CITY COUNCIL
CITY OF NEW YORK

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TRANSCRIPT OF THE MINUTES

Of the

COMMITTEE ON GENERAL WELFARE

June 25, 2019
Start: 10:23 a.m.
Recess: 1:13 p.m.

HELD AT: Council Chambers – City Hall

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Chairperson

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

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Commissioner of the New York City Administration For Children's Services, ACS

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[gavel]

CHAIRPERSON LEVIN: Good morning everybody. Happy summer, happy election day to everybody. I'm Council Member Steve Levin, Chair of the Council's Committee on General Welfare. Today we are here to examine the Nicholas Scoppetta Children's Center and will consider Intro 1358 aimed at creating transparency around the use of psychiatric medication for youth in foster care. We have yet to be joined by other members of the Committee, but I imagine that they will be here throughout the morning. The Scoppetta center opened in 2001 at First Avenue and 28th Street in Manhattan and it is a temporary residence for children coming into foster care until a permanent placement can be found. The historic building was a vast improvement over its predecessor, a quote, "tiny, dingy building", where cots were placed in the waiting room near the Holland Tunnel. In 2013 the Children's Center was named to honor Nicholas Scoppetta, the first Commissioner of ACS who was raised in foster care and is widely credited with drastically improving child welfare in New York City. At the time, the Children's Center opened… at the time the Children's Center opened some child welfare

advocates expressed concern that it would become a shelter where children were kept for too long. Another Children's Center on 5th Avenue and East 104th Street became a place where children languished for years in the 1970s and was closed in 1977 amid scandal and litigation. Mr. Scoppetta, who remembered being locked in a closet in this old center promised that there would be no repetition of the abuse that occurred previously stating quote, "there's no reason that it couldn't become a national center for child welfare". Now, here we are 18 years after the Children's Center opened wondering if history is repeating itself. The Children's Center is currently under a cloud of scandal and litigation and has become as advocates feared in 2001 a place where children languish for too long. We are hearing reports of missing children, assaults, thefts, overcrowding, and sedated children at Bellevue for misbehavior. One of the most egregious cases was brought to our attention earlier this year when it was uncovered that a family court judge had found that the ACS… found the ACS Commissioner to be in contempt of court for failing to meet the most basic needs of a teenager named Kenneth, he was struck by a

car in 2014 leaving him with traumatic brain injury and spinal cord injuries and was prescribed a variety of weekly therapies that were not provided while he rely… while he resided in the Children's Center. Judge Emily Olshansky's contempt order documents a litany of failures by ACS including not replacing a broken wheelchair for more than a year, never applying for a home health aide to assist Kenneth with his daily activities, not getting him an updated medical exam and failing to provide him with the required occupational speech or physical therapy. He was made to suffer other indignities such as being unable to access the bathroom during visits with his family leaving him sitting in his own urine. I find it distressing that a teenager with an attorney and the judge on his side could still not obtain the basic necessities required by law and I wonder how many children suffer in silence. Up until last month, ACS was seeking family court protect, protective arrest warrants where children in ACS's care would leave without permission having law enforcement return them in handcuffs despite having broken no laws. Fortunately, last month the appellate division put an end to this traumatizing practice finding no

legal basis for such warrants. ACS has taken measures to remove older youth from the Children's Center in recent years including the opening of a few youth reception centers to house 14 to 21 year olds while they're awaiting placement and a host… and a host home program which offered foster homes for older youth and 15 hours a week with a social worker. These programs are meant to place youth in smaller settings with more resources where their needs can be met however the host, host, host home program was discontinued in 2017. I look forward to learning from ACS and providers about the progress of the youth reception centers and what caused the collapse of the host home program. ACS has also recently announced a number of reforms at the Children's Center including a review of youth with special needs, leadership changes, additional security cameras, an increase in peace officers and working closely with NYPD. ACS has announced that an independent expert will be making a thorough review and making recommendations for reforms. I look forward to hearing about the progress of all of these measures and any other efforts that ACS is taking to improve conditions at the Children's Center and relocate children who are better served

through other programs. I also want to discuss security measures that are being taken at the Children's Center to ensure the right balance of safety and child wellbeing are being met. We do not want the Children's Center to feel like a detention facility. We will also today be considering Intro 1358, a bill that I am sponsoring to shed some light on the use of psychotropic medication by children in ACS's care. Studies have found significantly higher rates of psychiatric medication use for children in foster care than the general population. ACS should be collecting and monitoring data on whether medications prescribed to youth in foster care were approved by the FDA for, for child's diagnosis and tracking data on the number of clinicians who had prescribed medication to each young person. ACS will be required to submit a report identifying problematic prescribing trends within foster care agencies such as the concurrent use of multiple medications, prescriptions for children under five, prescriptions to more than one… for more than one medication for the same class… sorry, prescriptions to more than one medication from the same class of medications and prescriptions without any therapeutic

services. I would like to thank Council staff for their work to prepare for today's hearing; Counsel Aminta Kilawan; Policy Analyst Tonya Cyrus and Crystal Pond and Finance Analyst Daniel Kroop. I'd also like to thank my Legislative Director Elizabeth Adams and Chief of Staff Jonathan Boucher. I will now turn it over to the Commissioner and, and Deputy Commissioners for their testimony but first I will ask Council of the Committee to swear you in.

COMMITTEE CLERK: Would you please raise your right hand? Do you affirm to tell the truth, the whole truth and nothing but the truth today before this committee in your testimony and to answer honestly to Council Member questions?

DAVID HANSELL: I do.

JULIE FARBER: I do.

COMMITTEE CLERK: Thank you, you may begin.

DAVID HANSELL: Thank you. Good morning Chair Levin. I am David Hansell, Commissioner of the New York City Administration for Children's Services. With me today are to my right Julie Farber, who's our Deputy Commissioner of Family Permanency Services, to my immediate left, Winette Saunders, Deputy

Commissioner for Administration and my far-left Dr. Suchet Rao, who's our medical Director for Psychiatry and Behavior Health. As Commissioner, I have no greater responsibility than to make sure that the children who are entrusted into ACS's care are safe and well cared for in an environment that reduces the negative impact of trauma, allowing them to begin to heal. Over the past few months, building on the foundation put in place over many years, we have made significant progress in strengthening the work we do at the Children's Center and to more expeditiously find placements for the children and youth. While there is still more work to be done, and some of our initiatives take time to implement, we are proud of the progress that we've made and we appreciate the opportunity to discuss ACS's ongoing quality improvement and enhancements at the Nicholas Scoppetta Children's Center with you today. Our work on behalf of the children who come to the Children's Center focuses on three key goals. First, to provide a safe, trauma informed welcoming environment for the children and youth. Second, to provide all of the services and supports the children and youth need while they're at the Children's Center including

health, mental health, education, programming and other supports for children and youth experiencing trauma. And third, to find a safe and supportive foster care placement setting that meets the child's needs until he or she can return home, or another permanency arrangement is finalized. The Children's Center serves as the entry point for many of the children and youth who come into New York City's foster care system. This includes children and youth who have been abused or neglected, youth who are placed on persons in need of supervision petitions when parents are struggling with their youth's behavior, youth leaving the juvenile justice system who do not have an identified resource to care for them, and children and youth whose parents voluntarily placed them in foster care because they are struggling to care for their children. As you know, ACS provides prevention services and supports so that the overwhelming majority of children we come into contact with can remain safely at home with their families. When children and youth come into foster care, ACS makes every effort to identify a safe kinship placement with family or close friends known to that child. When a kinship placement cannot

be immediately found ACS identifies a foster home or other appropriate foster care setting based on the child's needs. The Children's Center is a 24/7 setting that provides medical clearances for children and is a temporary placement for children when there is no appropriate foster care setting immediately available. Nearly half of the children are at the Children's Center for one day or less, more than two thirds leave the Children's Center within four days. And the center serves New York City's most vulnerable children and youth, a total of 2,773 children, unique children last year, age range from newborn to 21. From the first day that a child enters foster care in New York City, ensuring their safety, permanency and wellbeing is crucial. In recent months, ACS has undertaken a comprehensive, deep analysis of the Children's Center including a close examination of how we are meeting the needs of children as well programmatic and operational requirements. In March of this year, I ordered a number of immediate steps that included these; an intensive case review of every child with special needs by our Chief Medical Officer, which ensured that these children and youth were safe and healthy and that their needs were being

met; security enhancements to maintain the safe environment for youth and staff that's necessary to create a therapeutic milieu and enhanced collaboration with the NYPD on both youth enrichment opportunities in the Children's Center and safety in the surrounding community; expanded high level leadership support at the Children's Center including leveraging Deputy Commissioner Winette Saunders' expertise in youth programming, safety and security protocols. In addition to these immediate actions, we've continued to make enhancements in the past three months which I'll detail more thoroughly in my testimony but these include onboarding a new Assistant Commissioner to the Children's Center, David Bauer, who brings more than 20 years of clinical experience and expertise working with children in residential care; developing a new staffing plan for the hiring of 95 additional staff for the Children's Center across multiple program and operational functions; significantly expanding programming for the children and youth at the Children's Center; enhancing safety for youth and staff by putting in place additional peace officers and renovating the entry screening area to allow for

easier identification and removal of potentially dangerous contraband; creating and implementing a plan for shorth term and long term renovations to the facility, which will move nonessential functions out of the building and expand the space available for youth programing; and finally expanding the number and range of placement options available throughout our foster care system for high needs youth and enhancing case planning and family finding services on site, all with the goal of expediting placement of young people from the Children's Center to more appropriate settings. I will now provide you with more information about the work that we have done to add new resources and enhancements in these core areas; staffing and training; therapeutic milieu and clinical services; education; programming; safety; facilities enhancements; and initiatives to decrease the census and length of stay at the Children's Center. We know the children who have experienced abuse and neglect, removal and other separations from their families are experiencing some of their moments of greatest trauma. At the Children's Center, it's our job to minimize trauma and help children begin the healing process. Continuing to enhance the

therapeutic milieu at the Children's Center is there for a priority. In April, we added an Assistant Commissioner to the Children's Center, David Bauer, who is implementing new therapeutic models to best meet the needs of children and youth. We also partner closely with the Bellevue Department of Child and Adolescent Psychiatry to meet children's clinical and mental health needs. An onsite team that includes professionals in psychiatry, psychology, and social work provide assessments, counseling and crisis intervention, as well as training and consultation for our Children's Center staff. We're implementing more community meetings with youth as a way to consistently check in, allow youth to express ideas and concerns and problem solve around challenges. While our goal is for youth to feel safe and empowered to express themselves, we've also instituted a feed… a feedback suggestion back where youth can anonymously share any concerns or suggestions that they may have. We're also working with Save Our Streets, otherwise known as S.O.S, to bring credible, credible messengers and restorative justice practices to the Children's Center and to implement a youth council, all with the goal of

reducing incidents on and off site and engaging youth in positive activities and behaviors. These practices are crucial to incorporate youth voice into our practices and to build community with the young people who are with us, even if only for a short time. The Children's Center provides a wide range of educational, recreational and social emotional programs that are delivered both on site and off site in partnership with community organizations, the NYPD, the Department of Education and many, many other partners. The goals of our programming are to reduce the impact of trauma, to provide enrichment and recreation, to meet children's social and emotional needs, and to provide life skills and social skills, and to enhance safety by reducing idle time. We have long standing trauma reduction programs with Culture for One, the Pajama Program and many others. And many new programs have been added during the past few months, including collaboration with the Lower East Side Girls Club and the National Arts Club. We hold celebrations for holidays and special occasions, include our Second Annual LGBTQ Pride event and Puerto Rican… Puerto Rican Heritage Month celebrations both of which held this month.

Programming of course is key to helping reduce trauma and provide connections and enrichment, and we greatly appreciate the assistance of the community and the local elected officials in our program development efforts. This summer, youth at the Children's Center are participating in DYCD's Summer Youth Employment Program, they'll be participating in an NBA Basketball Camp at Chelsea Piers, they'll be attending summer school, participating in Creative Art Works, and spending time at the Asser Levy swimming pool and gym and the Tony Dapolito Recreation Center. Many of our providers will continue programming over the summer, including Planned Parenthood, Culture for One, New York Road Runners, the Good Dog Foundation, and Beautiful Me. And we will continue our Friday Movie Night, our Saturday Bingo Night, our Sunday Karaoke/Dance Night and also organize basketball tournaments and ping pong tournaments. We have a number of trips already organized including FDR State Park, Splish Splash Water Park, Great Adventure, Playland Park, Coney Island and the Bronx Zoo. Beyond this we're leveraging an additional million dollars in funding to expand programming at the Children's Center even

further in the coming year. And I want to thank our partners at OMB and the Mayor's Office for working with us to achieve this important priority. We're looking forward to expanding onsite and offsite programming to engage children and youth while they are at the Children's Center. I am deeply grateful to the staff who dedicate each day to caring for children at the Children's Center. The team at the Children's Center includes childcare staff, social workers, a pediatrician and a team of nurses, staff that design and implement programming for children and youth, placement specialists and an onsite team of mental health professionals from Bellevue Hospital. Their jobs are incredibly challenging and rewarding and I wanted to be sure to use this opportunity to thank them for all that they do. We are focused on building our workforce of highly-trained, dedicated individuals who meet children at their most vulnerable moments. In addition to Assistant Commissioner Bauer, we've added a new Deputy Director for Programming to join the dedicated team of staff who are working to continually expand and target programming opportunities to meet the needs of children and youth. We regularly assess the

staffing needs at the Children's Center to maintain the correct staffing ratios as the census fluctuates and to minimize the use of temporary staff. As a result and given the high priority of the Children's Center and the children we serve there, we worked with our partners at OMB and the Mayor's Office, who've authorized the hiring of an additional 95 staff for the Children's Center over the coming months. These will include 49 positions in the Child Care Department, 12 social workers, nine positions in the Office of Placement, three in our Programming and Wellness Department, and 22 positions in the Intake Department including engagement specialists and visiting specialists. We are also working hard to enhance training and professional development for the Children's Center workforce, to equip staff with the tools they need to keep children safe and to minimize trauma. As such, we are now adding two new dedicated positions within the ACS Workforce Institute to exclusively focus on providing training and professional development for Children's Center staff. In addition to training on Safe Crisis Management, a trauma informed de-escalation and crisis response protocol, Children's Center staff participated in 19

different training sessions from January through May on other topics. These included safe sleep, suicide prevention, working with children with autism, trauma and its effect on brain development and providing culturally competent services for LGBTQ youth. We also work with partners including Safe Horizons, Bellevue and others to offer training for staff on important topics like human trafficking prevention and engagement with youth exposed to trauma. Tending to the medical needs of children who come to the Children's Center is also a critical component of our work. We have on site or on call pediatric physicians or nurse practitioner and nursing coverage 24 hours a day, seven days a week. In addition to medical care, children and youth at the Children's Center are evaluated and provided with dental care and vision care. The Medical Director and the Nursing staff are able to identify medical needs of the children by conducting a physical examination, and reviewing information from the caseworker, from previous medical records and from the school as these become available. A comprehensive care plan is then developed, and medical needs are addressed throughout the child's stay at the Children's Center. The

Medical Director has daily check ins with nursing staff, communicates daily with the Child and Family Specialists regarding the appropriate level of care, and attends weekly meetings with the Office of Placement Administration to provide advice on the placement of children and youth with complex medical needs. In addition, the Medical Director updates ACS's Chief Medical Officer on any child or youth at the Children's Center with complex or acute needs. When children have experienced trauma and disruption, school is a critical thread of continuity and that's why we're intensely focused on making sure that children at the Children's Center are able to attend their home schools when it's in their best interest and that youth who have been disconnected from school prior to coming to ACS are reengaged and supported to continue their education. For younger children and those with special needs, ACS transportation services accompanies the children to and from school every day. We have implemented a shuttle service to the 14th Street subway hub so that older children can more easily get to their needed destination. And our local Neighborhood Coordination Officers have been incredible partners in this effort by meeting with

older youth on site and providing mentorship about the importance of education. To better serve our young people who require alternative education pathways, we've established an onsite high school equivalency program with our partners at the New York City Department of Education where older youth can meet with a guidance counselor, take the high school equivalency tests, and attend classes to get their education back on track. ACS is committed to a safe environment for every child who comes to the Children's Center and every staff member who works there. It is critical that children and youth who come to the Children's Center, at what is often one of the most traumatized moments in their lives, feel safe in our care. Safety is an essential component to creating a therapeutic milieu to begin to address trauma, so children and youth can begin to heal and to thrive. So, to do this, we have increased the number of peace officers at the Children's Center, which has enabled them to spend more time on the floors where children and youth reside, interacting with youth and staff and making them feel safer. Our peace officers, as well as all other Children's Center staff, have been trained in Safe Crisis

