

CITY COUNCIL
CITY OF NEW YORK

-----X

TRANSCRIPT OF THE MINUTES

of the

COMMITTEE ON AGING WITH GENERAL WELFARE

-----X

October 29, 2009

Start: 1:22 pm

Recess: 4:00 pm

HELD AT: Council Chambers
City Hall

B E F O R E:

BILL DE BLASIO

MARIA DEL CARMEN ARROYO

Chairperson

COUNCIL MEMBERS:

Annabel Palma

Melissa Mark-Viverito

Mathieu Eugene

Julissa Ferreras

James Vacca

Kendall Stewart

Gale A. Brewer

Helen D. Foster

Jessica S. Lappin

Thomas White, Jr.

Letitia James

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

Maryanne Schretzman
Family Service Coordinator
City of New York

Seth Diamond
Executive Deputy Commissioner for Family Independence
Human Resource Administration

Ray Singleton
Assistant Deputy Commissioner for Employment Services

Marie Philippeaux
Associate Commissioner for Child Protective Services
NYC Administration for Children's Services

Leslie Dunston

Dr. Deborah Langosch
Director of the Kinship Care program
Jewish Board of Family and Children's Services

Amy Roehl
Staff Attorney
Kinship Caregiver Law Project, MFY Legal Services

Beth Finkel
Senior Manager, Programs and Services
AARP New York State

Rachel Vo
Intern
Gerard Wallace
New York State Kin Care Coalition

Stephanie Gendell
Associate Executive Director
Citizen's Committee for Children

Maria Pia Scarfo

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

Marya Gilborn
Director of Social Services
Family Center

Betsy Guttmacher
Legal Information for Families Today

Susannah Cooper-John
Position
Organization

Diane Willis

Sheryl King Lawson

Diane Nik Feldman

Sam Kedem
Case Manager

CHAIRPERSON ARROYO: Oh, I like that. Good afternoon everyone. I apologize for the delay, I know that Council Member de Blasio is running a little bit behind schedule, but he is on his way and we will be able to have a full hearing from both committees.

But I welcome you here this afternoon, my name is Maria del Carmen Arroyo and I Chair the Committee on Aging. And I want to thank Council Member de Blasio for holding this hearing with the Aging Committee and the General Welfare Committee to discuss a topic of great concern to many of us in this room, present company included, because I am one of those grandparents who is taking care of little people.

Today we look at the overall issue of kinship care with specific focus of resources available to caregivers. Kinship caregivers include grandparents, relatives, and non-parent caregivers who care for a child who is not able to be cared for by his or her parent. The numbers are astounding. Approximately 200,000 children in New York state are in the care of a non-parent caregiver.

As Chair de Blasio will talk about when he gets here, the number of kinship caregivers is rising, especially among grandparents. The trend also indicate that a significant proportion of grandparent who are raising grandchildren are of minority backgrounds: 34% are African-American, 26% are Latino, and 5% Asian.

Raising grandchildren can be an extremely difficult task, especially when coupled with the problems that normally arise for those who are aging, which include health, declining health, the concern around income or income levels of older New Yorkers and the challenges that that represents for them living alone. Add to that formula a couple of other individuals and it makes for a difficult circumstance.

There are support systems in place to help those who find themselves in caregiving positions late in life and I am particularly pleased that DFTA offers great programs through the Grandparent Resource Center and through other private entities, such as AARP and programs that are tailored to address the needs of grandparent

caregivers, especially when it comes to understanding very complicated legal structures regarding custody issues and government funding assistance.

The Grandparent Resource Center, as I'm sure our Commissioner will testify, for example, helps to make referrals to appropriate community-based organizations, holds forums throughout the city to provide information on legal issues, entitlements, kinship foster care, healthcare, and other topics related to grandparent caregiving. Additionally, it offers technical assistance to those who wish to provide services to grandparent caregivers.

Other resources in the city include the New York City Housing Authority's Grandparent Family Apartments that was developed in my district in partnership with Presbyterian Senior Services and WSFSSH Home Housing Development Corporation. It's the first housing facility for grandparents and the elderly caregivers. The facility, as I indicated, is located in the Bronx, contains 50 apartments that house families with an AMI of \$25,000 a year. It also has space for

supportive service programs for both children and caregivers and provides an incredible opportunity for grandparents to take care of their everyday needs while taking care of the needs of the child in a space that's very conducive to that kind of challenge. The apartments are available to caregivers aged 62 or older who have legally sanctioned relationships with a child, such as legal custody, guardianship, kinship foster caregiver, or adoptive parents.

The caveat there is legal custody, many of our kinship care relationships do not have those legal custody or legal formal relationships and are not recognized in the court or by healthcare providers. And I certainly hope to hear some feedback or some recommendations on how we can help our grandparents or caregivers navigate that complicated circumstance.

In the private sector, AARP has a Grandparent Resource Information Center, which, similarly to DFTA, ensures that grandparents and grandchildren have access to resources to strengthen their health, finances, and family connections through training, information,

referral, and other supportive services.

These are all great and promising initiatives and resources and it's critically important that government do what it can to promote and sustain these programs so that, at the very least, those who become caregivers are aware and make use of the various supports that exist to help them.

I look forward to hearing from the Administration and advocates who have come to testify today because always when we have these hearings, we leave the room a little smarter and with some ideas on how we can develop initiatives that can help us address the concern or the conversation that we have during the hearing.

I thank you for being here, I apologize for the tight space. It is great that there's such great turnout because it's obvious that it's a subject that is of great concern to all of us.

I want to thank my colleagues for being here, acknowledge some that have come in and out--we have competing hearings going on so you're going to see a lot of movement on the part of the

members. Council Member Palma, who was the first one here, thank you for being here; Council Member Melissa Mark-Viverito, who came in, left, and will be back; Council Member Eugene, who has to fly out to Washington for a very important conversation; Council Member Julissa Ferreras, who, I think, flew through here as well and will be back; and Council Member Vacca from the Bronx. Thank you, my colleagues, for being here.

And now we will hear testimony from, my understanding is that two of the folks sitting at the table, the others are here to answer questions, and we don't have a card for everyone at the table, so at some point each one of you will have one of these little slips given to the Committee Counsel.

And before I do that, I want to thank the Committee staff who work on putting the documents together for us. For the Committee on the General Welfare, Molly Murphy, our Legal Counsel, Migna Taveras, Policy Analyst, who is here somewhere; Pakhi Sengupta, who's pulling double duty today, she's Fiscal Analyst for both Committees; and Crystal Coston, also a Fiscal

1 COMMITTEE ON AGING WITH GENERAL WELFARE 10

2 Analyst for the General Welfare Committee; my
3 counsel, Chris Artori [phonetic] and Shauneequa
4 Owusu, who do all the work and make me look so
5 smart.

6 So, without further ado, I'd like
7 to ask Deputy Commissioner Caryn Resnick from the
8 Department for the Aging. No.

9 [Off mic]

10 CHAIRPERSON ARROYO: Maryanne
11 Schretzman, Family Service Coordinator for the
12 City of New York, so you'll take the lead and the
13 others will chime in.

14 [Off mic]

15 CHAIRPERSON ARROYO: Okay. But the
16 rule still applies, anyone that's going to use the
17 mic is going to fill out one of these little
18 slips, okay? Thank you and welcome, you may
19 begin.

20 DR. MARYANNE SCHRETZMAN: Thank you
21 very much. Good afternoon, Chairpersons Arroyo
22 and Members of the General Welfare and Aging
23 Committees.

24 I am Maryanne Schretzman, the
25 Family Service Coordinator for the City of New

York. Joining me today on my left is Seth Diamond, who's the Executive Deputy Commissioner for Family Independence at the Human Resource Administration. Next to him is Ray Singleton, who is the Assistant Deputy Commissioner for Employment Services, and you may know, let's see, Caryn--if those who know me, know I always have a problem with names and I admire the way you were able to use your Spanish and saying names correctly, it's something I really try to do. And here is Marie Philippeaux, who is the Associate Commissioner for Child Protective Services at the Association for Children's Services.

Thank you for giving me the opportunity to testify about the resources that are available for kinship caregivers in New York City. And I thought to lay out some context--before I get into the specifics, I wanted to take a moment to thank everyone in the room who is a kinship provider and thank you for coming out today.

I want to just to talk about the institution that provides care for most children in our city, and it's the foundation for all

caregiving, which is the family. As a social worker, I have always described the family as where the stuff that matters in life happens. Families provide for the future of our city, they give our children the strength, nourishment, and the support and encouragement they need to develop and grow. Like the population of our city itself, New York's families are a mosaic, they are blended families and multi-generational families, extended families, some live in single-parent families, while others are cared for by grandparents or other relatives, still other children are raised by adoptive or foster parents. What constitutes a support of loving family is highly individual and it goes beyond any dictionary or legal definitions.

