



Testimony of

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Before the  
New York City Council  
General Welfare Committee

*Oversight: Preventive Services at the Administration for Children's Services*

December 14, 2016

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

I would like to thank Council Member Levin and all of the members of the General Welfare Committee for holding today's hearing on preventive services at the Administration for Children's Services. CCC is grateful to the Council for your interest in ensuring that whenever possible, children can remain safely in their homes and out of the foster care system.

CCC is also appreciative of all of the efforts that have been undertaken at the Administration for Children's Services (ACS) to enhance and expand preventive service program models. We want to take a moment to thank Commissioner Carrion for her tremendous efforts to strengthen ACS, particularly as it relates to preventive services. The Commissioner has helped to increase capacity, grow the evidence-based programs and start the launch of Family Enrichment Centers. While we are saddened that the Commissioner has resigned, CCC remains hopeful that the investments in prevention will continue and expand when the Mayor appoints a new Commissioner.

Preventive services are VOLUNTARY,<sup>1</sup> community-based services that strengthen and support families by tailoring the services to the families' individualized needs, and by reducing and assessing safety and risk through home visits and casework contacts. Thus, preventive services enable children to remain safely in their homes, protecting them from abuse, neglect and the need for foster care.

The most effective child welfare system is one that prevents abuse or neglect from occurring in the first place and also prevents the need for foster care when there is risk by providing the services that keep children safe. This prevents the trauma of removal while also strengthening a family's ability to provide a safe home that strengthens child and family well-being. Furthermore, preventive services are cost-effective, costing a fraction of the price of foster care.

Preventive services are a critical component of child welfare continuum, and have enabled countless children to remain with their families and out of the foster care system. When a child protective services worker is conducting an investigation and making a decision about whether to remove a child, knowing that there is another option whereby a family can receive supportive services and a caseworker can make home visits to assess child safety, a caseworker can be more comfortable leaving the children in their homes. Thus, preventive services are a critical component in ensuring child safety, while keeping children out of the foster care system.

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<sup>1</sup> The model of preventive services is generally that they are voluntary. There are instances where a court has ordered a family to participate in preventive services. When there is no court involvement, preventive services are generally voluntary. When parents are being investigated for abuse or neglect and a caseworker suggest that the family participate in preventive services, it may not feel voluntary to the parents worried about having their children removed.

Holding a hearing on preventive services today is extremely timely in light of the recent fatalities of Zymere Perkins and Jaden Jordan, which have been highly publicized. Historically, after there are child fatalities that receive a lot of media attention, there has been an increase in calls reporting child abuse and neglect, an increase in cases indicated, an increase in children coming into foster care—and an increase in the need for a strong preventive service system. It is extremely important that as ACS continues to receive a higher level of reports while experiencing ongoing scrutiny, that there be access to high quality preventive services throughout the City. This is because with heightened scrutiny, there is always a fear that caseworkers will err on the side of removal. Without adequate preventive services, this risk grows. For example, after the death of Nixzmary Brown in 2006, the increased numbers of reports led to the preventive service system operating at over 100% capacity. We must be sure that the system is prepared for potential increases in families identified as needing services.

Today's hearing is also timely because at the state level, child welfare financing sunsets this spring so provisions authorizing funding reimbursement for child welfare services, including preventive services, will need to be addressed in the upcoming state budget. The state incentivizes preventive services by providing a limited block grant for foster care and providing open-ended reimbursement for preventive services. Thus, once a locality expends all available federal funding, the remainder is reimbursable by state statute at 65% state/35% local. Since 2008, that reimbursement level has been cut to 62% state and 38% local.

New York's unique system has enabled the City to create an impressive array of programs, including many that are evidence-based or evidence-informed. Currently there are nearly 23,000 children, from about 14,000 families, receiving preventive services in New York City. The majority of these families receive General Preventive services, which is the basic model with case management, case planning, counseling, home visits, referrals, and access to supports at the community-based organizations. The next largest program is Family/Treatment Rehabilitation (FT/R), which is an enhanced version of General Preventive for families struggling with substance abuse or mental illness. FT/R requires more home visits and referrals to substance abuse and/or mental health services. There are also specialized models for families with medical issues, developmental delays, those who are deaf or hearing impaired, and youth who have been sexually exploited. Finally, there is a continuum of 11 models that are evidence-based, evidence informed or promising practices, including Family Functional Therapy, Multi-systemic Therapy, and SafeCare (for children under five).

No other state has a funding structure like ours, and through my work with other states I can see that no other state or county outside the state has a system that is as large, diverse and/or evidence-based as the one we have in New York City. It is extremely impressive and it is important to recognize this.

It is also important to note that New York State's reimbursement is limited to preventive services where a case is opened for a family after documentation of risk to the child. To receive these services, a parent must sign a form indicating that their child is at risk of

foster care. Many families do not feel comfortable signing this form due to concerns about stigma and/or fears that their children will be removed. While ACS and its providers have worked hard to combat this stigma, this is a challenge, and has led to the majority of preventive services being offered to families who have had reports to the SCR, rather than families coming forward to seek services.