Management. ACS has also renovated the entry screening room so that it has more space and can enable staff to better find and confiscate any potentially dangerous contraband. We completed construction to expand the screening room last month, and it is fully operational. We have an invaluable partnership with the local 13th precinct, which involves both youth enrichment activities and security support in the external environment and I cannot thank our NYPD colleagues enough for their dedication to our efforts to help ACS remain a good neighbor in the community. Given our changing needs at the Children's Center, ACS has been making some short-term facility enhancements as well as developing a longer-term renovation plan. We recently renovated the security screening room and installed additional security cameras. This summer, new recreational furniture, new beds and dressers and wi-fi will be in place and we are moving some unrelated administrative operations out of the building, which will allow us to expand the space available for programming for children. We are also working with DDC on a longer-term capital plan, which will include creating an additional intake space, relocating the

nursery to the first floor, renovating the second floor and turning the current auditorium into a gymnatorium. Our immediate and longer-term efforts to enhance services, supports and safety for everyone at the Children's Center are critically important but of equal importance and focus we've… identifying additional ways to reduce, reduce the length of stay for children at the Children's Center and to establish more options within our care continuum to serve older youth. While nearly half of all of the children who come to the Children's Center are there for less than 24 hours and two thirds leave within four days, there is a relatively small number of high need children and young people for whom placement is more complex and can take longer. We are in the process of recalibrating our system to best serve the full range of young people who reside at the Children's Center and to expedite the process of identifying the most appropriate placements for all of them. We have already taken key steps in this area and more are on the way, including these; we've added case planners at the Children's Center to focus on finding kin or other foster care placements; we've enhanced proactive case planning and home finding for

youth in detention who are likely to be discharged soon and who do not have a family resource; we've instituted a family finder pilot with three of our foster care providers who will help find kin resources and provide prevention services for long stayers at both the Children's Center and the Youth Reception Centers; we created 144 new therapeutic family foster care slots, therapeutic family foster care is a family based foster care setting where the child receives specialized services for youth with moderate to severe behavioral or emotional issues, while living with a specially trained foster parent; we've added residential care capacity, including eight new beds already in use with our provider Abbott House and 11 new beds coming online soon through our provider Cardinal McCloskey; and we're collaborating with DOHMH on interventions for high needs youth 18 years or older who have serious mental health issues, by referring those youth to the DOHMH Intensive Mobile Treatment teams and the Forensic Assertive Community Treatment programs. In addition to these programs already underway, we're continuing to explore and identify additional placement options. We have recently identified a new residential care

site within our portfolio that is planned to open in the coming months to serve eight high needs youth. We're working closely with our state partners, the Office of Mental Health and the Office of Children Family Services and New York City DOHMH to pursue the development of a new program tailored to youth who need higher levels of care. We are also continuing to work and advocate with the State Office for People with Developmental Disabilities to enable our youth who reach age 21 to be placed into the OPWDD system if their long-term care needs can best be met in that system. Building our relationship with our neighbors, with tenant associations, community-based organizations and elected officials in the Children's Center Manhattan community, has helped us develop important collaborations with community members and the many programs and services nearby. In the fall of 2018, we created a Community Advisory Board because we wanted to engage all of our stakeholders in supporting the critical work at the Children's Center. I want to be sure to use the opportunity here to thank the members of our Children's Center Advisory Board, which includes elected officials, the local Community Board, Bellevue, the NYPD, program

partners, neighbors, tenant associations and other leaders from our neighborhood. These members have been committed to helping us problem solve issues in the community, to provide ACS with connections to local assets including programming in the nearby parks, at the Lower East Side Girls Club, the National Arts Club and more. And they've been ambassadors to help demystify our work at the Children's Center and to carry important messages, for example, foster care recruitment, to the community. And I want to especially thank Council Members Powers and Council Member Rivera and your incredible staffs, for your work with us on the Advisory Board. Let me now move on to the proposed legislation. We very much appreciate the Council's interest in data regarding the prescribing of psychiatric medication to children in foster care. We are well aware of the national data and trends that show high rates of psychiatric medications being prescribed for children in foster care. During my service in the federal Administration for Children and Families in the Obama Administration, I became familiar with the disturbing national pattern and I came to ACS determined to address it. Because of our

deep concern with these problematic prescribing trends, we drafted a new policy, and issued guidelines while the policy goes through the finalization process, that aim to make New York City a leader in this area. The policy was released for public comment some time ago and is now with OCFS for final approval. This new policy, and the interim guidelines, seek to ensure that psychiatric medication is used sparingly and judiciously with children and youth in foster care with a well-established medical need. To do this, the policy seeks to ensure that psychiatrists document a clear indication for use of medication as an element of a comprehensive treatment plan based on a recent psychiatric examination and after having first considered and implemented other treatment options including trauma informed therapeutic services. While medication… when medication is recommended, no more than one medication should be prescribed at a time except in extreme circumstances, the child should be monitored regularly, and medication should be adjusted so that the minimum effective dose is used at all times. Clinically speaking, there are good reasons that a medication may be necessary at a

certain point in time, but we want to ensure that prescribers are routinely checking whether the minimal effective dose is being used or if the medication is required at all. Efforts should be made to taper off or discontinue medication after a certain period, so that youth receive the lowest effective dose. Our foster care providers are also required to get parental consent whenever possible, and ACS has a stringent oversight and approval process for any parental overrides in instances where necessary for children's wellbeing and where we are legally authorized to do so. When youth are over 18, married, or parenting, the youth is able to make the decision to consent on his or her own. And our psychiatrists are regularly… they regularly provide consultations to foster care agencies and to parents regarding psychiatric medications, their impact and alternatives. Our new policy aims to strengthen parental engagement in the decisions around the use of these medications. The new policy will require more detailed written consents for parents, strict time limits on the provision of these medications before the need for a new consent and review, and additional steps to prevent the prescription of

multiple psychiatric medications. We are eager to implement this policy as soon as it is approved by our state oversight agency, OCFS. Like the Council, ACS believes that having data about the systemic use of psychiatric medications would be valuable. Currently, in addition to our oversight of individual cases, ACS has a Medical Audit Unit, which conducts annual reviews of the health and mental health care that children in foster care receive. But while the prescription of these medications needs to be individualized, data about aggregate use and trends would provide us with insight into our system as a whole. Currently, ACS does not have access to the data that the Council is requesting, but we are advocating for access to aggregated data about the use of psychiatric medications in our foster care system. These data are currently collected in the Medicaid data system, overseen by the State Department of Health. These data, like all health data, are protected by strong privacy laws and regulations. But given our responsibilities, ACS believes it is critical for us to have this information to ensure that medications are being appropriately administered, so we have requested

access to the information from our state partners, OCFS, OMH and DOH. One of the recommendations of the Foster Care Task Force was to advocate to the state to provide ACS with access to the Psychiatric Services and Clinical Knowledge Enhancement System, known as PSYCKES, which is a web based portfolio of tools that uses data from the New York State Medicaid claims database to generate data about diagnosis and treatment, including psychiatric medications prescribed. We've been in conversations with OMH and OCFS about getting access to the information in this system and we are optimistic that this will be resolved. Once we gain access to PSYCKES, we believe that we would have much of the information the City Council is looking for in this bill and we'd welcome the opportunity to talk more at that time about what data we can publicly report and provide to the Council. In addition, children in foster care are due to transition into Medicaid managed care in October of this year. As part of our conversations with the state about this transition, we have also been advocating to get access to more aggregate level data regarding the health and mental health of children in foster care. It is our understanding that after the

transition to managed care there should be additional linkages to medical data in the system of record, connections that we use at the request and, and the mandate of OCFS and so we are continuing to advocate for access through this route as well. So, to conclude let me thank you for the opportunity to discuss our work at the Children's Center, the ways in which we are enhancing the services that we provide when children first come into foster care, and our efforts to ensure psychiatric medications are prescribed as judiciously as possible for children in foster care. I thank the Council for your leadership and steadfast support and look forward to our continued partnership and we are happy to answer your questions.

CHAIRPERSON LEVIN: Thank you very much Commissioner. I'm going to turn it over to my colleague Keith Powers for, for questions, he's somewhat time limited here so… [cross-talk]

COUNCIL MEMBER POWERS: Appreciate it… [cross-talk]

CHAIRPERSON LEVIN: …then we'll get… we'll get to ours.

COUNCIL MEMBER POWERS: Thank you and I want to be here as the center's in my district and as you know just across the street from Council Member Rivera's district, so we've heard some of the… you know as events have happened in the community in the last couple of years, have both heard from constituents related to some of the high profile incidents and appreciate the forming of the community advisory board and other ways to be responsive to the community and to the elected officials just to take a step back, the… and I do have to run to a hearing so thank you for, for the time, can you just tell me how, how many children today are living… are in the Children's Center?

DAVID HANSELL: As of today?

JULIE FARBER: 75…

COUNCIL MEMBER POWERS: 75, you have to turn your microphone on…

JULIE FARBER: 75 was the census this morning.

COUNCIL MEMBER POWERS: 75 this morning and is that at capacity or what is total capacity?

DAVID HANSELL: It is below capacity, our, our licensed capacity from the state is 101, it

is consistent with… pretty much what the average census has been, over the past year the average census has been about 77 so it is consistent with that… [cross-talk]

COUNCIL MEMBER POWERS: Since the… since when has it been 77?

DAVID HANSELL: Over the past year… [cross-talk]

COUNCIL MEMBER POWERS: The year… [cross-talk]

DAVID HANSELL: Ever since has… [cross-talk]

COUNCIL MEMBER POWERS: And, and has it gone up over the last few years? I, I noted that in our… in our report it had the census around 30 in I think 2014, is that correct?

DAVID HANSELL: Yes, over the past several years the average census has gone up.

COUNCIL MEMBER POWERS: Okay and is the… what's the age range of, of children living at the Children's Center?

DAVID HANSELL: We serve children from newborns up to age 21.

COUNCIL MEMBER POWERS: Up to… okay and, and what's the average length of a child's stay currently at the Children's Center?

DAVID HANSELL: Well as I said about half of the children who come into the center leave within a day, about two thirds leave within four days and then there are a small number, mostly older youth who stay for longer periods of time because it's a more complex process to find an appropriate placement for them.

COUNCIL MEMBER POWERS: Okay, is there a… has that average gone up in the last few years?

JULIE FARBER: No.

COUNCIL MEMBER POWERS: No, it's stayed consistent?

JULIE FARBER: So, well we've had an increase in the number in, in, in the number of some older teens who have been staying longer but the vast majority as the Commissioner said still leave within three or four days.

COUNCIL MEMBER POWERS: Okay, but the… but the question was, has that gone up so the answer is no, the average stay or is it for… just for older kids that average stay has gone up?

JULIE FARBER: Just for older kids, there's a, a group of kids who have been staying longer but in general the vast majority of kids are leaving within one, two, or three days.

COUNCIL MEMBER POWERS: Okay and, and why do… what do you attribute to the increase in census and, and… well let's start there, what is… what is… what is the city attribute to… or the… or the agency attribute to the increase in the daily census?

JULIE FARBER: So, a couple to things, I mean certainly after a high profile incident in 2016 there was a… an uptick initially as, as happens when there's an increase in, in public reporting and then as we alluded what we have seen at the Children's Center is a group of young people with very high needs who it is challenging to find the right set of placements in the foster care system for these young people as we've seen positive decreases in the juvenile justice system, there's a group of kids for whom we are really working to find the right set of services and placements for those young people.

DAVID HANSELL: The, the other thing that I might add to that is that as you know, we've talked about this in previous hearings, the number of young

people in foster care in New York City has continued to decline, it's lower… it's about 8,300, lower than it has been, lower than it's been in, in decades really but the proportion of young people coming into foster care who have more complex needs has proportionately increased as the overall population has gone down… [cross-talk]

COUNCIL MEMBER POWERS: Do… what… why… but what do you attribute to that?

DAVID HANSELL: I… well I, I would say and again I can't connect these definitively but as we've testified in previous hearings I think the reduction in the foster care census overall has to do primarily with our investment in preventative services so that we're able to serve more families, keep more families together, keep more children at home even in situations where we've identified some concerns than we used to be able to do and so fewer of those children now come into foster care.

COUNCIL MEMBER POWERS: Got it and the… and the 100… what, what, what'd you say is the capacity, 101, is that the number?

DAVID HANSELL: Yes.

COUNCIL MEMBER POWERS: Okay, 101 is the capacity, does that mean that you feel comfortable with 101 children in your… in, in the Children's Center at any given time and that seems to be… that could be the maximum that the state allows but not necessarily what would be comfortable or be able to… for, for the agency to be able to serve them appropriately, what is the number by which you feel that your maxed out in terms of population in terms of space, ability to serve and give them… and staffing ratios and things like that?

DAVID HANSELL: Well our goal is to keep the population as low as possible, our goal is to place… our goal initially is if, if a child comes into foster care through any of the routes I mentioned and it's, it, it could be through an abuse or neglect investigation, it could be through a PINS petition, it could be through a voluntary placement by family or it could be a child leaving the juvenile justice system without a family resource to take responsibility for them however they come in our goal is to find them a foster care placement immediately or, or ideal like kinship placement immediately. The foster… the Children's Center is only there in

situations where we can't immediately find a kinship or a foster care placement so our goal is to keep it as low as possible and our goal is also when children come to the Children's Center to continue to identify another resource, kinship resource, foster care placement or residential placement as quickly as possible so our goal is to keep the population at the Children's Center as low as we possibly can.

COUNCIL MEMBER POWERS: Yeah and we'll… so is mine but I… my question was actually what do you feel is the comfortable number for how… it's been impressed upon me that perhaps you're getting overcrowded in that facility and it's, it's… I think it's fair and appropriate to say there's a number I wish the state would say this is how much your license is for versus what you feel is actually the amount of people… you know the amount of children you can have in your… in the custody there to be able to serve that, that population appropriately so I just want to… I'll just repeat the question which is do you feel if you were at 101 today that every child would be served appropriately, and you wouldn't feel overcrowded?

DAVID HANSELL: Yes, we feel we can safely and appropriately serve a capacity of 101 which is I think the basis for the state setting that level for our licensure.

COUNCIL MEMBER POWERS: What's the highest number of children you've had in the Children's Center than any… on any day?

DAVID HANSELL: We… so, what we do is… when we… when we see ourselves approaching that limit which happens periodically because kids come and go all the time we implement a number of more aggressive steps to reduce the population and again where ever we can to divert children from coming to the Children's Center in the first place. So… and, and Deputy Commissioner Farber can describe those but basically it's working more intensively with our foster care agency partners to make sure that we're utilizing every other resource available in our system to make sure that we're fully utilizing the resources within our youth Reception Centers, anything we can to move children out of the Children's Center quickly or to keep them from coming into the Children's Center.

COUNCIL MEMBER POWERS: Why, why wouldn't that be this strategy every day then?

DAVID HANSELL: It is, it is, it is but as we approach… because we want… as I said we want to keep the population as low as possible, if we are approaching a higher… the… up to the limit we would begin to implement a number of more aggressive strategies as we need to do that to make sure that we don't go above that limit.

COUNCIL MEMBER POWERS: Okay… [cross-talk]

JULIE FARBER: And… I was just going to say and, and fortunately as I think Council Member Levin alluded this… the Scoppetta Center is a large and beautiful building and its spacious and so we have the capacity to serve 101 children, we're also as I think the Commissioner mentioned in his testimony, there's already a lot of programming space at the Children's Center where we have many, many, many different programs on site but literally just this week we're actually moving some other functions out of the Children's Center to increase the programming space there.

COUNCIL MEMBER POWERS: You're moving administrative space, is that correct?

JULIE FARBER: We're moving some… administrative function that does not need to be at the Children's Center… [cross-talk]

COUNCIL MEMBER POWERS: Okay… [cross-talk]

JULIE FARBER: …and they'll be… we'll be creating even more programming space for the young people, but it is a… it is a very large and spacious building.

COUNCIL MEMBER POWERS: Got it, okay, thank… the… I, I think there in the past have been some conversation around moving older children out of the Children's Center, is that still happening, is… what's, what are the plans to do that?