The people who make up a child's family may also change over time and arrangements can be formal or informal. For example, a biological parent may become ill or pass away, leading an aunt or a trusted relative to step into the parenting role permanently. A single father who is serving in our armed forces may ask a trusted cousin to take care of his son and

daughter during his year-long tour away from home.

By now the point is clear, families are remarkably resilient. In all but a small number of cases, they provide a loving, supportive environment for our children, despite changing circumstances, growing and adapting to meet the situations at hand without the need for government intervention. So it's critical for us to recognize a few things. First is no one size fits all model of what works best in families.

Second, both formal and informal caregiving arrangements provide this foundation. Family love and support transcend legal definitions.

Finally, families of all types have this remarkable ability to bounce back, to adopt, and to grow to meet changing circumstances.

Like New York's diverse families, kinship care can also take many different forms. When kinship care comes to mind, people often think of grandparents caring for their grandchildren full-time. However, relatives, godparents, and stepparents are often kinship caregivers. In fact, adults who has a family bond

with a child can be a kinship caregiver. Kinship care can be either a formal foster care relationship or a custodial relationship, with or without court involvement.

I want to emphasize that all relatives who are kinship caregivers are heroes and we really appreciate their work and their time. We know that children have better outcomes when they're raised in support of nurturing home environments.

Whether an adult is new or an experienced caregiver, he or she may need financial, emotional, or other assistance. Kinship caregivers have a host of resources available to them in New York City. For the purposes of this hearing, I will focus on the resources and services available at ACS, HRA, and DFTA. By working with City Council and our community stakeholders, the City's Health and Human Service agencies are dedicated to coordinating the delivery of services to kin caregivers among agencies and ensuring that caregivers receive the supports they need.

I would like to acknowledge the

study by the Kin Care Task Force. Thank you, I just met the author this afternoon and I really appreciate the work that has gone on there. We read the report very closely and are taking their recommendations very seriously. My testimony addresses several areas where city agencies have resources in place and are enhancing and streamlining services in order to best support our kinship care providers.

So just to go on to say that this is what the Administration for Children does and just to start with the mission, which is to protect children and strengthen families when there are concerns of child abuse and neglect present in the home. For this reason, a majority of the services that ACS and its contractors providers offer are designed to help families in crisis and to ensure that children remain safe.

Children Services provide these supports to all families who come in contact with ACS because of child safety concerns, including relatives caring for children in foster care. In addition, some of the services offered by ACS are available to kinship caregivers who are not

involved with the foster care system. Children's Services becomes involved with a family when a report of child abuse and neglect is made to the state Office of Children and Family Services, otherwise known as OCFS. ACS assesses whether the child may be unsafe and, when possible, links to family with preventive services to address any safety concerns. When preventive services are insufficient to protect the child, Child Protective Services may remove a child and place him or her in foster care.

When a child comes into foster care, the agency must make immediate and diligent efforts to locate and notify relatives of the child's removal from the parent's care. ACS must also notify the relatives about the options to participate in the care and placement of the child and inform the relative of his or her right to be a foster parent to the child. If relative caregivers choose to take a child who has been abused and neglected into their home and it is determined that the home is appropriate, Children's Services can approve the home on an emergency basis pending a full home study by a

foster care agency.

The agency then has ongoing contact with children who are placed in a foster home as a result of abuse or maltreatment. Therefore, Children's Services will continue to be involved with a family caring for a child in kinship foster care for the length of time that the child remains in foster care.

Kinship foster care parents are subject to the same standards, requirements, and regulations as non-kinship foster parents. These standards include training, participation in ongoing conferences, mostly family conferences with the foster care agency, to implement services and evaluate the permanency plan for the child, periodic court hearings to review the permanence plans for the child and coordinating visits with the child's parents.

Foster parents also receive support from a foster care agency case planner and access to services and supports to help them care for the child, including a monthly stipend.

Children's Services contracts with 67 agencies across the city that provide

preventive services to families in need of support, including kinship caregivers. Preventive programs offer a variety of service throughout the city, including help in meeting a child's developmental needs, support groups for parents and youth, help when a family is in crisis, family individual counseling, and homemaking services. While approximately 70% of the families involved with the Children's Services preventive programs are families who are referred by an ACS case worker, these community-based preventive service programs also offer services directly to families upon request.

A relative can find out more about preventive services by contacting a community program in his or her neighborhood. If that organization is unable to serve the family, it will, where appropriate, refer them to another resource to meet the family's needs, including after school programs for youth and other community programs.

Caretakers can find out about preventive services in their community by calling 311, they can also access information on

prevention services, as well as a directory of services by community on ACS's website, which is www.nyc.gov/acs. In addition, Children's Services has developed coalitions with community groups in 11 of the highest need neighborhoods in New York City through its Community Partnership Initiative, otherwise known as CPI. This initiative works to build and strengthen networks of community-based organizations to provide services and supports for children and families aimed at keeping children safe in collaboration with ACS.

These community services are often particularly effective in supporting kinship caregivers who may need this additional assistance. Children's Services and the New York City Housing Authority also collaborate to provide supports and assistance to families living in NYCHA housing that need help caring for the children in their home. Social Services staff at NYCHA refer families to ACS preventive services when a kinship family or any family is experiencing difficulties providing for the well-being of a child in order to keep the child's safety in the home.

In addition to foster care and preventive services, Children's Services administers the City's subsidized child care and Head Start services to children whose families meet the eligibility criteria as defined by federal, state, and local regulations. Children's Services contracts with hundreds of private non-profit organizations that operate child care programs in communities across the city. Kinship caregivers may receive subsidized child care services if they meet the specific financial and social eligibility criteria that apply to all parents and caregivers. Head Starts provide family-centered child development program for low-income children ages three and four.

A caregiver can find out if he or she is eligible to receive subsidized child care or Head Start services by calling 311. Caregivers can also call 311 to obtain information about child care programs in their community that have available seats and eligible caregivers can walk into a program to apply for services. Families can also visit the ACS website to utilize the child care eligibility wizard to determine if they

are eligible for child care and find out about other child care services in their community.

So that's basically what ACS does and the next organization that works is HRA, the Human Resource Administration, and that is really set up primarily to provide temporary help to individuals and families with social service and economic needs to assist them in reaching self-sufficiency.

HRA provides a variety of services and supports for which kinship caregivers may be eligible. For instance, they can apply for cash assistance on behalf of the children under their care without regard to the caregiver's income. Since only the children would receive cash assistance, the caregiver does not have to participate in work activity. If the caregiver is low income and wishes to apply for him or herself as well, then the participation in the work activity may be required. Non-legally responsible caregivers can apply for such cash assistance at an HRA job center, however, once a case is accepted, it is transferred to HRA's Family Services Call Center, which has satellites in

Brooklyn, Manhattan, Queens, and Bronx.

This center is designed to ensure that caregivers can conduct most of their business by mail or fax without having to come into a job center. Staten Island cases remain at the job center that serves the island. As of September 2009, there were 3,600 cash assistant cases for children who were in the care of a non-legally responsible caregiver.

We have heard, validated through this report, that some individuals have been referring to the monetary assistance available to eligible kinship caregivers as kinship care grants. At the end of last month, HRA met with the Kin Care Task Force to clarify that a program with this name does not exist. Rather, HRA's cash assistance grants are available to caregivers who are not foster parents, but nonetheless have a legal custodial or non-legal arrangement to receive support for the children in their care.

And we do encourage community-based organizations to educate clients about these available forms of assistance. HRA recently distributed policy bulletin to its staff to

clarify the distinction between a foster care monthly stipend and cash assistant eligibility. This policy bulletin is being reinforced with staff training and will be complemented by kinship caregivers sensitivity training, which will be conducted by DFTA for all new hires at HRA so that staff understand the special challenges kinship caregivers face.

Caregivers can also apply through HRA for medical assistance for the children in their care. The income of the adult is not taken into consideration for medical assistance regardless of the children's custody status. However, if non-legally responsible caregivers are low income, they can apply for medical assistance and the children they are caring for would be considered part of the household. Caregivers can also apply for food stamps for themselves and for the children in their care. Federal and state regulations require that all household income be taken into consideration when determining eligibility for food stamps in this type of household arrangement.

Caregivers can determine whether

they may be eligible for medical assistance and food stamps by using Access NYC, which is a free online service that offers eligibility information regarding a number of public benefit programs. A caregiver can apply for Medicaid at one of HRA's community offices, a community-based facilitated enrollment office, or through a client representative. Food stamp applications are available online and can also be picked up at any of HRA's food stamps offices.

Completed food stamp applications may be submitted in a variety of ways: by fax or mail, at any food stamp office in the city, or a community-based organization that processes online applications.

