



## March 29, 2007 Testimony Before the New York City Council General Welfare Committee

by Jeremy Christopher Kohomban, PH.D  
President and CEO of The Children's Village

Good afternoon, I am Dr. Jeremy Kohomban, the President and CEO of The Children's Village. Founded in 1851, The Children's Village is a nationally recognized multi-service organization, known for its many innovative residential and community programs. Each year, we serve about 3,500 children and families through our various programs. We operate New York's largest Residential School. The median age of our students is 15.5 years. We also operate a youth runaway shelter, provide a network of foster homes, serve over 400 juvenile delinquents in their home communities, and under the auspices of the Federal Office of Refuge Resettlement, we provide shelter and representation to unaccompanied alien minors. I would like to thank Chairman de Blasio and the Committee for this opportunity to comment on the ACS plan, known as Improved Outcomes for Children (IOC).



Jeremy C. Kohomban with CV Resident

The children who are referred to residential care often come to us directly from foster homes, but they also come to us via psychiatric hospitals, the Department of Education, the Department of Mental Health, probation and the juvenile justice system. Today less than 30% of the children on our 340 bed Residential Campus are children of foster care in the custody of the Administration for Children's Services. Children are typically referred to residential care only after all attempts to maintain them safely in the community have been exhausted. Educational failure, fear, anger, gang activity, oppositional behavior, depression, mental illness, and police involvement are common themes among foster children referred to our Campus.



**Residential care as we practice it is a structured educational model that provides safety, pro-social training and mental health supports.**

Residential care as we practice it is a structured educational model that provides safety, pro-social training and mental health supports. We create an effective teaching environment that prepares the child for daily living in the real world. We are pro-family and committed to the belief that family is central to any successful treatment. And, in those cases where viable family is unavailable, a critical component of our treatment is to create or find at least one permanent, stable and appropriate adult for each child. When the child is discharged from our Campus, we provide a full year of post discharge service to ensure that the family maintains the gains made during their residential treatment

exposure to criminality is the guaranteed result. I say with great confidence that the lives of thousands of children have been saved because of the good work of strong residential providers in New York.

The proposed ACS plan creates a clear disincentive for placement of children in residential schools like The Children's Village. As noted in the media, we are more expensive than other options. Yes, at first glance this is true. But, we are certainly much cheaper than children getting shuttled between psychiatric hospitals, living on the streets, being homeless and at worst, being locked up in jails where

But, despite the disincentive created in the IOC plan for the use of residential care and the anxieties that I personally face as a provider of residential care, I come before you today to support the IOC plan. This plan is an incremental step in the right direction, and at the end of the day, if implemented methodically and as intended, it promises to realign this system and make it a bit friendlier to our children and families.

Let me elaborate with four brief points:

First and most importantly, the plan calls for the implementation of the Family Conferencing Framework. I have had the privilege of working within the Family Conferencing model and I have experienced first-hand the efficacy of this protocol. We need to engage our families earlier and much more frequently, and structured family conferencing will help achieve this very basic standard.

Second, the plan promises an enhanced rate of payment and flexibility in the use of funds. We desperately need both the funds and the flexibility to better serve children and families.

Third, ACS promises to move over 500 staff from oversight and administrative functions to hands-on assistance with families. We embrace this development. We see many dedicated and competent individuals at ACS. Many of these workers are people who care deeply about the families we serve. They have seen a lot, they know a lot, they know how the public systems interface and with their hands-on help, we can expedite the services. Having an ACS team as a partner as we struggle in making very difficult and often risky decisions will ensure that no child or family spends a day longer than absolutely necessary in foster care.

Fourth and finally, there is the promise by the Commissioner that for the first time, we will adopt a standardized tool that will enable us to assess the appropriate level of care for each child at intake. What has historically happened and what sometimes happens now is a terrible injustice. In the absence of a standardized assessment at intake, children are sometimes placed in inappropriate settings. For example, a child who exhibits dangerous behaviors or violent tendencies gets placed with a foster family in the mistaken belief that a family is always the best place for every child.



**We are pro-family and committed to the belief that family is central to any successful treatment. .**

Often, in these cases the child's behavior very quickly exhausts the family and the child gets moved to yet another family. This movement from one family to the next could go on for five or six more times before the child ends up being placed at a residential institution such as The Children's Village. By this time, the child is further traumatized, hurt and burdened by the many failures experienced. Our foster families are exhausted, sometimes afraid and often disillusioned. The family of the child feels further victimized, battered and helpless!

While the scenario I described is probably the experience of less than 10% of the children in our foster care system, it is still an outrageous number and we must do better.

With a front-end assessment, we will better serve our children and families by avoiding the current "hit or miss" system of placement. We will serve our foster parents better by placing in their homes children who would not jeopardize the functioning and safety of the foster family and all this will lead to a reduced length of stay and less frequent step-ups from foster family care into residential care.

While this will sound self serving, I want to clearly state that residential care should not be a place of last resort. It is far better that a child who needs us comes directly to us. In such a situation we will provide the appropriate treatment, identify and modify maladaptive behaviors and then, we will step the child down to a foster family with individualized supports.

As our Commissioner, John Mattingly, has often said, what is needed is not an ideological tirade or crusade. What we must build is a broad-based continuum of care that protects children and supports families in the most efficacious and efficient manner. With IOC, and the implicit commitments that have been made, I believe that we are about to take a step in the right direction.