JULIE FARBER: So, as I think Council Member Levin mentioned we did create over the last couple of years three new youth Reception Centers that… I think it's 30 beds that serve young people 14 to 21 and those centers have been operating and as the Commissioner mentioned we use those centers on a daily basis to try and reduce the numbers of teens at the Children's Center.

COUNCIL MEMBER POWERS: And are you at capacity at those ones or what, what, what would prevent you from doing a full switchover of the 14 to 18-year olds from the Children's Center to one of those three facilities?

JULIE FARBER: Those three are typically at capacity.

COUNCIL MEMBER POWERS: Okay and how is it determined whether you go to one or you come to two, I mean how do… where are the other three sites?

JULIE FARBER: One is in Brooklyn and Staten Island… sorry, two are in Brooklyn, two are in Brooklyn and ones in… [cross-talk]

COUNCIL MEMBER POWERS: Got it… [cross-talk]

JULIE FARBER: …Staten Island.

COUNCIL MEMBER POWERS: And then how are you… how is it decided whether you go to Brooklyn or Staten Island or Manhattan?

JULIE FARBER: Yeah, so a couple of… a couple of different factors, you know we consider the best interest of the child first, first and foremost and so geography so if, you know a child is from Brooklyn and, and nearby one of the Brooklyn YRCs so

that's sort of our first and foremost concern and then obviously if there are no spaces at the YRC then a child might come to the Children's Center but our first choice would be to place teenagers at the YRCs and the YRC that's closest to their… you know to their home and school.

COUNCIL MEMBER POWERS: Is there… the, the… is there a reason there's not one in Queens or the Bronx?

JULIE FARBER: Well there is one in the Bronx, there is a, a Reception Center for young children zero to 12 in the Bronx and this is where we were able to site these four programs.

COUNCIL MEMBER POWERS: Okay, I'll… using a lot of my time up so I'll just… I'll just… I'll ask a… two… a couple more questions, one is can you just talk about, this has come up I think at the CAB or certainly leading into it, is the protocols for when a child leaves the Children's Center to go somewhere else obviously you have activities that you bring them to in my district and throughout the city and I think even outside of the city but also I… just curious what, what are the… what are the, the protocols for somebody being able to leave, is there

a curfew, what happens… what happens to that because that's been some questions that have come up in the community I think… [cross-talk]

JULIE FARBER: Yeah… [cross-talk]

COUNCIL MEMBER POWERS: …community advisory board and others about what those processes are?

JULIE FARBER: Absolutely and we've discussed that at the Community Advisory Board, I mean our first priority is the safety of the children, you know at the Children's Center, off site from the Children's Center and so we work with young people, we have staff that are working very closely with young people to engage them, to understand where they're planning on going if they're going off site, I mean one important thing that, that I know you understand is that this is a child welfare facility so it is… it's not a jail, it's not a, a locked facility and we also follow reasonable, what's called reasonable and prudent parenting standards and teenagers are allowed to, you know go out in the community. Of course, we work with young people to try an understand, you know where they're going and

what their plan is and to ensure their safety in terms of leaving the Children's Center.

COUNCIL MEMBER POWERS: And is, is there a curfew and is, is it a… so, I, I know with some… like other facilities there is like a curfew but obviously you're not going to deny somebody if they need a place for the night but what, what, what is the rules around curfew and hours?

JULIE FARBER: Well there, there's a curfew, there is a curfew and they, they differ depending on the age whether you're 15 or whether you're 17 but it's somewhere around nine or ten o'clock at night.

COUNCIL MEMBER POWERS: And if you come back after the curfew… [cross-talk]

JULIE FARBER: Oh, no you… we let you back in…

COUNCIL MEMBER POWERS: Okay, yeah… [cross-talk]

JULIE FARBER: Yeah.

COUNCIL MEMBER POWERS: Okay, I'm going to end there, yeah, I would actually… I remember… as I was telling to the Chair that at some point we'd love to actually I think maybe for both of us to come

by and actually get a tour of the facility as well, I live ten blocks from there or something so, it's easy for me but we'll, we'll invite the Chair as well if, if he'd be amendable to that and I appreciate your work to help with the community understand the challenges you have and then also understanding the… you know the challenges the community have raised in terms of… I think as a census group… and it was also growing that there's been more incidents and… yeah, I appreciate your work to help address those swiftly but you know of course we always still get questions about it and we'll, we'll always continue to, to, to engage the agency and administration on those challenges but also with… you know I think at some point I'll bring the Chair with me and we'd love to come by and take a tour, take a visit to it as well.

DAVID HANSELL: Uh-huh, well thank you and I do want to… I know I mentioned in the testimony but Council Member Powers I do want to thank you and your staff, you have been very supportive and helpful to us, you have helped us to build relationships with the community so we could address concerns and also bring services to the young people and I should probably also acknowledge Assembly Member Epstein who

of course has worked very closely with, with you in that regard as well so we're very appreciative of that.

CHAIRPERSON LEVIN: Thank you Council Member. So, just to… just to confirm on the record so it's possible for us to, to take a tour because I know it might be sensitive because there's… [cross-talk]

DAVID HANSELL: It is, obviously, you know we are required both by law and, and by good practice to protect the privacy and the confidence of the kids, these are kids who as I said in the testimony of course are in difficult moments in their lives and… [cross-talk]

CHAIRPERSON LEVIN: Yeah… [cross-talk]

DAVID HANSELL: …we don't want to expose them to more trauma, so we really don't… [cross-talk]

CHAIRPERSON LEVIN: Right… [cross-talk]

DAVID HANSELL: …make sort of the, the Children's Center as a whole publicly available but we can work with you certainly to arrange an opportunity for you to view some of the programmatic areas within the Children's Center so we'd be happy to talk with you further about that.

CHAIRPERSON LEVIN: Okay. Okay, so I want to… also we've been joined by Council Members Lander and Reynoso as well. I want to follow up a little bit on Council Member Powers questions just to get a better sense of, of what the overall picture is at the Children's Center, so he asked about the census growing over, over time, I think in 2013 the average daily census was somewhere around 30 and that's grown to, to an average daily census of, of close to 80 and, and then as you said its 75 today, that's obviously an enormous increase over 200… you know over 200 percent and I know that there's recent incidents, high profile cases that have led to an increase in calls to the SCR and investigations and that has driven some of this but there has to be more that has led to this significant increase and I feel like if we are able to fully understand what has gone into that and what has driven that increase we'll be better able to determine what the appropriate solutions would be if we really get a sense of what has driven that increase in census and what has driven that increase in length of stay and… because it's… you know the, the, the basics of the child welfare system have not changed since 2013 so the…

you know the, the, the foundations of it are, are… you know things have… there, there have been incidents but, but the basics haven't changed and in fact, you know the overall trends are going in positive directions so…

DAVID HANSELL: Well let me… let me say a few things and then I'll let Deputy Commissioner Farber add. So, you're right, this… it's very important for us to understand what's behind the increase in the population of the Children's Center and we try very hard to do that. I, I would I think identify three things in particular which I… two of which we've touched on so far, one of which we haven't but we've talked about in previous hearings. One is as I said, as the overall foster care population has dropped the proportion of young people and actually older young people coming into foster care who have more complex needs has increased proportionately… [cross-talk]

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

DAVID HANSELL: …and that's true across our system and so it's also true I think at the Children's Center and while that number at the Children's Center is small because they stay longer

they have a disproportionate impact on the overall census because as we've said most of the young people leave within a few… a matter of a few days but a smaller number of longer stayers obviously has a disproportionate impact on, on the overall census so I think that is one factor. A second factor which Deputy Commissioner Farber referred to earlier is we have very successfully and we're very proud of this reduced the population in our juvenile justice system in New York City and we are reducing the number of people in the adult criminal detention system as well but some of those younger, younger and… yes, younger individuals who might pre… in previous years have been in the juvenile justice system or have been in detention in the adult system and no longer are some of them don't have family resources… [cross-talk]

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

DAVID HANSELL: …and so we think that there will be maybe more of them who are coming to the Children's Center because of course we, we house children up to age 21 so a higher age group than would be in the juvenile justice system and so we think there are more young people with juvenile or adult criminal involvement who have now come into the

foster care system and the third issue which we have talked about in previous hearings is the fact that we have seen some shrinkage in our residential foster care system as you know, several of our residential programs have closed over the past year or two… [cross-talk]

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

DAVID HANSELL: …and that means we have fewer facilities available to serve some of the young people who are now staying longer at the Children's Center. We're doing a number of things to address that which… some of which I talked about in the testimony, we have actually… we are kind of rebuilding that capacity through adding additional beds with two of our providers, one in place already, one about to be in place, a third that we're in negotiations and we hope to open soon and we're also in longer term discussions with our residential providers about what they need to appropriately serve these young people but I think the fact that we have experienced some challenges in our overall residential foster care system has impacted the census of the Children's Center as well.

CHAIRPERSON LEVIN: Is there a lack of capacity in the… in the residential foster programs?

DAVID HANSELL: There's sufficient overall capacity but it isn't just about numbers of course, it's about matching each young person with the appropriate… most appropriate setting for them… [cross-talk]

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

DAVID HANSELL: …and so you actually need… really to be able to do that as effectively as possible you actually need more capacity in the system than just the numbers would suggest… [cross-talk]

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

DAVID HANSELL: …and so that's why we need to make sure we have quite a range of different options available.

CHAIRPERSON LEVIN: And so, can you speak a little bit about what that range is…

DAVID HANSELL: You want to speak to that?

JULIE FARBER: Sure, so… I mean sort of related to that and the Commissioner mentioned that essentially, you know there's a… there's a small

group of young people that have very high needs and, and part of that is related to the incredible success that we have had on the juvenile justice center and criminal justice side and so we are… we're, we're working on this issue on a number of fronts and one of those fronts is partnering with OMH to look at designing new programs and resources for those young people and so there are intensive conversations and a… and a work group of OCFS, OMH, DOHMH and ACS that have been working on developing new approaches for these young people. And so one example of one of the approaches that's come out of that and I believe the Commissioner mentioned it in his testimony is we've launched a partnership with DOHMH where we are referring extremely high needs foster youth to DOHMHs IMT and FACT programs that's… IMT is intensive mobile treatment and FACT is forensic assertive community treatment and those programs are providing extremely intensive and helpful outreach and services to young people who have serious mental illness, who've had juvenile and criminal justice involvement and they've created a very tight collaboration with the foster care agencies so that's an example of sort of the kind of work that we're trying to do to address the

needs of this, you know relatively small group of young people but who have a, a serious set of needs.

CHAIRPERSON LEVIN: Now those programs would be paired with youth in care or those programs would be… in, in care and foster care… [cross-talk]

JULIE FARBER: Yes… [cross-talk]

CHAIRPERSON LEVIN: …group settings or in… at the Children's Center?

JULIE FARBER: Both.

CHAIRPERSON LEVIN: Both, okay… [cross-talk]

JULIE FARBER: Yes, as well as the YRCs.

CHAIRPERSON LEVIN: Uh-huh.

JULIE FARBER: Yeah and so we're, we're excited about that. The other thing is we've implemented in partnership with three of our providers Children's Village, New York Foundling and Graham Windham, a new initiative at the Children's Center focused on family finding for the very highest needs kids and for kids who… [cross-talk]

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

JULIE FARBER: …are staying at the Children's Center longer, the pilot just launched about 30 days ago, but we've already had some results

and, and you know we're looking forward to apprising you on that moving forward.

CHAIRPERSON LEVIN: Okay. Okay, I mean I… is… I'm still wondering if there are other, other things, other drivers that are out there that we are not quite catching that have… that have gone into all this but I think that there's… maybe that's something that we can continue to, to examine. How does… how does ACS measure success at the Children's Center in terms of… how do we measure the success of an individual case, how do we measure the success of, of the operations of the facility as a whole kind of how, how are… how does ACS… you qualifying the, the, the work that's being done and, and has… under those metrics have… has there been a cause for concern over the last several years as we've seen a… the census increase and length of stay increase?

JULIE FARBER: Do you want to start?

DAVID HANSELL: Well yeah let me start and then I'll let Deputy Commissioner… I mean I think as I said we're really… we really have three key goals at the Children's Center, one is… [cross-talk]

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

DAVID HANSELL: …to make sure that we are providing appropriate care and services to the young people while they're there, second is to move them as quickly as possible from the Children's Center to… [cross-talk]

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

DAVID HANSELL: …a more appropriate foster care placement and the third is to make sure that we are maintaining a safe secure environment in which young people can heal and staff feel safe so those are really the three main things around which we frame all of our work and the… by which we kind of measure our success. Let me ask Deputy Commissioner Farber… [cross-talk]

JULIE FARBER: Sure, I mean so, so one of the measures and I think the Commissioner, you know touched on this, but we've added a tremendous amount of programming over the last two years and, and even more so… [cross-talk]

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

JULIE FARBER: …over the last several months, I mean we have recreational programming, therapeutic programming, there's Carnegie Hall music programming, there's… [cross-talk]

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

JULIE FARBER: …yoga, there's therapy dogs, the, the Children's Center staff work very, very hard and they're extremely dedicated and we have really built over the last two years a much more sophisticated and deep set of trainings, I think the Commissioner might have mentioned it in his testimony, I mean just over the last couple of months there are 19 different trainings that, that staff are having.

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

JULIE FARBER: We're also implementing right now, you know the Children's Center is structured by age groups so there's the infants and the toddlers, there's the young boys and girls and then the teen boys and girls and so we call those pods and so each of those pods have specialized programming on a… on a weekly basis so one of our… one of our measures is around staff receiving training, around you know the numbers of programs we have in place and the young… the numbers of young people who are participating in those programs. We ask young people for their feedback… [cross-talk]

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

JULIE FARBER: …on those programs and so those are, you know some examples of some of the ways that we've measured… that we measure… [cross-talk]

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

JULIE FARBER: …the Children's Center, I mean our, our top goal is for it to be a warm, safe, therapeutic environment for… [cross-talk]

CHAIRPERSON LEVIN: Right… [cross-talk]

JULIE FARBER: …children who have just experienced removal.

CHAIRPERSON LEVIN: Yeah, are there… are there data points, I'm wondering just how ACS is, you know monitoring performance at the Children's Center because… in the sense that if, if things are… whether we're able to monitor or identify problems as they become apparent so, you know then I'll, I'll get to the case of Kenneth in a minute but you know that spoke to some systemic issues, it, it… I don't believe it was a… kind of just a one off or a total… you know that this, this was just a… somehow this kid fell through the cracks, there… it spoke to some, some systemic issues and so how are we identifying these things before they, they turn into a crisis?

JULIE FARBER: Uh-huh… [cross-talk]

CHAIRPERSON LEVIN: I guess that's, that's what I'm asking, is what, what… [cross-talk]

DAVID HANSELL: Yeah… [cross-talk]

CHAIRPERSON LEVIN: …data points are we looking at to try to figure that out?

DAVID HANSELL: No, that's, that's a great question, a very fair question. So, we… well as I said, you know after, after that case which obviously I can't talk about in detail but… [cross-talk]

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

DAVID HANSELL: …as a result of that I immediately asked our agency medical director to do a review of every special needs child at the Children's Center to make sure that they were receiving appropriate care and services and I'm happy to say that they were… [cross-talk]

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

DAVID HANSELL: …we've now continued to do that on a weekly basis so every week… [cross-talk]

CHAIRPERSON LEVIN: Yeah… [cross-talk]

DAVID HANSELL: …our agency medical director gets a… essentially a listing of young people with special needs or high needs at the

Children Center and we make sure that their needs are being addressed so from a, a medical needs perspective and a service perspective that's the approach that we've now implemented… [cross-talk]

CHAIRPERSON LEVIN: Being consistently… [cross-talk]

DAVID HANSELL: …to make sure… [cross-talk]

CHAIRPERSON LEVIN: …monitored so the… [cross-talk]

DAVID HANSELL: …consistently we, weekly… [cross-talk]

CHAIRPERSON LEVIN: …new children coming in… [cross-talk]

DAVID HANSELL: …monitoring of… [cross-talk]

CHAIRPERSON LEVIN: …the center… [cross-talk]

DAVID HANSELL: …every child on the premises who has… [cross-talk]

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

DAVID HANSELL: …special needs and requires a special kind of care, you know with regard to each of the other areas of intervention we also

track, so for example, school attendance, you know we look at every child and whether they're attending school… [cross-talk]

CHAIRPERSON LEVIN: Yeah… [cross-talk]

DAVID HANSELL: …we look at, at the degree of participation in programming so really with regard to each of the areas that we think… [cross-talk]

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

DAVID HANSELL: …are essential to a child's wellbeing while they're there… [cross-talk]

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

DAVID HANSELL: …we have goals and we assess regularly whether we're meeting those goals.

