocates and will continue to have to
3 understand what they're seeing.

4 CHAIRPERSON STEVENS: Yeah, because it just seems
5 a little strange.

6 I just have a couple more questions, then I'll
7 turn it over to the Public Advocate who I know has
8 some remarks, and then we'll open it up for
9 questions.

10 Anonymous child... anonymous child protective
11 specialists have raised concerns about the expansion
12 of CARES criteria - specifically, some claim that the
13 criteria's now allow parents with criminal or drug
14 activity in the home to qualify for CARES tract.

15 Can you confirm if this is accurate? If so, did
16 ACS begin expanding the CARES criteria? And what are
17 the primary concerns or objectives behind this
18 expansion?

19 COMMISSIONER DANNHAUSER: The change that is being
20 referenced there was made in 2019, uhm, and the
21 program started back in 2013.

22 The change that, uhm, that we have made is
23 consistent with what I was describing earlier, which
24 is that, if there's been previous involvement around
25 things like educational neglect, we allow that to go

1
2 down CARES because we think it might solve the root
3 cause more likely.

4 But there has been no change around those things
5 since 2019, and we think the safeguards that I
6 described earlier around being able to retrack, uhm,
7 are the right way to go here.

8 CHAIRPERSON STEVENS: In cases involving criminal
9 activity in the home, how does ACS determine whether
10 a family qualifies for CARES track or a formal
11 investigation is required?

12 COMMISSIONER DANNHAUSER: It's an assessment. If
13 there's active criminal activity, if there's a
14 criminal court case, it does not go down the CARES
15 track. It is one of the exclusionary criteria that
16 ACS adds to the state list.

17 CHAIRPERSON STEVENS: Mm-hmm.

18 COMMISSIONER DANNHAUSER: And so, if there has
19 been previous criminal history, if there's been other
20 history that we look at, it's really an assessment
21 around what the current allegations are and how we
22 can best address the underlying issues.

23 CHAIRPERSON STEVENS: Are there... are there cases
24 where this is falling through the gaps? Because, you
25

1
2 know, we have anonymous child protective specialists
3 saying that this is actually currently happening.

4 COMMISSIONER DANNHAUSER: You know, I talk to my
5 staff all the time. Right now, if I weren't here, I
6 would be in the CARES forum.

7 There is... there is a difference in perspective,
8 that I welcome at ACS, and we are always having
9 conversations about, you know, our job is to protect
10 children, to protect children from harm in their
11 home, to protect children from being unnecessarily
12 removed. And we need to continue to evolve our system
13 to make sure that that focus is done in ways that are
14 most supportive to children and their families and
15 that we're making the right decisions when children
16 are in danger. We look very carefully whenever an
17 incident happens about what changed. We do not see
18 any evidence in the data that this is about CARES.

19 And so, every time I get feedback from my staff,
20 we take it very seriously. We look at the data. We
21 look at experience. We talk to many different
22 stakeholders to try to set a direction for this
23 agency that is both protective to children and
24 supportive of families.

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2 CHAIRPERSON STEVENS: Okay. The same anonymous
3 whistleblower raised concerns that they were trained
4 as investigators, not as social workers. What
5 specific training do CARES specialists receive, uhm,
6 to equip them with the skills necessary to provide
7 families with appropriate care and support?

8 So they're saying that they don't feel like
9 they're even equipped to be CARES specialists.

10 COMMISSIONER DANNHAUSER: So there's very
11 extensive CPS training at the beginning of every
12 CPS's, time with us. It's about a nine month ramp up
13 process. Then for folks who volunteer to be CARES
14 specialists - So I just, I also wanna be clear, no
15 one has to be a CARE specialist. And so when doing
16 that, there's an additional several weeks of
17 training. Some of the tools I was describing earlier,
18 the three houses, doing intents around motivational
19 interviewing, how to access support for families, how
20 to do a safety assessment in this model, all of that
21 is trained.

22 And I and I welcome conversation with any staff
23 member who's concerned, doesn't feel like they're
24 prepared. I want them to reach out to me directly.
25 Staff have my email, my phone number. They know how

1
2 to get me. We really need to make sure that, in each
3 instance, how ever we respond to a family, that we're
4 doing that with respect, that we're doing that with
5 integrity and excellence.

6 So, we'll continue to build on the trainings that
7 we have. We have a plethora of trainings through our
8 Workforce Institute which folks can stack on top of
9 that initial training. So I think what's available is
10 appropriate, but we're always looking to evolve.

11 CHAIRPERSON STEVENS: Another anonymous
12 whistleblower has claimed that under ACS CARES, ACS
13 must obtain parental consent before interviewing
14 children or neighbors. Is this accurate? If so, how
15 has this impacted ACS's ability to access children's
16 safety?

17 COMMISSIONER DANNHAUSER: The reality is we need
18 consent to do our assessment in all instances,
19 investigation or otherwise. And so, we first use our
20 engagement skills. We inform families of their
21 rights. We are engaging with families in almost every
22 single instance. There are instances where we've been
23 denied access to the children, and then we - it's
24 about 2% of cases - we have a process with the family
25 court where we can get an order to produce the child

1
2 for an assessment, maybe at a child advocacy center,
3 but in the great, great, great majority of instances,
4 we're able to engage with the family.

5 CHAIRPERSON STEVENS: What enforcement tools are
6 available to CARES specialists to ensure that
7 families are not only, uhm, not only receive
8 referrals to necessary resources, but utilize the
9 resources effectively?

10 COMMISSIONER DANNHAUSER: So, the CARES... after a
11 CARES case, there's a referral, often to Preventive
12 Services. That case does close. Right? So it's not,
13 you know, not continued involvement from a child
14 protective team, but very often, I think in about a
15 third of the cases, there's a preventive handoff, a
16 preventive worker who can continue that service.
17 Sometimes it's a mental health counselor. We have a
18 disabilities unit that helps families navigate with
19 OPWDD (Office for People With Developmental
20 Disabilities). Sometimes the parent has a cognitive
21 challenge that needs to get met there. So we're
22 really trying to work, to your point, right, to make
23 sure that everybody has access to the full continuum.

24 It's not always an ACS service that is
25 appropriate. It's sometimes... it's a mental health

1
2 service or something else, and so they can support
3 them to gain access there.

4 CHAIRPERSON STEVENS: What data does ACS use to
5 evaluate the success of the CARES model in
6 stabilizing families and preventing forced care
7 placements?

8 COMMISSIONER DANNHAUSER: We use the same... the
9 same data as we do for investigations. It's very key
10 that we look at repeat maltreatment. So you'll see,
11 over the last several years, we've had a steady
12 decline in repeat maltreatment, which is a child...
13 there was an indicated a maltreatment case, and then
14 it happened again within that year. We're at a pretty
15 much an all-time low, around 13%. We use the same
16 thing for CARES. There's not an indication, but is
17 there a call again to... if there is a call that
18 comes back after a CARES case that there's another
19 concern of maltreatment, is one way we look at it.

20 We also have a CARES forum that is sort of the
21 CARES equivalent of child stat, where we look at
22 everything from caseloads, we talk about engaging
23 families, we dive deep into a particular case. We
24 evaluate how CARES is distributed by race to make
25

1
2 sure that there's equity there, and in a variety of
3 other ways.

4 CHAIRPERSON STEVENS: I would like to acknowledge
5 Council Member Menin, who has joined us, and Council
6 Member Sanchez, who's online.

7 I have a lot more questions, but I'm gonna yield
8 this to my colleagues, and I guess the Public
9 Advocate will have some remarks.

10 PUBLIC ADVOCATE WILLIAMS: Thank you, Madam Chair.

11 Good morning, my name is Jumaane Williams, Public
12 Advocate for the city of New York. Thank you, Chair
13 Stevens and the members of the Committee on Children
14 and Youth, for holding this hearing today.

15 I planned to give this testimony before your
16 testimony, so apologies for being a bit late.

17 In 2023, the number of children who entered
18 foster care in New York City was just over 11,000
19 with an average daily population of almost 7,000.

20 Youth in foster care are disproportionately
21 likely to have mental health challenges. Being in
22 foster care in itself can be traumatic, and these
23 youth have been often traumatized by abuse, neglect,
24 and exposure to domestic violence or substance use in
25 their original homes.

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2 These adverse childhood experiences, defined by
3 the CDC as potentially traumatic events that occur in
4 childhood before the age of 18, can have long lasting
5 effects on health, determinants of health, can even,
6 be more likely to be involved in the legal system
7 and, hurts well-being in childhood and life
8 opportunities well into adulthood.

9 Treating youth who have experienced foster care
10 can be challenging for very many reasons, including
11 the severity and complexity of the mental health
12 needs and the transitory nature of foster care, with
13 youth frequently moving homes.

14 It is far too easy for these youth to slip
15 through the cracks and never receive the services and
16 support they need, and we must ensure our continuity
17 of care. That's why I am a cosponsor of Intro 652,
18 introduced by Council Member Sanchez, which is being
19 heard today - one of the bills. This bill will
20 require DOHMH Commissioner to create a pilot program
21 to provide free mental health services to youth who
22 are returned to their homes after ACS removal. It
23 would also require the commissioner of DOHMH and ACS
24 to work together to publicize these programs through
25 culturally appropriate outreach and city websites. I

1
2 do want to make sure, I know there's some concerns
3 about how this would operate, making sure that the
4 folks who are closest to the ground have the
5 expertise so the ones that take the lead on the
6 program, uh, with ACS hopefully in a more supportive
7 role.

8 I also just wanna say tangentially, I do know how
9 difficult it is to try to find the balance, making
10 sure you're saving lives, and also not overly
11 punishing, uh, particular communities by removing
12 their children when they do not need to be removed.

13 I did wanna point out, I was remiss, uh, I think
14 it would be helpful if, uh, some of the reports that
15 ACS refuses to put out after a, uhm, child did die
16 might be helpful in moving us in the right direction.
17 And I hope that ACS reconsiders now releasing those
18 reports for the public to take a look at. Thank you.

19 CHAIRPERSON STEVENS: (NO MIC) (INAUDIBLE)

20 PUBLIC ADVOCATE WILLIAMS: I don't, but I'll ask
21 one now. The... about the report, no, no, uhm, but
22 there's... it is frustrating to know, and this is not
23 about the bills, but since you're here, the reports
24 that ACS just doesn't... just refuses to put out. And
25 I know that privacy is one of the issues, but I feel

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2 like it can be redacted in a way that can help us all
3 try to find the balance that we're trying to find.
4 These are very heartbreaking cases. But I think it's
5 helpful, and I think experts have pointed out that
6 how helpful it is if everyone can look at these
7 reports to really figure out what happened and what
8 went wrong.

9 COMMISSIONER DANNHAUSER: Thanks, Public Advocate.
10 And I agree with you. We do put out a report annually
11 looking at trends as it relates to fatalities, and
12 we're going continue to do that.

13 The state also puts out reports around, uh, each
14 fatality as well, so they're overseeing the ACS
15 practice and, uhm, where there's been any ACS
16 involvement. We are looking, to your point, I
17 understand the need for transparency while we are
18 protecting children's rights. There's siblings in
19 some of these instances that are in our care, who we
20 need to make sure we're very careful about how we,
21 uhm, how we talk about their sibling and things that
22 went on in those instances.

23 One of the ways, and we're going to try to strike
24 that balance, is to reconvene a group of experts who
25 can come in, have deeper access to make sure, and

1 then they can sort of speak to what they're seeing.
2 Those experts can be community advocates, parents,
3 child abuse pediatricians, etcetera.
4

5 We wanna make sure we're protecting children who
6 don't need to read more in the paper about what the
7 ACS commissioner said about their particular family,
8 at the same time to make sure there's transparency
9 and that we're continuously learning.

10 Some of the things I described today around
11 arriving the FPP program and other strategies result
12 from some of that reflection. Some of the work that
13 we do around youth, the Fair Futures programming, we
14 know there's a generational impact here. That comes
15 from some of the learnings in our last fatality
16 report, uhm, at least in part. And so, we are
17 committed to that transparency, uh, while making sure
18 that we follow the law, which demands that we
19 consider the effect on the surviving siblings. And I
20 think reconvening this panel should be helpful.

21 PUBLIC ADVOCATE WILLIAMS: Thank you for that.

22 And, obviously, unfortunately, Black and brown
23 communities are usually the ones hit the hardest and
24 most traumatized, and it is helpful if
25 transparency... transparency is paramount to try to

1
2 help people who are frequently dealing with agencies
3 that they just may not trust.

4 So, hopefully, that panel will be convened sooner
5 than later.

6 COMMISSIONER DANNHAUSER: Yeah, it will...

7 PUBLIC ADVOCATE WILLIAMS: And we can find a way
8 to get these reports out with the sensitivities you
9 are speaking about, sooner than later, so there is
10 more transparency and people feel more comfortable.

11 And, just with the, as I mentioned with the bill,
12 hopefully this bill passes, but with the pilot
13 program, we can have folks that communities trust to
14 put together these programs in the lead to make sure
15 it's impactful and culturally competent.

16 COMMISSIONER DANNHAUSER: And I'll just add that
17 for all of our programs, that's the way it should be.
18 We're working on that. Thank you.

19 PUBLIC ADVOCATE WILLIAMS: Thank you.

20 COMMISSIONER DANNHAUSER: Thank you, Public
21 Advocate.

22 PUBLIC ADVOCATE WILLIAMS: Thank you, Madam Chair.

23 CHAIRPERSON STEVENS: And just even really briefly
24 around that, I just wanted to just ask the question
25 around, because isn't it up to the discretion of the

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2 commissioner to decide whether to put those reports
3 out, and are we not at a place where we can actually
4 put out pieces of the case that are not actually ,you
5 know, revealing ,you know, details, but also just
6 allowing transparency? Because, it's to my
7 understanding that pass commissioners did put out
8 those reports, and it wasn't ,you know, it wasn't in
9 the sense of ,like, they were able to protect
10 privacy.

11 So, is this, uhm, something that you are choosing
12 to do, or is this something that you are still trying
13 to figure out as a commissioner?

14 COMMISSIONER DANNHAUSER: So, you know, the law is
15 a state law, Lisa's Law, and it says that it is
16 confidential.

17 CHAIRPERSON STEVENS: Mm-hmm

18 COMMISSIONER DANNHAUSER: And that if the
19 commissioner had determined that it is not counter to
20 the interest of the surviving siblings, information
21 can be released about the case.

22 And in some instances, that have been reported
23 publicly, we haven't been involved in years.

24 CHAIRPERSON STEVENS: Yes.

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COMMISSIONER DANNHAUSER: And so I think, I don't want the benefit to, you know, whether we're sort of clearing our name or some of it to be the nexus of the decision. It has to be around the surviving siblings.

The other thing that we are making sure we're doing is that we're learning in a way that is really thoughtful. If you look at, uh, industries that have created more safety, take the airline industry, the NTSB takes 18 months to review everything.

We do - we interview staff who were involved. What was what was your caseload? What was your experience? what did your supervisor say?

We look at all of the elements that were going on in that instance, and then we bring that together to make sure we're not learning a reaction from one instance, but we're really learning deep.

CHAIRPERSON STEVENS: Yeah.

COMMISSIONER DANNHAUSER: And so I think the process is a strong process. I do think I hear the call for that process to be, uh, more fully transparent and understood, and so that's why I think bringing in this group of experts is necessary. ACS

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2 used to do that. I'm bringing that back, so we can
3 look at trends.

4 Most of the instances of child fatalities that
5 where ACS has been involved in the last 10 years,
6 that's the number, that that gets publicly reported,
7 are accidental. And so a lot of the work that Liz and
8 her team lead around safe sleep, around lock boxes
9 for medication, uhm, those are the kinds of things
10 that we've also learned from the these fatality
11 reports.

12 I'd love to go through the most recent one with
13 you and sort of see where you think there are ways in
14 which we can learn better, get stronger.

15 But I do want to make sure that we maintain a
16 culture at ACS about learning rather than blame.
17 Because blame has led us down a path in the past
18 where we make decisions based on fear - that is not
19 good for children, that is not good for families.
20 It's gotta be based on the best assessment of that
21 individual family.

22 CHAIRPERSON STEVENS: And, I mean, I just wanna go
23 on record with saying I am a person who truly
24 believes that we have to protect children and some of
25 that is keeping certain things confidential and also

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2 not having all of their grueling details being
3 exposed for everyone to read.

4 But we do have to have a balance of what does
5 transparency look like? And how do we make sure that
6 we're able to hold, not only ACS accountable, all
7 parties accountable for the things that are taking
8 place?

9 So, you know, I do appreciate the approach around
10 saying, like, we do want to find a balance between
11 the two, but I do think, especially with, you know,
12 some of the recent deaths that have been going on,
13 with the children, for me, it's a nonnegotiable.
14 Right?

15 Like, so it's like, how do we make it better and
16 how do we do it quickly? But I don't like to be
17 reactive either. So there is a fine balance.

