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**Testimony to the Commission to Eliminate Child Abuse and Neglect Fatalities**  
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Good Morning. I am Gladys Carrión, Commissioner of the New York City Administration for Children’s Services. Welcome to New York City and our Children’s Center. It is an honor to present before this distinguished panel. I want to thank you for the work you are doing that will make a difference for so many children and families across the country. I hope that the presentations and discussions from New York City will play a part in better understanding the issues that lead to child fatalities and help shape solutions that promote both child safety and well-being for the entire family.

This morning I will provide a brief overview of child welfare work in New York City, with a particular focus on our process for reviewing cases involving fatalities of children who are already known to our system; what we have learned from our review of these fatalities; what we’re doing to prevent child abuse and neglect fatalities; as well as challenges and opportunities we face.

## **Background on New York City’s Child Welfare System**

In New York State, the child welfare system is state-supervised by the New York State Office of Children and Family Services, OCFS, and administered by each of the 58 counties. The New York State Central Register, known as the “SCR,” receives telephone calls alleging child

maltreatment within New York State and relays information from the calls to the local social service district. As the designated child welfare agency of New York City's social service district, ACS is required by law to investigate all reports of possible child maltreatment that we receive from the SCR.

A quick snapshot of our child welfare system: Each year ACS receives from the SCR approximately 55,000 reports of child abuse and or neglect. Child Protective Specialists (CPS) are the frontline staff who investigate maltreatment allegations. In New York State, CPS investigations can lead to one of two results: "Indicated" means that one or more of the allegations were substantiated and "unfounded" means that all the allegations were unsubstantiated. The standard for substantiating an investigation is that the CPS must find "some credible evidence" of maltreatment. If they do not find some credible evidence, the case is considered "unfounded." In about 40% of cases in NYC, CPS find some credible evidence of maltreatment.

The number of investigations, as well as the number of fatalities that involve allegations of maltreatment, have remained relatively constant in New York City over the past several years. Over the past five years, we have investigated an average of 56,800 cases each year and have seen an average of 88 fatalities a year. Similarly, the number of fatalities of children

from families that are known to the child welfare system also remains relatively constant, averaging around 48 a year during the past five years. These fatalities include unsafe sleep deaths, accidental injuries, as well as deaths from natural causes—including children with severe medical challenges—and a small number of homicides, which number about 10 a year.

### **How We Review Child Fatalities Known to Our System**

Since 1988 New York City has convened an “Accountability Review Panel” to examine fatalities of children whose families are “known” to ACS. A family is considered known if it meets any of the following three criteria:

1. An adult in the family had been the subject of an allegation of child maltreatment report within 10 years before the fatality.
2. When the fatality occurred, ACS was investigating an allegation involving an adult in the family; or
3. When the fatality occurred, a family member was receiving ACS services such as foster care or preventive services

The panel consists of a multidisciplinary group of child welfare experts including: family court representatives, social work practitioners, pediatricians, OCFS, as well as representatives from the Police

Department, the schools, the public hospital system, Department of Homeless Services, Fire Department, Medical Examiner, and the Department of Health and Mental Hygiene, from whom you will hear later today. The Accountability Review Panel only reviews cases that were reported to the State Central Register. Fatalities that are reported to the SCR in families previously unknown to ACS are investigated but are not reviewed by the Panel. Fatalities may also be investigated by the police and the District Attorney's office.

ACS' staff compile and present case summaries of each fatality that meets the criteria of a family that is "known to ACS." The Panel, joined by representatives from ACS, reviews each case individually in order to ascertain case characteristics and compile common themes and trends. From their analysis of each case and trends, the Panel makes recommendations focused on strengthening case practice, safety assessments and supportive services. It also makes case-specific recommendations whenever appropriate. The Panel's findings and recommendations are disseminated in a report. Some specific recommendations from the Panel have included:

- Raising awareness about unsafe sleeping conditions

- Strengthening investigations of all people involved in the household, including cohabitants and romantic partners of a custodial parent;
- Better identifying children with special medical needs and stressing the importance of homecare; and
- And bolstering home visiting programs for families with young children

The Accountability Review Panel has found some common characteristics among the cases they have reviewed:

- A significant number of families experience domestic violence, substance abuse, homelessness and housing instability, and mental health issues;
- Families have, on average, three children;
- They have a wide range of contact with ACS, with an average of 3.5 SCR reports per family.
- About half of mothers were also subjects of reported abuse and neglect when they were children.
- Fatalities most often occur when the child is an infant—most of whom are under three months old.

- A significant number of fatalities are attributed to unsafe sleeping conditions. In fact, as you will hear more in detail shortly, in recent years, almost half of the fatalities from families known to ACS have been attributed to unsafe sleeping conditions;
- About 30% of cases reviewed by the Panel are deemed homicides by the Medical Examiner's Office.

### **Key Elements of our Prevention Strategy**

So what are we doing to prevent child fatalities and promote safety and well-being?