CHAIRPERSON LEVIN: Okay, okay. That… I mean it's something that you have to continue, continue to consider to ensure, it's like, you know quality review type, type of work. So, I guess I… if I, I could ask a couple of questions about the, the case of Kenneth that… and, and Judge Olshansky ruling or contempt order and I know you can't get into specifics but there were a lot of… I mean it was a fairly unprecedented thing for the judge to make that contempt order public and I think that that speaks to

the severity of the case and, and the, the lack of resources, how… I guess I would… how could something like that have happened at the Children's Center, how could it be that, you know the wheelchair that had been requested for a year had yet to be ordered, you know how could it be that there were… you know that he was… had… was, was sitting in his own urine or that he didn't have access to the… you know didn't have full access to the bathroom and thing, things like that that are, you know these kind of very basic things, how could it be that, that, that… something like that happened?

DAVID HANSELL: Well I can't… [cross-talk]

CHAIRPERSON LEVIN: What was going on that… what was going on that created the conditions for something like that… [cross-talk]

DAVID HANSELL: Yeah, I appreciate… [cross-talk]

CHAIRPERSON LEVIN: …to happen… [cross-talk]

DAVID HANSELL: …that, I, I can't talk about that case, I can certainly say that any significant delay in getting either special medical

equipment or appropriate health or sanitary services to any young person in the Children's Center would be an enormous concern, enormous problem for us and there's a lot that we have done to make sure that doesn't happen… I, I… let me ask Dr. Rao to speak a little bit to the way in which we now review every child but in particular children with special medical needs to… [cross-talk]

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

DAVID HANSELL: …make sure that we are responding to those needs in a timely way.

SUCHET RAO: Sure, good morning. So, the process that we have in place for any child that enters the Children's Center is that they immediately on entry they are triaged by our nursing staff as was mentioned, we have nursing staff on hand 24/7, we have a pediatrician, medical director in the building, we also have nurse practitioners available for coverage. So, every child is assessed when they come into the building so they are medically assessed and physically examined, medications that they are prescribed are noted, allergies are noted and if they do have some special needs then we do whatever we can to obtain that information as soon as possible, it's

not always possible given the nature of the setting to receive that information immediately but we work on obtaining it as soon as we can. We also do screenings for mental health issues including suicidality, suicidal thoughts, homicidal thoughts and again we review any medic… any medication information we have and psychiatric information that we have. What we then do is for all the children that we have identified as having special needs we will where it's appropriate assign them to be for instance on one to one supervision so that they have a staff member assigned to them whenever they're in the building, we will do what we can to provide to their needs in a… in an individualized basis and we create care plans that are shared with the staff who will be caring for that child to ensure that every child receives a level of care that's sufficient for their needs.

CHAIRPERSON LEVIN: And this is done for… as well for, for children that are current long stayers at the Children's Center so not just upon intake because since these protocols have gone into place there are probably young people that are… that were there then that are still there, right?

SUCHET RAO: Absolutely, absolutely… [cross-talk]

CHAIRPERSON LEVIN: Okay… [cross-talk]

SUCHET RAO: …this is an ongoing process so any child with medical needs is being regularly checked by nursing staff and they are interacting with them on a daily basis especially if they're receiving any kind of medication then they'll be seeing, you know commensurate with whatever the time is that they need to take their medication and then we're reviewing whether we're meeting needs on an ongoing basis as a team as Deputy Commissioner Farber mentioned we have pods, the children are divided into pods in the building and we have regular pod meetings that include a multidisciplinary approach with child care workers, social workers, nursing staff, medical staff, mental health care staff.

CHAIRPERSON LEVIN: One of the things around the case of, of Kenneth is that Judge Olshansky issued a contempt order because previous orders were not complied with, how are we ensuring that orders of the courts are, are, are being complied with in a timely fashion so that we don't

get into a situation where we're in contempt… [cross-talk]

SUCHET RAO: Uh-huh… [cross-talk]

CHAIRPERSON LEVIN: …especially on important matters?

DAVID HANSELL: Absolutely, well again without discussing that particular case what we do is, you know it requires essentially coordination among our family court legal services attorneys who were in court who are… [cross-talk]

CHAIRPERSON LEVIN: Right… [cross-talk]

DAVID HANSELL: …speaking directly to the judges about their, their orders with regard to young people in foster care and then depending on the let's say of the child, our Division of Family Permanency Services under Deputy Commissioner Farber to make sure that the, the orders are being carried out and sometimes our Division of… [cross-talk]

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

DAVID HANSELL: …Child Protection as well if they're still engaged with a child so essentially… [cross-talk]

CHAIRPERSON LEVIN: So, there's case conferencing on that?

DAVID HANSELL: I'm sorry?

CHAIRPERSON LEVIN: So, there would be case conferencing between… [cross-talk]

DAVID HANSELL: Yes…

CHAIRPERSON LEVIN: …the ACS attorney, perhaps the Legal Aid attorney as well or is that not the… representing the child… [cross-talk]

DAVID HANSELL: Well there are certainly discussions in court among the attorneys… [cross-talk]

CHAIRPERSON LEVIN: Right… [cross-talk]

DAVID HANSELL: …for the… that child and… [cross-talk]

CHAIRPERSON LEVIN: But, but going… [cross-talk]

DAVID HANSELL: …the parent… [cross-talk]

CHAIRPERSON LEVIN: …over to… [cross-talk]

DAVID HANSELL: …but within ACS… [cross-talk]

CHAIRPERSON LEVIN: Right… [cross-talk]

DAVID HANSELL: Yes, we would… [cross-talk]

CHAIRPERSON LEVIN: Okay… [cross-talk]

DAVID HANSELL: …have our own conferencing, the… so, the family court legal services attorney essentially would carry back… [cross-talk]

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

DAVID HANSELL: …the, the proceedings in court… [cross-talk]

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

DAVID HANSELL: …to our staff within family permanency or child protection and they would work together to make sure that the needs of the child were met in accordance with the orders of the court.

CHAIRPERSON LEVIN: Was that not happening previously or…

DAVID HANSELL: It was happening… [cross-talk]

CHAIRPERSON LEVIN: Okay… [cross-talk]

DAVID HANSELL: …and it continues to happen, it is a… you know often a complex procedure, we obviously have a very large volume of cases in court but we, we do it and obviously… well… [cross-talk]

CHAIRPERSON LEVIN: Right but we don't have that many young people at the Children's Center so that's, that's the thing is, you know it's a fairly discreet population, each… if there's 80 young people, I mean each, each one can get fairly robust individual attention.

DAVID HANSELL: Right…

CHAIRPERSON LEVIN: So, you know that's… it's not as if there's… you know they're… we're case conferencing on, on the entire, you know child, child… every child that has a, a court case, this is… [cross-talk]

DAVID HANSELL: Yeah… [cross-talk]

CHAIRPERSON LEVIN: …this is… [cross-talk]

DAVID HANSELL: Well yes, no, you're right and, and again without, without speaking to that case I will say as with everything that we do at ACS we learn from our experiences in order to improve the way that we do our work and the services that we're providing to young people and to their families and that has certainly been true here, we have learned a good deal from that experience and other experiences that we've had.

CHAIRPERSON LEVIN: I, I'm going to ask just a couple questions really quickly about education and Council Member Lander you have questions? So, with education… [cross-talk]

COUNCIL MEMBER LANDER: Mr. Chair your, your questioning is very thorough… [cross-talk]

CHAIRPERSON LEVIN: Thank you… [cross-talk]

COUNCIL MEMBER LANDER: I'm going… learning about this as you… as I hear you in this dialogue but I, I'm confident you have it well covered.

CHAIRPERSON LEVIN: Thanks.

COUNCIL MEMBER LANDER: Thank you.

CHAIRPERSON LEVIN: With education you spoke to in your testimony kind of how we're ensuring that children are able to stay in their home school and get to school who… is there anyone at the Children's Center that is particularly for youth that are staying for extended periods of time that, that's like helping the kids do their homework, like who, who's fulfilling that role that a foster parent would fill or if they're in group home that a… you know that they're… that they're case planner or social

workers would, would, would perform or obviously in a family situation the parent would perform?

JULIE FARBER: So, that would be the child care staff, I mean those are the staff who are on the pods and they're working with the kids on a daily basis and they're counseling them, they're playing with them, they're playing ping pong with them, they're helping them with their homework… [cross-talk]

CHAIRPERSON LEVIN: Okay… [cross-talk]

JULIE FARBER: …as I think the Commissioner mentioned we also have DOE programs on site for the young people and we always work to keep them in their home school and we have, you know transportation to school and so they're supported in that way by the child care staff.

CHAIRPERSON LEVIN: Uh-huh. Are we able… do we have good data on school attendance and, and arriving at school on time and those, those metrics and how are they comparing to the general population and how are they comparing also to youth in the shelter system?

JULIE FARBER: So, I don't have that data with me, and we'll have to go back and, and check, we do have a DOE data match… [cross-talk]

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

JULIE FARBER: …and I'm not sure actually whether… how we can separate out the, the Children's Center kids so we'll… we can get back to you about that but every day the vast majority of the kids at the Children's Center are attending school, we also have an education unit that is under my division that has staff who are dedicated to working on all sorts of educational issues for children in foster care including having a dedicated education specialist at the Children's Center itself.

CHAIRPERSON LEVIN: Okay. Yeah, how are the kids transported to school?

JULIE FARBER: So, they are transported through either ACS transportation or contracted transportation.

CHAIRPERSON LEVIN: Like buses or… [cross-talk]

JULIE FARBER: Do you want to address that?

CHAIRPERSON LEVIN: …lyfts and ubers… [cross-talk]

JULIE FARBER: Deputy Commissioner Saunders oversees all the transportation.

WINETTE SAUNDERS: Good morning Chair… [cross-talk]

CHAIRPERSON LEVIN: Morning… [cross-talk]

WINETTE SAUNDERS: So, they are transported with 15 passenger vehicles or sometimes a car service, just regular cars, unmarked… [cross-talk]

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

WINETTE SAUNDERS: …and they go to school.

CHAIRPERSON LEVIN: Okay and so I guess it would be good to know kind of how the… what the attendance metrics are and whether it… how its matching with the general population, obviously these, these children are, are experiencing significant trauma and the, the benefit of being in school and the kind of normalizing, kind of effect that that has is, is I think a significant benefit to their lives and so making sure that they're, they're in school as, as much as possible is a… is a… is a

benefit. What about after school programming, are they able to access school based after school programming and if they're not… because that's a challenge in the… in the shelter system, children that are in the shelter system don't have access to school based after school programming because of transportation issues and so are, are, are these children experiencing the same thing and if they are what about after school programming on site?

WINETTE SAUNDERS: Yeah, thank you for asking, you know it's critical that kids get to continue not just school but other activities… [cross-talk]

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

WINETTE SAUNDERS: …whether… you know whether that's sports or drama or after school programs and so the kids at the Children's Center are able to continue doing after school programming if we… you know we pick them up after their after school program if… [cross-talk]

CHAIRPERSON LEVIN: Okay… [cross-talk]

WINETTE SAUNDERS: …and then of course I… as I mentioned we have all of the programming that happens on site at the Children's Center but we work

to continue, you know all of the child's activities, if they're in the chess club they can still go to the chess club.

CHAIRPERSON LEVIN: Okay. I'm going to jump around a little bit if that's okay. So, sorry, the, the first… I wanted to ask about the, the 144 new therapeutic foster care slots, are those new slots or have they been moved over from other… from other capacity, elsewhere in the system?

JULIE FARBER: We, we moved the slots, they were… [cross-talk]

CHAIRPERSON LEVIN: Okay… [cross-talk]

JULIE FARBER: …unused slots and so we did an analysis and moved those slots to agencies that had… were demonstrating exceptional success around foster home recruitment.

CHAIRPERSON LEVIN: Uh-huh, okay. I wanted to ask about the, the host homes program and what, what happened there, there was… my understanding is that there were contracts that didn't draw down the funds or drew down a… [cross-talk]

JULIE FARBER: Yeah… [cross-talk]

CHAIRPERSON LEVIN: …very small portion of the funds… [cross-talk]

JULIE FARBER: Yep… [cross-talk]

CHAIRPERSON LEVIN: …and you know this is with larger providers, Children's Aid Society and was that… you know an attempt at a program that just didn't work, I think… is it… I guess my, my… I'm wondering whether conceptionally whether it was a good idea and whether it's worth another trying it again or, or whether it was just not a, a model that just didn't seem to work here in the… [cross-talk]

JULIE FARBER: Yeah… [cross-talk]

CHAIRPERSON LEVIN: …city for whatever reason?

JULIE FARBER: Thank you for asking and this is also the benefit of a demonstration program where you get to test something and sort of see, you know whether you want to scale it or, or adjust but… so, in this instance the host home program was the, the notion was essentially establishing a group of foster homes that would be set aside and would only be used for very short term placements, you know less than 30 days and, and, and so we did make a few placements, Children's Aid did develop a few of those

homes and yeah, it provided services but essentially that was in 2017 at a time when our need for just generally available foster homes had become very significant and so it was not feasible at that time to set aside a group of foster homes for emergency homes only… [cross-talk]

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

JULIE FARBER: …since then we, we've, you know really done a deep dive into the research on sort of, you know whether you set aside emergency homes or not, there are certainly some jurisdictions that do it and, and many others that don't. Our focus right now as you know, you've heard a lot about our home away from home initiative which has been very successful, is to increase the overall foster home pool… [cross-talk]

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

JULIE FARBER: …such that in that overall pool we will have enough foster homes for that sort of thing for having emergency or respite care without necessarily setting aside homes that will only provide emergency or respite care and so from 2017 to 18 we had a 32 percent increase in new foster homes

and we're on track for a similar increase from 18 to 19.

DAVID HANSELL: We also just out of context as you know Chair that we are in the process of planning for the next generation of our foster care system… [cross-talk]

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

DAVID HANSELL: …and we will be later this year releasing concept paper… a concept paper for our… the next generation of our foster care system and our residential system so all of this experience is playing into the way we're thinking about the future design of the system and in the interim there are some limitations from a procurement perspective about what we can do so the reason for example that we reallocated slots from provider to provider is that until we do a new RFP we can't actually put new slots out into the market but we can look at make, making sure that we're achieving the best utilization of our existing slots.

CHAIRPERSON LEVIN: That all said there seems to be a… for the particular issue that we're seeing at the Children's Center a need for shorter term and that might not be 30 days, it may be 90 days

or 120 days for families that are willing and equipped to take high needs older youth…

JULIE FARBER: Uh-huh…

CHAIRPERSON LEVIN: …because that's… if I'm not mistaken that is what we're saying is driving the higher census at the Children's Center, the ongoing persistent higher census at the Children's Center is higher needs, older youth and so there… I… while it's… I think it's very important to achieve the objective of creating a larger pool of foster parents that's a very specific subset of foster parents that are willing to do that, can you speak a little bit to, to that and whether that, that very specific pool is, is, is being targeted?

JULIE FARBER: Yeah, you're exactly right, you've honed in on it and so part of the work within that home away from home recruitment is actually focused on recruitment for older youth and in fact our data show that about 50 percent of our foster parents have fostered an older youth and so a lot of the work that we're doing is around building supports for existing experienced foster parents so for example, creating what we call hub homes where you have an experienced foster parent who's providing

support to a small group of foster parents who all live in the same neighborhood or the same apartment building, right and, and that way that group can feel that support from one another so that's one example. The other example is the family finding pilot that I mentioned of the three foster care agencies at the Children's Center so that work is very focused on these older, high needs youth and in finding family and then putting in place the preventative service interventions family support interventions that we have in our evidence based continuum… [cross-talk]

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

JULIE FARBER: …of prevention services to support those families to be able to maintain those young people, you know safely and, and have them thrive and then the other thing I would mention again is just the work that we're doing with OMH and DOHMH around developing more intensive services that can go to the children where they are whether they're, you know on their way home or they're in a residential setting and they're struggling or they're in the a foster home and they're struggling.

CHAIRPERSON LEVIN: What are the… what are the likely outcomes for youth that are the longer

term stayers at the Children's Center so where, where eventually will they be going, are they going… today or over the last year or two where have they been going at the end of their stay at the Children's Center?