18 I do have some more questions, but I'm gonna pass
19 it over to Council Member Joseph who has some
20 questions.

21 COUNCIL MEMBER JOSEPH: Thank you, Chair.

22 Good afternoon, I just have a couple of questions
23 around, so what mechanisms do you have in place,
24 right, to review, oversee decisions when you close a
25 case involving families with prior ACS involvement?

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2 What's the time line look like, and what does
3 that involve when you decide that?

4 COMMISSIONER DANNHAUSER: So, we use prior
5 involvement to understand, there's a practice at ACS
6 that we review prior involvement, uh, to help us in
7 the assessment.

8 As you know, Council Member, we have consultants
9 around substance abuse, domestic violence, intimate
10 partner violence, mental health, and we have
11 investigative consultants that are most often
12 (UNINTELLIGIBLE) and NYPD.

13 We have to get the assessment right in that
14 period. Right? The ACS involvement, unless court
15 mandated, ends, and typically it ends within that 60
16 day period. And so that is our opportunity to make
17 sure we're getting it right. We have a lot of
18 mechanisms in place to make sure that we're getting
19 it right. We have, expert, experienced CPS who are
20 coaches. They take cases that have been flagged as
21 high risk. They reach out to the child protective
22 teams, and they coach them through the investigation
23 while it's active.

24 We just also expanded that approach by having our
25 highest level - we've redeployed all of our child

1 protective team leadership out into the boroughs.
2 They don't need to be, uhm, in Central, and they are
3 doing additional reviews of those highest risk cases
4 across boroughs to make sure that there's some level
5 of reliability and some cross... cross (INAUDIBLE)...
6 (CROSS-TALK)
7

8 COUNCIL MEMBER JOSEPH: And those communicate with
9 each other if...

10 COMMISSIONER DANNHAUSER: Yeah...

11 COUNCIL MEMBER JOSEPH: if there's a red flag?

12 COMMISSIONER DANNHAUSER: They do. They do. And
13 so, especially, you know, having that... those
14 consultants, having the investigative consultant, and
15 having, uhm, our CPS come back for supervision. So we
16 are making serious investments in leadership.

17 Decision making is difficult. Right? There's,
18 uhm, it's something that we have to make sure we're
19 getting it right, each and every time, and finding
20 ways... our job is to mitigate the risks to children
21 to, as best we can, eliminate those risks. Most
22 often, that's by supporting the family.

23 So coming up with creative ideas with the family,
24 coming up with good decisions to say, is this
25 something we do need to bring to court, because the

1 behavior or circumstances is creating serious risks
2 to children?

3 So, it's really not about after the case. It's
4 about getting it right during that that moment.

5 COUNCIL MEMBER JOSEPH: I mean, if you get it
6 wrong, do you go back and fix it?

7 COMMISSIONER DANNHAUSER: Well, if we get it
8 wrong, we are constantly learning from that. Right?
9 We've got lots of... We have another quality
10 assurance unit that is dedicated to reviewing cases
11 that have closed over the past six months. If they
12 say, hey ,you know, we can do something differently,
13 they convene with the borough leadership team, they
14 come up with quality action plans. So we are
15 constantly building on that learning.

16 Every week, we are in child stat (phonetic), I'm
17 missing it today. And in that, we are looking at
18 data, we are hearing the trends that the staff are
19 seeing. And I have created something called... the
20 team is called Reverse Child's (UNINTELLIGIBLE) but
21 it's systemic child (UNINTELLIGIBLE). But, basically,
22 it's the opportunity for the borough offices to tell
23 us what they need - transportation's not coming quick
24 enough, we need more support for this kind of
25

1 instance - so, we are trying to be very responsive to
2 the needs of our staff, who, I just have to say,
3 thank you to. We have amazing - 1,100 CPS today who
4 are active, who are always trying to learn and
5 improve their skills.
6

7 COUNCIL MEMBER JOSEPH: One of your staffers, what
8 does the caseload look like for them? Because that's
9 one of the things we heard a lot. It is...

10 COMMISSIONER DANNHAUSER: It's... (CROSS-TALK)

11 COUNCIL MEMBER JOSEPH: staff has huge caseloads,
12 and sometimes kids get... fall through the cracks
13 because of the caseloads.

14 COMMISSIONER DANNHAUSER: It's so important.

15 You know, in my career at ACS and other places,
16 workload is an essential factor to get right if we
17 get it wrong, and, we really get ourselves off track.
18 There's 7 and a half today. We have 98% of our staff
19 have caseloads under 12, because an average can skew
20 it.

21 So, 12 is the national standard, and so we're
22 always making sure we're not only looking at the
23 average, but looking at how many staff are below that
24 national standard. We have the lowest caseloads in
25

1
2 the state, and I'd probably argue, in most places in
3 the country.

4 This is an investment, and I'm grateful to OMB
5 and others that we have not stepped off the gas.
6 There was there... was during the previous
7 administration, there was a pause in hiring during
8 the pandemic. We got right to work and have been
9 hiring ever since, and we now have the highest number
10 of active CPS that we've had in years.

11 COUNCIL MEMBER JOSEPH: What does aftercare look
12 like when a case is closed? Can you walk us through
13 that?

14 COMMISSIONER DANNHAUSER: Aftercare would look
15 like prevention. So this is... we have a full
16 continuum of services. We have services (TIMER
17 CHIMES) that are geared towards, uhm...

18 COUNCIL MEMBER JOSEPH: Chair?

19 COMMISSIONER DANNHAUSER: family, uhm, services
20 that are geared towards family treatment, services
21 that are geared to navigating families to supports
22 and services, meeting concrete needs.

23 We serve about 32,000 children and their families
24 in preventive services every year. This is the
25 nation's biggest continuum of preventive services.

1
2 We are adding to that, as you know, Family
3 Enrichment Centers - a ton of the work that we've
4 been doing around childcare and low income vouchers,
5 I think is very important to the well-being of
6 children and their families. And so each piece that
7 we are adding to school based early support is adding
8 to that continuum.

9 COUNCIL MEMBER JOSEPH: Okay, thank you. Chair, I
10 can... oh, thank you.

11 I know that in November of 2024, you added about
12 \$150,000 for City funding, for the fiscal 2025 to
13 support a new pilot program called Future Force
14 Career for Young Women of Color in Foster Care.

15 Can you tell us a bit more about this program?
16 When is it going to start, and who will be the target
17 of this project?

18 COMMISSIONER DANNHAUSER: This is going to combine
19 with all of our Fair Futures work, and we're going to
20 be really focused on career and vocational with this
21 program.

22 Our Division of Family Permanency Services has a
23 dedicated vocational leader, Ray Singleton, who
24 connects into... Chair Stevens will be happy about
25 this - we're not recreating - we are connecting into

1
2 all of the things that the City has, so we can make
3 sure that the workforce opportunities are there.

4 COUNCIL MEMBER JOSEPH: What services will you be
5 providing?

6 COMMISSIONER DANNHAUSER: This will include all of
7 the coaching work. It's a small grant, right, so
8 we're, uh, it really helps us to integrate the
9 vocational work into things like Fair Futures and
10 other coaching support throughout the city... (CROSS-
11 TALK)

12 COUNCIL MEMBER JOSEPH: And how many... How many
13 young women are you serving? What's the cohort?
14 What's the number?

15 COMMISSIONER DANNHAUSER: I have to get the number
16 for you.

17 COUNCIL MEMBER JOSEPH: Thank you.

18 How do you plan on promoting this program and
19 implementing it to youth throughout the foster care
20 network? How do... you how are you gonna do the
21 outreach for our foster youth?

22 COMMISSIONER DANNHAUSER: I mean, one of the
23 things that, uh, we've reached 4,000 youth in foster
24 care through Fair Futures in the past year.

1
2 The Center for Fair Futures, which is a, uhm,
3 sort of independent group that you know well. It has
4 very regular forums with every single coach,
5 regardless of what agency they're assigned at,
6 whatever foster care agency they're assigned at.
7 Ray's team is also involved there on the juvenile
8 justice side for Fair Futures.

9 They're constantly doing additional trainings and
10 support and getting information out. They also have a
11 convening monthly with all of their providers and
12 stakeholders. There's about a 100 organizations that
13 have signed on. They come together to share
14 resources. So we're gonna infuse it into that and
15 make sure folks know what's available.

16 COUNCIL MEMBER JOSEPH: That will make Chair
17 Stevens very happy.

18 Are you planning to distribute this across the
19 five boroughs?

20 COMMISSIONER DANNHAUSER: I don't know the answer
21 to that. I think it depends on sort of where the, uh,
22 where the interest is from young people. So we'll let
23 you know how it goes in the rollout.

24 COUNCIL MEMBER JOSEPH: Alright, I'll come around.
25 Thank you, Chair.

1 CHAIRPERSON STEVENS: Council Member Williams?

2 COUNCIL MEMBER WILLIAMS: Hi.

3 COMMISSIONER DANNHAUSER: Hi, Council Member.

4 CHAIRPERSON WILLIAMS: Hello. My question is about
5 prevention services. And this is just a problem I
6 have, like, across the board with ACS. Different
7 providers provide different things, and sometimes
8 there isn't a continuity of services across the
9 agency.
10

11 So families have reported inconsistencies in the
12 support they receive from preventative services,
13 which appear to vary based on the assigned agency,
14 the time of year services began, and the specific
15 needs of the family. While some families may receive
16 material assistance, such as beds for their home,
17 others only receive bimonthly visits.

18 How are the decisions made regarding what
19 services and or material resources a family receives?

20 Are there efforts towards making sure that all
21 families have the same access to support no matter
22 which preventative agency they are working with?

23 And how does ACS choose what preventative
24 services to offer? Is this based on the needs
25 expressed by the families?

1
2 And I remember the first time that I learned
3 about this was, uhm, talking to some young folks who
4 were aging out of foster care, and they were talking
5 about how, you know, talking to their friends who are
6 in different programs. Like, one program offered,
7 like, the sky, the moon, and the stars, and the other
8 program was, like, "Here's your bag and a metro card,
9 have fun." And I was like, that's so crazy that
10 different agencies offer different things.

11 So, when I saw this question, I'm like, oh, so
12 now in a different kinda, like, program, it's a
13 similar sort of, uhm, accusation that ACS isn't, I
14 guess, providing the robust oversight to these
15 various agencies to make sure that they're providing
16 the same level of care and support.

17 COMMISSIONER DANNHAUSER: Thank you, Council
18 Member. I'm gonna let Deputy Commissioner Linares,
19 speak to that.

20 I would just say one thing. You know, there's
21 it... we have to have a full continuum of services.
22 There should be consistency in what's available.

23 In the instance that you described, right, there
24 were providers, we were proud to be one who were
25 saying we need to go above and beyond what is

1
2 expected. That led to Fair Futures, where everyone's
3 getting that now. We wanna build on provider
4 innovation and success, and so... but then we gotta
5 put the resources to it. I wanna let Louisa talk a
6 little bit about that.

7 DEPUTY COMMISSIONER LINARES: Thank you,
8 Commissioner, and thank you, Council Member
9 Williams.

10 So as our commissioner mentioned, ACS has a
11 continuum of services, and that is purposeful. We
12 have different program types that really address the
13 different circumstances that the family may come in
14 with.

15 So for instance, if we have a family that is
16 presenting with drug misuse or mental health
17 concerns, we have our family treatment rehabilitation
18 programs. Those programs are... the staffing
19 structure are specific to address those specific
20 issues.

21 Equally, if we have a family, for instance, with
22 a baby and there's attachment issues and trauma, we
23 will do our best to match that family to our CPP
24 Program or Child and Parent Psychotherapy.

1
2 So we... you should expect a difference in terms
3 of the different program types. Part of the reason
4 why we have each model available at each borough, so
5 that regardless of where you live, your family
6 circumstances should be matched to your need.

7 I think that, when it comes to concrete
8 resources, I agree that we have some differences in
9 how providers are addressing some of those issues.

10 We do have, within the Division of Prevention
11 Services, a team that's dedicated to providing beds
12 and cribs, as the commissioner said earlier, for the
13 child protection staff. That is also true when a
14 family is actively receiving prevention services. We
15 can have, uhm, if the providers can do beds, cribs,
16 and extermination services - in fact, in the last
17 three months, we had about 600 requests for beds and
18 cribs.

19 So, perhaps we need to do a better job of getting
20 the provider... this information out to all of the
21 providers across the board.

22 We also need to think about our funding structure
23 to figure out where there's room for innovation.

24 I can tell you that we have providers, for
25 instance, that have since my appointment in this

1
2 role, they have requested things like, *we want to do*
3 *tutoring*, and we were able to approve a request for a
4 tutoring program for one specific agency.

5 So while that's not a.... that's not a service
6 that a youth, a student, can use across the system,
7 we do have one provider that, using their thinking,
8 their innovation, and the internal resources, was
9 able to say, *we can provide this to our prevention*
10 *program*.

11 Ideally, we would like to be able to do that
12 across the board, and I think we are in constant
13 conversations (TIMER CHIMES) thinking about how we
14 can do that best.

15 COUNCIL MEMBER WILLIAMS: I just want to say that
16 I really appreciate that transparency. And I don't
17 know why I'm just having a moment, because I feel
18 like a lot of times in these hearings, like, we are
19 just trying to get the information, and what gets
20 presented isn't always, like, what we're trying to
21 get.

22 So I appreciate that, and I thank you for the
23 transparency. And, like, please let us know how we
24 could maybe, like, advocate for, you know, specific
25 resources to be allocated to these programs so that

1
2 you could have a continuum of services. So I just
3 want to thank you.

4 DEPUTY COMMISSIONER LINARES: Thank you.

5 CHAIRPERSON STEVENS: Council Member Menin?

6 COUNCIL MEMBER MENIN: Thank you so much. I first
7 really want to thank the chair for holding this very
8 important hearing on this topic.

9 So, I have a couple of questions.

10 For ACS, in your testimony, you say that your
11 support line is available to help connect families to
12 free services in their community regardless of
13 immigration status.

14 My question there is, with the incoming Trump
15 Administration and the potential of mass
16 deportations, what is the Agency doing to assure
17 families that their information will be kept
18 confidential?

19 And moreover, we know that there is a great
20 distrust of government right now, even at the
21 municipal level. So what specifically, proactively,
22 is the Agency doing to address this issue?

23 COMMISSIONER DANNHAUSER: Thank you, Council
24 Member. It's so important.

1
2 We are currently working with MOIA (Mayor's
3 Office of Immigrant Affairs) to develop a full scale
4 action plan that lets families know about their
5 rights, that their information will be protected.

6 We're also looking at our technology around that
7 to make certain that it's that it's protected. We
8 have programs that you've supported, like PromiseNYC,
9 that we wanna make sure - so we're going through
10 every single layer to make sure that we are as
11 protective as possible.

12 We also are gonna be working on some information
13 to families about what to do if they're concerned, to
14 make sure that they have appropriate plans in place
15 for children who, depending on the decision that the
16 family is forced to make -- uh, we've been really
17 lucky to have the support of MOIA. I met with
18 Commissioner Castro a couple weeks ago. We're gonna
19 be doing some press around this, and we will, you
20 know, one thing I can, uhm, I think we can add is to
21 add to our hotline a very clear, uhm, right away at
22 the outset that immigration status is not something
23 that we consider.

24 COUNCIL MEMBER MENIN: Okay, I mean, I would just
25 recommend, again, the families that need the support

1
2 the most are going to feel a real deterrent to be
3 calling a support line. So I just...

4 COMMISSIONER DANNHAUSER: Absolutely.

5 COUNCIL MEMBER MENIN: we've got to be proactive
6 about that.

7 COMMISSIONER DANNHAUSER: And we are going to get
8 trainings out for both our staff and for provider
9 staff. There are many providers, many of the ones we
10 work with in PromiseNYC, who have the trust of
11 families. So, it's really key that we get them
12 trained to make sure that they understand all of the
13 sanctuary polices.

14 COUNCIL MEMBER MENIN: Okay.

15 The other question I have on the testimony is for
16 DOHMH. You testified that regarding Intro 652, you
17 wrote, "This legislation is redundant of existing
18 services provided and facilitated by ACS."

19 That's surprising to me. Why do you feel that
20 it's redundant, and can you be very specific about
21 why?

22 COMMISSIONER DANNHAUSER: I don't know if
23 redundant is the right word. That wasn't... we
24 this... is essential. The providers, the foster care
25 providers outside of ACS, receive Medicaid dollars

1 from the state to provide services to children while
2 they're in care. So the established Article 29-I
3 Clinics, young people are receiving therapy through
4 that while in care. That can continue for a year
5 after. They also can... some of the providers have
6 Article 28 Clinics, and they can continue to provide
7 therapy beyond that... beyond that year. During that
8 year, they're also responsible for navigating
9 families to the appropriate services that are
10 necessary.
11

12 So it's essential that it happen. There are flaws
13 in the Medicaid funding for that. What we'd like to
14 see is just to have a conversation about the best way
15 we can strengthen that system rather than creating a
16 new system.