#### ***Reducing Silos and Building Collaboration***

Coordination—coordination and collaboration is critical. We have over 6,000 ACS staff and over 80 contracted child welfare service providers. Until I arrived, ACS' child welfare work was divided into separate units according to each phase in the process—an investigative worker passes along the case to the preventive services caseworker who passes the case to the foster care or adoption worker. One of the first things I did at ACS was to unify our three child welfare units under one single umbrella of child welfare programs to build greater collaboration. Safety and risk need to part

of our work when we engage families in preventive services and permanency planning begins as soon as the CPS receives the case.

One of the ways we are working together is through a workgroup on Frequently Encountered Families. As I mentioned earlier, the average fatality known to our system has 3.5 maltreatment reports. We are looking at all of the points we engage with our families to find ways to collaborate. We are working to strengthen our case planning and ensure that each handoff is smooth and as much information is shared.

### ***Improving Case Practice***

Assessing safety and risk is the most important and challenging part of our work. We depend on the dedication, judgment and commitment of over 2,000 frontline staff. Making these assessments is critical—when we make better assessments, we can better meet our families' needs.

In 2014, New York City experienced several high-profile child fatalities. We were saddened by these deaths, but also relieved to have a Mayor who has a commitment to and an understanding of our complex work. With his support, ACS embarked on a series of reforms to bolster our practice throughout our continuum of child welfare services. We have reduced caseloads and supervision ratios in Child Protective Services by

hiring 362 new positions and creating additional units that oversee our highest risk cases. In foster care, thanks to the flexible funding provided by our Title IV-E waiver, we've been able reduce our foster care caseloads as well, which is now down to 10 active and two inactive cases per caseworker.

Reducing caseloads allows our staff and our providers' staff to focus more time on cases and drill down deeper. We know that time in and of itself does not promote better case practice so we are also giving staff access to tools that help them to better understand the needs of families and new approaches that engage rather than punish families. Unfortunately, too many families still hear that they are "simply bad parents," instead of "how can we help you do better."

One of the ways that we have increased family engagement is through integrating parent advocates – many of whom have had prior child welfare experience – at child safety conferences to serve as mentors and consultants to families newly involved with child protective services. Including parent advocates has helped to empower parents in the safety and planning process. With more support and guidance, we have found that parents feel more comfortable speaking more openly about their

strengths and their needs, which results in better matching of services. In 2014, Parent Advocates attended over 3,700 child safety conferences.

To better identify safety concerns, we have emphasized greater integration of assessments in our investigations like the state's Risk Assessment Profile (RAP), which assesses the likelihood of repeat maltreatment and case planning that can better serve our families. We are also joining other jurisdictions in developing a predictive analytics tool that will harness data from thousands of cases to better identify risk. Within foster care, we've rolled out the Child Assessment of Needs and Strengths tool which walks through 101 measures of children and their caregivers. Since 2014, our foster care agencies have completed more than 14,000 of these screenings.

Training and supporting our workforce is a major priority. We've invested \$10 million to launch a workforce development institute in partnership with the City University of New York that will provide continuing education and offer the latest in investigative techniques, family engagement strategies, and brain science.

Collaboration—both inside and outside the agency – is critical to protecting our children. ACS employs over 100 Investigative Consultants

(ICs)—retired law enforcement who assist in screening, investigations and law enforcement contact. With assistance from the ICs, ACS screens for domestic violence in every single case we investigate. You will hear soon from Susan Morley, a former NYPD Commander of the Special Victims Division who serves as our Senior Advisor for Investigations. And you'll hear from Andrea Goetz who leads our Clinical Consultation unit that has teams of mental health clinicians, domestic violence specialists, and others who support our frontline staff in their work. To add to the multidisciplinary approach, we collaborate with medical consultants who also help assess risk and safety.

We must acknowledge that our children of color are disproportionately represented across the system. I'm pleased to know that the Commission will address this issue in particular today. At ACS, we are actively working to find solutions that will change inherent bias and build awareness of this systemic issue, along the entire continuum. On our frontlines, we are expanding mandatory training for child protective staff and caseworkers to increase their cultural competencies to meet the challenges of working in our incredibly diverse neighborhoods, understand bias, and undergo anti-racism training.

Some of the disproportionality begins at the front door with the reports to the State Central Register. We are looking at working with the mandated reporters, such as the education and public hospital systems, which comprise our largest referral sources, to make sure they are making the appropriate calls. We are also looking at a programs initiated by Nassau and Monroe Counties in New York such as the practice of “Blind Removals,” where decision-making participants in a potential removal attend meetings and are not provided with any demographic information that reveals the ethnicity or race of the family and children.

### ***Expanding Preventive Services, Using Targeted Interventions***

Prevention is always the best intervention. ACS oversees 59 community-based organizations that offer nearly 12,000 preventive services slots, serving 25,000 families a year. Our providers are located throughout the city and many are fixtures in the community. For the past year, our preventive programs have been operating at or above a 90% utilization rate. We have services ranging from individual and family counseling, support groups, and domestic violence counseling to help accessing benefits. We also collaborate with the city’s Youth Development agency to provide school-based community programs.