The next major agency that's working with kinship is the Department for the Aging, otherwise known as DFTA, and their mission is really to work for the empowerment, independence, dignity, and quality of life of New York City's diverse older adults, and for the support of their families. Years ago, DFTA recognized that an increasing number of the city's older adults were caring for their grandchildren

or other young relatives and responded with programs to support them.

The Grandmother Resource Center, the first of its kind in the nation, was established in DFTA in 1994. The center provides a number of supportive services to people who are raising grandchildren and other young relatives. Resource specialists at the center offer advocacy and case assistance, as well as make referrals to appropriate community-based organizations.

In addition, the center holds workshops on issues, such as financial entitlement programs, mental health and wellness, grandparent empowerment, kinship foster care, adoption, and child custody options, and navigating the city's child welfare system. The center also sponsors a resource library, holiday toy drive, and recreational activities for grandparents and their grandchildren.

Finally, the center facilitates and provides information about community support groups for grandparents raising grandchildren. In fact, the center sponsors a network for grandparent support group facilitators, which

supports the exchange of ideas, event collaboration, and specialized training.

A major focus of the center has been to partner with the city agencies and community-based organizations on training and education outreach initiatives. As I mentioned earlier, the center has designed a training curriculum for staff of city agencies and CBOs that interact with grandparent caregivers. This grandparent sensitivity training focus on helping staff to achieve a better understanding of their own attitudes towards aging and grandparent caregivers, the family crises that turn grandparents into caregivers, what it feels like to be an older person seeking assistance from a large agency by hearing directly from a caregiver, customer service principles, and resources for grandparent caregivers. In addition to HRA and DFTA providing this grandparent sensitivity training to staff at ACS, as well as DOE, Juvenile Justice, and DYCD, the Youth Department.

We are also ensuring that kinship care providers receive more streamlined services in part through DFTA's work to create a one-stop

point of reference through its Grandparent Resource Center. For kinship caregivers who prefer using a resource manual, DFTA provided a resource guide which outlines benefits and services available to kinship caregivers and how to access these services. DFTA plans to make the resource guide available on its website and promote its use through its network of aging services providers.

I'd like to conclude my testimony this afternoon by focusing where I began--on the family. Families of all types are the foundation of our city's future and kin care families in particular deserve special recognition for providing a loving environment under changing and often challenging circumstances. Whether a family provides formal or informal care and whether a family consists of grandchildren being raised by grandparents or an aunt that has taken on responsibility for caring for her niece, the City remains committed to providing all families with the support they need. DFTA, HRA, ACS, and all other Health and Human Service agencies will continue to collaborate and innovate to ensure

that the services we provide to kin care families are comprehensive, accessible, and of the highest quality. We will also continue to study the recommendations made by the Kin Care Task Force and look forward to sharing our progress with you.

Thank you for giving me the opportunity to discuss this important issue of kinship caregiving with you, and I'm happy to take any questions at this time.

CHAIRPERSON DE BLASIO: Thank you, Dr. Schretzman, I appreciate your testimony.

Would like to say up front, thank you to my fellow Chair, Council Member Arroyo. We've worked together on many, many issues and I'm very pleased that we're working together on this important issue.

I want to apologize that I was late today and playing a little catch-up here, but I do have a number of concerns I'd like to raise, and I know my colleagues have concerns as well.

I'd like to welcome Council Member Kendall Stewart.

Just to frame this for a quick moment, the sheer numbers here are quite striking.

As part of the research for the hearing we looked at census data from the American Community Survey for 2008, and the basic numbers for New York City are pretty striking. In terms of grandchildren living with grandparents, the number is 210,000 in New York City. Not all of those grandparents are solely responsible for the children, but that's just to give you a sense of how many grandchildren are living in the same household with grandparents. According to the American Community Survey, almost a third, 32.7% were solely responsible for their grandchildren, so that's about almost 70,000 grandparents taking care of grandchildren solely. And that appears to be part of an upward trend. The same survey for 2006 had it as 29.7% were responsible for their grandchildren, by 2007, it was 32.1%, again, 2008, 32.7%.

There's a lot of reasons, including the economy and larger demographic changes, and the baby boom generation, and [off mic] another that lead me to believe this will probably be a trend that continues to grow and a very, very important of public policy and something that I think we

are, probably a lot of us, maybe less so you guys, but a lot of us out in the general public are catching up with this reality.

So that's grandparents, but then when you talk about aunts and uncles and other family members, according to the same American Community Survey, the estimate is over 200,000 children in this city are being primarily cared for by relative caregivers. And I think that's a very striking number. I think if you survey the average New Yorker and you said out of 8 million people, guess how many children are being cared for primarily by a grandparent or relative, I don't think people would have guessed that high a number and, again, I think the trend is moving upward.

So that's part of what motivated us to really look at whether our policies are up-to-date and keeping up with this dynamic. I think one thing that is common sense and I think the studies have backed it up and I think your testimony suggests the same is that when if the choice exists for a child in need to be placed with a family member, it is far superior on many

1 levels and the behavioral outcomes in cultural
2 terms in terms of the smoothness of the transition
3 on many, many levels.

4 So I think there's a broad
5 agreement that the best option is always to turn
6 to a family member, but, again, I'm not sure
7 policies and I'm not sure the kind of support
8 we're providing are keeping up with the demand and
9 the need, I'm not sure the amount of information
10 we're providing, the amount of support is what it
11 needs to be across the agencies. And I think what
12 is motivating this hearing today is also to say if
13 this is such an important part of how we take care
14 of our children, and in fact, a better way, how
15 can we make it the best option it can be and what
16 kind of support should New York City be providing
17 going forward.

18 Now that being said, I want to
19 raise some questions and I want to say at the
20 outset, we leaned very heavily in preparing this
21 hearing on the good work of the Kin Care Task
22 Force and I want to thank them for the report they
23 did, which was very, very helpful and I think
24 sounded the alarm on some of the things that we
25

need to work on.

So let me start with that report and say--which I appreciate that you are very familiar with and have taken seriously--one of the elements of the report was a survey of relative caregivers in the city and what their experiences were with City services. I believe 137 individuals were surveyed. What is obvious from the results is that caregivers had experience with numerous City agencies, many caregivers had to deal with, certainly more than one agency, and in many cases had difficulties and it sounds like a lot of the difficulties were around getting consistent information and getting facilitation for the kind of support they needed.

So I will start with a broad question, if this report indicates that the public is having trouble accessing some of the services and information that they deserve, what's your assessment of the report and what's your assessment of the recommendations that have been made?

DR. MARYANNE SCHRETZMAN: We took the report and we've been reviewing it and we did

1
2 make an assessment that there was language that
3 was very confusing around kinship care grants and
4 cash grants, and so when families often were to go
5 to the job centers and ask for a kinship care
6 grant, at times, few of them were referred to ACS
7 mistakenly, so that there was some confusion
8 around the labeling of cash assistance.

9 So since that time we have been
10 training the HRA staff that often, when people are
11 coming in for kinship care grants, they really
12 mean cash assistance grants, and that these cash
13 assistance grants, as I mentioned in the
14 testimony, do not require the work piece, they're
15 only for the children. And so we've gone through
16 that kind of training with all the HRA staff and
17 Seth can discuss that piece, but we did find that
18 there was confusion, and apparently, a state
19 document came out and reinforced the confusion of
20 this kinship care grant, which really doesn't
21 exist per se.

22 CHAIRPERSON DE BLASIO: Well could
23 you, and tell me if you want to answer this or
24 Seth, I'd like to get a sense of how far we've
25 gone in terms of training people and do we have

any evidence that the training has taken and is effective, and I will note, since this will be one of my last hearings as General Welfare Chairman, that Seth Diamond is our all-time leading testifier, General Welfare Committee. I think you get some kind of--

DR. MARYANNE SCHRETZMAN: Prize for this?

CHAIRPERSON DE BLASIO: Yeah, there's some kind of award or medal or something that you get for that in the end.

[Off mic]

CHAIRPERSON DE BLASIO: Frequent Flyer, right?

SETH DIAMOND: Yes, I do want to say, even though we've not always agreed at these hearings, I do respect your work and always appreciated the thoughtful way you've approached these issues.

CHAIRPERSON DE BLASIO: Feeling's mutual.

SETH DIAMOND: Thank you. In terms of the report, we did meet with the leadership of the kinship group after it was published. We did,

as Maryanne said, have some concerns that we raised with them, but we agreed that the terminology around the grants was something that was confusing and at that point, we published a directive to our staff trying to clarify, not only the grant issue, but there was also confusion about whether a formal order of custody had to be in place, whether that was a requirement to receive assistance, and it's not in these cases. So we addressed those two issues with our staff, we shared the directive with the leadership of the group. We had representatives at their last meeting to try and go over with them that they could help in educating their providers and members on the terminology and we've trained all our staff.