17 There needs to be additional supports here. We're
18 working with Northwell, as an example, to get young
19 people who are leaving foster care access to their
20 full suite of services. And a lot of the work that
21 the Fair Futures coaches also do is connecting young
22 people. In this instance of reunification, there is a
23 service. We just wanna strengthen it.

24 COUNCIL MEMBER MENIN: So how specifically do you
25 propose to strengthen the system?

1
2 COMMISSIONER DANNHAUSER: By adding resources to
3 the providers, advocating with the state to
4 strengthen the rates there, it's been difficult for
5 them to build out some of their CFTSS (Children and
6 Family Treatment and Support Services). These are,
7 the kinds of services that are very accessible to
8 young people, but the rate structure has been
9 difficult for providers to get it up.

10 So whether the investment is into building on the
11 therapists that they have there already and to
12 strengthen that infrastructure, or if it's around
13 advocacy, I think there's a few ways we can get
14 there.

15 COUNCIL MEMBER MENIN: Okay, the last thing I will
16 say, again, sort of where I started, with the
17 incoming Trump Administration, they're all... signs
18 are pointing to cuts in funding. So the idea that
19 we're going to be strengthening resources, and
20 there's real doubts that that's going to happen, and
21 actually the opposite is going to happen. So we want
22 to make sure that agencies are prepared for that.

23 COMMISSIONER DANNHAUSER: Absolutely. And I (TIMER
24 CHIMES) if I didn't communicate it well, I think

1
2 that's even more the reason to try to build on the
3 existing infrastructure and put more resources there.

4 The only perspective difference that we have is
5 sort of where we should sort of start that
6 conversation.

7 CHAIRPERSON STEVENS: Council Member Lee?

8 COUNCIL MEMBER LEE: So I'll actually start with
9 where she ended.

10 So any advocacy that we could help each other on
11 with increasing the Medicaid rates, would love that,
12 because I've been trying to do that for a while. And
13 I've actually, uhm, thankfully, Ann Sullivan, at
14 least on the OMH side, has been very open to that.
15 She totally gets it and recognizes that on the state
16 level not only do we need to increase the rates, but
17 also expand the types of services that get reimbursed
18 that are not in the codes right now - which
19 desperately we need to do the work.

20 So just wanted to...

21 COMMISSIONER DANNHAUSER: Thank you, Council
22 Member, would love that...

23 COUNCIL MEMBER LEE: Yeah, so I just wanted to
24 start with that.

1
2 And, forgive me, because I'm not as familiar with
3 the ACS programming and all that you offer, which is
4 a lot, it seems like. Right? So it's good. But if you
5 could help me walk through, because it seems like
6 with the continuum - and these are just more
7 clarifying questions.

8 COMMISSIONER DANNHAUSER: Sure.

9 COUNCIL MEMBER LEE: So is it safe that... to
10 assume that all these programs sort of fall within
11 the continuum? So is it... is the continuum sort of
12 inclusive of the programs that you're outlining here?

13 And then also, if you could just, uh, let us know
14 the 11 community partners you have through The
15 Supporting Community and Family Well-Being Programs,
16 do some of those overlap also with the 43 providers,
17 that you have for the continuum prevention services?

18 And how much of that overlaps, if you could
19 just... in terms of the provider side?

20 COMMISSIONER DANNHAUSER: So the answer is yes.
21 What we're describing, it fits within the continuum.

22 There is significant overlap with the community
23 partnership programs, uhm, intentionally. And so this
24 is providers - we were with the East Harlem Community
25 Partnership a couple weeks ago, they have a group of

1 providers that have come together around the issues
2 that they're seeing in their neighborhood, and
3 they're making sure they're sharing information.

4 So sometimes it's about a service that ACS
5 provides or a service that DYCD provides, and they
6 can share information.

7 They're also flagging to us trends that they're
8 seeing. We've had a lot of conversations about
9 migrant youth, as an example, with the East Harlem
10 Community Partnership. And the other piece was the...
11 those... that's the 11 and the 43.

12 And the Family Enrichment Center, there's overlap
13 there too, but we're really excited that we've got a
14 number of new providers who have entered into this
15 work - settlement houses that are not traditionally
16 ACS contractors, some faith based organizations,
17 some, community development organizations. Anyone I'm
18 leaving out? So we are seeing a broader array of
19 organizational types.

20 COUNCIL MEMBER LEE: And does that include, like
21 you mentioned, the Article 28s, 31s, 29-I(s) as well?

22 COMMISSIONER DANNHAUSER: That is a little
23 different. So those are... typically every single
24 agency that provides foster care has the 29-I.
25

1 COUNCIL MEMBER LEE: Okay.

2 COMMISSIONER DANNHAUSER: Some of them also have
3 other mental health and therapeutic services that
4 they provide.
5

6 COUNCIL MEMBER LEE: Okay.

7 And do you, just out of curiosity, because I'm
8 just thinking as a layperson, and a lot of our case
9 workers that, you know, because we obviously get
10 incoming calls all the time about cases in our
11 districts that are happening. So do you have, like, a
12 cheat sheet or some... because you know why? I'm just
13 trying to picture (INAUDIBLE)... (CROSS-TALK)

14 CHAIRPERSON STEVENS: (INAUDIBLE) I asked them for
15 that?

16 COUNCIL MEMBER LEE: Huh?

17 CHAIRPERSON STEVENS: I asked them for that
18 already.

19 COUNCIL MEMBER LEE: Oh, okay. No, you know why?
20 Because I'm thinking of it almost like those
21 storybooks as your kid is, like, choose your own
22 adventure where it's like, okay, if you have this
23 issue, go down this path, and this one is this.

24 And I almost feel like we need some sort of
25 flowchart or diagram to show...

1 COMMISSIONER DANNHAUSER: Yeah.

2 COUNCIL MEMBER LEE: to our staff even how to
3 train ourselves about what different types of
4 services are available.

5 COMMISSIONER DANNHAUSER: Yeah, we have a... we
6 have a training. Sometimes it's done by our borough
7 offices. Sometimes it's done by our community
8 partnerships around demystifying ACS and sort of
9 understanding the process and how it all works.

10 I think often when we get calls from council
11 offices, uhm, also explaining somehow how the court
12 system works, right, because the judge is a major
13 decision maker in many of these instances.

14 And so I think if we can sort of infuse some of
15 that in addition, we'll work on that.

16 COUNCIL MEMBER LEE: Okay.

17 And then also a two-part question, which is, I
18 know, you know, you work with a bunch of different
19 other city agencies, so what system, database do you
20 use? How are you tracking the communications between
21 different agencies about specific families? Is there
22 a centralized database?

23 And the reason why I'm asking this question,
24 yeah, I know... I... the reason why I'm asking this
25

1 question is because I always, uhm, when I think of
2 you know - because my portfolio is more on the mental
3 health disabilities addiction side - so when I think
4 of all the programs that DOHMH has, and the different
5 agencies they work with, including the whole spectrum
6 of mental health issues, it boggles my mind, because
7 I'm like, I don't think we have a great way of
8 tracking who's receiving what services, benefits,
9 what other agencies they've gone to, what other
10 services they've already used, and what other... so
11 I'm just curious to know for you all in your
12 programming that you're doing here, how you keep
13 track of that. (TIMER CHIMES)

15 COMMISSIONER DANNHAUSER: Yeah, uh, a variety of
16 ways, and there are some limitations. Right? Because
17 the family's information, to the earlier point, is
18 often protected, and so we have to be careful.

19 You know, I think a family encountering ACS for
20 the first time might not want us to...

21 COUNCIL MEMBER LEE: Mm-hmm

22 COMMISSIONER DANNHAUSER: know right away about
23 their mental health.

24 So I think, uhm, what's really key there is some
25 work we do with public schools. We get data matches

1
2 constantly to look around attendance and making sure
3 that... that we can support young people who are in
4 foster care. We do a lot of work with DYCD, had over
5 a 1,000 young people in SYEP (Summer Youth Employment
6 Program) and a lot of long young people across their
7 programming.

8 We also make sure that we're in communication in
9 each individual instance. So we'll work with the
10 school, with the family. We'll work with the mental
11 health provider. So we have ways of gathering that
12 information while making sure we're protecting
13 information that should be protected.

14 COUNCIL MEMBER LEE: Okay, and I think that's a
15 challenge we all face with the HIPAA and all that
16 stuff.

17 And just one question?

18 COMMISSIONER DANNHAUSER: Yeah.

19 COUNCIL MEMBER LEE: One more?

20 Okay, uh, and this is sort of, if you can't
21 answer this now, but I would love to hear your
22 thoughts from your perspective. Because if you had
23 sort of a magic wand, and you could sort of... sort
24 of deconstruct what's there now at ACS and
25 reconstruct, right? And I know that's a big question.

2 Right? But I guess what I'm trying to get... (CROSS-
3 TALK)

4 CHAIRPERSON STEVENS: (INAUDIBLE) have all day to
5 answer that... (LAUGHS)

6 COUNCIL MEMBER LEE: Yeah, yeah, (LAUGHS) Because
7 I'm just curious to know, what are the biggest, I
8 guess, I know it's a big question (LAUGHS) But if you
9 had... if you could reconstruct everything, because I
10 know, as you mentioned, there are some redundancies.
11 Right?

12 So if you could reconstruct things, uhm, and sort
13 of look... compare it to what's available now, like,
14 what would you say are the biggest barriers to you
15 doing your job and streamlining things so that you
16 could be more efficient and help people more?

17 COMMISSIONER DANNHAUSER: Thank you for that
18 question, Council Member. I could talk to you about
19 it all day.

20 (LAUGHTER)

21 We did just release our Fall Strategic Priorities
22 update, which is, uhm... but let me just say, our
23 vision at ACS is around, uhm, starting from the very
24 beginning - this is particularly as it relates to
25 child protection and to family services. We've got

1
2 other parts of it like DYFJ - But we get 50,000
3 reports that the state accepts every year and sends
4 to us. We find maltreatment in about 25% of those
5 instances. And so the first goal is, how do we get
6 families help without having to go through all of
7 that?

8 And so retraining schools, retraining shelters,
9 retraining hospitals, because over the years, we've
10 said, when in doubt, call us. When in doubt, call the
11 state central registry, I should say... register.

12 So now that's why we have the preventive hotline
13 in place. That's why we're pushing out so much more
14 around child care and family enrichment centers.

15 The other piece of that is to continue to invest
16 in excellent assessment, uhm, for a much narrower
17 group of children who may be in danger. And so, uhm,
18 we don't reflexively just bring families to court
19 anymore to say you have to do this service. We really
20 have to use our engagement skills and get families to
21 work on... and have them feel helped. But in those
22 instances where a child's in danger, to bring, uh,
23 the best assessment through our Child Advocacy
24 Centers, through our training of our staff and the
25 consultancies that they get, uhm, and bringing that

1
2 expertise. And so to make sure that we, uhm, in a
3 very targeted way, do not repeat the mistakes of the
4 past while making sure children are safe in our city.

5 I could go on and on and on, but that's the core
6 of our vision.

7 COUNCIL MEMBER LEE: Thank you.

8 CHAIRPERSON STEVENS: Thank you.

9 I just have a, well, I have a number of
10 questions, but I have a few follow-up questions from
11 before.

12 And just asking, I know when we're talking about
13 the reports being put out, and the commissioner
14 having discretion, but I know we said that some of it
15 is around surviving siblings. What happen if there's
16 no surviving siblings, or is there a reason why we're
17 not reporting our reports then? Because I know that
18 that's the discretion sometimes with the commissioner
19 to use. Do you have a reasoning for that?

20 COMMISSIONER DANNHAUSER: First, unfortunately, in
21 the great, uhm, majority of cases, there
22 (UNINTELLIGIBLE) surviving siblings. It does change
23 the calculation.

24 Again, I think what's key here is that we make
25 sure we're learning the right lesson. And so we go

1 through that human factors debriefing. We do
2 interviews of staff. We look at all of the ways in
3 which we could have either made a different decision
4 or put a different intervention in place, uh, where
5 we were involved.
6

7 We look at the how... recently we were involved
8 with the family, whether that was a month or eight
9 years. And some of these cases that have been
10 publicly reported, it is across that. And we do that
11 in that way where we, uhm, provide that fatality
12 report. After that, all of that sort of trend
13 analysis and case analysis - Again, we are gonna
14 bring experts back into that conversation. That was
15 something that ACS used to do. I'm not quite clear
16 when it or why it was taken away, but we're gonna
17 bring that back.

18 CHAIRPERSON STEVENS: Yeah, uhm, and when... and
19 when you're thinking about it, please see me as a
20 thought partner. I think that this is one of the
21 things that has been stressing me out, even as
22 coming... becoming the chair, uhm, and thinking about
23 how we prevent it - and also not just always be
24 reactive, because I think that sometimes we'll be
25 reactive, and then we'll put things in place that

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hurt us down the line because it creates more
bureaucracy. So definitely see me as a thought
partner in partnership...

COMMISSIONER DANNHAUSER: And we... thank you, and
we are urgent about it, Chair, we appreciate that.

CHAIRPERSON STEVENS: So families and their
advocates have reported that being informed that ACS
requires a court order to provide substantial
material support, can prevention services be offered
without a court order, and what are those
circumstances?

Because I know we have all these gateways where
we're trying with the FECs and the school and all
this, but I'm still hearing from advocates that it is
sometimes they are still needing to get court ordered
to get some of the services, the families, that they
need.

COMMISSIONER DANNHAUSER: They absolutely do not
need to get a court order for services. They're free
and voluntary unless there is a court order...

CHAIRPERSON STEVENS: Because I am hearing that
with the court... (CROSS-TALK)

COMMISSIONER DANNHAUSER: that 25%... (CROSS-TALK)

1
2 CHAIRPERSON STEVENS: I'm hearing that sometimes
3 with the court order, they are getting more services.
4 So ,you know...

5 COMMISSIONER DANNHAUSER: There are times... I'd
6 have to sort of look into the specific circumstances,
7 that's not the case in our system. There's no wait
8 list. So if the, uhm, there's availability of
9 services today, and we've got a lot that we can
10 offer, before we get anywhere near a wait list.

11 The only thing I can think of is perhaps there's
12 a judge's order helps, uhm, trump a mental health
13 service or something like that that would be more
14 available to a family. But I would love to look into
15 the instances so we can understand it.

16 CHAIRPERSON STEVENS: I know we have some
17 providers who will testify, so maybe they'll clarify
18 in their testimony later on.

19 COMMISSIONER DANNHAUSER: Great.

20 CHAIRPERSON STEVENS: Some families that are
21 receiving preventative services can access housing
22 stipends. What are the criteria for receiving the
23 housing, uhm, in a housing crisis? A housing...

24

25

2 COMMISSIONER DANNHAUSER: Yes, uh, so the state
3 just increased it from \$300 to \$725, which is
4 helpful. It's obviously only... (CROSS-TALK)

5 CHAIRPERSON STEVENS: \$300, oh...

6 COMMISSIONER DANNHAUSER: Yeah. Well, I was gonna
7 get to that part.

8 CHAIRPERSON STEVENS: (LAUGHS) (UNINTELLIGIBLE)

9 COMMISSIONER DANNHAUSER: The \$725 is still only
10 supplemental. Right? So there are... this can be
11 combined with a with a voucher, it can support an
12 arrears payment some of the times...

13 CHAIRPERSON STEVENS: \$700 for a rent (INAUDIBLE)

14 COMMISSIONER DANNHAUSER: No, it can combined
15 over... it's up to two years, and they...

16 CHAIRPERSON STEVENS: Okay...

17 COMMISSIONER DANNHAUSER: You can have lump sum
18 payments as a part of it. I'm with you, I would love
19 it to be a lot more than \$725 that the state...that
20 the state... (CROSS-TALK)

21 CHAIRPERSON STEVENS: Do they not know that
22 average for what rent is in New York City? I mean,
23 maybe that might work in another part of New York
24 State, but this is not working in city.

1
2 COMMISSIONER DANNHAUSER: I won't dare to answer
3 for them.

4 CHAIRPERSON STEVENS: Well, I'll answer it for
5 them...

6 COMMISSIONER DANNHAUSER: (LAUGHS) We also are
7 working, uh, around, uh, where there's housing
8 insecurity or families we're working with in
9 preventive, to get them CityFHEPS vouchers and to
10 help them navigate towards lease signing, and, then
11 support during that first year.

12 CHAIRPERSON STEVENS: One of the things that, I'm
13 hearing too is just, like well, not hearing, but I
14 know that family often have issues with overnight,
15 childcare and things like that. Does Preventive
16 Services provide overnight or in house childcare
17 for...