Recognizing this limitation, and despite the lack of state funding, ACS is soon going to be offering primary preventive services at three soon-to-be created Family Enrichment Centers. ACS is still in the process of selecting the three providers, but the plan is for these three centers to be home-based settings, in locations not affiliated with ACS, in high-risk neighborhoods where families can walk-in and receive any support they might need. This type of model, where families can safely seek help before there has been abuse or neglect, has been successful in New Jersey, and we look forward to seeing it implemented here in New York City.

### **Recommendations:**

In 2010, CCC released, *The Wisest Investment: New York City's Preventive Service System.*<sup>2</sup> This report documented CCC's three-year analysis of Preventive Services in New York City, which included a survey of preventive service program directors, a focus group with parents, data and policy analysis and participation in various workgroups and coalitions. Many of the key recommendations remain relevant today, six years later. CCC's report detailed how New York City's preventive service system needed to be more fully supported at the federal, state and local levels for it to provide quality and timely services to all at-risk children and families in New York City. The report recommended increasing the system's capacity to serve more families, expanding options to meet the needs of non-English speaking families, improving access to mental health and housing services, and addressing barriers to hiring and maintaining an experienced and committed workforce. It also recommended enhancing the training for preventive service staff, strengthening services provided in court ordered supervision cases, eliminating ACS's incentive to close cases within 12 months of service, and to make more preventive services more seamless for homeless families. We continue to support these recommendations and many are described in more detail below.

With much respect for the commitment the City has made to preventive services, CCC offers the following recommendations to strengthen the City's ability to keep children safe, strengthen families and avoid foster care:

- 1) Pass Intro 1374-2016, a Data Bill Related to Preventive Service Utilization**  
CCC supports Intro 1374-2016 and urges the City Council to pass it and the Mayor to sign it.

Currently, most ACS data related to preventive services is reported in the monthly Flash report, which is replaced each month with a new Flash report. The indicators reported are all related to new preventive service cases (number of new

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<sup>2</sup> The report is available here: <http://www.cccnewyork.org/wp-content/publications/CCCReport.WisestInvestment.PreventiveServices.April2010.pdf>

cases, new cases by program type in three categories, referral source for the new cases, and number of cases opened and closed each month.)

The Mayor's Management Report does provide additional information about preventive services, but it is an annual report that is often months delayed in its release. As it relates to preventive services, the MMR includes for the fiscal year, the number of new families receiving preventive services (as is in the Flash), the number of new families receiving specialized teen services (but not other models), the daily average number of children served in preventive services (for the year), and the total number of children who received preventive services throughout the year.

None of this Flash or MMR data provides the number of children and/or families receiving preventive services during a month nor information about the number of children/families receiving the services in a particular program type, even though ACS currently offers 16 program types. The data similarly does not provide information about utilization and/or capacity to serve additional families. The data does not indicate outcomes for the children or families, such as repeat maltreatment or educational outcomes for the children. Finally, the data does not provide information about whether the services were provided for children leaving foster care and/or for children who are homeless.

All of this information is critical for advocacy organizations like CCC and for the City Council so that we know how the preventive service system is operating and what, if any, resources we need to be advocating for related to capacity in its entirety, related to program type and related to particular communities.

CCC believes that the proposed legislation will not be onerous for ACS, as ACS has most of this data internally. In addition, we believe this data will be extremely helpful to those seeking to ensure ACS has the resources it needs to keep families safe.

## **2) Ensure ACS has Enough Capacity to Serve All Families in Need of Preventive Services**

As mentioned earlier in this testimony, media attention tends to increase the number of families that come into contact with the child welfare system. In many instances this could be a positive development as it could allow the child welfare system to step in and provide the preventive services that will prevent a child from being abused, neglected or coming into foster care. It is critical that ACS ensure that the preventive service system has enough capacity in all neighborhoods.

At this time, given the limited available data, CCC does not know the utilization of the system nor whether ACS is in need of additional capacity; however, we suspect that the system will likely need more resources. We urge the Mayor to

include funding for preventive service capacity in the Preliminary Budget based on anticipated projections from the increased reports to the SCR.

In addition, we understand that the City's FY2017 Budget included funding to expand preventive service models for infants and toddlers, but that these additional slots have not all been brought online yet. If this is still the case, we urge ACS to expedite this process.

- 3) **Eliminate the Incentive to Close Preventive Cases after 12 Months of Service**  
When ACS implemented the most recent RFP for preventive services in 2010, it included an incentive payment structure whereby programs are penalized if they do not open 25% of their capacity every quarter. This is in part why much of ACS's publicly available data on prevention is focused on opening new cases. As part of ACS's move to open new cases, programs were expected to maintain an average length of service of 12 months.

While ACS continuously maintained that this was meant to be an average, CCC has continuously maintained that a caseworker with a caseload of 12 cannot implement an average length of service and this was essentially being implemented as a 12-month rule. CCC has objected to this "rule" since its inception. We continue to believe that the length of service should be tailored to the individual and unique needs of the families and that both ACS and the preventive service programs should be equipped with the skills, training and risk measurement tools, to assess when it is safe to close cases.