JULIE FARBER: Well I mean most, most children exiting the Children's Center are going to foster homes, I mean I, I think you know that we have a very low proportion of children in foster care in New York City who are in congregate care settings, who are in… [cross-talk]

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

JULIE FARBER: …residential settings, our proportion is about nine percent, you know that's very low both in New York State and nationally and, and so, you know we're continuing to advance that work in terms of maintaining a low reliance on congregate care and really only using that for, for young people who have behavioral or other needs that require that and continuing to increase kinship and family care across the system.

CHAIRPERSON LEVIN: Uh-huh and that's… so the… so they… most young people… mostly going into foster homes after, as an example staying at the

Children's Center for nine months, they event… I mean what, what's the process by which that happens and why does it take… why has it been taking so long, is it just because… making the match with a foster family that's, that's, that that could take that long to do?

JULIE FARBER: Some of it is making the match and some of it is the, the issues around young people with just very significant needs.

CHAIRPERSON LEVIN: Uh-huh. And then what is the type of after care that is done, is there… is… and if a, a youth is placed with a foster… with a foster family is there then a continued… I mean I, I suppose that there's… that there's a… their case is handed off to the, the foster care agency which, which has that program?

JULIE FARBER: That's right, so, so when a, a youth is then, you know placed in a… in a foster home or a residential program… [cross-talk]

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

JULIE FARBER: …the, the assigned foster care agency assumes all of the case planning and case management responsibility and they're… [cross-talk]

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

JULIE FARBER: …working on, you know all of the child's needs… [cross-talk]

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

JULIE FARBER: …in terms of ensuring they're safe in the foster home, their education needs, permanency planning, all of that, all of that is handled by the foster care agency and reviewed by the court.

CHAIRPERSON LEVIN: You said that you're, you're, you have a drop box that's available for feedback, anonymous feedback, what is the feedback been so far and how are you compiling that?

JULIE FARBER: So, we do have an anonymous suggestion box, I will also say that the young people are not shy at all about sharing… [cross-talk]

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

JULIE FARBER: …their, their opinions which is wonderful and so they share them all the time, we do focus groups with young people, you know where they… where they share their ideas, they, they typically will submit ideas about food. yesterday Associate Commissioner Chu and I were talking a young

person requested a certain kind of cereal, I think it might have been frosted flakes… [cross-talk]

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

JULIE FARBER: …so they make requests about food, they make requests about programming, they might make requests about, you know wanting certain types of trips, wanting certain types of make-up or shampoo and then we fulfil those and so there's an excel spreadsheet with a list of all of the suggestions that young people have made and then we, we follow up and, and take care of them.

CHAIRPERSON LEVIN: What's the age breakdown at… maybe Keith asked this, that… and is it… is it… is that a kind of thing that fluctuates or does it stay fairly static in terms of the, the proportion of age groups?

JULIE FARBER: So, the age breakdown is about a quarter is zero to three, 14 percent… and we can provide this to you obviously, four to six; 17 percent, seven to ten; 13 percent, 11 to 13; 31 percent, 14 to 18.

CHAIRPERSON LEVIN: Yeah. So, that's a third… a third are over the age of 14 or 14 or older.

JULIE FARBER: Yep.

CHAIRPERSON LEVIN: And has that changed, has that… is that… I mean I understand that there's… I understate that the… there's the proport… I understand the proportion of the, the foster care system as preventative services have on, online and, and as the census continues to reduce, the proportion of kind of older, higher needs children is, is greater… [cross-talk]

JULIE FARBER: Yep… [cross-talk]

CHAIRPERSON LEVIN: …but the… but the, the, the number itself isn't necessarily greater, that, that… I mean that's one thing around the, the census here that I'm, I'm having a little bit of difficulty wrapping me head around, the proportion should, should… could, could be higher but the raw number itself should continue to decline, you know I can see the, the average length of stay going up as it's… you know as they're… as its weighted more towards older, higher needs children but I… but I don't… I don't quite understand why the number itself is higher other than the, the… more calls coming into SCR, but I don't know why the, the… I mean these are older children that… they… are there… are there more calls coming in for children over the age of 14, you

know just to play this out for a second, you know in response to a high profile case involving a toddler or a very young child under the age of six, you know I could see there being, you know a… or under the age of eight or under the age of ten but, but for older children, 14 years old or older are there more calls coming in as a response to a high profile case for older children?

DAVID HANSELL: No, I don't think we have any evidence of that, I think the issue is… and I'm, I'm not a mathematician so I, I'm not sure I explain it too well, but I think… I think really does have to do with length of stay so that even if the same proportion of, of children are coming in, in that age bracket let's say 14 to 18 if they are more likely to be long stayers it has a disproportionate impact on the overall census of the Children's Center so you know obviously the difference between, you know an infant coming in and staying for one or two or three days… [cross-talk]

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

DAVID HANSELL: …and an older young person coming in staying for 30 days magnifies the impact that has on the overall census so it may not

be a shift in the age distribution of entries but it could be a significant shift in the age distribution in the entire census at a point in time.

CHAIRPERSON LEVIN: Uh-huh, okay, I'm not a mathematician either. Okay, let's talk about security, there, there was a… an incident a couple of years ago obviously that was well, well publicized where a young… a six year old was assaulted by a, a worker who had a… had a pretty significant background that was… that was not known or was known but not taken into account what, what is the… what are the metrics that we're using for security to understand whether or not we're successful as a… when it comes to security and then what are… what, what are we doing to, to ensure the ongoing safety, I know you've, you've mentioned a few in terms of personnel and, and the like but what… I guess what are… what are we looking at in terms of our dashboard for our, our… whether we're going the right or wrong direction?

DAVID HANSELL: Uh-huh, well let me begin by saying a little bit about the incident you referenced and what we've done since then around clearances for staff and then I'll ask Deputy

Commissioner Saunders to talk about generally what we're doing to enhance security. So, after that incident we want… needed to make sure that all staff working at the Children's Center and for that matter in other ACS facilities, at our detention centers, our child protective special… and, and others were being appropriately cleared before they were given any position where they would be in contact with children, we had begun shortly after I became Commissioner in 2017 we began doing full clearance checks through both the OCFS, SCR system and the justice… state justice center perspectival for newly hired staff, subsequent to that incident we went retrospectively back to I think 2013… staff that had been hired as far back as 2013 or 2014 but were still employed by ACS to make sure that they too were fully cleared through both the OCFS system and the justice center system. We have now achieved that so we're now in a situation where we are confident that all of our staff at the Children's Center and all of our staff in other situations where they may have regular supervised or unsupervised contact with children are fully cleared through all of the state background checks so that issue we've made tremendous progress

on. With regard to general security procedures and enhancements we've made let me ask Deputy Commissioner Saunders to speak to that.

WINETTE SAUNDERS: Sure, so as you know in order to create a therapeutic environment kids must feel safe as well as staff so some of the ways in which we continue to continuously assess our environment to ensure it's safe is through a, a variety of different ways, some traditional some nontraditional. So, one of course we focus on the infrastructure, on the physical enhancements of the facility to ensure that we remove any dangers that might be right in front of us so like the cords for the window shades, we remove them, we place them up very high so they cannot be reached by anyone. In addition to that we've expanded some of our security screening areas so that we ensure that there's enough space for youth to travel in as well as the placement of peace officers there. In addition to that we focus on training of our peace officers, our peace officers are integrated into multidisciplinary groups within the Children's Center so that we're all speaking the same language, we're all aligned on the de-escalation techniques and crisis management. We really are

focusing on our approach on how we treat and how we support some of our youth that are coming into the center. In addition, aside from just some of… some of the traditional ways we're also looking at the different types of programming that we can offer our youth because we don't want a cookie cutter approach to addressing the needs of our kids.

CHAIRPERSON LEVIN: Thank you. There… we have in our report the number of calls that went into… the number of 9-1-1 calls from the Children's Center over a six month period was pretty astounding, it's right, right in front of me… there was about 600 calls that went in or… six… 400 calls maybe that went in under a six month period, how are we… I mean how are we tracking that and why would there be so many 9-1-1 calls in, in such a relatively short period of time?

DAVID HANSELL: We… well we'd have to confirm those numbers, I mean we'd be happy to… if you want to share them with us we can take a look and, and, and confirm them but, you know initially as, as Deputy Commissioner Saunders said and I'll let her speak to this further, we… you know we utilize our ACS peace officers to provide safety at the

facility and our goal is when there are incidents and, and sometimes there are is to use our safe crisis management de-escalation techniques to keep them from becoming any more serious than necessary. The other thing that we have actually just begun to do at the Children's Center which we're actually very excited about the potential of is using restorative justice, it's actually… after the fact to work with the young people and the staff to talk about what happened and see if we can intervene in a way that not only deescalates that situation but also limits the possibility of other situations like that developing in the future.

CHAIRPERSON LEVIN: Uh-huh. And what does the partnership with the NYPD look like and has there been… has there been an, an increase at all in, in arrest rates, I know that… with the issue of, of the kind of… the, the civil arrests that were being made but has there been a… any, any increase in arrests as a result of the partnership with the NYPD and what does the partnership look like?

DAVID HANSELL: Yeah… no, I don't think so, the partnership with the NYPD as I said in the testimony really has two components to it, one of it

is, is really service oriented, the… actually the, the 13th precinct has been terrific in terms of our… helping with our engagement of young people, they've come in, they've done safety trainings for young people, they've had basketball games… [cross-talk]

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

DAVID HANSELL: …we've… athletic league games, you know with, with the young people, they provide mentors for young people so there's been a lot of engagement between officers from the precinct and, and the young people and in particular the neighborhood coordination officers from the precinct. The other area obviously is in the, the surrounding, the periphery of the Children's Center where it is obviously like everywhere in the city it is NYPD's responsibility to maintain a, a safe and secure environment and… [cross-talk]

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

DAVID HANSELL: …they have been helpful there too in terms of enhanced patrols, security lighting, things like that on the outside and participating as we've talked about in our community advisory board and our other community activities so really the two areas where our engagement with NYPD's

focus has been services and engagement of young people within the facility and assistance with safety and security in the external environment.

CHAIRPERSON LEVIN: Uh-huh, can you share with us the arrest data from the Children's Center?

DAVID HANSELL: Sure, we can do that.

CHAIRPERSON LEVIN: In aggregate obviously.

DAVID HANSELL: Yep.

CHAIRPERSON LEVIN: So, so our, our data was… or what we have in our report is from January 1 to the end of July, January… or I'm sorry, the end of July 2016 so that would be a little over a six month period, seven month period, 9-1-1 calls 600 times from the Children's Center and 474 compliant reports mostly for missing persons, I don't know if that's referring to the complaint reports or, or the 9-1-1 calls or both but obviously 600 9-1-1 calls in seven months it's a… you know that's like… what is that, three, four a day, like that's a… that's a, an enormous number of calls and I mean is that something that is typical that there would four 9-1-1 calls a day from the Children's Center?

JULIE FARBER: So, and Dr. Rao I think can, can add a little bit to this but the, the vast majority of the calls relate to young people who are unfortunately having a mental health crisis and may need to be hospitalized and so as I think we've all talked about, you know staff are trained around de-escalation and then of course we have psychiatrists and psychologists and pediatrician and nurses and, and social workers and child care staff on site but we also know that these are extremely traumatized children who've experienced abuse and neglect and sometimes there are instances in which, you know children need to be hospitalized to receive proper mental health care… [cross-talk]

CHAIRPERSON LEVIN: And that requires a 9-1-1 call to do that?

JULIE FARBER: Sometimes, when there needs to be support.

SUCHET RAO: Yeah, so I would say that, you know as we mentioned we have the metal health team on site which is made up of employees of NYU Bellevue so we enjoy a, a very good relationship with Bellevue Hospital next door, not all of these instances of 9-1-1 calls are because of some kind of

aggressive incident, it could be that the child feels unsafe because they're experiencing suicidal thoughts or thoughts of self-harm and then just as a precaution we call 9-1-1 to ensure that they are escorted safely… [cross-talk]

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

SUCHET RAO: …across the street to Bellevue so it doesn't necessarily mean that, you know there's been some danger presented to anyone in the building and then there is a relatively smaller number of 9-1-1 calls made for medical reasons, for medical emergencies so we have medical staff on site but obviously if it escalates to a level where it's not safely manageable in the Children's Center then we will call 9-1-1 in those situations also.

CHAIRPERSON LEVIN: Is it possible for us to get data on the 9-1-1 calls kind of aggregated but disaggregated for, for types of… for reasons for call, health related, safety related, etcetera, some, some way to break that down?

DAVID HANSELL: We'll, we'll have to see how we categorize it, but we'll provide to you whatever… [cross-talk]

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

DAVID HANSELL: …information we have.

CHAIRPERSON LEVIN: Okay. We've been joined by Council Member Grodenchik…

[off mic dialogue]

CHAIRPERSON LEVIN: Two graduations later, do you have… do you have questions Barry?

COUNCIL MEMBER GRODENCHIK: No, it's too early.

CHAIRPERSON LEVIN: Okay. I'd like to ask I guess a couple… jump over to the, the, the legislation, so you, you spoke a little bit about that we don't have the data… you don't have the data that we're asking for now but you may be able to get that if, if the arrangement with OCFS moves forward, can you speak a little bit to that?

DAVID HANSELL: Sure… [cross-talk]

CHAIRPERSON LEVIN: …in a little bit more detail?

DAVID HANSELL: Yes, well first of all let me say as I said in my testimony we, we would very much like to have access to those data as well on… we do certainly have access to the data on an individual basis, we can track individual utilization of psychiatric medications but it would be helpful to

have it on an aggregate basis as well. As you'll recall I'm sure very well from the foster care task force one of the task force recommendations which we enthusiastically agreed with was to seek access to the state's PSYCKES system which is a web based system that pulls data from the state Medicaid system on a number of health care indicators but including prescription medication, if, if and when we get access to that data base we think that will then provide us with aggregate information about psychiatric medication, utilization for young people in foster care, we've been in discussions for actually some time now since the end of the foster care task force recommendation process with initially the Office of Mental Health and now more recently with OCFS and we think… we think… we're optimistic that we… this will be successful and the state seems responsive, the challenges that it requires both access to the PSYCKES system and then an IT connection between the PSYCKES system and the state child welfare connection system so that we can identify the young people in foster care and, and link the Medicaid data to those particular young people so we're currently in discussions with OCFS

around the… both the IT systems and security requirements that would enable that to happen but they… you know the… our state partners seem responsive and so we're optimistic that we'll be successful. The other possible approach as I mentioned in testimony is that when children in foster care in New York State move into Medicaid managed care which is currently slighted to happen in October of this year although it has been slighted to happen earlier and that has… that deadline has been pushed back a couple of times but again if and when that does happen that again we understand will require that there be a connection between the state Medicaid database and the connections database again to identify children in foster care who would be moved into managed care and that could provide another opportunity for us to get access to the, the data on psychiatric medication aggregate so we're very hopeful that between those two options one of them will come fruition and as soon as it does we'd be happy at that point to come back to you and have discussions about what data we could report to you and to the public.

CHAIRPERSON LEVIN: Okay. Now I'm going to really jump around here so, I'm going… I might be returning to old topics and jumping from topic to topic. In terms of staffing at the Children's Center is there… is there… are there social workers there?

JULIE FARBER: Yes, there are.

CHAIRPERSON LEVIN: How many social workers?

JULIE FARBER: Well there's 237 I think staff total; I don't know the number of social workers off the top of my head. Okay, so 14 or 15.

CHAIRPERSON LEVIN: Okay… [cross-talk]

JULIE FARBER: And we're going to be adding a bunch with the 90 staff that the Commissioner mentioned.

CHAIRPERSON LEVIN: With budget, what is the, the… do we have a breakdown of, of Children Center budget like specifically for children center staff and, and OTPS and then has that increased in, in FY 20 or FY 19 and FY 20, how is… how are the… how is this… how are these resources coming to the Children's Center in the existing ACS budget?

DAVID HANSELL: We do have a budget and we can obviously break that out and supply that to

you, budget for administrate… operation administration and then a budget for personnel services so we can give you that information. In terms of the new staff we've initially been given hiring authority by OMB so we can get that… [cross-talk]

CHAIRPERSON LEVIN: Okay… [cross-talk]

DAVID HANSELL: …process going immediately, that's, that's the goal.

CHAIRPERSON LEVIN: And then… and then the, the budgetary allocation or impact for that will be addressed in a… in a… in a budget modification… [cross-talk]

DAVID HANSELL: We will… [cross-talk]

CHAIRPERSON LEVIN: …or at the first of the year or… [cross-talk]

DAVID HANSELL: …we'll handle it as much as we're able to within existing resources… [cross-talk]

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

DAVID HANSELL: …but obviously should that create challenges for us in terms of competition with other, you know critical ACS needs we would then have to look at, at other ways to handle that but for

the moment we'll be… we'll be doing it out of the existing resources and using the hiring authority that we've been given.