18 COMMISSIONER DANNHAUSER: (INAUDIBLE)

19 CHAIRPERSON STEVENS: families?

20 COMMISSIONER DANNHAUSER: Yeah, there's two ways
21 we can support this. It is somewhat limited. One is
22 Homemaking - I'm also gonna ask Liz to speak a little
23 bit about how childcare can be used in this instance.

24 DEPUTY COMMISSIONER WOLKOMIR: So when a family is
25 in Prevention Services and receives childcare

1 assistance through a voucher, they can use that
2 voucher at any registered or licensed childcare
3 provider in the city, and that can include providers
4 that have nontraditional hours, which might be
5 overnight. But I'll...

6
7 CHAIRPERSON STEVENS: There's not a lot of
8 providers that provide that.

9 DEPUTY COMMISSIONER WOLKOMIR: There are not a
10 lot. The other option...

11 CHAIRPERSON STEVENS: Nonexistent...

12 DEPUTY COMMISSIONER WOLKOMIR: Yep. So, a lot of
13 sort of the bounds around how child care assistance
14 vouchers can be used is dictated by state and federal
15 rules related to how they're funded.

16 So families and prevention services are receiving
17 a voucher that is funded with state prevention
18 stream, and that requires that the child care voucher
19 be used at a licensed center or a registered home
20 based provider.

21 If a family in prevention services is interested
22 in using a voucher with an informal provider, meaning
23 a friend, a family member, a neighbor to watch that
24 child overnight in their own home, they can apply for
25 a different type of voucher, which is funded by the

1 state childcare block grant, which includes a lot of
2 federal funds, and; therefore, federal and state
3 rules apply. So in order to have that type of
4 voucher, a family would have to have certain, income
5 eligibility criteria be engaged in certain
6 activities. So that is another path where
7 that...(CROSS-TALK)

9 CHAIRPERSON STEVENS: What would the activity be?

10 DEPUTY COMMISSIONER WOLKOMIR: So, they need to be
11 working, uh, in job search, engaged in particular
12 types of services, for example, substance misuse
13 services, services around intimate partner violence,
14 or be in an educational program.

15 Also, importantly, those vouchers are limited
16 based on federal rules to children that are citizens
17 or have legal permanent residents. So there is a
18 limited sort of population of children that we can
19 support with those. But in instances where families
20 are available, having that access to informal care is
21 really critical to serving that overnight need.

22 CHAIRPERSON STEVENS: Yeah. I mean that... that
23 has been one of the things that I've heard a lot,
24 which is, like, folks especially who, you know, work
25 late night, they can't find childcare. So even having

2 flexibility of having someone do it, they might not
3 have someone that they can trust. That can then lead
4 to a case...

5 COMMISSIONER DANNHAUSER: Right.

6 CHAIRPERSON STEVENS: So I think it's a revolving
7 door. So I think that it's definitely something that
8 we need to be thinking about and strategizing,
9 especially with all these programs that keep
10 happening that I think are kinda duplicative. This is
11 something that I think we have not even tried to
12 really solve as a city. So we definitely love to
13 think through some ideas around that.

14 Some families state that they cannot be honest
15 with preventive service workers about their true
16 needs and true nature of their family's hardship
17 because preventive services work for ACS or in
18 contact with them. And so preventative services
19 workers are often connected directly to ACS or foster
20 care agencies where the children are placed, how can
21 ACS build trust with these families to receive
22 preventative services?

23 I mean, I used to say this all the time to a lot
24 of agencies where it's like, you're the provider,

1
2 you're the funder, you're all the things, and then
3 we're trying to have open dialogue.

4 So how do how do you build trust? And I know
5 especially specifically when you think about, like,
6 Black and brown communities who have a rate of
7 removal than other folks, like, why would I trust you
8 to be here to help now? So what are you doing to
9 kinda rebuild some of that trust?

10 COMMISSIONER DANNHAUSER: Yeah. A lot of this goes
11 to the work to support our preventive providers in
12 community where they have, uhm, in some instances,
13 deeper trust and, uh, to use sort of a lot of
14 conversation that Luisa and her team have been
15 bringing together to hear what different providers
16 do, uh, to build that trust

17 I think it also is important that families don't
18 have to come for an investigation to get that
19 service. I think that will help.

20 An example, you know, a lot of providers who do
21 this very well embed the preventive services within
22 their whole continuum of services. So they provide
23 tax support or they provide citizenship help or they
24 provide language support. And I think having a place
25

1
2 where, uhm, it's known in the community I think that
3 is very, very key.

4 I also think some of the work that we're doing to
5 try... in school based early support, to try to serve
6 families without signing up for a case, nobody wants
7 to be a case, is really critical here. Using our
8 skills, like motivational interviewing as well, to
9 make sure that we're setting goals and being helpful
10 to families. We have a lot of work to do in this
11 regard.

12 I also think it's important that we rely on
13 services outside of our continuum. We walk with
14 extraordinary power at ACS. Right? We can remove a
15 child from their home.

16 CHAIRPERSON STEVENS: Mm-hmm.

17 COMMISSIONER DANNHAUSER: And so, it's important
18 for us to acknowledge that the services don't always
19 have to be from ACS. And we're consistently looking,
20 at we're having conversations with the Health
21 Department right now about ways in which they might
22 be able to provide some services.

23 So those are sort of longer term planning
24 conversations, but very important ones.

1
2 CHAIRPERSON STEVENS: No, I actually really
3 appreciate that, because I think sometimes ACS does
4 make an awesome (LAUGHS) (INAUDIBLE) It's like, yes,
5 you do have that power, and so that lingers where
6 it's like, I don't want my child taken away.

7 COMMISSIONER DANNHAUSER: Of course...

8 CHAIRPERSON STEVENS: And so sometimes it does
9 make sense to say how do we, you know, shift it
10 somewhere else where families feel more comfortable?
11 So I actually do appreciate that that is even part of
12 the thought process because sometimes, you know,
13 families might not feel that way.

14 Since 2000, ACS has made a significant policy
15 shift in reducing children's enrollment to foster
16 care, and shifting them to preventative services.

17 How does ACS measure long term impact of
18 preventative services program on family stability,
19 child welfare outcomes?

20 COMMISSIONER DANNHAUSER: We have information
21 that, around the success of preventive, based on
22 whether families come back to our attention or
23 services. So it is very unlikely that a family, after
24 completing preventive services, will come back to
25 ACS. There's a about a 5% re-indication of

1
2 maltreatment and about a 1% chance of entry into
3 foster care.

4 You know, we need to look at other ways to
5 understand families' wellness. We work with our
6 public health partners, because we're not gonna
7 continue to provide services for families for
8 decades. But looking at how children are doing in
9 school, health outcomes, etcetera, is important to
10 understand the full continuum and the full effect of
11 the City's engagement with families.

12 CHAIRPERSON STEVENS: How does ACS ensure that
13 preventative services are culturally competent and
14 meet the needs of diverse needs of families across
15 the city?

16 COMMISSIONER DANNHAUSER: I've just been talking a
17 lot, so I'm gonna let Luisa get this one.

18 CHAIRPERSON STEVENS: (LAUGHS) You need, like, a
19 sip of water.

20 DEPUTY COMMISSIONER LINARES: So we do a lot of
21 different things. We have programs that are, uhm,
22 serve specific, cultures. For instance, Arab American
23 is one of them, they are in Brooklyn. We also have
24 programs like Chinese American Council that's
25

1
2 actually here with us this morning, and I hope
3 they'll testify later.

4 And, in addition, we have a lot of training that
5 is provided to our Workforce Institute. We also have
6 language access, so when the family is receiving
7 prevention services, they are able to either use the
8 line for services or they can use an interpreter as
9 well. We know that's not the best option when there
10 is a therapeutic, session, for instance. However,
11 sometimes that's better than no service at all.

12 So we when the family, uhm, when the provider
13 doesn't have a case planner staff that is of the same
14 culture of the neighborhood, for whatever reason,
15 then they're able to use interpreter services.

16 COMMISSIONER DANNHAUSER: I'd also... oh, sorry...

17 DEPUTY COMMISSIONER LINARES: it's a priority,
18 defiantly a priority for us.

19 COMMISSIONER DANNHAUSER: I'd also add, you know,
20 a key difference in the last several years is the
21 investment in parent advocates, both in our
22 preventive system and in our foster care system.
23 Obviously, there's a lot more initial trust with a
24 parent who has lived experience, and so that's been a
25

1
2 really important part of, building cultural
3 competence.

4 CHAIRPERSON STEVENS: Yeah, I've definitely heard
5 parents say that they actually prefer the parent
6 advocates and folks who actually understand them. And
7 we would like to see more investment in that area
8 from ACS.

9 How does ACS explain the increase in daily
10 average participating despite the decline in overall
11 numbers of children served annually? Does this
12 reflect a long term engagement period or a shift in
13 services daily model?

14 COMMISSIONER DANNHAUSER: It, uhm, so we're seeing
15 an increase in new families coming into preventive
16 services. This just means there's a slightly lower
17 length of service. Use... some of the evidence based
18 models are about six month average. Some of the
19 family support are more like a year. So some shift to
20 evidence based.

21 I think both, uh, we're gonna see both go up,
22 both the new families coming in and the number
23 served...

24 CHAIRPERSON STEVENS: Mm-hmm
25

1
2 COMMISSIONER DANNHAUSER: as we really launch the
3 school based support programs.

4 CHAIRPERSON STEVENS: Since the implementation of
5 new contracts in 2020, what trends have you observed
6 in foster care and in entries and family outcomes?

7 COMMISSIONER DANNHAUSER: So there's an enormous
8 shift since 2020, really, uhm, obviously, we had a
9 major pandemic there. In... in compared to 2019,
10 2018, 2017, about 50% fewer families are going to for
11 court ordered supervision. We're seeing also about a
12 13% decrease in the number of admissions into foster
13 care pre pandemic.

14 We learned a lot during the pandemic about
15 getting concrete supports out, providing prevention,
16 and making sure that we continue to do excellent
17 assessments. We're also, uhm, there was a lag in sort
18 of, connection with prevention services as we brought
19 fewer families to court. Providers had workforce
20 challenges. We're starting to see some of that
21 improve, and that's why we're seeing some of the
22 increases more recently in the number of families
23 served.

24 CHAIRPERSON STEVENS: I have some funding
25 questions. The fiscal 2024 Mayor's Management Report,

1 reports that the number of children receiving daily
2 prevention services increased by 3.9% in fiscal 2024
3 when compared to fiscal 2023. Despite the increase in
4 utilization, the PEG included in 2025, uhm, 2025
5 Preliminary Plan have not been restored. Does ACS
6 anticipate the Preventative Services PEG will be
7 restored in the upcoming Preliminary Plan?
8

9 COMMISSIONER DANNHAUSER: We don't, but we have
10 some important planning underway.

11 So the PEGS that we underwent really looked at
12 programs that were seriously underutilized, less than
13 20%. And so we looked at, are there other providers
14 in that neighborhood that could pick that up, that
15 kind of service?

16 And so it was a very limited PEG around... in the
17 first initial rounds around where we just were not
18 seeing the uptake in services, and we made sure that
19 the services remained in that in that community, uh,
20 there was sufficient access for families.

21 The other peg that we did was to take our FTR
22 program, which is designed for families with
23 substance abuse, mental health challenges, and, uhm,
24 to look at - across the board, utilization was about
25 60%. And so we said, how can we create a new model

1 budget for a smaller program that actually is more
2 intensive? It was a higher cost per slot. And so we
3 did that. Providers were able to invest some of
4 those. About half of our private providers went from
5 128 to 96. So we saved a little bit of money while
6 still, creating a more intensive program. We're gonna
7 look at that. We know that providers, uhm, have been
8 talking to us about around workforce. We wanna make
9 sure we're infusing concrete needs and services.
10

11 So we are gonna be doing some budget modeling to
12 make sure that the current model is sufficiently
13 supportive and intensive. And we have about, today,
14 over 2,000 slots available. And so we're looking, as
15 our system has evolved, more Family Enrichment
16 Centers, more other types of support, to make sure
17 that we're keeping it current and making sure that
18 the providers have what they need to provide
19 excellent services.

20 CHAIRPERSON STEVENS: Yeah. I just feel like
21 that's, like it's really thoughtful of, like, how
22 you're going about doing it. But I also think that
23 even with... we're seeing that we're using
24 preventative services and it's, you know, we're
25 expanding certain programs and things like that, but,

1
2 like, if we're still reducing it, that's still a
3 problem. So it's still hard for me to, like, kinda
4 grasp of, like, how we are saying, like, it was
5 underutilized. So that doesn't necessarily mean that
6 they don't need the spots there. Maybe it needed to
7 have different outreach - or what specific
8 communities was it in? - or did we need to change the
9 communities to somewhere else? And so was it really
10 underutilized? Was it not right placement? Was, you
11 know, not the right provider?

12 So I think even saying underutilized, like, what
13 do like, it often feels like... I get... we know what
14 it is. I get it. Y'all gotta find a way to cut the
15 money out, and so it's easier to say that.

16 COMMISSIONER DANNHAUSER: Well, I think... I
17 think, I absolutely hear what you're saying. We go
18 through that analysis. But if, if we're able to
19 really stabilize the system, invest in providers, and
20 make sure... and it's a slightly smaller system, and
21 then we see a major increase, we can absolutely
22 advocate to add resources to that.

23 Right now, we just don't wanna have those
24 resources not put to work when the providers are
25 telling us... (CROSS-TALK)

1
2 CHAIRPERSON STEVENS: So, you don't see an
3 additional, uhm, need for capacity with demand
4 increasing? Because there has been an increase in
5 demand.

6 CHAIRPERSON STEVENS: Not in the foreseeable
7 future, but we're always keeping a very close eye on
8 it. We have about 2,000 slots available today.

9 CHAIRPERSON STEVENS: Don't worry, I'll help you
10 keep a close eye on it too.

11 COMMISSIONER DANNHAUSER: (LAUGHS) I know you
12 will, I know you will.

13 CHAIRPERSON STEVENS: As of November 2024 Plan,
14 ACS budget includes, \$331.6 million for expenditures
15 related to preventative services. Can ACS verify the
16 current budget amount for preventative services in
17 2025 and out years? And how was actual... how was
18 that money actually spent in 2024? And how has...
19 alright, I'll stop there. I was about to ask a whole
20 bunch of questions.

21 COMMISSIONER DANNHAUSER: Right, uhm, so that is
22 correct. FY25 Preventive is \$332 million, Home
23 Finding, if you add Home Finding to that, it's about
24 \$363 million, it's a separate budget line. We're not
25 counting, uh, a lot of the work that we do in FAP or

1
2 the Family Enrichment Centers in that number. FY24
3 spending for the preventive, the \$332 million, uhm,
4 right now is, uh, with accruals is \$314 million

5 CHAIRPERSON STEVENS: \$314 million. With the
6 implementation of the federal Family First Prevention
7 Act in 2021, an additional funding source became
8 available for preventative services, can you provide
9 a breakdown of funding sources for preventative
10 service? How much is funded by the city, state, and
11 federal government? What are the state and federal
12 funding sources?

13 COMMISSIONER DANNHAUSER: So no dollar has come to
14 New York State from Family First yet. The state is in
15 negotiations with the federal government around that.
16 So the primary source is, uhm, what was \$165.35
17 million is now \$62.38 And so for, every dollar that
18 the city spends on preventive services, the state
19 matches it provides .62¢ to cover that.

20 You know, the real hope I would have, if Family
21 First can become a reality is that that would provide
22 resources for some of the existing system. Family
23 First basically looks like New York City child
24 welfare preventive services. You have to be a
25 candidate for care, you have to have home visits, you

1 have to... and so the hope would be if we could
2 really infuse that money into the system, there'd be
3 more and more resources for additional upstream
4 investments, some of the things that community
5 advocates and providers have been asking for. I think
6 that's, something we need to keep pushing on
7 together. And the state hopefully will, uhm, there's
8 a lot of sort of technical claiming issues and ways
9 in which they have to, uhm, it has to be evidence
10 based. So Family First, in ways that are slightly
11 unfortunate for New York, kinda mirrors our system.
12 We're grateful that the state has such a generous
13 preventive funding stream. It's been a game changer
14 for New York.

16 CHAIRPERSON STEVENS: Can ACS verify the budget
17 codes associated with preventative services
18 programming?

19 COMMISSIONER DANNHAUSER: We can. Whether I can is
20 a different question.

21 CHAIRPERSON STEVENS: (LAUGHTER)

22 COMMISSIONER DANNHAUSER: I wanna say 1003...

23 CHAIRPERSON STEVENS: (INAUDIBLE) Stephanie has it
24 right there.

25 COMMISSIONER DANNHAUSER: Yes, she does, good.

1 (PAUSE)

2 COMMISSIONER DANNHAUSER: Do you want me to hand
3 you the list, Chair? (LAUGHS)

4 CHAIRPERSON STEVENS: (LAUGHS) Yeah, just give me
5 the list, alright. You can give it to the Sergeant at
6 Arms. Just submitting it for the testimony, thank you
7 very much.