So it's too recent to, I think, to assess the full effects because it's just happening now, but I think we have tried to make a concerted effort on several fronts to make sure we address it.

CHAIRPERSON DE BLASIO: All right, so let me stay with you for a minute, Seth. So you're saying all staff that would be in a

position to support these relative caregivers have been retrained. So can you just, since you have a room full of people that care deeply about this issue, and you're the top of the food chain here, can you define exactly what a staffer should be telling someone seeking assistance?

SETH DIAMOND: Well first, when people come in, again, the type of grant that people may be seeking could be known by different terms, there are public documents, both put out by governmental agencies and other groups that refer to it as a kinship grant or some variation on that.

Our staff understands cash assistance and so we've told people in our offices that if somebody comes in seeking a kinship grant or a grant on behalf of the children that they're caring for, that they're applying for welfare and they should go through the process with them that it is a type of financial assistance that we offer, that they are in the right place, that they shouldn't be directing them elsewhere, that they should go through the application process.

The other source of major confusion

we found was that people often thought there had to be a formal order of custody in place for someone to be eligible when they applied with their children. We've made that clear that there does not have to be legal custody, the children have to be in the household, of course, and that has to be documented, but it does not have to be formal custody established and that you can apply on behalf of the children, not consider the resources of the adult, of the parent in doing that and you could make the determination just looking at the eligibility of the children.

CHAIRPERSON DE BLASIO: So following up on that, so if you accept some of the things I said at the beginning, which I'm assuming you do, that we're trying to support relative caregivers and that it is a preferable situation for the kids to be in and that in fact, it's not easy--

SETH DIAMOND: Yes.

CHAIRPERSON DE BLASIO: --for the relatives to step forward, in many cases, it is a major challenge and so we want to--but it is the right thing to do and we want to encourage folks

to do it. Are case workers instructed to provide the maximum sense of what folks may be qualified for? So in other words, if someone comes in saying I'm looking for a kinship grant, they say, well, okay, that doesn't exist per se, but here's what you can get, it's cash assistance, are they then going on to also say you may qualify for food stamps or Medicaid or other things and really going through the checklist to see what all the options are? Again, working on the assumption that we want to--if we've got someone willing to step up, we want to embrace them and provide every kind of support we can.

SETH DIAMOND: Yes, absolutely. I think the difficulty for our offices was that people were coming in applying for something that the workers were not familiar with. Once we've gotten over that hump and made it clear that they're applying for cash assistance, they're very capable and we will reinforce with them that they're also applying for the other benefits we offer, which are food stamps and Medicaid.

We've also taken the step, which I think has worked well and that the task force

would agree, is after the cases are accepted, we transfer them to specialized offices that are designed to handle cases where adults are not eligible for one reason or another on cash assistance. And those offices provide services, the idea is to help provide services without an in-person visit, sometimes an in-person visit is required, but I think the feeling is among the members of the task force that once cases are accepted on an ongoing basis, they do receive good services through the specialized offices we've set up.

CHAIRPERSON DE BLASIO: Okay. And how are you monitoring, since it is a new thing and it's really important that people get it right, what sort of ongoing monitoring is occurring to make sure that sort of people don't fall back on old habits? How do you do quality control in those case?

SETH DIAMOND: Well we're certainly in touch with the task force and they've provided feedback, I know that they've been regularly calling and providing other kinds of questions and we've gotten things like people have taken our

policy directive and brought it to the offices, so we're confident that the word is getting out. We will closely monitor the numbers to see how they change, if they change, and we'll get feedback of course from the constituency groups, we'll continue to regularly meet with them.

CHAIRPERSON DE BLASIO: Including the Kin Care Task Force.

SETH DIAMOND: Yes, that's the primary one, yeah.

CHAIRPERSON DE BLASIO: Good. And I know, again, my colleagues have questions and I'll turn to them in just a second, just one more follow-up on this on the recommendations in this report and then after other folks ask questions, I'll come back to some other areas as well.

So one of the things was to clarify the benefits are available and the communication and, obviously, you've given the example from HRA of that happening. But, for the other agencies, I'd like to know if there's any parallel effort, because the interesting to look at the chart in the report that you're talking about, not only the agencies here, but other agencies as well, that

have a lot of contact with these families and two that are notable on this list--Department of Education and NYCHA--immediately you can imagine how much potential there is to get information out and to point people in the right direction. But has there been a parallel effort in the other agencies to try and make sure everyone understands the terms, everyone's trying to embrace each client who comes in the door and help them know what they have coming to them?

MARIE PHILIPPEAUX: [Off mic] ACS goes and then what we've been doing is training our staff regarding sensitivity training in terms of our clients in general. When clients comes in through the door, we stress that they need to be respected, courtesy, we have classes. The first thing that we do actually when the CPS starts working at ACS, we do what's called call training for them and part of that call training is courtesy, professionalism, and respect for the clients at this service, so we do a lot of that.

In addition, we have our staff go in within the borough offices to kind of get a sense of what kind of services that their clients

are receiving.

CHAIRPERSON DE BLASIO: But now you said that for new folks, are all case workers, new ones and veteran ones, have all been retrained in this?

MARIE PHILIPPEAUX: We are training primarily--we started with the new ones. In terms of sensitivity training, we have not been doing it with the older ones.

CHAIRPERSON DE BLASIO: Okay. Well I would say, again, this is an immediate example of something that needs to be addressed. I can't think of any agency that's going to be at the front line of this more than you guys. So is there a plan to train everyone?

MARIE PHILIPPEAUX: Well the plan is--

CHAIRPERSON DE BLASIO: Or a timeline?

MARIE PHILIPPEAUX: --there is a plan to be able to train it, but it's primarily on the level of a supervisory level. We have what's called an initiative called Quality Supervision where we are emphasizing to the supervisors the

need for their workers and themselves to be courteous to the clients, that's part of our process. It's ongoing, we started it about six months ago and it's primarily called Quality Supervision.

CHAIRPERSON DE BLASIO: But this is a more--this is, yes, about courtesy and responsiveness, but it's also about understanding very specifically why it would be a priority to make sure that relatives coming forward get support and what specific opportunities are there for them and to also dispel misunderstandings. So it sounds to me, HRA, and Seth will agree, I don't always give extra credit to HRA, but in this case I will, that they've done this in a very systematic manner--

MARIE PHILIPPEAUX: That's correct.

CHAIRPERSON DE BLASIO: --it doesn't sound, respectfully, like ACS has the same plan and I would urge you to do so.

DR. MARYANNE SCHRETZMAN: Well there is, to some extent. ACS has been working very closely with NYCHA as well, as you may know, what ACS has been doing on the prevention with

NYCHA is that we have provided support services at NYCHA facilities with our non-profit contracts and we've been specifically working closely with NYCHA's social service staff so that those local neighborhood-based organizations are now attached to NYCHA, and that's a new development so that NYCHA can work very closely with the community-based preventive program. And, as you may know, there are certainly many grandparents in NYCHA who are raising kin and they are being provided through the prevention services.

Marie, to her credit, is on the side of Child Protection, and on the prevention side, we have a coordinated effort going on right now in NYCHA with all the community-based organizations who have a preventive contract. So we've been working very closely, we meet quarterly with them to make sure that we're providing these services.

CHAIRPERSON DE BLASIO: I appreciate your answer. Again, I'm not--and I don't want to beat a dead horse here, but I am not hearing across the board making sure that every case worker understands exactly how to approach

this and it seems to me it's a worthy topic for quick training to make sure everyone's got this. So just a yes or no, do you have a plan to train every case worker directly or not?

MARIE PHILIPPEAUX: Right now we do not have a plan.

CHAIRPERSON DE BLASIO: I appreciate your honest answer and I think you need a plan, so--

[Off mic]

CHAIRPERSON DE BLASIO: --we will follow-up with you guys, with the Commissioner, we'll send a letter to formalize our concern, but I think what HRA did is the right model and is worth trying to replicate. Let me ask the same question of DFTA--

MARIE PHILIPPEAUX: [Interposing]
Let me just add one thing, if I may?

CHAIRPERSON DE BLASIO: Yeah.

MARIE PHILIPPEAUX: We have what's called the supervisory training, which is part of what we--every supervisor has to go through a supervisory training.

CHAIRPERSON DE BLASIO: No, I

appreciate that and I heard that before and I--

MARIE PHILIPPEAUX: [Interposing]

And that also--

[Crosstalk]

CHAIRPERSON DE BLASIO: --and I believe that is part of the solution, I'm not missing that, but I think that the workers need to be trained directly to guarantee this is gotten right because this is a kind of subtle area and it sounds worthy of its own attention.

DFTA, can I ask the same question, now obviously, you have the Grandparents Resource Center, which is a very good thing, but in general, is there something that that kind of training has been provided to any one who might come in contact with grandparents or other relatives who might end up needing this help?