CHAIRPERSON LEVIN: Okay. Is there… are there Thrive resources that are… been allocated to the Children's Center?

DAVID HANSELL: There are no direct Thrive resources going to the Children's Center, I believe that the DOHMH programs that we will now be utilizing that we discussed in testimony and that Deputy Commissioner Farber referred to are Thrive programs.

CHAIRPERSON LEVIN: Okay. It might be interesting to see if there are Thrive programs that can be accessed directly by ACS at the Children's Center, obviously the… a lot of issues around… I mean every child that enters the Children's Center is experiencing trauma, trauma is mental… you know involves mental health so it would make some sense that an, an initiative with, with such an extensive budget and reach that we were going to… we'd be helping truly the most vulnerable people in the entire city of New York who we have the greatest responsibility for, I don't have to remind you that

you are, you know every child that's in teh care… been removed from their home is, is, is in… is in the care of the Commissioner of ACS which is you so you have… yes.

DAVID HANSELL: I'm very… and… absolutely and, and we can take a look at that and obviously we are quite happy and eager to access any resource that we think will be helpful for the young people that… [cross-talk]

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

DAVID HANSELL: …we're serving.

JULIE FARBER: And we… [cross-talk]

CHAIRPERSON LEVIN: Okay… [cross-talk]

JULIE FARBER: …also of course have our Bellevue team on site.

DAVID HANSELL: Yes…

CHAIRPERSON LEVIN: Right, right and the… and I'm assuming the proximity helps in terms of coordination, right?

JULIE FARBER: Absolutely, it's extremely helpful.

CHAIRPERSON LEVIN: Yeah. Okay. So, we reviewed previous testimony from ACS over the years and the initial… we, we had heard earlier reporting

saying that the center was built for, for a capacity of 55 and you testified that it's… currently has a capacity of 101 or 105, is that… do you know what that is that 55 number, have you seen that before?

JULIE FARBER: I'm not sure where the 55 number comes from, we, we definitely have an operating certificate from OCFS for 101.

CHAIRPERSON LEVIN: Okay. Can we circle back with you on that to see why that was… you know why that was initially stated to be that and kind of… [cross-talk]

DAVID HANSELL: Certainly.

CHAIRPERSON LEVIN: Talk through that?

DAVID HANSELL: Sure.

CHAIRPERSON LEVIN: Is there a clearly prescribed review process for violent incidents and, and has that changed over time or been amended in any way?

DAVID HANSELL: There is, I'll let either of the Deputy Commissioners speak to that. We… you know there, there are several actually because we are required to report certain incidents to the state justice center… [cross-talk]

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

DAVID HANSELL: …and we do in those situations and then we of course have our own incident response protocols as well so let me defer to one of my colleagues to talk about them.

JULIE FARBER: Yeah, I mean you covered sort of the, the two important pieces. So, you know we follow justice center protocols and report any incident that meets any of the criteria for justice center reporting and then for our own purposes, you know there's an immediate debrief around incidents to ensure that children are okay, that staff are okay. As the Commissioner mentioned we're now beginning to implement restorative justice practices which are… can be very important in such instances, we also have safety committee meetings where incidents are reviewed by the cross disciplinary team that includes, you know social workers, the peace officers, the child care staff and we look at how did the incident come about, what can we learn from that incident, are there other ways that we can support children and staff, it's… an important part of our practice is to review and learn from any incident that occurs.

CHAIRPERSON LEVIN: Okay, thank you. With regard to the youth Reception Centers have they… have they… have they shown themselves to be more effective at… than, than the Children's Center for, for higher need or older populations in terms of reducing AWOLs or other critical incidents?

JULIE FARBER: So, they've certainly been effective in that since they are exclusively focused on older youth the staffing, the programming, the structure, the facilities are all focused around teenagers and so that I think has been a… definitely a benefit and a positive.

CHAIRPERSON LEVIN: How come they haven't reduced… because when we're talking about the census at the Children's Center I'm assuming that we're not including the youth Reception Centers so, how come we haven't seen a reduction… we still have… it… we're showing that there are no children over the age of 18 in April of 2019 reside in the Children's Center and almost 50 percent are between 14 and 18 so, you know that's, that's a… we're talking about 30, 35 kids that are between 14 and 18 if they're better placed in a youth Reception, Reception Center how come we're

not seeing that, that population decrease at the Children's Center itself?

JULIE FARBER: So, I think it comes back to the, the mathematical discussion earlier, the youth Reception Centers are, are typically fully occupied, it's only 30 beds at the… [cross-talk]

CHAIRPERSON LEVIN: Should we increase it?

JULIE FARBER: At the three youth Reception Centers…

CHAIRPERSON LEVIN: Should we do more?

JULIE FARBER: Well I mean… [cross-talk]

CHAIRPERSON LEVIN: If they're better, are they better? I mean are they more appropriate for older, older youth?

JULIE FARBER: So, I mean certainly our goal is to reduce, you know the population at the Children's Center, you know as low as possible as the Commissioner said earlier and ideally to be able to have fewer and fewer older youth there, you know and so that's the nature of all the work that we mentioned to… [cross-talk]

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

JULIE FARBER: …achieve that, I mean the, the continued census both at the YRCs and the Children's Center again is the result of a small group of young people who are staying longer, right, and so they are… they're on the census, you know so if a young person as I think the Commissioner said earlier is at the Children's Center for 30 days or at the YRC for 45 days, right, they're on that census every single day which is different from the vast majority of children who are in and out in one day…

CHAIRPERSON LEVIN: Uh-huh…

JULIE FARBER: And so that, that is the… that is the, the primary cause of the issue and you know as you heard the… you know Commissioner and I and, and others talk there's a… you know a number of strategies underway, it's, it's not a problem that's solvable overnight but I think we think we're on the right track with a range of efforts and are partnerships with OMH and others to try and tackle it.

CHAIRPERSON LEVIN: What's the outer range of length of stay, and what, what… how… what's the longest stay?

JULIE FARBER: At the Children's Center?

CHAIRPERSON LEVIN: Uh-huh.

JULIE FARBER: I mean there… you know it's fortunately not, not typical but and I… I'm going to have to get back to you on the data but… [cross-talk]

CHAIRPERSON LEVIN: I mean over a year I'm assuming, right, Kenneth was there for a year…

JULIE FARBER: That's very, very, very atypical.

CHAIRPERSON LEVIN: Right… [cross-talk]

JULIE FARBER: I mean, you know right now I think we have… I don't know, today I think we have, you know 20 kids that are there over 20 days, I don't have it right in front of me but it's, it's something like that.

CHAIRPERSON LEVIN: But over six months, I mean is that… [cross-talk]

JULIE FARBER: There's nobody there who's over six months.

CHAIRPERSON LEVIN: Oh, okay… [cross-talk]

JULIE FARBER: No, uh-uh.

CHAIRPERSON LEVIN: Okay…

JULIE FARBER: No.

CHAIRPERSON LEVIN: That's, that's good and then… and, and… [cross-talk]

JULIE FARBER: But there's nobody there who's over three months actually, right…

CHAIRPERSON LEVIN: Oh, okay… [cross-talk]

JULIE FARBER: …yeah… [cross-talk]

CHAIRPERSON LEVIN: And that's the same for the youth Reception Centers? Are we… are, are they… are… is this kind of critical data are they kind of… you know these important data points are they tracking between the Children's Center and the Youth Reception Center… [cross-talk]

JULIE FARBER: Yes… [cross-talk]

CHAIRPERSON LEVIN: …or… okay… [cross-talk]

JULIE FARBER: Both, I don't actually have the YRC data in front of me, but we also track that.

CHAIRPERSON LEVIN: Okay. Okay. With, with the residential facilities, I'm, I'm… I mean I'm concerned about the closure of residential facilities that, that, that has such an impact on this. Why has… why have there been these closures, can you speak a

little bit about… I, I mean I realize that probably each one has their own set of… [cross-talk]

DAVID HANSELL: Yeah, well each is… each is individual but unfortunately some of the pressures have been common and these have basically been facilities not in the city in Westchester County where there have been community pressures exerted on the agencies that run them and one case that have closure and a couple of cases that these… closure of intake into the, the system so it really has been community and political pressures that impacted on those particular providers in those particular geographic locations.

CHAIRPERSON LEVIN: Okay and is there… I mean are there… are there, there… are there plans to kind of work within the five boroughs to… [cross-talk]

DAVID HANSELL: Yes… [cross-talk]

CHAIRPERSON LEVIN: …establish more… [cross-talk]

DAVID HANSELL: Yes, in fact one of the providers that, that closed a facility in Westchester is… has opened one within the five boroughs and I spoke in the testimony to a couple of providers that

are expanding, Abbot House and Cardinal McCloskey, we have a third which we think is, is in the process of doing so, so we absolutely are working hard to, to restore that capacity but we also as you acknowledged Chair we… you know our, our real goal as much as possible is to serve children in family settings and so as much as we can develop therapeutic family settings where the foster parents can appropriately care for kids even if they are higher need kids with appropriate support services that not only is what we much prefer to do, we think it's better for young people but also one of the things we haven't referenced is the new federal family first legislation which goes into effect in New York in about two years is going to require the state as much as possible to reduce the number and the proportion of young people in foster care who are in congregate residential… [cross-talk]

CHAIRPERSON LEVIN: Yeah… [cross-talk]

DAVID HANSELL: …settings now in New York City we utilize congregate care much, much less than the rest of the state does so we are actually much further along in that process but we still will be working very closely with OCFS to see where we can

continue to reduce the proportion of kids in foster care in residential settings which we also think is good practice.

CHAIRPERSON LEVIN: Great, what… have there been new and innovative ideas in terms of foster care… foster parent recruitment out there in the kind of… around the country, you would think in a city of eight and a half million people that we'd be able to get a… you know a couple of dozen more that are willing to work with, with older, older youth that have… that are challenges?

JULIE FARBER: So, this is an area that we're really proud of, you know around the country there's been reports that they're experiencing, you know reductions in foster parents and, and up until the last two years that was the case here, the, the prior six years there had been a decline in the number of new foster homes recruited every year for six years and then over the last two years we've implemented this home away from home partnership… home away from home initiative in partnership with national experts, action research and public catalyst and we have implemented best practice strategies that have resulted in our having a 30 percent increase in,

in recruitment last year and we're on track for somewhere around that again this year.

CHAIRPERSON LEVIN: So, it's real, real improvement that… [cross-talk]

JULIE FARBER: Yes, yeah, it's significant and then that combined with our initiatives that you're familiar with around increasing kin those two things… [cross-talk]

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

JULIE FARBER: …are hand and glove.

CHAIRPERSON LEVIN: Uh-huh. New kinship coordinators at the Children's Center, that's… [cross-talk]

JULIE FARBER: So, we have ten kinship specialists who are placed in the DCP offices, the Division of Child Protection and the Division of Child Protection has significantly increased the placement of children with kin over the past year and a half under the leadership of my colleague Deputy Commissioner Fletcher, they've made tremendous strides so that fewer and fewer children have to spend, you know even a night with someone that they don't know and then the foster care agencies work to move children to kin who do come in non-kinship

foster placements and so this is an initiative that's a, a recommendation of the task force and, and a focus… a huge focus for ACS that we've been very successful at and, and, and obviously the… it's important because, you know all the research as well as common sense shows that, you know kinship care is better for kids.

CHAIRPERSON LEVIN: Is there… I mean is… there… I'm assuming there's a relationship, I'm curious what the relationship looked like… looks like between DCP and the Children's Center, who is… who's doing the contact, how, how are they sharing information, you know to… obviously to avoid going there in the first place, the first step there is with DCP, right?

JULIE FARBER: Yes, and, and so yes, the relationship between DCP and the… and the Children's Center staff is, is a very tight relationship and there's many, many different processes for information sharing and coordination between the Children's Center staff and the DCP staff who have been involved obviously in the… [cross-talk]

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

JULIE FARBER: …investigation that's led to a child's removal.

CHAIRPERSON LEVIN: Right. Has that been… is that… is it… is that relationship changing in any way or is there, there are kind of additional practices that we're looking at to enhance that relationship?

JULIE FARBER: I would say that there's been a huge focus on improving that relationship and tightening that collaboration and creating protocols that ensure that all the information that DCP has is shared with the Children's Center, is shared with the medical team at the Children's Center. Another piece of work that we've implemented is when children at… are at the Children's Center for longer than 14 days their case planning is taken over by someone at the Children's Center, so it's no longer handled by a DCP investigator… [cross-talk]

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

JULIE FARBER: …which makes sense for, for all the reasons that you can imagine…

CHAIRPERSON LEVIN: Yeah, yeah. Okay, Council Member Grodenchik do you have questions?

COUNCIL MEMBER GRODENCHIK: I just have a, a quick question. I'm sorry I wasn't here earlier for your testimony Commissioner, lots of graduations this morning. You mentioned on page 16 that you don't have access to the data that we're currently seeking but that you would work that out, now ACS is responsible for these children, is there a reason currently in law why we don't have access to data?

DAVID HANSELL: Yes, good question Council Member so we do have access to the data on individual children so we know every single child or we have access to the data through the foster care agencies and the medical audits that we do with the foster care agencies, what we don't have access to is aggregate data on the entire foster care population and the reason for that is that that meant… that data is maintained in the Medicaid system which the state runs and the state has privacy requirements around that system that don't normally require access outside of providers, we believe we need access, we believe that would… it would help us to have more visibility into the utilization of psychiatric medications across our whole population and so we've been making the case to the state and we hope

successfully to grant us that access through the Office of Mental Health system which is called PSYCKES which pulls data out of the Medicaid system specifically around psychiatric issues and, and psychological issues.

COUNCIL MEMBER GRODENCHIK: Alright, thank you Commissioner. I just… it seems to me to be generous its bifurcated, the, the… what, what you have and what the state has, and I think it would probably be a much better… I hope you're successful quickly and I think it would be much better that we could see an overall pattern and obviously I think it would most importantly better for the children so thank you… [cross-talk]

DAVID HANSELL: I, I entirely… [cross-talk]

COUNCIL MEMBER GRODENCHIK: …thank you… [cross-talk]

DAVID HANSELL: …agree with you.

COUNCIL MEMBER GRODENCHIK: Thank you Mr. Chairman.

CHAIRPERSON LEVIN: Thank you Council Member Grodenchik, we've been joined by Council Member Mark Treyger. I said… sorry, another couple

questions around the legislation. So, case planners our understanding are supposed to facilitate the consent process for medical care and when case planning… when… and when case planning responsibility is shared between multiple agencies the case planner is responsible for coordinating with ACS's consent policy, what role do the case planners play to ensure compliance with fully informed consent?

SUCHET RAO: So, that's correct, the case planner is involved in facilitating the collection of informed consent and their role is often in that when a child attends an, an appointment with a provider, the case planner is often the one who will provide the paperwork to the parent for the signature, it's not… it's not ideal that the case planner should be the one sharing medical information or trying to translate medical information since they're not trained to do that… [cross-talk]

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

SUCHET RAO: …so that's one of the things that we have focused on in the policy that we've designed regarding informed consent for psychiatric medications is improving the process by which that happens. So, at present I would say that it works to

an extent and the case planner is involved but we would prefer that the case planner takes a lesser role in the… [cross-talk]

CHAIRPERSON LEVIN: Right… [cross-talk]

SUCHET RAO: …process.

CHAIRPERSON LEVIN: And so, who would then fill that role?

SUCHET RAO: We would be… what we are proposing with the policy is that the role is provided directly by the, the treatment provider, the, the person who is prescribing whatever treatment… whether that's medication or other treatment that they would be the ones explaining to the parent why the treatment is being… what recommend… what the recommended treatment is, why it's being… [cross-talk]

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

SUCHET RAO: …recommended, what the potential benefits of that treatment are, what the potential risks of that treatment are… [cross-talk]

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

SUCHET RAO: …and importantly what the alternatives to that treatment are so again whether that's medication or other treatment.