8 I just have a couple of questions about the
9 legislation, and then I believe Council Member
10 Williams has some questions.

11 Intro 652 will administer for... well, ACS in
12 conjunction with Department of Mental Health, to
13 establish a pilot program that will provide mental
14 health services with no cost to children who have
15 been returned to home from following a removal.

16 How many youth does ACS anticipate could utilize
17 this service?

18 COMMISSIONER DANNHAUSER: So about 1,100... 1,400
19 young people to be unified with their families, so
20 that's, I think, the pool of services.

21 How we get there to the point the conversation I
22 was having earlier with Council Member Menin, we'd
23 love to be in conversation with the Council about the
24

1 best way to support providers and other community,
2 clinics to meet that need.

3
4 CHAIRPERSON STEVENS: Do children who are removed
5 and unified already receive court mandates or other
6 ACS provide mental health services? If so, can you
7 please provide details in who pays for those
8 services?

9 COMMISSIONER DANNHAUSER: So most of those are
10 Medicaid services, uhm, they're not always court
11 mandated. Every child who comes into foster care has
12 an assessment, and the services are based on that
13 assessment. It's, uh, the way this the Medicaid
14 system works. Children in foster care used to have a
15 separate Medicaid funding. Now they're in managed
16 care, which has had pluses and minuses.

17 CHAIRPERSON STEVENS: Mm-hmm

18 COMMISSIONER DANNHAUSER: So that system does need
19 to continue to be strengthened. Children's mental
20 health system needs to be strengthened in our city
21 and state for sure. And so we wanna work together
22 about the best way to strengthen that. I... we
23 completely agree with the direction of the
24 legislation. I think the question is just how the
25 best to get there.

1
2 CHAIRPERSON STEVENS: And just, because I know for
3 me, I was just, like, kinda shocked, because, like,
4 when a child is being returned back, what does the
5 aftercare look like? Is it like, okay, they're back
6 with their families, see you later?

7 COMMISSIONER DANNHAUSER: Yeah...

8 CHAIRPERSON STEVENS: Call us if you need
9 anything? How does that work?

10 COMMISSIONER DANNHAUSER: It depends on the
11 circumstances around the reunification. So in most
12 instances, there's a trial discharge period of about
13 six months where there's continued services. Families
14 can be connected to preventive services, they can be
15 connected to community resources, and there's ongoing
16 monitoring and supervision by the foster care agency
17 until, uh, there's a final discharge through about a
18 six month period of aftercare.

19 There are instances when a judge says the child
20 is going home today, there is no child discharge, it
21 is a final discharge, the issues have been resolved
22 here. In those instances, we will offer services, but
23 it is, uh, it's up to the parent.

24 CHAIRPERSON STEVENS: Intro 9, does ACS provide
25 information about parents and guardians... can

1 receive legal services, and at what point of the
2 investigation is this information provided?

3
4 COMMISSIONER DANNHAUSER: So we are providing that
5 at the very onset of the investigation now. And so
6 we, uhm, there's an information sheet in all of the
7 city languages, uhm, where we have... we tell
8 families that we're there because of a concern that's
9 been called in, we share with them that the, uhm,
10 we're asking for permission to enter their home and
11 assess the children, that they have the right to deny
12 that permission, that they can call an attorney at
13 any point during the investigation, uhm, and that, if
14 they deny that, uh, we have to seek permission from
15 the family court to do... to continue an assessment.

16 We also provide an information packet that has
17 the local defense organization and resources, during
18 that time.

19 To be fully transparent, we are not doing that in
20 about 9% of the instances that our instant response
21 team, because of, allegations of sexual abuse or
22 serious physical abuse, because we have a sort of a
23 very, very consolidated process to make sure we're
24 responding quickly in instances that require that. It
25 is something that we are continuously assessing.

1
2 But in in 91% of the instances, we're able to
3 provide that information, and make sure that families
4 are aware of it. We are always, no matter the case,
5 providing the local defense organizations'
6 information to families. So we really appreciate the
7 spirit of this bill.

8 CHAIRPERSON STEVENS: What mechanics are in place
9 for parents to report if they are not given this
10 information?

11 COMMISSIONER DANNHAUSER: So we have our Office Of
12 Advocacy, which is available to every family in our
13 system. There also are, obviously, if they, if
14 they... that's the key way, would be to report it
15 back to our Office of Advocacy. Their number is
16 included in the information packet - I know you're
17 saying that if they're not getting it - and we also
18 publish the Office of Advocacy on our website. My
19 office receives calls from families, and we look at
20 the trends around that as well.

21 CHAIRPERSON STEVENS: I just wanna say, I think,
22 you know, even Council Member Lee brought it up, I
23 think that we should also send that information to us
24 because we get those calls as well.

25 COMMISSIONER DANNHAUSER: Mm-hmm

1
2 CHAIRPERSON STEVENS: I will you know, hopefully
3 after this training, all 51 members have a packet
4 from ECS saying these are the steps that you have;
5 this is the hotline we have; these are the services.

6 I will reach out to Stephanie so we can talk
7 about what that looks like.

8 COMMISSIONER DANNHAUSER: Great

9 CHAIRPERSON STEVENS: So, because I think that
10 it's really important that if we have these things in
11 place, then we should be making sure we utilize it.

12 I mean, even Council Member Williams was saying,
13 like, lucky for you, none of the city agencies do
14 this for us. We really wanna be better at, you know,
15 having the information so we don't always have to,
16 like, text the commissioner, like, hey, what are we
17 doing this instant? And so we can be a little bit
18 more proactive.

19 Council Member Williams has a couple of closing
20 questions.

21 COUNCIL MEMBER WILLIAMS: Just one. I just want...
22 because you mentioned FECs, and I was just wondering,
23 like, what the metrics of success are for FECs?

24 Like, how are you measuring, like, whether or not
25 they're doing what we all intended for them to do?

COMMISSIONER DANNHAUSER: Yeah, uhm, Liz?

(BACKGROUND CONVERSATION) (LAUGHTER)

DEPUTY COMMISSIONER WOLKOMIR: Yes, no worries at all.

So I wanna say first, transparently, you know, this is, an expansion that we are in the middle of. So we are still building out how exactly we're gonna collect this information. But the goal is to really look at the protective factors, meaning, like, those things that we know from evidence, uhm, strengthen the well-being of families and children and have the knock-on effect of preventing child maltreatment.

And so those include social connectedness, access to concrete supports to include, you know, food, clothing, sort of like key essentials, but also access to trusted resources, uhm, culturally competent resources, parental resilience, parental awareness of, uh, child development and parenting skills. And so, you know, we are... we are looking at how to capture that. What we're currently capturing is what are the offerings? What is the programming, if you will, that each Family Enrichment Center is offering? And how is that linked to those protective factors? We wanna get to the place where we are

1
2 both, getting a pulse on, is that outcome really
3 happening? And, as importantly, do families feel like
4 it's happening?

5 The other thing that we're really holding Family
6 Enrichment Centers accountable to that is core to the
7 model, uhm, is that they need to be co designing with
8 community, because unlike a lot of other models that
9 are here as sort of the specific prescription of the
10 way a service should be provided, Family Enrichment
11 Centers are really all about putting community in
12 front of, uh, planning so that they are tailored to
13 the needs and desires of that particular community.

14 COUNCIL MEMBER WILLIAMS: Yeah. And I thought I
15 was done, but then I had a question around, like, are
16 people referred to FECs? Or is it the expectation
17 that the FECs are just so much in the community that
18 they're able to, like, find families in different
19 pockets and communities that need support and make
20 their space available.

21 So, like, I'm, like, I'm partnering I'm actually
22 partnering with the FEC in my district on a toy
23 giveaway, but it just I think, like, I inserted
24 myself in their toy giveaway, but I feel like outside
25

1
2 of the tons of programs and the Chair's mentioning,
3 it's like, I don't know how to utilize them.

4 DEPUTY COMMISSIONER WOLKOMIR: yep.

5 COUNCIL MEMBER WILLIAMS: for anything. Then, like
6 so I don't know who's actually utilizing them and,
7 like, what they're actually doing. Like, I see them
8 around, but I'm not sure. So I'm like, okay, is there
9 a steady stream of people that are, like, referred to
10 them?

11 DEPUTY COMMISSIONER WOLKOMIR: Mm-hmm

12 COUNCIL MEMBER WILLIAMS: Or is it just solely,
13 like, reliant on that center itself to be out in the
14 community and conduct their work?

15 DEPUTY COMMISSIONER WOLKOMIR: Yeah, it...

16 CHAIRPERSON STEVENS: I asked that question, too,
17 but I'm happy to... (CROSS-TALK)

18 DEPUTY COMMISSIONER WOLKOMIR: No, that's okay...

19 CHAIRPERSON STEVENS: (INAUDIBLE) that it's
20 important that they see that it's not just me...

21 DEPUTY COMMISSIONER WOLKOMIR: Yeah, yeah...

22 COUNCIL MEMBER WILLIAMS: We are, like, very
23 similar...

24 DEPUTY COMMISSIONER WOLKOMIR: It's both and...

25 COUNCIL MEMBER WILLIAMS: (INAUDIBLE) (LAUGHS)

1
2 (LAUGHTER)

3 CHAIRPERSON STEVENS: (OFF MIC) No, I think it's
4 important (INAUDIBLE) emphasizes that, like, it's not
5 just me. (INAUDIBLE)

6 DEPUTY COMMISSIONER WOLKOMIR: Yeah, yeah... yep,
7 it's both/and. So, and, I want to sort or reemphasize
8 that each Family Enrichment Center, because we've
9 have been roll... there were three that were initial
10 in the pilot, and the others have been rolling out
11 over the last couple of years. And, as you can
12 imagine, that sort of building trust in community and
13 establishing yourself as a trusted space and a known
14 space takes time. And so they are different stages of
15 maturation, which may be part of... part of what's
16 going on there. But, so absolutely, I think, we
17 partner with other city agencies to make sure they're
18 aware of the family enrichment centers, aware of what
19 they do. We do the same sort of internally with our
20 CARES programs, with our CPS, with prevention
21 services. We can always be doing that better and
22 stronger, and we are gonna look to doing that.

23 A lot of the outreach that happens, too, though,
24 is through the outreach from that organization
25 themselves, because they were already sort of

1 embedded in the community, and that looks like a lot
2 of different things. Council member Stevens was
3 referencing connection to schools.
4

5 There's also just community walks that family
6 enrichment centers are going on to sort of build
7 trust with community, and...

8 UNKNOWN: (OFF MIC) (INAUDIBLE)

9 (LAUGHTER)

10 DEPUTY COMMISSIONER WOLKOMIR: (LAUGHS) and
11 there's that word-of-mouth that's really important. I
12 think the area that we really want to go deeper in as
13 these family enrichment centers mature is figuring
14 out how we reach families that wouldn't otherwise
15 just walk in or hear about it.

16 COUNCIL MEMBER WILLIAMS: Yeah, In Southeast
17 Queens, that's, like, a very big problem amongst many
18 different types of service providers and service
19 provider industries, like, even with housing or food.
20 It's like you really have to meet people where they
21 are. It's like a marketing word-of-mouth kind of,
22 (TIMER CHIMES) like, issue in Southeast, so I'm just
23 thinking about, you know, like, family court or,
24 like, the Queen's field office. Like, if they have a
25 client that's in a particular program, whatever

1
2 program they're in, or even, like, foster care
3 families that might be...

4 COMMISSIONER DANNHAUSER: Absolutely

5 COUNCIL MEMBER WILLIAMS: down the block from the
6 FEC. How is a foster care family or another family
7 made aware of something that is in close proximity to
8 where they live? And I just don't know if that's
9 happening. And I, like... and I pass that FEC all
10 the time, it's, like, on the way to my house. It's on
11 the same block as my office, and I live also off the
12 same block as my office to go home, so I pass it a
13 lot. And I'm always wondering, like, what is
14 happening there and who is actually going inside of
15 that space? And so, yes... Sorry that I'm in this
16 slew of questions, but when you... when you... the
17 chair mentioned FECs, I'm like, I have so many random
18 questions I didn't even realize I had, just naturally
19 being in the community and interacting with different
20 stakeholders.

21 COMMISSIONER DANNHAUSER: Well, we would love to
22 set up additional time to discuss that. I think one
23 of the things we've been really careful about, right,
24 is we don't... people are not sort of you're not
25 getting a case. So, like, we don't have, uhm, it sort

1 of has some limitations on whether - we don't want
2 people to feel like, oh, my CPS told me I have to go,
3 so I have to go. Right? We wanna make sure that that
4 word-of-mouth really does build organically. And some
5 providers are sort of have hit the ground running,
6 and, as Liz was saying, some are still sort of
7 building up. But I think we should... we should work
8 together, especially with that one, and think about
9 ways in which we can provide that information.
10

11 We do have, as Liz was saying earlier, you know,
12 over 200, families who are connecting to services to
13 some sort of offering each month and, uhm, on average
14 across them. So we're seeing a lot of voting with
15 people's feet.

16 The question of how do we know whether we're
17 reaching everyone is a question we gotta continue to
18 work on. Thank you.

19 CHAIRPERSON STEVENS: Thank you. You guys have
20 been here for a very long time, so I'm going to let
21 you go. (LAUGHS) Thank you guys for being here, and
22 thank you for the continued work and support. And I
23 will be in touch with your office about getting this
24 information out. Me and Council Member Williams, now
25 we want to do a FEC tour, so you'll be seeing so much

1 of us in the next couple of months. We really
2 appreciate you at this time, so thank you. We'll be
3 wrapping up for public testimony.

4 COUNCIL MEMBER WILLIAMS: (OFF MIC) (INAUDIBLE)
5 tour...

6 CHAIRPERSON STEVENS: Yeah, we're gonna do an FEC
7 tour, yeah...

8 COMMISSIONER DANNHAUSER: Thank you, Chair
9 Stevens, thank you, (INAUDIBLE)...(CROSS-TALK)

10 CHAIRPERSON STEVENS: (UNINTELLIGIBLE) that'd be
11 great.

12 (PAUSE)

13 CHAIRPERSON STEVENS: Okay, we're gonna get
14 started for public testimony.

15 SERGEANT AT ARMS: Quiet down, please!

16 CHAIRPERSON STEVENS: I am now opening the hearing
17 for public testimony. I remind members of the public
18 that this is a formal government proceeding and that
19 decorum shall be observed at all times. As such,
20 members of the public shall remain silent at all
21 times.

22 The witness table is reserved for people who are
23 testifying. No video recording or photography is
24 allowed from the witness table.
25

1
2 Further, members of the public may not present
3 audio or video recordings as testimony, but may
4 submit transcripts of such recordings to the Sergeant
5 at Arms for inclusion in the hearing record.

6 If you wish to speak at today's hearing, please
7 fill out an appearance card with the Sergeant at Arms
8 and wait to be recognized. When recognized, you will
9 have two minutes to speak on today's hearing topic:
10 *Oversight - Examination of ACS's Preventative*
11 *Services Programming.*

12 And with that, I will call on the first panel:
13 Daphne Torres-Douglas, Jesse McGleughlin - Bronx
14 Defenders; Nora McCarthy; Nila Natarajan; and Tanesha
15 Grant.

16 DAPHNE TORRES-DOUGLAS: Okay. Greetings to the
17 Committee, and thank you for the opportunity to
18 testify.

19 I am Daphne Torres-Douglas, vice president at the
20 Children's Village, Harlem Dowling, and Inwood House.
21 We provide one of the broadest continuum preventive
22 programming in New York with an emphasis on trauma-
23 informed, evidence based family and community
24 programming to help keep youth identified as high
25 risk, safe at home with family.

Poverty is a common thread connecting many families entering the preventive child welfare and justice... juvenile justice systems. Our preventive programs are essential in addressing trauma, and we also address needs created by poverty.

Well executed, evidence based preventive services are crucial, effective in helping families to cope with emotional impact of oppression of poverty, but they do not end poverty.

Our families continue to struggle to meet their basic needs, housing and food instability, lack of clothing, etcetera. Preventive contracts give an illusion that there is funding to provide exceptional preventive services to families. However, prevention misses the mark in two areas, providing financial support to social and developmental growth, and we miss the mark when it comes to staff recruitment and retention.

Current budgets do not allow for financial assistance of emergent needs for families. Current funding does not allow us to hire or retain staff at comparable salaries offered by our public sector employees like ACS and DOA or private sector

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2 employers who also offer great flexibility around
3 remote work and telehealth.

4 In order to ensure that preventive contracts are
5 sustainable, with slots consistently staffed and
6 available to clients, we believe that ACS should
7 recalculate all labor cost lines beginning with the
8 assumption of a \$65,000 average salary for bachelor's
9 level caseworkers, and the index for OTPS costs
10 (TIMER CHIMES) against inflation, of the local CPI
11 for each year following the initial budget period and
12 renewals going forward for all human services
13 contracts. Thank you.