FEMALE VOICE: Through the Grandparent Resource Center and with some funding we were able to get, we do provide interagency training for all of our sister agencies and this year we trained 482 staff at ACS, 355 staff actually at ACS, 107 at HRA, 10 at Department of Education, and 10 at Department of Juvenile

Justice, around the issues of grandparents raising grandchildren, sensitivity, and some of the bureaucratic obstacles and issues to help guide people through the process.

CHAIRPERSON DE BLASIO: So you're the good guys.

FEMALE VOICE: We are partners with our sister agencies.

CHAIRPERSON DE BLASIO: Good answer, very good, you went to public relations school, good for you.

FEMALE VOICE: Thank you.

CHAIRPERSON DE BLASIO: All right, great. Let me turn to my colleague Chair Arroyo and my other colleagues.

CHAIRPERSON ARROYO: Thank you, Mr. Chairman. I am sad to know that it's one of Council Member de Blasio's last hearings at the City Council, but the Council's loss is the City's gain, so I'm happy about that.

I'm struck by the fact that we have to have a conversation about training staff about customer sensitivity. It really, really strikes me that we must invest taxpayer dollars in

training people how to be courteous and treat others with just a great deal of sensitivity. That just boggles my mind. You don't have to answer that.

[Off mic]

CHAIRPERSON ARROYO: I am troubled by the fact that--how much are we spending on the sensitivity training?

DR. MARYANNE SCHRETZMAN: You know--

-

CHAIRPERSON ARROYO: Maybe we ought to be--

[Crosstalk]

DR. MARYANNE SCHRETZMAN:

[Interposing] We share the outrage that I'm sure you're experience. When we hear that people--the first 101 of working with people who need--

CHAIRPERSON ARROYO: Help?

DR. MARYANNE SCHRETZMAN: --is respect, kindness, maintain a positive attitude. We want people who are doing this work to come and get the services they need and we don't want barriers due to people not being kind and respectful. And so I couldn't agree with you more

that that is so critical in what we're doing. And what we're urging people to do is--and I've personally have gotten involved in some of these situations--when we know and you have experienced or the public has experienced, to call us and let us know. A supervisor can address these issues and we do address these issues, this is the accountability that we really want to go on in Human Services is that when people are unkind and not treating people well, we want to know about it so we can deal with that person and train that person and use that as an opportunity that that is unacceptable. So it really does help when we hear about this to get the name, where they were, who the person was, so that we can really do an intervention and to train people and to let them know we're not tolerating it and it's unacceptable for us.

CHAIRPERSON ARROYO: And maybe the possibility of considering a different type of profession. How much do we spend as a City on this kind of training?

DR. MARYANNE SCHRETZMAN: I would have to get back to you on the exact figures, but

we do spend money on, if you will, engagement services and how to work with clients, how to assess clients and part of that is, the main piece is how to respect people and be courteous to people. And we have a city of many cultures and being sensitive to the different places people are coming from.

MARIE PHILIPPEAUX: Councilman Arroyo, I also just want to stress the fact that when we are aware that there are problems in terms of how our staff address clients, we address it immediately. We do not accept things like that, this is unacceptable to us.

CHAIRPERSON ARROYO: I don't doubt that, I--

[Crosstalk]

MARIE PHILIPPEAUX: [Interposing]
But in addition, I think what I need to frame as well is that one of the things that we do with our staff is core training that I mentioned earlier, sensitivity training is part of that core training that we do to our staff, with our staff. So that's included in part of training for a new staff and ongoing training for our supervisors as

part of the supervisory training.

CHAIRPERSON ARROYO: We are being joined by Council Member Gale Brewer, thank you, Gale, for joining us.

I'm going to get off it 'cause we can have this conversation the rest of the afternoon. So--

DR. MARYANNE SCHRETZMAN:
[Interposing] But I do think the strategy is for us to get it documented so we can do something about it.

[Crosstalk]

CHAIRPERSON ARROYO: And you have a sense of where the problems, if we can, for lack of a better term, exist and targeted intervention for individuals and/or units that are experiencing greater levels of complaints than others.

DR. MARYANNE SCHRETZMAN: That's right, because we don't want the culture of that to occur in any of our sites throughout the city.

CHAIRPERSON ARROYO: Okay.
Throughout the testimony I heard the terms non-legally responsible caregiver, formal and informal care, what's the difference?

2 DR. MARYANNE SCHRETZMAN: There
3 are--

4 CHAIRPERSON ARROYO: One on the
5 legal, non-legal, and then the formal and
6 informal.

7 DR. MARYANNE SCHRETZMAN: The
8 formal caregiver is often associated with ACS.
9 When we have to remove a child because of abuse
10 and neglect, the first people we contact are kin
11 and so our preference is to place a child in a
12 kinship setting and that would be with somebody's
13 sister, brother, aunt, uncle, a relative, and we
14 would consider that a formal kinship situation.

15 An informal kinship situation is
16 when a family, for a host of reasons, that
17 somebody is unable to care, that they plan for
18 their child by asking their brother or sister or a
19 family member to take care of the child without
20 going through any legal authority, and that would
21 be an informal care system.

22 CHAIRPERSON ARROYO: So I'm an
23 informal care--

24 [Crosstalk]

25 DR. MARYANNE SCHRETZMAN:

[Interposing] Many of us don't realize how much we are informal caregivers, it's an intimate relationship that we have agreed with family members that we will care for a child.

CHAIRPERSON ARROYO: Okay. I'm going to focus a little bit of my questions on the Department for the Aging Commissioner. The grandparent support group network provides those emotional and best practice support and I know that you guys do a really great job. What's the funding, has it been increased over time or what is the plan for the future for this unit?

FEMALE VOICE: I don't know the exact budget for the Grandparent's Resource Center and I think it's remained pretty constant over the years and then we supplement with additional private funds and private donations over time for things like our toy drive and we've done holiday parties that were through a private contributor that was able to enhance our services, and in partnership with others like AARP and other organizations. But it's been pretty consistent since it began.

CHAIRPERSON ARROYO: So what's our

projection for the need for this unit, the need that this unit will have for additional resources, given the growth in the type of relationships that we're here discussing today?

FEMALE VOICE: I guess it's safe to assume that as the numbers of older people grow and our population changes that there may be an increased number of grandparents raising grandchildren, and a lot of the work we do is with the community, to really empower communities and grandparents themselves, who are, and I think you're going to hear from some of them later on, so ours is more of a consultative role, I think. And, of course, there's always a need to expand and enhance services, but it's one we can partner with you, with our City Council Members and other community-based organizations to really help caregivers themselves to be empowered.

CHAIRPERSON ARROYO: Well I certainly hope that we can have a conversation sooner rather than later because the support group network is necessary, it is vital to many of those who find themselves in that situation and for the agency not to be able to respond to the increased

need is something that concerns me greatly.

What's the formal process for policy concerns that are raised as part of that network support group network implemented at DFTA, is there a formal mechanism for issues that arise from that work to ultimately influence the policies in the agency?

FEMALE VOICE: I think many of the issues that arise are really of the interagency kind of forum and I think it's through partnership and discussions and conversations with our sister agencies that we help our clients to be able to navigate those systems.

CHAIRPERSON ARROYO: Okay. So let me give you--

[Crosstalk]

FEMALE VOICE: [Interposing] So it's not so much internal DFTA policy.

CHAIRPERSON ARROYO: So what is the ongoing collaboration that occurs among the agencies or between the agencies around this issue? Is there a regular meeting that's held, quarterly, bimonthly, whatever, and who's responsible for guiding that conversation and

keeping track of the issues that you give her that then she turns over to her, that then he has to deal with and the outcome at the end of the process is a caregiver who's stuck with an issue?

FEMALE VOICE: My staff at the Grandparent Resource Center have staff that they deal with and interact with at each of those other agencies--

[Crosstalk]

FEMALE VOICE: --so I think pretty much it's on that peer to peer level. The Kin Care Task Force itself helps to play that role and convenes all of the cast of characters around the table, including the other City agencies, so that's another forum where some of these kinds of issues can get resolved. So I don't know that we, as an agency collaboration, have a formal process, it's pretty much agency to agency through peers.

CHAIRPERSON ARROYO: Okay. I have not seen the report, but I find it interesting that that has not been one of the recommendations that comes out of that report.

Commissioner, you testified in April of 2008 at a hearing around the same issue

at the Committee on the Aging, the issue or policy of the senior centers lunch programs allowing grandparents to come in with their grandchild and allow the child to have a meal as well and there was discussion that the broader policy would be looked at. What's the status, did we do it? Are we going to do it? Did we forget?

