



David A. Hansell, Commissioner
Testimony to the New York City Council
Committee on General Welfare
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“Oversight—The Nicholas Scoppetta Children’s Center”

Good morning Chair Levin and members of the Committee on General Welfare. I am David Hansell, the Commissioner of the New York City Administration for Children's Services (ACS). With me are Julie Farber, the Deputy Commissioner of Family Permanency Services; Winette Saunders, the Deputy Commissioner for Administration; and Dr. Suchet Rao, ACS's Medical Director for Psychiatry and Behavioral 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 we have made. 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 children and youth need while they are 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 (PINS) 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 place them in foster care because they are struggling to care for their children.

As you know, ACS provides prevention services and supports so 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 the child. When a kinship placement cannot be immediately identified, 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 1 day or less and more than two-thirds of the children leave the Children's Center within 4 days. The Center serves NYC's most vulnerable children and youth—a total of 2,773 unique children last year, ages newborn to age 21.

From the first day that a child enters foster care in New York City, ensuring their safety, permanency and well-being 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 as programmatic and operational requirements.

In March 2019, I ordered a number of immediate steps that included:

- 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 is 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 those immediate actions, we have continued to make enhancements in the past three months, which I will detail more thoroughly in my testimony today. 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 short-term and long-term renovations to the facility, which will move non-essential functions out of the building and expand the space available for youth programming.
- Expanding the number and range of placement options available throughout our foster care system for high-need youth, and enhancing case planning and family-finding services onsite, 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 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.

Therapeutic Milieu and Clinical Services:

We know that 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 is our job to minimize trauma and help children begin the healing process. Continuing to enhance the therapeutic milieu at the

Children's Center is a top 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. ACS also partners closely with the Bellevue Department of Child and Adolescent Psychiatry to meet children's clinical and mental health needs. An onsite team that include professionals in psychiatry, psychology, and social work provide assessments, counseling and crisis intervention, as well as training and consultation for ACS Children's Center staff.

We are 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 have also instituted a feedback/suggestion box where youth can anonymously share any concerns or suggestions they may have. ACS is also working with Save Our Streets (S.O.S.) to bring 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 offsite and engaging youth in positive activities and behaviors. These practices are crucial to incorporate youth voice into our practices and build community with the young people who are with us, even if only for a short time.

Programming:

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 other partners.

The goals of our programming are to reduce the impact of trauma, provide enrichment and recreation, meet children's social and emotional needs, 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 others. Many new programs have been added during the past few months, including collaborations with the Lower East Side Girls Club and the National Arts Club.

We hold celebrations for holidays and special occasions, including our Second Annual LGBTQ Pride event and Puerto Rican Heritage Month celebration this month. Programming is key to helping reduce trauma and provide connection 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 (SYEP), participating in an NBA Basketball Camp at Chelsea Piers, 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 Runner, the Good Dog Foundation, and Beautiful Me. We will continue our Friday Movie Night, Saturday Bingo Night and 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.

ACS is also leveraging an additional \$1.0 million in funding to expand programming at the Children's Center in the coming year. Again, we thank our partners at OMB and the Mayor's Office for working with us to achieve this important priority. We are looking forward to expanding onsite and offsite programming to engage children and youth while they are at the Children's Center.

Staffing and Training:

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 child care 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 want 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 also 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, ACS worked with our partners at OMB and the Mayor's Office, who authorized the hiring of an additional 95 staff for the Children's Center over the coming months. This will include 49 positions in the Child Care Department, 12 social workers, 9 positions in the Office of Placement, 3 positions 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 help 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 Lesbian, Gay, Bisexual, Transgender, Queer and Questioning 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.

Medical Care:

Tending to the medical needs of children who come to the Children's Center is 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, 7 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, previous medical records, and 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.

Education:

When children have experienced trauma and disruption, school is a crucial thread of continuity. This is why we are intensely focused on making sure that children at the Children's Center are able to attend their home schools when 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 each day. We have implemented a shuttle service to the 14th Street subway hub so that older youth can more easily get to their needed destination. Our local Neighborhood Coordination Officers (NCOs) 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 alternate education pathways, we established an on-site high-school equivalency program with our partners at the NYC 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.