14 TANESHA GRANT: Thank you, Chair Stevens and
15 committee members, for this hearing.

16 My name is Tanisha Grant; I am the executive
17 director of Parent Support and Parents New York. I am
18 also an impacted person since birth.

19 I am in support of 009 and 0652. All parents
20 should know they have the right to an attorney at
21 first contact with ACS. That's why we are strong
22 supporters of the Family Miranda Rights.

23 Too many times, for decades, parents are suckled
24 into the system and children are removed from their
25 whole bloodline, like I was in 1976. My birth mom was

1
2 also in a pilot preventive program, but that did not
3 stop me from being separated from my whole family. I
4 was thrown into a closed adoption, which was which
5 was facilitated through Children's Aid Society - Yes,
6 the same foster care agency that created the orphan
7 train. The same Children's Aid, who now has over 200
8 employees today.

9 I never received any mental health services as a
10 child, nor... I cannot even describe how hard it is
11 to be a productive adult when you were a child who
12 was destroyed mentally by an uncaring violent system.
13 I was raped at every facility I entered. This has not
14 ended for a lot of children - a lot of Black
15 children.

16 We have too much... too many professionals and
17 not enough lived experience experts at the table. We
18 must understand that the people closest to the
19 problems have the answers. This is my life, Chair. I
20 am a survivor of the child welfare system. I know too
21 many children that didn't survive the system. Jordan
22 Neely is one of them. Jordan Neely watched his mother
23 be murdered and was thrown into foster care, and as
24 soon as (TIMER CHIMES)... and from that system on, he
25

1 was failed at every institution, and he was killed on
2 a train for having a mental breakdown.

3
4 As someone who has mental health problems,
5 because I was torn away from my family at birth, I
6 strongly urge you to urge ACS to think about that
7 when they are removing children from their from their
8 family. The mental health issues do not go away when
9 we grow up. Thank you for listening to my testimony,
10 and I look forward to seeing more out of this
11 committee, thank you.

12 JESSE MCGLEUGHLIN: Chair Stevens and committee
13 members, thank you for the opportunity to testify.

14 My name is Jesse McGleughlin, and I'm policy
15 counsel in The Bronx Defenders Family Practice. The
16 Bronx Defenders fights to prevent family separation
17 by the foster system.

18 I just wanna note that I came to parent defense
19 work after representing teenagers in the foster
20 system. It's my deep love of young people that first
21 brought me to parent defense, because I came to
22 quickly understand that to support young people, we
23 must support their families. And I'm committed to
24 shrinking the family policing system precisely
25

1 because I care about the safety and the well-being of
2 young children and families.

3 The best way to prevent harm, including child
4 fatalities, is to ensure that all families have what
5 they need to survive and thrive - Income, financial
6 stability, a high quality education and health care,
7 safe housing, a living wage, access to food, and a
8 reason to hope for a better future.

9 As the Committee examines preventative services
10 in this highly charged time of publicized tragedy, I
11 urge you and the City Council to stand firm in your
12 commitment to keeping families together, not just by
13 refusing to roll back preventative services, but also
14 by challenging the practices by which poor, Black,
15 Latine families are weakened by surveillance,
16 investigation, and separation.

17 We know that the main reason children are
18 entering the family regulation system is because of
19 racism, poverty, and the structural disinvestment of
20 poor, Black, and Latinate communities.

21 Preventative services are often held out as the
22 solution to this problem. The theory of change in
23 Bronx, in the Bronx Family Court and in court around
24 this around the City, is that preventative services,
25

1
2 whether in the form of functional therapy or in
3 trainings like parenting classes, can solve risk in
4 families.

5 I do not just sit before you to say that therapy
6 cannot be helpful, but requiring a parent to engage
7 in services by an agency contracting with ACS, in
8 other words, the prosecuting agency (TIMER CHIMES)
9 does not build trust between parents and service
10 providers.

11 CHAIRPERSON STEVENS: I see that your testimony is
12 rather lengthy, so you should wrap it up in the next
13 ten seconds.

14 JESSE MCGLEUGHLIN: Okay. I just wanna make one
15 other point briefly, which is that preventative
16 services are a de facto extension of ACS, and the
17 City Council should be investing in actual resources,
18 community based resources, and providing financial
19 resources to family in the form of guaranteed basic
20 income. Thank you.

21 NORA MCCARTHY: Hi, I'm Nora McCarthy, I'm the
22 Executive Director of the New York City Family Policy
23 Project, which is a think tank focused on child
24 welfare in New York. Thanks for the opportunity to
25

1
2 testify, and thanks for the time that you've been
3 putting in to get this difficult hearing right.

4 I want to address some of the stories being told
5 about child welfare in New York City right now in the
6 media. We're seeing some in the media advance
7 solutions that are known not to work to improve
8 safety for families and children. A major narrative
9 right now is that, uhm, these children's deaths have
10 happened because ACS has gone too far in trying to
11 reduce the threat of investigations and the trauma of
12 removing children from home. That seems intuitive
13 that any effort to reduce threat and to reduce
14 removing kids from home might be risky. And if you've
15 read the news, you're basically only seeing risk.

16 You're only seeing these horrific outlying cases. And
17 it can be hard to remember that there's another
18 75,000 children coming to ACS's attention every year.

19 But these narratives are not supported by the
20 facts. What we know in New York is that we have a lot
21 of really low level, low risk reports coming through
22 the hotline. There was an Assembly hearing in
23 October, because the New York State Hotline is
24 passing along 75% of all calls that it gets when most
25 states screen out half of calls.

1
2 And the state commissioner testified that people
3 answering the hotline don't use any standard
4 screening questions. They're just asking the
5 questions that come to mind. So a lot of unnecessary,
6 unwarranted reports are flowing to ACS, and ACS has
7 to respond to every one of them.

8 CARES is not perfect, it is... but it is an
9 effort to respond to that reality. When a parent g
10 can't get a teenager to go to school, which has been
11 a huge problem since COVID - everywhere, you've
12 probably seen the reports on school attendance - only
13 some families are dealing with investigations around
14 that, and you don't need a full on investigation on
15 that type of issue. I've spoken to over a dozen CARES
16 investigators in the last couple of months, and
17 that's a lot of what they're seeing.

18 It's important to remember also that CARES, as
19 you said, (TIMER CHIMES) is not some new untested
20 approach, it's used in 20 states, and it's been used
21 here since 2013. And there's no indication that CARES
22 has anything to do with children's deaths that we've
23 seen reported on.

24 So...

25 CHAIRPERSON STEVENS: Ten seconds...

1
2 JESSE MCGLEUGHLIN: Sure.

3 I think we should all be surprised when we see
4 really strong claims made in the media and absolutely
5 no effort to interrogate them and I appreciate that
6 you've done that today. Same thing is true for foster
7 care. Foster care has not dropped under the current
8 administration, it's gone up since 2020. And, we know
9 from years and years of data that there's no
10 indication that child fatalities go up when foster
11 care entries go down. That's just not true.

12 It's really important that we distinguish a
13 demand for accountability from a rush to punishment.
14 And when we see that children's deaths are the news
15 and feel helpless...

16 CHAIRPERSON STEVENS: Wrap it up.

17 JESSE MCGLEUGHLIN: Thank you. Can I just say the
18 last bit?

19 CHAIRPERSON STEVENS: Mm-hmm.

20 JESSE MCGLEUGHLIN: We have to remember, and we
21 know from research, that child welfare interventions
22 have the capacity to harm and not just help. So it's
23 so important to slow down, to have real
24 accountability, that it's inquisitive, that focuses
25

1
2 on the facts, and gets the real solutions to do our
3 best to protect every child. Thanks.

4 NILA NATARAJAN: Good afternoon, my name is Nila
5 Natarajan, and I'm the Associate Director of Policy
6 and Family Defense at Brooklyn Defender Services.
7 Thank you to this committee and Chair Stevens for
8 taking the time to look at ACS's so called,
9 preventive services model and for the opportunity to
10 testify.

11 Brooklyn Defender Services Family Defense
12 Practice is the primary provider of representation to
13 parents charged with abuse or neglect in Brooklyn's
14 Family Court. Every year we represent about 2,000 -
15 3,000 parents, and over the last two decades have
16 represented 14,000 parents and worked with more than
17 30,000 children, either to remain safely at home or
18 leave the foster system.

19 Our early defense practice specifically provides
20 support, guidance, and legal counsel to families
21 during the course of an ACS or CARES investigation.

22 I cannot emphasize enough my colleague's points
23 here today that the notion that ACS as a policing
24 agency is well situated to support families is
25 fundamentally flawed. Instead, successful prevention

1
2 of harm to children must be rooted in an investment
3 in creating thriving and safe communities which
4 requires a real investment in families.

5 We must look quote/unquote "upstream" and ensure
6 that every family's fundamental needs are met without
7 any contact with the family policing system.

8 Poverty is a driving force behind what is often
9 reported as child maltreatment or neglect. But a lack
10 of resources or access to affordable services should
11 not be... should not subject anyone to a traumatic
12 investigation and family separation.

13 All of the thousands of families we serve live in
14 poverty, which is often characterized as neglect by
15 agents of the family policing system. Not only are
16 families living in poverty disproportionately
17 reported for child maltreatment, but reports are more
18 likely to be substantiated. Any effort to eliminate
19 harm to children and support families must include
20 measures that address poverty head on.

21 New York State, uh, New York City should pursue
22 universal basic income, universal child allowance,
23 and expansions to public benefits to effectively
24 reduce child poverty and any risk of maltreatment.

1
2 Several recent studies have confirmed that
3 increasing income and benefits to families leads to
4 decrease (TIMER CHIMES) in child maltreatment and
5 abuse reports.

6 One study found that a 5% increase, just 5%, in
7 the number of families receiving SNAP led to a
8 reduction between 8 and 14% of family policing system
9 cases... (CROSS-TALK)

10 CHAIRPERSON STEVENS: Ten seconds.

11 NILA NATARAJAN: Another study found that spending
12 an additional \$1,000 of benefit programs per person
13 living in poverty reduced family policing reporting
14 by 4%, substantiations by 4%, and placements in the
15 foster system by 2%, and fatalities by 7%.

16 And I'll leave... I'll leave it there.

17 CHAIRPERSON STEVENS: Thank you.

18 Council Member Williams, do you have questions?

19 COUNCIL MEMBER WILLIAMS: (OFF MIC) (INAUDIBLE)

20 CHAIRPERSON STEVENS: I do have a little bit of
21 questions. One, uhm, Theresa, is that correct, is
22 that your name?

23 TANESHA GRANT: Tanesha.

24 CHAIRPERSON STEVENS: Tanesha? One, I just want to
25 say, I hear you. I had a round table a couple of

1 weeks ago with a group of foster care youth, and
2 they also talked about sexual abuse and abuse that
3 they've been receiving in the system. And so we're
4 definitely looking to do a hearing on that, because I
5 think it's one of the underbellies that we don't ever
6 talk about that's happening in the system, and that
7 it's a real issue. I mean, not only in ACS, but in
8 other places that we're seeing. So it's definitely
9 something that we're gonna be talking about. So I
10 just wanted to acknowledge that, and also just
11 apologize, because, you know, I say it all the time,
12 anytime the system fails anyone, this is an account
13 on all of us, for what happened to you.

14 And I guess, you know, I think even hearing,
15 like, the disparities in some of the testimony at ACS
16 today around, like, how people think the solution is,
17 uh, whether it's, you know, having more support in
18 CARES or having... saying there just needs to be, you
19 know, families are... that we just need to support
20 families. I think both can exist, but I just wanna
21 also just echo that. That then gets very... even
22 confusing for an agency, right, where there are so
23 many disparities. And so I think as advocates and as
24 people who actually really care about kids, we all
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need to really get on one page because it makes us then fight against each other.

And it's interesting now because, like, again, I've only had this committee for less than a year, and that is what I found where you have one group of folks saying, like, this is what we want, and another group saying, this is what we want. And for me, I just want kids to be safe, so I don't care about anything. Like, whatever makes kids safe is what we're gonna do. So if that's just making sure we're putting resources here, then let's do that, or whatever. So I think even as advocates and folks who care about kids, because everyone in this room does, we gotta figure out how to get on the same page.

But I do wanna ask, about feedback from about the legislation that we have today, and does anybody have any additional feedback about that?

TANESHA GRANT: I do. I would say that, for the healthcare services, it needs to be longer than a year.

CHAIRPERSON STEVENS: Mm-hmm.

TANESHA GRANT: I didn't get any healthcare until I literally had a breakdown in my 30s. And if I would

1
2 have been getting... and I also would like to say
3 that it needs to be culturally relevant.

4 When I start first started getting therapy, it
5 was always, like, a young blonde haired, blue eyed
6 girl who was just coming to the clinic in my
7 neighborhood...

8 CHAIRPERSON STEVENS: Mm-hmm

9 TANESHA GRANT: to do her residency. So there is a
10 lot of high turnover. When we talk about mental
11 health care, it needs to be culturally relevant, and
12 it doesn't need to be people that's just there to go
13 somewhere else. It needs to be, you know, people that
14 are going to stay for a while because what happened
15 is, you know, we have to tell our story over and
16 over... (CROSS-TALK)

17 CHAIRPERSON STEVENS: Over and over again. Mm-hmm

18 TANESHA GRANT: and over again... (CROSS-TALK)

19 CHAIRPERSON STEVENS: It's traumatic.

20 TANESHA GRANT: And then... it is very traumatic,
21 and we know that we're not cared for. We know that
22 this person is just here to get to the next place
23 that they wanna be.

24 So I think that any child that goes into foster
25 care needs mental health because there's a constant

1 identity crisis. Like, imagine being separated from
2 your our whole... your whole bloodline, and then
3 growing up and having kids of your own and, like,
4 nothing to tie you. And regardless of what people
5 will say, Black people are... we're very family
6 oriented. So when we don't have family, and we're
7 told that nobody wanted you and stuff like that, that
8 imprints on our mental health, and it doesn't go
9 away. So I would say way longer than a year that any
10 child that is separated from their... (CROSS-TALK)

12 CHAIRPERSON STEVENS: they should be able to have
13 access to it...

14 TANESHA GRANT: they should have support
15 (INAUDIBLE)... (CROSS-TALK)

16 CHAIRPERSON STEVENS: Yeah, access to it.

17 TANESHA GRANT: and have access to it.

18 CHAIRPERSON STEVENS: Yeah, no, I think that's
19 really important. Even the fact around, like, making
20 sure that we have culturally relevant... I know,
21 Chair Lee was trying to get a pilot started... a
22 pilot started, but we do need to figure out what does
23 that recruitment look like from our communities and
24 neighborhoods to ensure that we have people who look
25 like the folks that are being, mostly impacted?

1 Does anyone else have anything you wanna add?

2 NILA NATARAJAN: Yes, thank you, I can speak to
3 the other piece of legislation that...

4 NORA MCCARTHY: (OFF MIC) They were speaking
5 about...

6 NILA NATARAJAN: Oh, yes...

7 NORA MCCARTHY: Just about the mental health bill,
8 I 100% agree. Like, we need access to services, but
9 we don't need mandated services. Connecting them to
10 ACS is troublesome, and I think we could really do
11 well to look at restorative, circle based practices,
12 group based practices for young people that are
13 trauma informed. There's a group called, Hidden Water
14 that does incredible work around child support...

15 (CROSS-TALK)

16 CHAIRPERSON STEVENS: Yes, there's a number of
17 groups, mm-hmm, Bronx Solutions...

18 NORA MCCARTHY: Yeah.

19 CHAIRPERSON STEVENS: And all these folks, mm-hmm.

20 NORA MCCARTHY: Yeah, we can't just keep putting
21 kids into a room and saying, "you have to be here..."

22 CHAIRPERSON STEVENS: Yeah.

23 NORA MCCARTHY: for your health." You know, I
24 worked with young people in foster care for a long
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1
2 time, and making sure that you have somebody that you
3 can turn to and that you're not constantly re-
4 fragmenting services, making special pilots that are
5 not available, sticking things into shelters, and
6 then they end...

7 CHAIRPERSON STEVENS: Mm-hmm

8 NORA MCCARTHY: The nature of our clinical mental
9 health services is that they are not really therapy.
10 And, so...

11 CHAIRPERSON STEVENS: Yeah.

12 NORA MCCARTHY: it's just gonna be looked at, it
13 really needs to be looked at, like, what do you young
14 people want, how do we deliver that, and how do we
15 make it continuous during a time of transition and
16 turmoil?

17 CHAIRPERSON STEVENS: Yeah.

18 JESSE MCGLEUGHLIN: I just wanted to echo that. I
19 mean, I think my experience in representing clients
20 is that clients are very reticent to fully share
21 their mental health realities with clinicians when
22 they know that those results and that private
23 information may come back to ACS and the prosecuting
24 agency. And so I have the same concern as Nora about,
25 you know, mandating mental health services.