FEMALE VOICE: We haven't forgotten. I think this is happening informally, we have not--

CHAIRPERSON ARROYO: [Interposing]
A lot of informal stuff happening here.

FEMALE VOICE: A lot of informal things, yes. There has not been a formal shift in policy and I believe some of this is dictated by the Older Americans Act, which tells us that our responsibility is to serve people 60 years of age and older. But knowing that this is an issue, I think many of our centers do permit bringing the children that are being raised by grandparents to centers.

CHAIRPERSON ARROYO: Okay. So maybe we can have separate conversation about that broader policy issue. Not all of the funding that

centers manage is--

[Crosstalk]

CHAIRPERSON ARROYO: --directly attributed to DFTA or a contract that is guided by the Older Americans Act, so--

FEMALE VOICE: That's true.

CHAIRPERSON ARROYO: --I think there may some wiggle room and I suspect that we're not speaking about a great many meals daily in any one center, so that is certainly something--because if that is something that is going to keep a senior out of a center, 'cause I'm caring for the Diego and Notavio [phonetic]--

FEMALE VOICE: Right.

CHAIRPERSON ARROYO: --and I can't bring them with me and have them eat with me, then I can't go to the center. So when we talk about the barriers that keep seniors out of senior centers and how we can raise the participation in that service area, that that this particular issue not be one of the things that keeps a senior from participating and gaining the benefits of coming to a center.

One last question on this and then

I'm going to turn to Council Member Stewart. The Grandparent's Resource Center, is that age rely--I mean do I have to be 62 or older, I'm 52, can I call as a grandparent to that center to--

[Crosstalk]

FEMALE VOICE: [Interposing]

Absolutely, we have recognized that grandparents are in all ages, not just over 60, and so, yes, we do provide services to grandparents who are under 60.

CHAIRPERSON ARROYO: Okay. I'll come back. Council Member Stewart?

COUNCIL MEMBER STEWART: Thank you, Madam Chair. I have a few questions that may not be directly on the issue that you are speaking about, but it has to do with, first, how we relate to folks who are considered undocumented as a child within the system. And my first question is, you mentioned no formal custody, then what form of documentation is required to get the services that you're talking about?

DR. MARYANNE SCHRETZMAN: Well it really depends on the services that we're able to provide. In some areas, you don't need too much

documentation, in other areas, you need to bring a lot of documentation, so it really is--

[Crosstalk]

COUNCIL MEMBER STEWART:

[Interposing] So your first statement was kind of a loose because you said there's no formal--

DR. MARYANNE SCHRETZMAN:

[Interposing] In terms of, for example, a cash benefit, I'll turn it to Seth and he can be very specific, but on a cash benefit, you need a document, but it doesn't have to be a court document that you have custody or guardianship of the child. It's, as we've said, that you live in the house, that the child--

SETH DIAMOND: Right.

DR. MARYANNE SCHRETZMAN: --lives in the house.

SETH DIAMOND: Right, as Dr. Schretzman said, the key is that you prove that the child lives in the household, so that could be a school letter, it could be a letter from a landlord, it could be a letter from a church or a community group that the family is involved with. It's a flexible standard designed to try and

anticipate or be flexible for the many different kinds of services that people receive and not require a specific type of document only, but the proof is just that the household is composed of the caregiver and the children.

COUNCIL MEMBER STEWART: Do you have any stats that show the children that are within formal setting or the informal setting of caregivers? Do you have any stats on that to show--I want to get a feel of how many in the--

[Crosstalk]

SETH DIAMOND: [Interposing] For cash assistance?

COUNCIL MEMBER STEWART: No, well in general, you know, in general for when a child comes into contact with ACS, so there's some that might be, you said, go into formal arrangements--

SETH DIAMOND: Right.

COUNCIL MEMBER STEWART: --and some that are really informal. So do you have any stats on that?

DR. MARYANNE SCHRETZMAN: Well if we looked at ACS, we know that right now, there's 5,575 children in kinship care and those--

2 COUNCIL MEMBER STEWART:

3 [Interposing] And those are informal?

4 DR. MARYANNE SCHRETZMAN: They're
5 informal.

6 COUNCIL MEMBER STEWART: Right.

7 DR. MARYANNE SCHRETZMAN: That's
8 formal, and those folks are in ACS's kinship care
9 program. The informal, we really, the community
10 survey that was cited is probably the best way to
11 get a sense of an estimate and that's, I believe
12 we said around 200,000, so there's probably
13 around, if you just did the math of minusing, say,
14 5-6,000 from the 200,000, there's many, many more
15 children in informal care than there are in formal
16 care.

17 COUNCIL MEMBER STEWART: It might
18 be a good idea for your staff keeping records as
19 to when a child comes in, where they go, and keep
20 that stat so that we can get a better feel for
21 that.

22 You know there has been changes in
23 the law for [off mic], that's those children who
24 might be undocumented that they can become
25 documented when they're with maybe a grandparent

or some sort of a guardian, someone who can take care of them, and it has become much more friendly. Has there been any effort to really educate or to inform or to tell the caregivers or the folks about this change of law?

DR. MARYANNE SCHRETZMAN: At this point, I think we need to do more and we have to get back to you exactly what we're doing. I know our Office of Immigration Services has been doing some work around this, so I can get back to you and figure out what their--to access these services for the children.

COUNCIL MEMBER STEWART: Right, because every time I raise this issue, there's always the excuse that Executive Order 41 prevents folks from asking the question about immigration status, but there are ways in which we can get around that and stating that, listen, we can put the information out there to these grandparents, to the caregivers and that if there's a child who is a foreign born, you may need to see this person that might--they might be documented, we don't know that, because we don't want to really ask them the question based on that Executive Order.

2 But the fact is if you can relate that information
3 to them, letting them know that if there's need,
4 they can go to whatever the immigration legal
5 department and they can get that help. I hope
6 that you are thinking about something like that
7 because too many of our youngsters tend to age out
8 and we can't do anything for them.

9 DR. MARYANNE SCHRETZMAN: Yeah,
10 then they get stuck.

11 COUNCIL MEMBER STEWART: All right,
12 so with all of that, I want you to set up a plan
13 or set up some way in which you can really make
14 that part of all the things that you spoke about.
15 You mentioned a lot of things that you're doing to
16 help and you have all these different agencies
17 that are working together--ACS, HRA, DFTA, and
18 even the Grandparents Resource Center and all of
19 these things. I feel if we can make an effort to
20 get that piece of information, that will make a
21 big difference in terms of helping our youngsters.

22 DR. MARYANNE SCHRETZMAN: Thank
23 you.

24 COUNCIL MEMBER STEWART: Thank you.

25 CHAIRPERSON DE BLASIO: Thank you,

Council Member. Let me--oh, I'm sorry, Council Member--welcome Council Member Foster. Welcome aboard.

Let me go back to the recommendations in the report and just pick up the other two points here. And I think some of this has been covered so far, I just want to just put a point out. Written information. So the point being, and I'd like to emphasize not just written information and consistent written information, but written information in multiple languages, which I know HRA, we did legislation on, I think HRA's done a good job with. But can you say at this moment that if a client walks into any of these agencies and they say, I'm an aunt, I'm an uncle, I'm a grandparent, whatever, and I need help, that the right materials are being handed to them? Do we believe that's happening now or do we believe there's more work to be done on that front?

DR. MARYANNE SCHRETZMAN: I would say there needs to be more work, but it's a process that has--

CHAIRPERSON DE BLASIO:

[Interposing] So you get an honesty point for that, too.

DR. MARYANNE SCHRETZMAN: But it's a process that has begun and I believe that it has begun and some agencies are further along than others.

CHAIRPERSON DE BLASIO: All right, you are the focal point as the coordinator, in other words, you're the--

DR. MARYANNE SCHRETZMAN: That's right.

CHAIRPERSON DE BLASIO: --person, if one person can make sense of it, it's you, and Seth has heard me talk about this, for example, when it comes to online food stamp applications and all. All I care about as an oversight chair, and I know my colleague feels the same way--

FEMALE VOICE: Get it done.

CHAIRPERSON DE BLASIO: --is not just get it--yeah, get it done, but give us a plan so that we have something to monitor. So is there an existent plan or timeline to make sure that every agency--and I include NYCHA, I include Education--anyplace that people may go looking for

1 this information? There's a unified set of
2 information, multiple languages readily available,
3 is there such a plan? [Pause] That looks like a
4 no. One of the things you learn of years of doing
5 this work is when there's a dead silence, it's a
6 no.
7

8 DR. MARYANNE SCHRETZMAN: Well I
9 think that, as you see, that each of the agencies
10 have pieces of the plan and it hasn't--if you
11 will, we haven't put it together on a Gantt chart
12 to say, okay, this is what exactly--

13 [Crosstalk]

14 CHAIRPERSON DE BLASIO:
15 [Interposing] All right, and you're the
16 responsible person, so I'm saying to you--

17 DR. MARYANNE SCHRETZMAN: That's
18 right.

19 CHAIRPERSON DE BLASIO: --my belief
20 is that you're the focal point and you should lead
21 that effort and there should be one plan and
22 that's what will actually make people act because
23 if there isn't a plan and a timeline, there's so
24 many other priorities, there's so many other
25 pulls. So do you believe that's a good idea?