CHAIRPERSON LEVIN: Are… is, is ACS working with a very specific set of prescribers to prescribe psychotropic medication for, for youth at the Children's Center or is it… I mean it… [cross-talk]

SUCHET RAO: No, so in terms of the, the children at the Children's Center again because of the, the nature of the Children's Center the population is constantly influx. As I… as we've mentioned earlier, we have mental health and medical providers on site, but we try to do in most circumstances is maintain the child's connection with the outside providers so that's… you know whoever… [cross-talk]

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

SUCHET RAO: …is already providing treatment for that child… [cross-talk]

CHAIRPERSON LEVIN: I see… [cross-talk]

SUCHET RAO: …we facilitate them getting to their appointments, we transport them to their appointments, we through nursing staff communicate with their providers to make sure that we're clear on what their medication regimens are, if they've missed medication we call the providers to get instructions

for restarting medications, if that's not possible in certain circumstances that's where we'll step in as providers on site to say, yes it's safe to give this medication or it's not.

CHAIRPERSON LEVIN: How did… what's the system that, that ACS uses to track all of these prescribers, if you have a… if you have a constant turnover of, of children in the Children's Center… [cross-talk]

SUCHET RAO: Uh-huh… [cross-talk]

CHAIRPERSON LEVIN: …obviously the… there's thousands of, of children… youth in the foster care system how are… that's, that's got to then be hundreds of, of, of… you know not only medical providers but psychiatric providers how are… how are we tracking all of that because I think that to ensure uniformity or you know best practices across the board or just quality medical care, we have to know who the prescribers are so that we're getting… you said there's a, a certain standard that… you know that we hope to achieve?

SUCHET RAO: Sure, absolutely, yes and, and that's, that is one of the challenges that, that we face. What we have in place right now is… you know

since myself and my predecessor Dr. Martin Owen joined ACS about three years ago one of our primary goals has been to improve prescribing practices for children in foster care fortunately we have the support of Commissioner Hansell and… [cross-talk]

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

SUCHET RAO: …Dr. Mendoza who's our Chief Medical Officer who also consider those to be very high priorities. So, what we have introduced over the past couple of years are guidelines as to how psychiatric medication should be prescribed and monitored to make sure that it's used safely so those include guidelines on what, what best practices should be and that's been distributed to our network of foster care agencies to be distributed to their providers. Again we… it's, it's not possible for us to directly oversee every single case of care… [cross-talk]

CHAIRPERSON LEVIN: Yeah… [cross-talk]

SUCHET RAO: What we can do is provide the oversight that we have already and with the new informed consent policy what we are doing is being much stricter about what our requirements are as far as what medication is appropriate… [cross-talk]

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

SUCHET RAO: …to be prescribed and how we monitor how it's prescribed.

CHAIRPERSON LEVIN: Though… with cases where a youth is in… I mean I imagine that this does not happen necessarily that frequently or maybe it does, I don't know you could tell me but cases where the initial prescription is while the child is, is at the Children's Center so therefor not with a foster care agency and not under their parental supervision so there's… they're in that… they're directly under the care of ACS at that point, does that happen frequently or is that an… is that not so frequent?

SUCHET RAO: So, well the… it does happen that children at the Children's Center receive their first prescriptions when they're there, it's usually from their current provider though, it's, it's not… the mental… as, as I mentioned earlier we as the providers in the Children's Center we don't take the role of being a primary provider so we're there to maintain safety, we're there to perform evaluations in terms of crisis and safety but we don't take on the role of prescribing it's very, very rare that we would be the ones to prescribe a medication.

CHAIRPERSON LEVIN: Right but… so, what, what happens if a youth enters the Children's Center, is there for 60 days… [cross-talk]

SUCHET RAO: Uh-huh… [cross-talk]

CHAIRPERSON LEVIN: …does not have a prior diagnosis, mental health diagnosis during that period of time exhibits some behavior that somebody thinks warrants some intervention, then in that case… [cross-talk]

SUCHET RAO: Yeah, I'll… [cross-talk]

CHAIRPERSON LEVIN: …the… [cross-talk]

SUCHET RAO: …I'll talk you through the process.

CHAIRPERSON LEVIN: Yeah…

SUCHET RAO: So, the mental health team has a set of referral criteria so that's accessed by nursing staff, child care staff, the social workers in the building and the, the placement workers in the building so really anyone who comes into contact with a child is able to provide a referral for a mental health evaluation so on site we have three psychologists and two psychiatrists from the ACS NYU Bellevue mental health team and they… mostly they're part time so it's three full time equivalents that we

have in the building so it's a small team… [cross-talk]

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

SUCHET RAO: …based on, you know the size of the population that we have but we have criteria based on whether a child is already supposed to be receiving medication or whether they've had a history of being prescribed medication… [cross-talk]

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

SUCHET RAO: …if they've just recently come from a psychiatric hospital, if they are experiencing some kind of mental health related distress or suicidal thoughts, homicidal thoughts, anxiety, depression and then we will perform an evaluation to maintain… to make sure that they're safe if for any reason the child is not considered to be safe at that time that's for one of those situations where we would perhaps call 9-1-1… [cross-talk]

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

SUCHET RAO: …or ensure that the child is taken safely to the hospital so Bellevue hospital is next door so that's often where they would be transported. In other cases if we have determined

that there is a level of need but it's not that acute that they need to be in the hospital right away we will refer out through the foster care agency if they have one assigned or through their case planner within ACS to ensure that they are set up with a, a provider.

CHAIRPERSON LEVIN: So, if they don't have a foster care agency it would be through the case planner but then when they eventually go into the foster care system either with a family or in a group setting their case will then get transported over to a provider that is affiliated or associated in some way with a foster care agency or will the case stay with the doctor that gave their initial prescription… [cross-talk]

SUCHET RAO: So, it, it varies depending on the case and what the needs are so often… for instance if the child placed in a residential setting then the care is completely taken over by the providers who are present in that residential setting… [cross-talk]

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

SUCHET RAO: …in other circumstances they may stay with the, the provider that they've been set up with before being assigned to the agency.

CHAIRPERSON LEVIN: Okay. Okay, that's it for me because I think we do have to vacate the premises by one p.m. so I want to keep… and Treyger left so I don't think he's going to be asking any questions, Barry do you have any other questions? Okay, thank you all very much for your time, I appreciate the thorough testimony and answering of our questions and we look forward to continuing to work with you on this issue.

JULIE FARBER: Thank you…

CHAIRPERSON LEVIN: Thanks.

DAVID HANSELL: Thank you very much.

SUCHET RAO: Thank you.

CHAIRPERSON LEVIN: Okay, just one panel, thank you everybody for your patience. Kate Wood, the Legal Aid Society; Betsy Kramer, Lawyers for Children; Lisa Gitelson from COFCCA; Theodora Diggs, Sheltering Arms; and Michelle Yanche from Good Shepherd Services. And Stephanie Gandel from… no, I'm just joking. Force of habit, force of…

[off mic dialogue]

CHAIRPERSON LEVIN: Okay, whoever wants to begin. Just make sure you turn on the microphone, the, the red light needs to be on.

BETSY KRAMER: Got it, is that… [cross-talk]

CHAIRPERSON LEVIN: Yep.

BETSY KRAMER: Thank you Chair Levin and to the Committee for holding this hearing and providing us with this opportunity to testify. I am Betsy Kramer, the Public… Director of the Public Policy and Special Litigation Project at Lawyers for Children. Mindful of your time, my testimony today is an abbreviated version of the written testimony that I have submitted, and I urge you to read that testimony for a fuller explanation of some of the points that I would like to make today. Since 1984, Lawyers for Children has provided free legal and social work services to children in voluntary foster care, abuse, neglect and other proceedings in family court. Based on our experience in those individual cases, we also advocate for system wide reform to improve the lives of children in foster care. We're pleased that the Council has chosen to focus on issues at the Children's Center and hope that this

hearing will lead to greater accountability for the care and treatment of children who are placed there. The plight of our client Kenneth, highlights many of the most serious problems that have arisen at the Children's Center. Kenneth is not the first client to be stuck at the Children's Center without appropriate services and unless things change, he won't be the last. When the Children's Center opened in 2001 Commissioner Scoppetta vowed that it would not become a shelter or orphanage, he told the New York Times that it would be a very rare case in which a child stayed for more than 24 hours. Today it's not so rare. According to the Commissioner's testimony, only half of the children who come through the Children's Center leave within 24 hours, approximately 80 children sleep at the Children's Center each night, many of those children stay for weeks on end and some like Kenneth stay for months on end. While the Children's Center functions as both a shelter for children who stay for just a few days and as an orphanage for children like Kenneth despite Commissioner Scoppetta's promise, it is not clear whether the Children's Center is required to comply with the regulations governing placements in shelters

or placements in residential care settings and it's not clear what oversight OCFS provides over the Children's Center. Furthermore, other foster care placements are accountable to the family court when our staff reports on the conditions, we see during visits to our client's home homes and foster homes, group homes or residential treatment centers. At the Children's Center however, attorneys and social workers are routinely denied access to our client's living spaces so we're unable to report to the court on whether they have adequate sleeping places, whether they have adequate clothing and what their general living conditions look like. Operating without accountability, the Children's Center has failed to meet the needs of too many children placed there. Commissioner Hansell and Deputy Commissioner Farber explained that some children remain at the Children's Center for extended periods of time because there's a shortage of foster care placements for older children, children with developmental disabilities and children with various mental health challenges. ACS asserts that many of these children's needs should be better met in placements operated by the state Office of Mental Health or the Office of

People with Developmental Disabilities rather than ACS, this is not a new argument. More than 15 years ago, ACS filed a lawsuit seeking to force OPWDD to provide care and services to developmentally disabled children who had been placed with ACS. Since then, ACS has been litigating that case to no avail while our developmentally disabled clients have been sitting in the Children's Center waiting for placement for far too long. It is now time for ACS to stop denying responsibility for these children and start providing them with appropriate placements and services. Children who spend extended periods of time at the Children's Center are not only deprived of a home, until recently they have not been assigned a case planner, the worker assigned to all other children in foster care who's job is to ensure that the child's educational, medical, mental health and physical needs are met and who is charged with making reasonable efforts to work with the child's family or other resources to effectuate the child's discharge from foster care. At many foster care agencies, the case planner coordinates the work of education specialists, behavior specialists, recreation specialists, vocational specialists and family

finding staff to work with children placed in their care. Children and youth at the Children's Center do not have the benefit of that assistance. Without a case planner to coordinate all service needs and planning, children like Kenneth are not getting the services or attention they desperately need. It is imperative that every child at the Children's Center be assigned a case planner who is trained to identify service needs, arrange for appropriate evaluations, ensure that the child and the child's family are connected to therapeutic interventions and work with the family toward an appropriate permanency goal. It is essential that the Children's Center be staffed by credentialed social workers and childcare staff who have received trauma informed training and that children who are placed there have regular access to mental health services. We are particularly concerned that in order to address some of the problematic behaviors of children at the Children's Center Commissioner Hansell has chosen to increase the presence of ACS peace officers and to provide additional security and to work with the NYPD rather than increasing the use of social workers and therapeutic staff. There's a large body of research

showing that when law enforcement is brought into a non-life threatening situation with a foster child the crisis is likely to escalate rather than stabilize which can have a lasting impact on a child from increasing the trauma to increasing the odds of involvement in criminal justice in the future. ACS must be prevented from invoking security personnel and law enforcement to address issues at the Children's Center unless absolutely necessary. For all these reasons, we urge the City Council to exercise its oversight authority over ACS to impose measures of accountability aimed at both reducing the length of stay at the Children's Center and also improving services for children who are there. To that end, we would suggest that the City Council require ACS to provide data reports as set forth in our written testimony and also to provide the Council with the following plans and protocols; a plan for developing additional foster care capacity for developmentally disabled children, children with complex mental health needs and older youth; a plan describing the therapeutic services to be provided for children who spend more than 24 hours at the Children's Center; a protocol for involving law

enforcement or security personnel only when absolutely necessary; and a protocol for permitting children's attorneys and social workers to visit their clients living at the Children's Center. We further urge the City Council to provide ACS with additional funding to ensure that ACS properly cares for all children there by employing sufficient full time staff with the training and expertise appropriate for caring for children who have experienced trauma, who are developmentally disabled and who have complex mental health needs. This would include case planners, certified social workers, behavior modification specialists and education specialists to work directly with as many children as possible. Before I conclude I want to thank the City Council for considering bill number 1358, which is also on today's agenda. The over prescription of psychotropic medication for children in foster care has been widely documented. The reporting called for on this bill will provide an important perspective on that issue and help to identify trends so that we can begin to address the issue as a systemic problem rather than on a case by case basis on behalf of one client at a time. In conclusion I want to thank you

for your continued commitment to improving the lives of children in foster care. We're happy to follow up with you on any questions or issues you might have on our testimony and to work with the Council to further develop our proposal. Thank you.

CHAIRPERSON LEVIN: Thank you very much, I just have one quick question.

BETSY KRAMER: Yeah… [cross-talk]

CHAIRPERSON LEVIN: What is the reason why… that ACS staff would give to not allow a child's lawyer or social worker to visit and see their living quarters?

BETSY KRAMER: They tell us that it would compromise the confidentiality of children living there.

CHAIRPERSON LEVIN: But the child has a… the relationship with the social worker and lawyer is a… [cross-talk]

BETSY KRAMER: Correct… [cross-talk]

CHAIRPERSON LEVIN: …fairly… [cross-talk]

BETSY KRAMER: …I think they're referring to other children who are living there but we routinely visit… and we're not asking for any

confidential information regarding those other… [cross-talk]

CHAIRPERSON LEVIN: Right… [cross-talk]

BETSY KRAMER: …children and we routinely visit foster homes that have multiple children living in them… [cross-talk]

CHAIRPERSON LEVIN: Sure… [cross-talk]

BETSY KRAMER: …residential treatment centers… [cross-talk]

CHAIRPERSON LEVIN: Yes… [cross-talk]

BETSY KRAMER: …group homes, we see other children in foster care all the time… [cross-talk]

CHAIRPERSON LEVIN: Right… [cross-talk]

BETSY KRAMER: …so that's the only excuse they've ever given.

CHAIRPERSON LEVIN: Okay, I, I should have known about that and asked about that while, while the Commissioner was here but I will certainly follow up on that and we should… [cross-talk]

BETSY KRAMER: Thank you… [cross-talk]

CHAIRPERSON LEVIN: …we should work on that, so I look forward to continuing to work with you moving forward with all… with all of the recommendations in your testimony, thank you.

LISA GITELSON: Good afternoon Chairperson Levin and Council, I'm Lisa Gitelson, I'm the Associate Executive Director Downstate of the Council of Family and Child Caring Agencies, COFCCA. Our member agencies include over 50 not for profit organizations providing foster care, residential care and YRCs in New York City. On behalf of our member agencies, their employees and mostly on behalf of the thousands of children that they serve, we thank you for the opportunity to testify before you today. COFCCA joins in support and in appreciation of the changes made by ACS for the Children's Center. The ability to do our work with all that is needed is what makes the difference at this critical moment in the life of a child. In addition to the intensive case reviews for children with… I'm sorry, the addition of intensive case reviews for every child with special needs, security enhancements, expanded high level leadership, additional staff and the training of staff allows for meaningful and planful work. Similarly, our agency is providing services to youth in the residential care settings face the exact same challenges working with these highest needs youth once they leave the Children's Center and come

to our programs and similarly the agencies need these exact same enhancements to do the meaningful work with our youth. Our residential care centers, centers and YRCs are doing the same work or are continuing the work started at the Children's Center. For the continuum to be successful all of the supports must be equal and must be equally funded. We've had discussion today about the YRCs and I want to be clear that the intention of setting up the YRCs is similar to the intention of the Children's Center, these are not therapeutic milieus and they are not able or are they set up to serve those needs of the youth. The goal is that they be able to identify as quickly as possible the appropriate settings for the youth, so I don't want to complicate or confuse what the purposes of the YRCs are. In order for the YRCs or the Children's Center to get the youth into the most appropriate placements as soon as possible we need real resources for the Children's Center, for the YRCs and for our residential care providers, it has to be exactly the same things that are being offered at the Children's Center that we offer to the children that are being treated along the whole continuum. Most notably there needs to be staffing

appropriate and necessary to work with youth, this requires contracts that are budgeted to pay a fair wage in order to hire and retain qualified staff. Our review of the staffing challenges shows that for calendar year 18 our nonprofit New York City agencies experienced a 32 percent turnover rate in direct care work staff. Additionally, the average starting salary for the direct care workers in New York City hovered right at the 15 dollar an hour mark. We cannot properly serve and make change for the high needs youth in our care when we lose one third of our staff every year and are paying the same base rate as McDonalds. In fact, many of our youth who live in our residential centers and are placed at the YRC centers are making more than the staff that care for them. As we approach a new RFP for providing foster care for youth in New York City we're at moment in time to take action and provide all that we should for these youth. Our agencies have decades of experience working with very challenging youth and would very much welcome an opportunity to share suggestions as well as brainstorm new ideas to meet the needs of today's youth. These efforts would be in residential care, family foster care and perhaps even in new

preventative service models. These efforts would also include structure and funding for the Children's Center to support the Children's Center as its functioning now not as it was originally envisioned. There must be funding to support the census at the Children's Center with youth who's needs are substantial. This exact same structured funding must be extended to the foster care providers. We see all of this work in partnership with ACS with a goal shared to provide the most meaningful services to the most traumatized youth. We do believe that in partnership there exists meaningful opportunity to bring change. We're certain that we need this partnership to be funded immediately in order to protect and serve these youth. And with regard to the psychiatric medication data collection COFCCA does support the position of ACS with regard to this proposed bill and does not take a separate position. We would note that we take seriously the psychiatric and psychological needs of the youth in our care and the need for medication at times to address these needs. With regard to the collection of data we also believe that it needs to be contextualized for a full understanding of the reasons for the use of

medication. A straightforward collection only will not paint the picture of the youth, their needs and the situations requiring the medication. I would be happy to answer any questions and I thank you for this opportunity.