1
2 I think support you know, there's a tension
3 between support as a mandate. So, you know, this idea
4 that people should be able to access the resources
5 they need without, that being a mandate - and even if
6 it's after ACS involvement, because it's, being
7 referred by ACS, I think there's a real concern and a
8 fair concern that that might, you know, come back to
9 ACS.

10 And so I would be challenging the Committee to be
11 thinking about how we can resource community based
12 organizations, mental health organizations, but not
13 as a mandate or as a connected to a system of
14 punishment.

15 NILA NATARAJAN: The one specific thing I'll add
16 to that is a lot of the preventive agencies, and a
17 lot of the even mental health provision agencies, are
18 this... are also foster agencies.

19 CHAIRPERSON STEVENS: Mm-hmm

20 NILA NATARAJAN: They have this... and they're in
21 the same building. So it's...it's ACS, but it's also,
22 uh, I think a misnomer to think of those agencies as
23 truly community based when they're actually the
24 contracted agency that keeps families separated.

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CHAIRPERSON STEVENS: I mean, I think that also gets difficult, a lot of the agencies do a slew of these things. Right? So there are Settlement Houses that have ACS contracts, that have this contract, because they are literally just trying to do the work, right, to obtain their mission.

So I think that also gets tricky to say, because then at that point, then we can't give it to anybody, because a lot of them have multiple contracts, because they're gonna do what they need to do to keep the lights on.

So I hear that, but I think even with that we have to think like, okay, well, should the City not fund these things? Right? And so, those are... those are things we also have to think about as well.

But I don't have any more questions, because we do have a hard stop at 1:00, and I have another panel. Thank you, guys.

DAPHNE TORRES-DOUGLAS: Really quickly, if I can just add, definitely think that services should not be mandated. Families should have a right to decline... (CROSS-TALK)

CHAIRPERSON STEVENS: Absolutely

1
2 DAPHNE TORRES-DOUGLAS: Right? And I think the
3 other thing that I'm hearing even from ACS's
4 testimony is that there are a large number of people
5 that get called in for neglect issues. And I think we
6 need to really think about financially assisting
7 families and thinking about investing in their
8 wealth. Right? Because poverty and racism is not
9 going away anytime soon, but we have to consciously
10 think about what we can do to help penetrate that.
11 Right? And to give families what they need. We spend
12 a lot of money in foster care, helping foster
13 families, and I think foster parents are great. But
14 what if we reallocated that money to families, right,
15 so that they can stay together?

16 CHAIRPERSON STEVENS: Right.

17 DAPHNE TORRES-DOUGLAS Right? And I think that's
18 missing from a lot of the work that we're doing.

19 CHAIRPERSON STEVENS: Absolutely. I think that's
20 the... we have a lot of work to do around that, and
21 even thinking about what is going to be coming forth
22 with the federal government. Our pile... some of this
23 money is going to dry up. So, we are gonna have to be
24 creative. So, think ,you know, this is the start of a
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1
2 larger conversation that we will need to continue to
3 have.

4 But, thank you, to this panel. I actually do need
5 to wrap up, because there's another hearing at 1:00.,
6 and I do want to get through all the panels and
7 (INAUDIBLE) testimony... (CROSS-TALK)

8 UNKNOWN: (INAUDIBLE)

9 CHAIRPERSON STEVENS: But, don't worry, I will be
10 in touch with all of ya'll.

11 DAPHNE TORRES-DOUGLAS: On the way out, I just
12 want to say, again, preventative services was a thing
13 in 1976. So, I even think we need to talk about
14 preventative services and what exactly that is.
15 Because, if it didn't work 48 years ago, it's not
16 gonna work now.

17 CHAIRPERSON STEVENS: Thank you.

18 Next panel: Kym Mayo, Dr. Sophine Charles, Maria
19 Hernandez, Ericka Brewington, and Mari Moss.

20 Okay, you may begin.

21 MARI MOSS: Hi, my name is Mari Moss, I am a
22 regional rep for the Community Action Board for
23 Region 9, which is East Harlem in Harlem, which gives
24 federal funding to nonprofit organizations, such as
25 ACS and the programs that provide their services. I

1
2 also serve on the Mayor's Task Force for Ending
3 Gender and Domestic Based Violence. Thank you, Chair,
4 for having this.

5 Seven years ago, my life was irrevocably altered,
6 and the trauma of that time continues to echo, not
7 only in my life, but also in the lives of my three
8 daughters, whom I affectionately call three little
9 Harlem girls. They were just two, four, and six years
10 old when I became a victim of domestic violence at
11 the hands of my then husband. At the time, I was
12 pursuing my master's degree in public administration
13 at MCNY, working in city government, and developing
14 an economic theory to reduce poverty in Harlem. My
15 trajectory was promising, but it came to a halt when
16 the court system failed me. After enduring multiple
17 instances of physical, verbal, and mental abuse, I
18 called the police during a particularly violent
19 episode where my husband threw me on the ground while
20 I was already in a cast. Instead of protection, I was
21 met with systematic failure. The court sided with my
22 abuser, leaving me homeless, alienated from my
23 children, and forced to endure unimaginable grief.

24 My experience with ACS only deepened this pain. I
25 was limited to seeing my daughters under their

1 supervision, which exasperated the trauma. In one
2 particularly egregious incident an ACS worker,
3 Beatrice Bennon, assaulted me in front of my
4 children. I was documenting the abuse on my video,
5 and my youngest daughter, just two at the time, clung
6 to my leg and pleaded with the ACS workers, "I'm
7 going to roar at you like a dinosaur and put you in
8 jail." Even at that tender age, she recognized the
9 injustice. As I reassured her that I loved her and
10 promised to protect her, ACS staff forcibly pried her
11 away. Despite her cries and desperate reach for me,
12 (TIMER CHIMES) that moment, my daughter's terror and
13 helplessness remained etched in my memory.

14 I'm just gonna fast forward and then submit the
15 rest to testimony.

16 I am urgently calling for a joint committee
17 investigation involving the Women's Committee,
18 Judiciary, ACS Oversight, Public Safety and
19 Investigations to examine the systematic failures
20 within ACS. We need to fact check commissioners when
21 they are coming before these testimony hearings. Some
22 of them do not know (TIMER CHIMES) what's really
23 happening. CRM tracking services and involvement
24 can help provide understanding this regard.
25

1
2 Independent oversight to ensure proper vetting of
3 staff, consultants, and implementation of safeguards
4 to protect children and families, as well as
5 trainings for sensitive matters of domestic violence
6 and other forms of abuse within families, and then
7 number three, reparations and accountability for
8 survivors of parental alienation and abuse at the
9 hands of ACS and the court systems.

10 Corrective actions are needed to make for these
11 mistakes that are made by the agencies. Thank you.

12 CHAIRPERSON STEVENS: Thank you.

13 DR. SOPHINE CHARLES: Good afternoon, I am Doctor
14 Sophine Charles, I am the Associate Executive
15 Director for the Council of Family and Child Caring
16 Agencies Downstate.

17 And, first, I want to commend the Council for the
18 incredible work that you did on the Roadmap Mental
19 Health Report. Excellent, great resource for us. And,
20 also, I wanna commend you for all of the prevention
21 support. It's the City Council that baselined
22 present... uh, preventive services. You also created
23 a pathway to reduce workload for caseworkers in
24 prevention, and you supported the workforce
25 enhancements and the COLA.

1
2 And so you've built an infrastructure of
3 prevention services that can... that are already
4 prepared to deliver the mental health services that
5 you speak of in your proposal. We applaud you for
6 creating a pathway for additional access and
7 availability.

8 We do ask that you scan the prevention agencies
9 that are currently available and see if you can
10 strengthen the infrastructure. Many of our agencies
11 already provide mental health, services through the
12 Article 31 Clinics and also through the, 29-I
13 services that are available to clients. And I think
14 it would be very helpful to get a really good
15 inventory of what currently exists to see how you can
16 further strengthen that.

17 The other thing I'll say is the prevention
18 programs, they need support. For example, if the
19 proposal to provide, uh, free mental health services
20 to children coming out of foster care, you also have
21 to increase the number of licensed clinical
22 professionals who are available to provide those
23 services. (TIMER CHIMES) On the prevention side, our
24 workforce is very limited and we can't cover all of
25

1 the cases that need to be covered because of the
2 workforce shortage.

3 And those are just some examples. I could say
4 more. It's in my report, and you'll be able to see
5 how, uh, the lack of continuity also of city services
6 also takes a hit for families in terms of what's
7 available for them.

8 And I'll pause there because I know you're asking
9 questions... (CROSS-TALK)

10 CHAIRPERSON STEVENS: Yeah, yeah, thank you.

11 ERICKA BREWINGTON: Good morning, my name is
12 Ericka Brewington, and I'm an impacted child and
13 parent, and I'm a Client Advocate at Neighborhood
14 Defender Service of Harlem.

15 I know what it's like to have your kids taken by
16 ACS, and I fight for other parents who are caught up
17 in this system. I am here to tell my story and to
18 share my perspective on Bill 0652 to provide mental
19 health services to children who have been returned
20 home after an ACS removal.

21 My kids were taken in September of 2017 and
22 didn't come home till April 2019. Mentally, my kids
23 have not been right since they've been taken away. My
24 daughter went into care when she was five years old,
25

1 before she was taken, she was an outgoing, bubbly
2 child. At that age, everything is brand new, and she
3 wanted to explore the world. Then she and my son were
4 taken away from me and put in with a foster family.
5 My son is autistic and has a speech impediment. The
6 family they were placed with was Dominican, and my
7 son had trouble understanding them. The adults would
8 get frustrated that my son wasn't listening, and
9 instead of understanding that he has special needs,
10 he was traumatized by being taken and being... and
11 was traumatized by being taken away from me. Both of
12 my children were bullied in the foster placement.
13 They were they weren't taken care of at all and it
14 was terrible for their mental health.

15
16 Finally, my kids came home, and I noticed they
17 were different. They didn't want to go outside. My
18 daughter would cry every time I left the house, she
19 even cried today. She hardly speaks anymore. They
20 came home in 2019, and in October of 2019, there was
21 a final discharge. In March of 2020, we were shut in
22 because of the pandemic, and they didn't have time to
23 adjust. For months, they were on pins and needles,
24 because they were under ACS supervision, and they
25 didn't know what... what they might say may harm us.

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2 (TIMER CHIMES) My son's autism makes it hard to find
3 a good therapist. He doesn't take to most therapists,
4 and even if he does, they are not necessarily
5 equipped to meet his needs. For now, I'm his
6 therapist - I'm my own therapist as well. The
7 therapist I had called ACS on me, so how can I trust
8 any therapist? I'm not done.

9 CHAIRPERSON STEVENS: Okay.

10 ERICKA BREWINGTON: My kids are unpacking a lot of
11 stuff from this. My partner and I are as well,
12 because we weren't prepared for the mental anguish of
13 our children when they return home to us. I miss
14 seeing the light in my children's eyes.

15 We all need good therapy, but here's what I'm
16 adamant about - ACS does not get to use this as
17 another way to spy on my family. They are not
18 entitled to get a report from our children's
19 therapist about (TIMER CHIMES) the damage they did.
20 ACS may say they're getting the reports to correct
21 their mistakes, but, no, history has shown they use
22 these findings against families. ACS can pay for
23 services that families need, but they do not get to
24 get a report.

1
2 I don't know if this bill would impact me, but
3 would it be retroactive? Would it also provide
4 therapy for parents with... when their kids are
5 returned? But I do know that the harm ACS has done to
6 my family, to my kids and their mental health, to me
7 and my partner. What we don't need is more ACS and
8 more mandated reporters. They are the ones who caused
9 this problem.

10 I want to thank the city council members for
11 listening to my testimony, and I hope they will think
12 seriously about what impacted parents are actually
13 asking for. Thank you.

14 CHAIRPERSON STEVENS: Thank you.

15 MARIA HERNANDEZ: Good afternoon, my name is Maria
16 Hernandez, I'm a social work student, and I am also
17 an impacted parent.

18 My daughter was removed from my care at four
19 months, a critical stage for us to bond and form a
20 secure attachment. The American Academy of Pediatrics
21 states that family separation can have irreparable
22 harms, having lasting emotional consequences and
23 affect their long and short term health.

24 People believe the idea that because the child is
25 still an infant, they will have no recollection of

1 events. Even though the brain doesn't remember, the
2 body holds memory. Her body language, facial
3 expressions, and cry would tell another story. Every
4 time my partner and I left a visit, confusion would
5 help will fill her face. She would cry and become
6 inconsolable. Almost every single day, I would
7 receive FaceTime calls from the foster parent because
8 she acknowledged that the people my daughter wanted
9 was her parents.
10

11 The time that my daughter spent away from us was
12 10 months, but felt like an eternity. Throughout the
13 time, she was able to form a bond with her aunt and
14 her cousins who call her their sister. But once she
15 was reunited with us, it also added an additional
16 impact because of the bonds that she formed with
17 them. She went from crying because she wanted to see
18 me, to crying because she wanted to see them.

19 I am somebody who enjoys capturing every single
20 moment on camera. Like any other mother, my camera
21 roll is full of thousands of pictures of her. As I
22 look back at those four... first four months that she
23 was in my care, I see a very happy child. I caught
24 her first smile ever on my phone. I look at all the
25 times she laid on my chest and would fall asleep; I

1
2 look at the times that she was with her father
3 cuddled up in his chair.

4 When I look at the pictures that I took of her
5 when she was out of my care, that is not the same
6 baby I knew. She would be expressionless, look to the
7 side in a daze, and have a frown on her face.

8 Now my partner and I dedicate every single minute
9 of the day making up for last time... for lost time.
10 She smiles in every picture we take. She enjoys
11 playing, eating meals together as a family, and more,
12 but there are still ripple effects that we deal with
13 because of her removal. She cries in the night and
14 says, Mommy, Daddy, in her (TIMER CHIMES) sleep. When
15 her father is at work, she says, "Mommy, where's
16 Daddy?" And vice versa. She clings to me, follows me
17 around everywhere, and in order for her to fall
18 asleep, she needs my arm over her. Even in a deep
19 sleep, if she feels my arm move, she wakes up and
20 puts it over her again. Sometimes, for her to fall
21 asleep, she puts her face right next to mine. She
22 craves a closeness. And as her mother, I can't help
23 but pinpoint it to the time we spend away.

24 Not only do children need therapy, but so do the
25 parents of these children. We are expected to go from

1
2 a minimum of one hour of visitation to being full
3 time parents once again after months of separation.
4 From the beginning, we are looked down upon, treated
5 inhumanely, and assumptions of us are already made.
6 We deal with the long and short term impacts that
7 family separation has on our children, not the
8 preventive (TIMER CHIMES) service workers, ACS, or
9 anybody else. I'm gonna wrap it up.

10 CHAIRPERSON STEVENS: Thank you.

11 MARIA HERNANDEZ: It is essential for parents to
12 also be given a space to talk about their case and
13 how it made them feel without the fear of this
14 information being reported to case workers. It is
15 essential for not just children, but parents to have
16 free, quality, noninvasive mental health services
17 available when they are ready to process the family
18 separation they went through, because the grief that
19 we experience is not linear and does not stop.

20 CHAIRPERSON STEVENS: Thank you.

21 KYM MAYO: Good afternoon, Chair Stevens and
22 members of the Children and Youth Committee. Thank
23 you for calling this meeting and inviting JCCA to
24 testify on behalf of children and families we serve.
25 My name is Kym Mayo, and I am the Assistant Vice

1
2 President of Community Services at JCCA. I am a
3 licensed clinical social worker, and I have 35 years
4 in child welfare, delivering and overseeing
5 preventive programs and evidence based models.

6 Like many nonprofit providers, JCCA faces
7 challenges in retaining a fully staffed workforce.
8 This is primarily due to low salaries. The starting
9 salary for therapists in the Child Parent
10 Psychotherapy an FTR program, programs that require a
11 master's degree, begin at \$56,500. Due to low
12 salaries, we often lose staff to hospital and
13 government agencies that pay higher wages.

14 In addition to the challenges facing the
15 nonprofit community, our families are also facing
16 systemic challenges. There is very little housing
17 available that is affordable for low income...
18 excuse me... available for low income families.

19 Many of our families are chronically homeless,
20 causing children to move around the shelter system,
21 which often causes chronic absenteeism in school.

22 Many parents are unemployed and have limited
23 access to job training or vocational supports. They
24 often receive public benefits and struggle to afford
25

1 basic necessities, such as housing... such as housing
2 and groceries, due to inflation.
3

4 While we aim to address the... to address our
5 families' challenges, unfortunately, we are unable to
6 provide all the supports and services they need, due
7 to limited funding in our ACS contracts.