2 DR. MARYANNE SCHRETZMAN: Yes, I
3 do.

4 CHAIRPERSON DE BLASIO: Good. And
5 we will work with you from that point on to make
6 sure we can get this done as quickly as possible.

7 The other point, I think this is a
8 great one, I am by no means an expert, but it
9 seems to me that what happening at DFTA with the
10 Resource Center for grandparents is a great model
11 and, as I understand something that actually has
12 national ramifications. If the City's doing it
13 and it's working in one agency, shouldn't we be
14 doing something like it in every agency? And I'm
15 not talking about something necessarily costly,
16 but shouldn't we be trying to have such a defined
17 effort in other agencies so that grandparents in
18 particular and all relatives have an obvious place
19 to go for help and counseling and support and
20 benefits and all that, that clearly is thinking
21 about their needs? Wouldn't that actually speed
22 up and improve the process of getting us--making
23 sure that anyone who wants to step up and do this
24 to help children, gets the support they need?

25 DR. MARYANNE SCHRETZMAN: One of

our processes have been that DFTA has been out front on this issue and they are the ones who have brought this to light and they're the ones with the expertise on this training, so they have been the ones going out to ACS and HRA and DOH to train them on this issue. So I think part of it is that we want sensitivity interagency around these issues and so, therefore, any family who comes in, whether they're kinship or non-kinship, are getting the services that they may need. So that's been the process that we worked on with DFTA is that they've been spearheading the trainings.

CHAIRPERSON DE BLASIO: Okay, and that's good, but let me ask you--I'm just going to say my question was, should there be a specialized unit, it doesn't have to be big, doesn't have to be expensive, but something definable in each agency if we agree it's working at DFTA--this is everyone loves DFTA day, congratulations, it won't always be like that--

FEMALE VOICE: Especially at budget time.

CHAIRPERSON DE BLASIO: Yeah,

1 especially in budget times. If it's a good model,
2 should we not try and do something like it, even
3 if it means taking existing staff and just
4 redefining it a bit so it's a clearer place for
5 people to go, because, again, the underlying
6 concern for me is I don't there to be any
7 situation where someone who would have helped a
8 child felt they couldn't because there wasn't
9 enough support, there wasn't financial help,
10 whatever, they wanted to and they couldn't. That
11 to me, is a horrible human equation and, by the
12 way, a bad economic equation for the taxpayers and
13 for the City as well because we're not going to
14 get potentially as good care--no disrespect to
15 other types of people, but this is sort of the
16 ultimate. And also it's such a straightforward
17 way to get a kid's life on track, as opposed to
18 what we all know can be a very tortured process
19 otherwise.

21 If this is sort of a policy
22 priority and imperative to get to a family member
23 if you can, then wouldn't it make sense to make
24 the support even more visible and clear so that
25 anyone walks in the door, there's someone who's

actually thinking, yeah, I want to help you get this done 'cause I know this is good for everyone involved?

DR. MARYANNE SCHRETZMAN: I think our initial thinking on this is that we need to treat all families well and whether they're kinship or non-kinship, and that we need to embrace all of the work that DFTA has been doing in the trainings in the work so that we weren't, if you will, compartmentalizing different kinds of families, but that every family gets the services they need no matter who they are, and that it's comprehensive. And, therefore, doing a basically making a component that's specific may not be the best strategy, but I will say that we will take it under consideration, we'll think about it and we'll certainly get back to you, but just the initial response would be, jeez, we should be able to do this for every family and that would be-- that every provider should know about kinship families and non-kinship families and have all the resources at their fingertips to give to people when they come in to get the services.

CHAIRPERSON ARROYO: Mr. Chair,

what I'm not hearing is that, yeah, we're going to work towards arranging--I want to remind us that not every family that's in a kinship care situation is in that situation because there's an ACS issue in the family, so that I have responsibility for my two grandchildren when my daughter is in uniform.

I am clueless as a caregiver to Diego and Notavio about the programs available in the city for my family, and I happen to be blessed that I don't have to access programs for childcare or anything.

But as I sat here listening to your testimony, I recognize that there is an abundance of resources for families who may not be aware that the resources exist. So let's put that hat on for a second and suggest to my co-chair in what soon will be his new role, that maybe the Public Advocate's office can take on something in the neighborhood of bringing a program together that can serve as a clearinghouse for a family that finds themselves in a circumstance, either because there is an ACS issue in the family or not.

And what I'm hearing you say is

that most families in a kinship care relationship are not in that relationship because there's an ACS issue, so if we follow only those in the formal system, we're going to miss opportunities to serve so many hundreds of thousands of families. And so I think it's critically important that you not only take it under consideration, that you begin to work towards creating that opportunity so that information gets to the hands of those who need it, clearly defined without confusing language so that if I can access childcare support to have Diego and Notavio in a real formal, safe childcare environment, that I can do so without worrying about whether I can afford to pay for it or not.

And I am not representative of the families in New York City that are in this situation, most families are fiscally constrained, if it's a grandparent, more seriously so. So it behooves us not to take it under consideration, but to make it happen.

CHAIRPERSON DE BLASIO: Amen. So I don't want to give the same speech 'cause it's the right speech, I think the recommendations a good

one, I think that you should look very seriously at having some distinct unit in each agency.

Just two more points for this panel. As you know, a number of states, actually a vast majority of states, have subsidized guardianship programs--I know my former employer, Hillary Rodham Clinton, was trying to work on this on a national level when she was in the United States Senate--and clearly these programs are very directed at getting financial assistance to relative caregivers. My question is, do you think New York City would benefit from such an approach and is it something the Administration is considering?

DR. MARYANNE SCHRETZMAN: Well we support the option of subsidized guardianship. Just to say that it's a state, local option and the state, at this point, hasn't opted for it, so that's where it's standing, but we're working closely with the state to figure out what the best way to implement it is. We certainly support the option of subsidized guardianship, we want to be careful in the implementation only because we want to make sure that children have the benefit of

returning to their families quickly and also the benefit of adoption.

So in looking at other states who've put out the guardianship, there's been some unintended consequences, so we want to learn from those states so that we use the guardianship in the best way we can. But we're certainly supportive of the option of subsidized guardianship just to be clear. And we do meet with the state on this issue.

CHAIRPERSON DE BLASIO: And is there something, and forgive my ignorance on the exact state of play, but is this something that you believe you and we should be pushing the state to take action on?

DR. MARYANNE SCHRETZMAN: I think that the state has been working in good faith with Commissioner Mattingly. Commissioner Carrion is looking how to figure out how to implement this because there is a cost to it, the state is having a fiscal issue. This is something that they're probably--I can't speak for them, but there are those kinds of issues, but more importantly, really, is to make sure that we roll this out,

that it's in the best interests of the children,
and those unintended consequences that happened in
other states do not happen here, that we mitigate
that.

CHAIRPERSON DE BLASIO: Just give
me a couple more sentences on--

DR. MARYANNE SCHRETZMAN:
[Interposing] What happened is that somebody would
go into guardianship instead of returning to their
family quicker, so that they could have returned
to the family, they ended up in guardianship.

CHAIRPERSON DE BLASIO: Okay.

DR. MARYANNE SCHRETZMAN: Or they
ended up in guardianship and not being adopted.

CHAIRPERSON DE BLASIO: Okay, I get
you. All right, let me--

DR. MARYANNE SCHRETZMAN: So
that's--

CHAIRPERSON DE BLASIO: That's
helpful, let me go to one more area. Again, you
and ACS are very familiar with this, under state
law you are--under the Family Court Act, you're
required to make every effort when a child has
been removed from a family to locate relatives who

might be potential caregivers and to ensure that they have all available, all necessary information in terms of the support that might be available to them.

Again, the Kinship Care Task Force report suggests that, in many instances, people are not getting information they need, and it's not clear whether the whole process--the custody process, the legal process, the benefits--are being explained in a consistent fashion. So literally as a matter of being true to state law and following state law, can you guarantee to us that case workers are consistently providing the information and doing these exhaustive searches to find any available relative who could be a caregiver?

DR. MARYANNE SCHRETZMAN: So Marie is really jumping to answer that question, so let me--

MARIE PHILIPPEAUX: [Interposing]
We are doing--there's a new initiative, I'm not sure if you were aware of it, called Child Safety Conferences, but prior to Child Safety Conferences, every case worker within the first 24

hours must speak to, not only the parent in terms of the support that they have and their resources, they must speak to every child in terms of who do you know, who takes care of you when Mommy's out to work, who do you talk to when something happens to you. Those are the resources that we talk to the parents about and to the kids in case the child has to go into care, then we know we have support system.