Safety:

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.

To do this, we 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. Peace officers, as well as the 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.

Facilities Enhancements:

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 area, relocating the nursery to the first floor, renovating the second floor and turning the auditorium into a gymnasium.

Reducing the Length of Stay and Census at the Children's Center:

Our immediate and longer-term efforts to enhance services, supports and safety for everyone at the Children's Center are critically important. Of equal importance and focus, ACS has been identifying additional ways to 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 4 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 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:

- Added case planners to the Children's Center to focus on finding kin or other foster care placements.
- 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.
- Instituted a Family Finder pilot with three of ACS's foster care providers who will help find kin resources and provide prevention services for long-stayers at the Children's Center and Youth Reception Centers.
- Created 144 new therapeutic family foster care slots, which 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.

- Added residential care capacity, including 8 new beds already in use with our provider Abbott House and 11 new beds through our provider Cardinal McCloskey.
- Collaborating with DOHMH on interventions for high needs youth 18 and older who have serious mental health issues, by referring these youth to the DOHMH Intensive Mobile Treatment (IMT) and Forensic Assertive Community Treatment (FACT) programs.

In addition to these efforts already underway, ACS is continuing to explore and identify additional placement options. We have recently identified a new residential care site within ACS's portfolio that is planned to open in the coming months to serve eight high-needs youth. We are working closely with the State Office of Mental Health (OMH), state OCFS, and NYC 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 of People with Developmental Disabilities (OPWDD) 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.

Community Engagement

Building our relationship with the neighbors, 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 the stakeholders in supporting the critical work at the Children's Center. I want to be sure to use this opportunity 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 the Children's Center neighborhood. These members have been committed to helping us problem-solve issues in the community, 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. They have been ambassadors to help demystify our work at the Children's Center and to carry important messages, like foster parent recruitment, to the community. A special thank you to Council Members Powers and Rivera, and your incredible staff, for your work with us on the Advisory Board.

Int. 1358-2019

ACS appreciates the City Council's interest in data regarding the prescribing of psychiatric medication to children in foster care. We are well-aware of the national trends showing 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 this disturbing national pattern, and came to NYC ACS determined to address it.

Because of ACS's deep concern about these problematic prescribing trends, we have drafted a new policy, and issued guidelines while the policy goes through the finalization process, that aim to make NYC a leader in this area. The policy was released for public comment and is now with OCFS for final approval.

This new policy, and the interim guidelines, seek to ensure 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 psychiatrists document a clear indication for use of medication (as an element of a comprehensive treatment plan) based on a recent psychiatric examination, after having first considered and implemented other treatment options including trauma-informed therapeutic services. 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 medications 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/discontinue medication after a certain period, so that youth receive the lowest effective dose.

ACS's foster care providers are also required to get parental consent whenever possible, and ACS has a stringent oversight and approval process for any parental

over-rides in instances where necessary for children's well-being and 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. ACS psychiatrists also regularly provide consultations to foster care agencies and parents regarding psychiatric medications, their impact, and the 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 in individual cases, ACS has a Medical Audit Unit, which conducts annual reviews of the health and mental health care the 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. The data are currently collected in the Medicaid data system, overseen by the State Department of Health (DOH). These data, like all health data, are protected by strong privacy laws and regulations. Given our

responsibilities, ACS believes that 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 the 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 (PSYCKES), which is a web-based portfolio of tools that uses data from the NYS Medicaid claims database to generate data about diagnoses and treatment, including psychiatric medications prescribed. ACS has 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. We would welcome the opportunity to talk more at that time about what data we can publicly report and provide to the City Council.

In addition, children in foster care are due to transition into Medicaid Managed Care in October 2019. 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. We are continuing to advocate for this as well.

Conclusion

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 I look forward to our continued partnership. I am happy to answer your questions.