8 Our children require academic and vocational
9 supports that will help them improve school
10 performance, as well as behavioral functioning to
11 strengthen relations within their family.

12 I ask that the Committee increase funding in ACS
13 preventive contracts With more fundings, (TIMER
14 CHIMES) preventive provider slots will be able to...
15 we'll be able to provide additional resources to our
16 families.

17 I also encourage the City to take more action to
18 address systemic racism and challenges that face
19 preventive families and preventive programs.
20 Preventing...

21 CHAIRPERSON STEVENS: Can you wrap it up, please?

22 KYM MAYO: Yes, I will.

23 So in conclusion, thank you for taking the time
24 to consider the needs of the families enrolled in
25 preventive services. Together, providers like JCCA,

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we can continue to achieve our goal to reduce the number of families in the child welfare system and help them thrive.

CHAIRPERSON STEVENS: Thank you.

I just have a quick question to the parents, the impacted parents that are on the panel, and especially because this hearing is about preventive services and just trying to see, were you... any of you offered any of the CARES programs or services that they kinda talked about today, uhm, before the removal of your children?

ERICKA BREWINGTON: Yes, but, if I... if I denied it, I can't speak for this young lady and that young lady, but me, it was either case or investigation. There was no in between. And I wasn't told it was a seven-day investigation. I was told it was a 30-day investigation. So what was the I mean, a 30 days with CARE.

CHAIRPERSON STEVENS: Mm-hmm

ERICKA BREWINGTON: It's the same as an investigation, so I chose the investigation.

CHAIRPERSON STEVENS: Yeah. Because that's what I've been hearing, like, that discrepancy as well

1
2 around whether it being optional voluntary and those
3 things.

4 ERICKA BREWINGTON: It's... everything he said is
5 his... what he envisions, but it's not what his
6 subordinates... (CROSS-TALK)

7 CHAIRPERSON STEVENS: (UNINTELLIGIBLE) yeah..

8 PANEL: (UNINTELLIGIBLE)

9 ERICKA BREWINGTON: that's what their
10 subordinates... subordinates do.

11 I think he needs to do a week as an investigator
12 to see what they do and how they talk to us when they
13 come into our home - no respect. None what... I'm
14 already guilty, but in criminal court, I'm innocent.
15 But in family, I'm guilty, and I have to prove I'm
16 innocent. I don't understand.

17 CHAIRPERSON STEVENS: Mm-hmm.

18 MARIA HERNANDEZ: For me, in the beginning of my
19 case, I was just given a folded up piece of paper and
20 told to call Family Representation Service. That was
21 all I was told. I was told after my case, uhm, I was
22 in preventive services, I was just given a \$1,000
23 discharge grant, which nobody actually informed me
24 about. I only knew about it because I Googled it, and
25 then I brought it up. And you have to meet a certain

2 And at that time, I did not receive... I was
3 not.. I did not meet that timeline. I did eventually
4 end up getting the grant, but that doesn't even cover
5 rent. That's one, and two, I also asked for a
6 childcare voucher, because I was going back to
7 school, and my partner was starting a new job, and
8 the only person we felt comfortable taking care of
9 her was her aunt. And I can't even use that childcare
10 voucher for her aunt. It has to be, licensed
11 service... (CROSS-TALK)

12 CHAIRPERSON STEVENS: Licensed... yeah... But, you
13 didn't get the other vouchers that they were talking
14 about, which they said they had...

15 MARIA HERNANDEZ: No.

16 CHAIRPERSON STEVENS: so many vouchers for?

17 MARIA HERNANDEZ: Right...

18 CHAIRPERSON STEVENS: Which is one of the major
19 issues that (INAUDIBLE) child care now (INAUDIBLE)...
20 (CROSS-TALK)

21 MARIA HERNANDEZ: Yeah, I can't... I can't use it,
22 I, I can't use it for... to pay somebody to take care
23 of my child - somebody that I feel comfortable with.

24 CHAIRPERSON STEVENS: Mm-hmm.

25

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2 MARI MOSS: And in my situation, I was completely
3 blindsided by the whole situation. Coming from a
4 domestic violence situation, I was not offered
5 domestic violence services whatsoever. I did not hear
6 about them until way after my case had begun, and the
7 agent that was on my case acted as an instigator
8 between my husband and myself, making the domestic
9 violence situation even worse than it was before.

10 CHAIRPERSON STEVENS: Yes, I'm really sorry that
11 this was your experience. And really want to continue
12 to work with you guys to get a better understanding
13 of what went wrong. Because the reality is, I have
14 said that even when they were testifying, that I do
15 think that there is a disconnect from what is... what
16 the policy is, and then how it is being implemented.
17 And those things are a concern for me, because ,you
18 know, we have to make sure that the quality of care
19 is happening. And I think it is, the intentions are
20 there, but are they actually being implemented
21 correctly?

22 So, thank you to this panel, and I will call the
23 next panel, thank you so much.

24 Sharon Brown, Michelle Winfield, and Etophia
25 Lane?

1
2 (PAUSE)

3 CHAIRPERSON STEVENS: Anyone can start.

4 MICHELLE D. WINFIELD: Thank you, I am Michelle D.
5 Winfield, I am an elected District Leader in the 74th
6 Assembly District. I give you that reference because
7 the young lady I'm... who we will be talking about is
8 a member of the political club.

9 (PAUSE)

10 There's a young lady that has gone through the
11 foster care system. But the first thing I'd like to
12 do is speak to the Honorable Stevens and her
13 committee to say thank you. I support the bill, and I
14 thank you. I also thank ACS. I know there's been a
15 lot of talk, but I thank them for the work that many
16 do that is positive.

17 But I have suggestions, because of the experience
18 I have with the young lady and she has, through her
19 time, she's 26 years old, she went into the system
20 when she was 11 years old, and she kept journals
21 every single day. And then she produced a book, *Five*
22 *Feet of Water*, by Amiri Malloy Anderson. Everybody
23 should have a copy of that book. If you want
24 testimony, it's all here - exactly how she was
25

1 treated, what problems existed, and it's really mind
2 opening.
3

4 So these things included - she had ups and downs,
5 but she was approached in the foster care system by
6 the, uh, boyfriends of the foster care system,
7 people, men entering her room at night, social
8 workers bullying her to silence.

9 (PAUSE)

10 And even though the many ups and downs, the
11 social worker did not improve her living conditions,
12 which included girls (TIMER CHIMES) bringing men into
13 the apartment. There are suggestions that we make,
14 and just take seriously the allegations of groping,
15 molestation, and drug use in the home...

16 CHAIRPERSON STEVENS: Ten seconds, please...

17 MICHELLE D. WINFIELD: Death threats are not just
18 an incident. Paid tutoring should be paid (TIMER
19 CHIMES) I heard them say they pay for tutoring. They
20 do not pay for her tutoring. It's not... \$90 an hour.
21 Encourage children, for their education obtained
22 work, theft or bullying... bullying should not be
23 tolerated by the ACS staff. It's included in here.

24

25

1
2 CHAIRPERSON STEVENS: Well, thank you, could, uhm,
3 could you wrap up your testimony? We do have other
4 people (INAUDIBLE)...

5 MICHELLE D. WINFIELD: The last... last
6 statement...

7 CHAIRPERSON STEVENS: Thank you.

8 MICHELLE D. WINFIELD: The title of her book, *Five*
9 *Feet of Water*, because she's six feet tall, she says
10 it's five feet of water, because she wasn't
11 underwater, she was only molested once and was in 12
12 different homes. Many of her friends were molested
13 every week and in 24 homes. And thank you.

14 ETOPHIA LANE: Thank you, chair and everyone here
15 for this time. I am Etophia Lane, the daughter and
16 granddaughter of United States Army Veterans.

17 I am Brooklyn resident, small business owner,
18 HBCU alumni, divorced mother of one, and I am now an
19 impacted lived experience expert and family advocate.

20 For me, 652 is great, but it's a little too late.
21 ACS and foster agencies are currently denying
22 families medical... denying families medically
23 necessary, out of network, mental health preventive
24 services for after discharge and aftercare.

1
2 May of 2021 was the beginning of understanding
3 and experiencing how the lack of oversight in
4 creating a quality controlled channel for preventive
5 services service communications with investigating
6 CPS workers and ACS emergency services can create the
7 most damaging, traumatizing effects within a family.

8 In April 2021, a custody modification of my
9 divorce decree and an ACS withdrawal prompted my
10 family's first experience with a preventive service
11 procured by ACS that provided a sociotherapist
12 skilled working with African American Christian
13 families of divorce and children with mental health
14 diagnosis. She was a Black woman, she was degreed and
15 skilled in working with my daughter's specific
16 diagnosis, a diagnosis that required modification
17 through behavior modification through intensive
18 dialectical and cognitive therapeutic services.
19 Through Good Shepherd services, I finally found
20 relief and the support I needed where there were
21 fractures in co-parenting. Although the service was
22 provided to my ex-husband, because our child was
23 living with him, I was included from planning to
24 participating in family meetings and check ins. My
25 joint legal custody was respected. My then 11-year-

1 old daughter was supported as she stayed with her
2 father. Even after custody modification was reversed,
3 due to my husband's... ex-husband's violation of
4 custody agreement that triggered a CPS investigation,
5 supportive services (CROSS-TALK) continued
6

7 However, if you fast forward to now, it is 2024,
8 my daughter was remanded in 2021 - she was remanded
9 for service, uh, to receive services, but we had
10 preventive services. How could this happen? Well, it
11 happened. ACS emergency services were called when my
12 daughter was, uh, placed into... when I took my
13 daughter to an emergency, uh, after... to an
14 emergency room after she, uh, after she had an
15 emotional breakdown.

16 I was doing what I was supposed to do. My
17 daughter was remanded for mental health services,
18 after mental health... and for the state to provide
19 those mental health services, and then I was able
20 to... able to support them in providing the mental
21 health provider... the services were always out of
22 network.

23 CHAIRPERSON STEVENS: Thank you.

24 ETOPHIA LANE: My daughter never received
25 services. Now it's 2024, but in... wrapping up, it

1 is 2024, and despite The Office of Children's Policy
2 allowing medically necessary, out of network
3 preventive services after discharge to be
4 reimbursable, ACS and Seamen's Society for Children
5 and Families have denied preventive services (TIMER
6 CHIMES) that are out of network. My daughter has no
7 mental health services at this time. She just
8 received mental health services in March... in March
9 of 2024. So there are no services now, leaving my
10 daughter with no mental health services in... as of
11 September... as of November 2024. She's missed 20
12 days of school. She's been a B student, and now her
13 grades have dropped so much that they put her in
14 promotion to her, uh, jeopardy of her senior year...
15 to her senior year.

17 CHAIRPERSON STEVENS: Thank you.

18 ETOPHIA LANE: Thank you

19 CHAIRPERSON STEVENS: Thank you so much, we will
20 follow up after.

21 SHARON BROWN: Hello, my name is Sharon Brown from
22 the Rose of Sharon Enterprises Company. Remember,
23 Israel, we need the hostages released...

24 CHAIRPERSON STEVENS: Please, please stay on
25 topic.

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2 SHARON BROWN: yes...

3 CHAIRPERSON STEVENS: Please stay on topic.

4 SHARON BROWN: and let Yahweh's people go. That it
5 is on topic. We had someone who was from New York
6 City that died, so we need to...

7 CHAIRPERSON STEVENS: Please stay on topic...

8 (CROSS-TALK)

9 SHARON BROWN: (INAUDIBLE)

10 CHAIRPERSON STEVENS: (INAUDIBLE) Preventative
11 Services, please.

12 SHARON BROWN: Okay, so we're dealing with the
13 youth, uh, the foster care system, all of these
14 systems that do not work in America and around the
15 world are led by Roman Catholicism and Islam. We're
16 kicking them out. We're going to have Judeo
17 Christianity...

18 CHAIRPERSON STEVENS: Stay on topic, please...

19 SHARON BROWN: (INAUDIBLE)

20 CHAIRPERSON STEVENS: Preventative Services and
21 ACS. Please stay on... (CROSS-TALK)

22 SHARON BROWN: and we're going to take...

23 CHAIRPERSON STEVENS: topic...

24 SHARON BROWN: over ACS with Judeo Christianity...

25

1
2 CHAIRPERSON STEVENS: Again, I need you to stay on
3 topic, we are discussing preventative services and
4 supports for ACS. We are not talking about that
5 topic. So, please stay on topic or we will have to
6 end your testimony, thank you.

7 SHARON BROWN: Okay.

8 Preventative services are going to have to change
9 what they do, because they have not worked all these
10 years. They debilitate people intentionally, and
11 we're going to be changing the things that they do.
12 We see they do not work. We get the testimony that
13 sexual abuse is happening there, this is not a
14 surprise, this is what they believe in. They believe
15 that this is what we should be doing. They want to
16 have children marrying young people, so when they do
17 something to a little girl, I say this is what they
18 believe. We need to change who's running these
19 agencies, because you're fighting up against a belief
20 system. They believe this is supposed to happen. So
21 if you have the majority of people in the foster care
22 who are being sexually abused, and you still pretend
23 that you're shocked, Islam believes in marrying nine
24 year olds...

1
2 CHAIRPERSON STEVENS: Okay, again, we need to make
3 sure we are staying on topic...

4 SHARON BROWN: (UNINTELLIGIBLE) Roman Catholicism
5 runs (UNINTELLIGIBLE) the health system...

6 CHAIRPERSON STEVENS: Okay, thank you, thank you
7 for your testimony (TIMER CHIMES), we appreciate it,
8 thank you.

9 Thank you, no questions for this panel.

10 (PAUSE)

11 CHAIRPERSON STEVENS: Thank you, that concludes
12 the in-person portion of our public testimony.

13 We will now move to remote testimony. If are
14 testifying remotely, please listen for your name to
15 be called; once your name is called, a member of our
16 staff will unmute you. You may then start your
17 testimony, once the Sergeant at Arms starts the
18 clock, and you are cued to begin.

19 (PAUSE)

20 CHAIRPERSON STEVENS: Angela Burton?

21 SERGEANT AT ARMS: You may begin.

22 ANGELA BURTON: Good afternoon, thank you very
23 much for having me. I am Angela Burton, I'm the co-
24 chair of the Narrowing the Front Door to New York
25 City's Child Welfare System, and I work alongside

1
2 many of the advocates who have testified today as
3 well as on the state level.

4 I wanted to start, uh, my testimony is related
5 to, proposed bill 9. The Narrowing in the Front Door
6 group is very invested in family Miranda rights. We
7 know that there are two bills that will be
8 reintroduced, the verbal and the written, family
9 Miranda warnings, which are much more expansive and
10 starts at the front door. The bill that is proposed
11 today is a bit confusing, because although it says
12 that it is, uh, designed to provide information about
13 where to get legal services at the beginning of an
14 investigation, it also, in the actual language,
15 indicates that this, uh, information would be
16 provided to people after or following an indicated
17 report, which is after an investigation has already
18 happened.

19 So it's very problematic in terms of the
20 confusion around when this information would be
21 provided, as well as the fact that it only provides
22 information about where to receive services, unlike
23 the family Miranda bills, which will be reintroduced
24 later on this session, which provides a whole panoply
25

1 of information about rights, to the people being
2 investigated.
3

4 I'd like to just, read an excerpt from the ACS
5 lawsuit that is currently pending against the,
6 Administration For Children's Services to

7 (PAUSE)

8 ANGELA BURTON: I'm sorry, should I continue?

9 CHAIRPERSON STEVENS: Yes, continue.

10 ANGELA BURTON: Okay, I'm sorry. (TIMER CHIMES)

11 And I'm sorry I didn't put my video on. Uhm...

12 SERGEANT AT ARMS: Your time has expired.

13 (PAUSE)

14 CHAIRPERSON STEVENS: Ten seconds, you can wrap it
15 up. Go ahead, you were still continuing, go ahead.

16 ANGELA BURTON: Yes.

17 So, The Narrowing The Front Door Group, uhm, is,
18 uh, very... thank you, uhm, supportive of providing
19 people with their rights. But the bill that is
20 proposed today, bill 9, does not address all of the
21 due process concerns that have been well documented,
22 because it number one, it's far too late in the
23 process. And number two, it only provides information
24 about where to obtain services, which is already
25 being provided in any event. So we would urge the

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Committee to actually support the Ung and Rivera bills that will be reintroduced this session. Thank you.

CHAIRPERSON STEVENS: Thank you for your testimony. And just so we are all clear, I do support those bills in addition to this bill. I don't think it would have to be one or the other. But I do hear your concerns, and I will work with the bill sponsor to make sure those are addressed in that bill and supporting the other two bills that are being introduced. So, thank you so much.

(PAUSE)

CHAIRPERSON STEVENS: I see no one else here who wishes to testify. So, with that, this meeting is adjourned, thank you.

(GAVEL SOUND) (GAVELING OUT)

C E R T I F I C A T E

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



Date January 7, 2025