Within the last few years, ACS has expanded our continuum of preventive services to include 11 evidenced-based models—which require staff to participate in intensive training and contain a quality assurance system. One evidenced-based model, for example, Child-Parent Psychotherapy focuses on the impact of trauma on parent-child relationships and seeks to support and strengthen their relationship by helping parents interact with their children in developmentally appropriate ways. Child welfare agencies need more of these interventions that give parents and children insight into themselves, so they can understand what their triggers are, what they need, and how to cope.

We've learned from our child fatality data that infants are at greatest risk for serious injury. We have invested tremendously in targeting services for families with children under the age of five. We know from research that developing healthy bonds between parents and their young children is a significant protective factor. This year, we are adding 240 new slots focused on this population for programs like SafeCare which visits families in their homes every week and train parents by explaining and modeling skills and then providing feedback. As part of our Title IV-E Waiver foster care program, we've launched an Attachment Behavioral Catchup program in high-risk neighborhoods to provide 10-weeks of in-home coaching that

boosts healthy and secure attachment. We are aiming to bring this program citywide.

Many families involved in a child fatality, have a mental health issue at the time of the child's death. Consistent with the panel's recommendation I issued guidelines for staff when assessing parents' mental health. In addition to our existing evidenced-based models, we just launched the Partnering for Success program, which will develop stronger relationships with caseworkers and mental health clinicians. As a result, children and families access to Cognitive Behavioral Therapy plus, which has been proven effective in addressing trauma, depression, anxiety, and other mental issues. We anticipate recruiting 200 mental health clinicians throughout the city.

### ***Child Safety and Well-Being is Everyone's Business***

Poverty is a profound underlying condition for so many of our families. While poverty does not cause child abuse and neglect, it places extraordinary stresses on families. Addressing the economic stability of families is critical to addressing their safety and well-being. This Administration is committed to making our city a more equitable place for all. When we work to advance a living wage, make it easier to obtain

benefits, increase affordable housing, enforce paid sick leave, and expand early education, we strengthen our children, our families, and our communities.

Ensuring the safety and well-being of our children is not just the responsibility of the child welfare agency. New York City is made up of a vast constellation of agencies and so many of them touch the lives of our children and families—from the agency that administers public benefits, to the agency that ensures safe housing conditions, to the schools, to homeless services, to cultural affairs, and the Parks Department. We work closely with the NYPD, as you will hear shortly from Chief Michael Osgood.

The City has undertaken numerous cross agency efforts, starting with the New York City Children’s Cabinet. In the spring of 2014, Mayor de Blasio announced the creation of this high level, unified, citywide body comprised of the over 20 city agencies, with a goal of promoting ongoing, consistent and meaningful communication to ensure child safety and well-being. You’ll hear more from Deputy Mayor Buery about the Children’s Cabinet in just a few minutes.

We have also collaborated with other city agencies on the issue of housing insecurity, which is a common characteristic of our fatalities known to ACS. Through joint cases reviews and data sharing with the city’s

Department of Homeless Services, we learned that about one quarter of families in homeless shelters have child welfare involvement with ACS. We are bringing CPS workers into the shelter intake process in order to assess safety of families arriving at shelters and to link them to community supports and child care. We've helped train their staff on how to assess safety and risk. We are also working with the city's public benefits agency so that ACS can receive an alert before an adverse action is taken against our families so we can intervene and support.

A staggering 50% of our fatalities are attributed to unsafe sleeping practices. Assuming that we can continue and deepen our outreach and education efforts, every one of these deaths is preventable. You'll hear from Executive Deputy Commissioner Jacqueline McKnight and our colleagues at the Health Department about our collaborative work to implement a public health response to this challenging child safety issue.

## **Challenges**

Let me end by discussing some of our challenges that I hope the Commission can take back to Washington. I'm sure New York City is not the first jurisdiction to lament the fact that current federal child welfare financing structure incentivizes out-of-home care and provides limited

funding for preventive services. This structure is not aligned with the outcomes we want for child welfare involved families. Investments in preventive services have played a substantial part in the 50% reduction in the foster care census that we have seen over the last 15 years, while safely keeping children with their families. Allowing states more flexibility to invest federal funds in primary prevention programs for families, such as parent coaching, parent mentoring, and emergency food assistance, without the stigma of opening a protective investigation would be of critical help to improving and advancing our efforts to protect children from abuse and neglect before it occurs, and would also avoid the need for more costly interventions.

Lastly, I want to say that any death of a child known to our system is heartbreaking. We are committed to constantly evaluating our work to ensure that our approaches are effective and that we do everything possible to eliminate abuse and neglect related fatalities. Ultimately, and thankfully, child fatalities represent a very small number of our cases. While we must learn from these tragedies and continue to commit ourselves to eliminating fatalities, we must be careful to evaluate these cases in the context of our overall child welfare strategies.

## **Closing**

I want to thank you again for the opportunity to present today. I hope that our presentations and discussion in New York City can help shape the broader conversation, policies and practices to prevent child abuse and neglect fatalities.