CHAIRPERSON LEVIN: Thank you so much for your testimony. So, I, I look forward to working with COFCCA on the legislation, we can sit down and talk about that and then for the, the, the broader issues, clearly the, the budgetary issue is, is front and center that's… it's a… it's not a, a workable model to have a turnover rate that high and a… and a… and a base pay that is minimum wage, it's not right and it's not going to be effective. I look forward to working with you on that.

LISA GITELSON: Thank you, we do as well.

CHAIRPERSON LEVIN: Thanks.

THEODORA DIGGS: Good afternoon, my name is Theodora Diggs and I am the Program Director of the Sheltering Arms Reception Center Annex of the Nicholas Scoppetta Children's Center. Thank you to the Chair Mr. Levin and members of the New York City Council Committee on General Welfare for the opportunity to testify before you today. Sheltering

Arms is one of the city's largest providers of education, youth development and community and family wellbeing programs in the Bronx, Manhattan, Brooklyn and Queens. In addition to serving nearly 500 youth in foster care, more than 2,000 children in preventive services over the course of a year, we have operated the Sheltering Arms Reception Center sometimes called the Children's Center Annex since September of 2017. Our Reception Center located in the North Bronx is one of four reception centers citywide that serve children and youth awaiting an appropriate foster care placement. The Sheltering Arms Reception Center is unique in serving a young… in serving young children ages zero through 12 years old while the youth reception center service adolescents. I am testifying before you today to ensure that the needs of the children and youth in the Reception… in the Reception Center are highlighted and that the systemic lack of appropriate support and therapeutic foster care placements for these children and teens with serious behavioral and mental health challenges are addressed. When Sheltering Arms launched our Reception Center a year and a half ago, neither we nor ACS anticipated the

severity of mental health challenges and behavioral issues we would encounter serving this very young population. We have seen children as young as four, five and six years old with serious diagnoses such as oppositional defiant disorder, mood disorders and psychotic disorders. We have received children, children from psychiatric hospitals, and have had… and have had to refer several children to psychiatric hospitalizations because they have become… they've become a risk to themselves and or other children and staff in the facility. An example is Sarah, who's name has been changed for privacy, is a ten-year-old girl diagnosed with ODD, ADHD, PTSD and reactive, reactive attachment disorder. She was transferred to our Reception Center from Kings County Children's Psychiatric Hospital. Sarah remained in our program for four months, during which she was hospitalized two times. She was placed in a therapeutic foster home but has continued to require hospitalization. Another example is James, who is six years old… who was a six-year-old boy and who was placed with us for only two days before, before having to be hospitalized for one week before being transferred to Bronx Children's Psychiatric State Hospital. James

remained there for a month, was discharged back to our Reception Center where he stayed with us for five days before he was readmitted to the Bronx Children's Psychiatric and he stayed there for another month before being released to his biological mother. Children like Sarah and James, who struggle with severe mental health issues and require intensive support, are not unusual at our Reception Center. Dozens of children we serve each year come to us with severe mental health and behavioral challenges. It is clear that when these needs are not appropriately addressed in the young population we serve, the symptoms and trauma they experience compounds as they wind through the foster care system. One child in our Reception Center diagnosed with a mood disorder, had been in nine different placements before coming to our Reception Center at eight years old because even therapeutic foster parents were not equipped to address his intensive needs. While our average length of stay at the Reception Center is three days, children in need of therapeutic placement end up staying with us for three to four months due to the lack of available and appropriate therapeutic foster care placements. Sometimes therapeutic foster homes,

while a great resource for some children, are not even sufficient to meet the needs of children we serve. The training that is currently required to be certified as a therapeutic foster home, while useful, does not address the specific and intensive needs of each child or the severity of the needs of the children that we have observed. As an increasing number of children enter foster care with serious behavioral and mental health issues, New York City must ensure that providers and foster parents have the resources to appropriately and meaningfully meet the needs of these children. We urge the General Welfare Committee to continue to push ACS to expand services to children who need intensive therapeutic support as well as the foster parents who care for them. We are recommending salaries as an additional support have been added to the Children's Center, the Reception Center and voluntary foster care agencies need similar supports. Most notably, we must be able to recruit and retain the appropriate qualified staff necessary to work with these young people. This requires contracts with budgets that allow for salaries at the level needed to attract and retain qualified staff. New… another recommendation is new

models of therapeutic care. It's clear New York City needs to explore new models of therapeutic foster care to meet the needs of the children that are currently entering care. And the staff at the Reception Center… excuse me, staff at the Reception Centers and the therapeutic foster homes available for placement need training that specifically addresses the individual needs of children being placed in care. Providers and states across the country are considering the professional foster parent model for therapeutic foster care, which creates opportunity for foster parents to be more thoroughly trained and appropriately supported to meet the needs of children. Training and support for staff and foster care. Even before a new model is put in place, resources are needed to provide staff at the Reception Centers with comprehensive trauma training now, now so that they can better support the children and youth with severe behavioral and mental health issues that are coming into care. Both Reception Center case workers and foster parents accepting these high needs children into their homes should receive regular trauma informed train, training, evidence-based models like trauma focused

cognitive behavioral therapy among others would be a good place to, to begin to offer more support to foster parents. We also recommend that case workers and foster parents be trained together when possible so that case workers can support foster parents and also ensure foster parents are able to effectively execute the parenting techniques. Thank you again for the opportunity to testify about these important gaps in support for both children and staff and I'm happy to answer any questions that you may have.

CHAIRPERSON LEVIN: Thank you so much, I look forward to working with you particularly around supporting the therapeutic foster care system and, and, and foster parents and looking into the model of professional foster parents that you referenced and trying to make sure that we are building up the system and reinforcing the system. Thank you. Yes, Mr. Grodenchik.

COUNCIL MEMBER GRODENCHIK: Just a quick question and it could be for anybody on the panel, the education of these young people I, I have a district 75 school at, at… the Creedmore Psychiatric Center or the Children's Center which is attached basically at the hip, its where the children spend

their time. These children in these placements are they getting… are they getting public school education, what, what kind of resources are you getting from the DOE?

THEODORA DIGGS: They do get public… they do get public… I'm sorry, they do get public school education, one of the challenges that we face that we are working on though is always getting the necessary transportation to get all of the youth to the appropriate schools.

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

CHAIRPERSON LEVIN: Thank you Council Member Grodenchik. Okay, whoever wants to go next.

MICHELLE YANCHE: Good afternoon, I'm Michelle Yanche with Good Shepherd Services. Thank you for holding the hearing on this important matter. Good Shepherd has operated a residential group program since the 1930s and currently we have three programs with a total bed… total beds of 56. All of our residents come to us from the Children's Center and are all of… are… the young people we serve are young women. We support and are very grateful for the steps taken by ACS at the Children's Center to ensure

that their stay there is as brief as possible and that while they're there they receive the care that they need. But as you've heard the youth that come to us and come to the Children's Center have highly complex trauma histories. We at Good Shepherd are also seeing high rates of young women who have been commercially sexually exploited. This plays out in many complex ways; behavioral and mental health and substance abuse disorders and, and challenges that really require very highly trained staff and high levels of service. The struggle to serve these young people well does not stop at the doors of the Children's Center, it extends into our programs. We are experiencing the same challenges with the same youth and our capacity has been equally strained. We need to address the, the needs of the whole system if we're really going to make a dent here and that includes on our end the same ability to, to hire and to retain qualified staff to work with these young… with these young people and an investment in our programs to bolster what we can provide, make sure that we have better staffing ratios, deeper programming and that we can really be responsive to the needs of the young people. We need the city to

respond to the crisis at the Children's Center with a systemic solution that addresses the entire system of residential care with a systemic investment. I want to… on that point want to say that… echo my colleague's comments about the YRCs, you know we, we operate one of the YRCs and, and they're an important part of the system but like the Children's Center they're designed to be short term placements. What we really need if we're going to really move the needle on ensuring that the stay in young people… that young people have in these short term placements whether it's a YRC or the Children's Center is that there are really good options for them to move into on the other end of the system and that's really I think where our attention together needs to focus. We're ready, Good Shepherd is ready to work with the city and the state to explore new models, new interventions, advocate for the investments that we need to comprehensively strengthen the whole system of residential care. We are in support of ACS and its efforts to bolster the Children's Center and we providers need to follow suit with some of the measures that they're taking there. We providers have not raised our voices loudly enough about these needs

and I… that's really why I'm here today and I want to ask for your help to make sure that we can get the city focused on addressing the needs of the whole residential system. Thanks.

CHAIRPERSON LEVIN: Thank you Michelle, thank you.

KATE WOOD: Good afternoon, my name is Kate Wood… [cross-talk]

CHAIRPERSON LEVIN: If you could move the microphone a little bit closer… [cross-talk]

KATE WOOD: Sure… [cross-talk]

CHAIRPERSON LEVIN: …that would be great, thank you.

KATE WOOD: Alright, good afternoon, my name is Kate Wood and I am an attorney with the Legal Aid Society's Juvenile Rights Practice. Thank you, Chair Levin and the Committee, for this opportunity to share our perspective on the conditions at the Children's Center and to express support for bill 1358. The Legal Aid Society's Juvenile Rights Practice provides legal representation to children who appear before the New York City family courts in all five boroughs in abuse, neglect, juvenile delinquency and other proceedings affecting

children's rights and welfare. In addition to representing many thousands of children each year in trial and appellate courts, the Legal Aid Society pursues impact litigation and other law reform initiatives on behalf of our clients. The Children's Center is intended as a temporary residence for children coming into foster care until a permanent placement is found. I'd just like to reiterate that most of the children entering the doors of the Children's Center have just been removed from their parents or family. Put simply, it can be terrifying for a child to be torn from all that they've known and thrust into an unfamiliar situation. Because of this vulnerability, it's imperative that the Children's Center be safe, supportive and temporary. We urge you Chair Levin and the Committee to read our full testimony, our full written testimony but for the sake of brevity I will just focus on a few points today. As we've heard and according to ACS's own data, the, the Children's Center has had 70 or more children for… since at least 2016. As recently as this February, the average number of children reach the high of 87. This surge reflects the fact that many children are experiencing a corresponding

dramatic increase in the length of stay. We have several clients at the Children's Center that have been there for at least 30 days and some over a year waiting for a placement. While some of these youth do have higher needs, many are simply waiting for an available foster home. For example, one of our 14-year-old clients remained at the Children's Center for 16 months waiting for a foster home. We see an inadequate array of placements for older youth in general and believe that residential care is not an ideal and often not an appropriate outcome for these youth. It should be served in the community. More must be done to address the significant delays in foster care placement for all children's Center. There must be major improvements in the placement process and in the placement array, so children do not languish at the facility for weeks and months. Our second concern involves the over reliance on law enforcement at the Children's Center and NYPD access to young people at the facility. We have received anonymous reports from ACS staff that expressed outrage at what is viewed as a culture shift at the Children's Center from quote, "protecting to celebrating when a child is arrested". We have been

told that 60 youth have already been arrested from the Children's Center this year and ACS security officers are being trained in arrest procedures and identifying and gathering gang intelligence. An increased police presence has also been reported. Beyond arrest, we're also concerned that the Children's Center unduly allows police access to children while they're at the facility. We understand that ACS does not have a policy prohibiting law enforcement from warrantless entry into the building or from questioning youth without ACS first contacting the youth's attorney. We urge ACS to implement a policy as soon as possible. ACS should require a warrant before allowing police to enter the building in search of a young person since the Children's Center is considered the youth's residence. Second, ACS should not permit police to question youth unless and until the youth's attorney has been… has been notified. We understand that there are more opportunities for training for staff at the Children's Center, I think ACS pointed that out today in their testimony but we believe without more training requirements for staff that those… it may have little practical effect and we continue to hear

from our clients about dangerous restraint practices and excessive force used by staff at the Children's Center. Finally, when youth enter foster care and are separated from their families, school obviously can be a great source of stability. Under federal law, youth in foster care are entitled to remain in their school of origin, it's in their best interest to do so. We here are concerned however that there are delays in setting up transportation as my colleague pointed out and that children are sometimes dropped off late in the morning. We've also heard that young people are prohibited at times by ACS from attending school in particular if the child has a history of truancy but that there are no alternative education services provided for that youth. Separately we'd like to express our support today for bill 1358, a bill which would require ACS to collect and report data about the prescription of psychotropic medication for children in its legal custody. We believe this bill fills a critical gap in systemic oversight over the prescription of these medications to this vulnerable population and more closely aligns New York City child welfare monitoring practice with national standards and with federal law. Studies

consistently reveal higher rates of psychotropic medication use for children in foster care than in the general population and its for these reasons that the federal government, New York, OCFS and several professional organizations have issued guidance to Child Welfare agencies on implementing effective oversight on both the client and the agency level. And to… compliance with federal law and best practice ACS must make it a priority to implement the systemic oversight. We… they can't… they cannot continue to kick the can down the road and wait for other agencies, other state agencies to provide data about children that are in their own custody. We believe that the bill will fill this gap by allowing ACS and the City Council to observe prescribing trends for each foster care agency, track problematic prescribing practices on a systemic level and provide feedback to and require corrective action from agencies that demonstrate high rates of these dangerous practices. We urge the committee to push this important piece of legislation forward. Thank you for the opportunity to address these important issues.

CHAIRPERSON LEVIN: Thank you very much. Quick… one, one quick… excuse me, two quick questions, sorry. First… [clears throat] excuse me. You are seeing the… just as… the problem being just as much the placement process as much the, the lack of appropriate placement opportunities, ACS never brought up that there was… that there's any issue about the process, I was just curious about…

KATE WOOD: Yeah, I think there are several issues with the placement process and ACS did touch on some of the things that they're doing to try to remedy that process by creating the kin specialist position to identify, you know relative resources for certain youth and also working with DOHMH to try to identify appropriate resources for higher needs youth but there are often times… we, we have heard that there is a lack of a formal process to match children appropriately with a regular foster home… [cross-talk]

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

KATE WOOD: …and that that aggravates the issue and the delays.

CHAIRPERSON LEVIN: Okay and then, do you agree with, with Miss Kramer about being denied the

opportunity to see the residential settings of, of clients of, of Legal Aid, the children? You are… you are getting… [cross-talk]

KATE WOOD: Yes… [cross-talk]

CHAIRPERSON LEVIN: …denied the… [cross-talk]

KATE WOOD: Yes.

CHAIRPERSON LEVIN: Okay… [cross-talk]

KATE WOOD: Yes, we, we agree with that… [cross-talk]

CHAIRPERSON LEVIN: …that's something that… okay, that's something that needs to be remedied immediately with I think some kind of directive from the Commissioner. Okay, thank you to this entire panel, this is an… yet another example of a time where I wish the panel… the… this panel went first before ACS so that… so that we got this perspective first, this was all very illuminating and, and we are going to take all of the recommendations, maybe perhaps we can convene a meeting in the next, you know in a couple of weeks to, to talk about steps moving forward and things that we can go to, to ACS with and, and things that maybe we could… potentially we could legislate or add

to the legislation but I want to thank you so much for your patience and for your testimony and for all the good work the organizations do. Thank you, thanks. Okay, does anyone else wish to testify? Nope, okay. At 1:13 p.m. this hearing is adjourned.

[gavel]

C E R T I F I C A T E

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

Date July 14, 2019