While we still do not know the critical facts involved in the Zymere Perkins case, we do know that the family had been receiving preventive services and that one of ACS's action steps after this case was to require ACS staff to approve the closing of cases. We worry that the 12-month "rule" could have impacted this case.

Regardless of whether that hypothesis is true, we once again urge ACS to eliminate the 12-month length of service and the incentive payments related to turning over cases each quarter. We believe preventive caseworkers should receive additional training to help them know when it is safe to close cases and that ACS providers should be able to provide after-care to preventive families—that is paid for by the City.

Finally, we have also heard that the new requirement for ACS to approve preventive case closures has slowed down this process without providing real oversight or support because the person who is approving the case closing knows little about the case or the family. We urge ACS to review whether this case closing approval process is in fact the best way to ensure the safety of the children.

#### **4) Improve Preventive Services for Homeless Families**

Unfortunately, since CCC released its preventive services report in 2010, the number of homeless families has increased tremendously. This means that there are many more struggling, vulnerable families who could benefit from preventive services. We believe the homelessness crisis makes the need to provide preventive services to these families even more important, particularly as families are placed in hotels and/or far from their community support networks.

When CCC released our report in 2010, we documented that when families entered the shelter system it was very difficult for them to maintain their preventive services because the services are community based and the families were placed in different communities. At that time, DHS was typically placing families in shelters located in the school districts where the youngest child was attending school. We recommended that DHS place families with open preventive service cases in the communities where they were receiving services, so that their services were not disrupted, and we urged DHS and ACS to track this like they do with education. Both then and now, DHS knows whether and where families are receiving preventive services because they screen families for ACS involvement when they are at PATH intake.

CCC continues to urge DHS to place families with open preventive service cases in the community where their services are (assuming that this is a safe place for the family.) Uprooting a vulnerable, housing insecure family receiving these services, and placing them in another community far from their support systems is setting families up for failure. We believe DHS must do better, even if this means building additional family shelter capacity.

Furthermore, parents and children in shelter have experienced trauma by virtue of being in the homeless system. For some families placed far from their schools, jobs, friends, family members, and social service supports, the experience is even more trying. We urge DHS to train all of its staff and providers in trauma-informed care.

We are also very grateful for the City Council's initiative funding five nonprofits to bring various trauma-related services into the shelter system. We urge the administration to baseline and expand this initiative.

#### **5) Increase the Rate for Preventive Service Programs**

Since the most recent RFP for preventive services was rolled out in 2010, there has been no increase in the rate for General Preventive (GP) or Family/Treatment Rehabilitation (FT/R) program models. The City has allowed providers to convert capacity into evidence-based models and has expanded some evidence-based investments, but there has been no adjustment to the rate for the programs serving the majority of the families.

This has left programs, particularly General Preventive programs, struggling to provide high quality services. For instance, it has prevented programs from enhancing their service models, increasing training options, increasing the salary for high performing staff, keeping quality staff from leaving, etc. This system is long overdue for a rate increase. We urge the Mayor to increase the rates paid to preventive programs in the Preliminary Budget.

**6) City Council Support at the State Level**

CCC is extremely grateful to the City Council for the partnership that we have created. This includes the recent resolution sponsored by Council Member Salamanca, Jr. that urged the state legislature to pass and the Governor to sign legislation that would increase the amount of housing subsidy for families and youth from \$300 to \$600 and increase the age youth aging out of care can receive the subsidy. Notably, housing subsidy is a preventive service and thus supported at 62% state and 38% local.

We also urge the City Council to weigh in, perhaps with a resolution, as the state negotiates child welfare financing in the upcoming state budget. As it relates to preventive services, the top priority will be ensuring the open-ended funding remains uncapped. We will then be advocating for the restoration of the 3% that has been cut each year since 2008. Since the state is concerned about a cost shift, and the current funding streams can only be used for families with open cases, we will be urging the state to redirect the 3% to fund primary preventive services. These are services offered to any high-risk family that voluntarily seeks services and does not require opening a case with ACS. These services can prevent abuse or neglect from ever occurring. Using the 3% for primary prevention could help the City expand the Family Enrichment Centers and/or the City Council's trauma initiative in shelters (which is essentially primary prevention.)

**Additional Child Welfare Legislation**

Today's General Welfare hearing also includes Intro 1062-2016. CCC supports the intent behind Intro 1062-2016, which would require ACS to provide language classes to all children in foster care who have been in care for at least 6 months and whose parents or guardians are limited English proficient individuals. CCC appreciates the desire to ensure that when children are in foster care, reunification is not hampered by a child no longer being able to speak the same language as his/her parents.

That said, CCC believes that this bill is too broad and that there should be an assessment of whether the language classes are appropriate for the child. There are several reasons CCC can think of why the classes could be inappropriate such as: the child could be a teenager who is proficient in the other language and does not need a class; the child could be an infant; the child could have other social service needs that need to take precedence be they medical care, mental health care, etc.; the child may not want to take the classes; and/or the plan for the child might be adoption, making the language classes unnecessary.

Thank you for this opportunity to testify.