We also do it in terms of Child Safety Conference. If they are concerned about safety, the following day, if we mention to the parents that we're going to have the safety conference. At the safety conference, we not only have the family members and, if appropriate, the child is there as well, we also invite the support system, the family neighbors, an aunt, a friend, church members, community agencies, are in the conferences to talk about the safety of the child and the risk. If at any point during the conference we may have to remove, right then and there we talk about who can assist us immediately in taking care of little Johnny because we want to be able to find the place where he or she is

comfortable with, that's done at the conference immediately. Same time while we're doing the conference, we're doing a medical clearance, we go do what's called an emergency home study and that support system to make sure that the home is safe for that child to go.

CHAIRPERSON DE BLASIO:

[Interposing] And back on the specific question of identifying the relatives, if some of the support system isn't able to attend that conference, case workers will pursue the minister or the teacher whoever might be able--

MARIE PHILIPPEAUX: Yes.

CHAIRPERSON DE BLASIO: --to help them understand--

[Crosstalk]

MARIE PHILIPPEAUX: [Interposing]
We actually even make a phone call while we have the conference. If no one is able to attend, we make a phone call, immediately thereafter, we'll go out into the borough office and at the school to reach out. Every effort, every case worker knows, every effort must be made to reach out--

[Crosstalk]

CHAIRPERSON DE BLASIO:

[Interposing] No, this is encouraging, but what about the question of whether, okay, once you've attempted to find all the relatives, whether the relatives are being given the information about the support that they could receive about the legal process, which is a much more complicated matter than simply finding them. What process is in place to guarantee, because this is a matter of state law, that that's happening each and every time?

MARIE PHILIPPEAUX: We actually have official notices that we leave with the parents, not only in the home, but with anyone that we're aware of that the child is close to, we leave that information for them to be aware that the child has been removed and we need to be able to reach out to you in case the child has to be placed.

CHAIRPERSON DE BLASIO: Right, again, that's--

MARIE PHILIPPEAUX: We do all of that.

CHAIRPERSON DE BLASIO: --but

that's different from explaining to them their rights and the opportunities. So I appreciate the vigor of the answer in terms of the first part of the process, what I'm concerned about, and for both of you, is, again--

DR. MARYANNE SCHRETZMAN: Fact--

CHAIRPERSON DE BLASIO: --and this is what I think the report is pointing to, there's a qualitative question, are we getting people accurate information, clear information, are we helping explain these complex realities to them to encourage them, rather than have them turn away?

FEMALE VOICE: No.

DR. MARYANNE SCHRETZMAN: Right, and I think--what I think--

CHAIRPERSON DE BLASIO: The people have spoken.

DR. MARYANNE SCHRETZMAN: Right, the people have spoken and I will listen. But just to say that--

[Crosstalk]

DR. MARYANNE SCHRETZMAN: --I think we have a better opportunity to do this now than ever before because we're doing the case

conference immediately upon placement. So we've changed the way we're doing child welfare and the non-profit, the contract agency case planner will be meeting with the family within the first day and that will be an opportunity for that case planner to work with that family to assess--

[Crosstalk]

CHAIRPERSON DE BLASIO:

[Interposing] You mean the whole family, any and all relatives.

DR. MARYANNE SCHRETZMAN: Yeah, and to assess the resources in the neighborhood where they live and to let them know what services are available for them. So--

CHAIRPERSON DE BLASIO: All right, I'm going to summarize.

DR. MARYANNE SCHRETZMAN: --so there'd be a great opportunity in that case planning process for that to occur and that is part of what is supposed to be happening.

CHAIRPERSON DE BLASIO: All right, let me summarize then. Before you leave, Council Member Brewer has a question.

My summary is that it sounds like

the process has gotten better in terms of the search for relatives and the inclusion of relatives, the inclusion of the support system, but from your answer, I would say it does not sound like, and I'm listening to the audience and to the report as well, it does not sound like we're where we need to be in terms of clarity of information, consistency of providing the information, helping people understand something complex, encouraging people. So you don't have to answer that, I'm just saying that is my interpretation.

And what we would do as an oversight panel--and if the people will have me next Tuesday, I look forward to doing it in another office--is to come back in short order, same question, asking you for a plan and we'll put this in the letter as well as follow-up, asking you for a very systematic plan to ensure that you are actually following the state law and doing that each and every time.

So I don't want to dwell on it here and I don't want to get in a situation where you're forced to give non-answers, it's clear

there's something else that has to happen, so why don't we agree that there will be a follow up hearing in some form or fashion, there'll be a follow up letter, you're on notice that we'd like to hear a plan, as soon as possible provide us a plan, I think the folks at the task force would appreciate that as well. Is that a fair arrangement?

DR. MARYANNE SCHRETZMAN: I look forward to working with you, God willing.

CHAIRPERSON DE BLASIO: Very good. Very good. Council Member Brewer.

COUNCIL MEMBER BREWER: Sorry, I wasn't here the whole time so if this has been asked, let me know. One of the questions I have is from personal experiences, once the young people are in kinship care, what kind of support do they get? Obviously, if it's the wonderful program in Council Member Arroyo's district, that with grandparents, I think I understand, but for the random person whom I know, many, many examples, once the child is in kinship care, what kind of support do they get and for how long?

DR. MARYANNE SCHRETZMAN: Well if

they're in formal kinship care, they get a lot of support. They get a lot of support from the contract agency who is the foster care agency and so they're being provided with parenting supports and whatever the family needs, whether it's child development needs and all that's brought to bear from ACS is given to that family at that point-- and from the non-profit agency, whoever the foster care provider is. So they are in the formal kinship care families, there's lot of supports and ACS from parenting training to recreational processes where the parks where--

COUNCIL MEMBER BREWER:

[Interposing] So [off mic] 'cause that's not my experience, that's why I'm asking. So what you're saying is that if somebody goes from a situation in a family that's not working out to a kinship care--

DR. MARYANNE SCHRETZMAN:

[Interposing] Well let me interrupt you because while you were away, we were--

COUNCIL MEMBER BREWER: Yeah.

DR. MARYANNE SCHRETZMAN: --

defining the difference between kinship care at

ACS and kinship care in the world--

COUNCIL MEMBER BREWER: Okay.

DR. MARYANNE SCHRETZMAN: --that one is--I think you may be asking about informal kinship care and formal kinship care is through ACS and informal kinship care can be any one of us who are taking care of one of our relatives children.

COUNCIL MEMBER BREWER: I've done this so I know in terms of the informal type, but even on the formal type, I guess what I'm saying to you is I'm not sure that that kind of extensive support is there. Now if it's non-profit, I know a situation where there's no non-profit, ACS did a great job of transferring actually from a mother who had a lot of problems, wasn't really talking to the father, not married, and the father now has the kid, so that was a kinship care with ACS and the police department in the middle of the night and I was there, so I know. But the question then becomes, when the child is with the father or I guess--and I know some other people here in the audience today--what I'm saying is the father is not great to figure out what's going on in the

world either and so we all have to spend a lot of time extrapolating the different programs that this very troubled young man can access.

I guess what I'm saying is every single one of these kids needs support, extra, and you know that, and I just would love to know at some point, maybe as a follow up, how do they access, even if it's not with a non-profit, how do they access all these services? I found it very difficult and I only know two situations, so maybe they're unique.

DR. MARYANNE SCHRETZMAN: Like any family, they're able to access services, they can call 311 or they can--

COUNCIL MEMBER BREWER:

[Interposing] Okay, I'm [off mic] this, I'm just saying that they need somebody on the ground, they don't have me all the time, they don't have you all the time, 311 doesn't work for these families that can't access, they can't even read the materials that's coming home from school. So I'm just saying trying to make sure these kids don't end up--that you have to extra length and sometimes it's making sure the school's good, the

after school program, etc. I'm just saying I'm not clear on the kinship program exists, formal or informal, I just think extra work has to be done. I don't know what else to say. Thank you.

DR. MARYANNE SCHRETZMAN: Thank you.

CHAIRPERSON DE BLASIO: Thank you very much. Thank you to this panel, we look forward to getting some follow up information from you and we look forward to a follow up hearing of some kind. Thank you very much.

DR. MARYANNE SCHRETZMAN: Thank you.

SETH DIAMOND: Thank you.

CHAIRPERSON DE BLASIO: Okay, next panel is Leslie Dunston [phonetic] and Muriel Jean Batiste [phonetic]. And as this panel comes up, just want to alert everyone that we are scheduled to conclude at 4 o'clock, so I'm going to ask everyone, I apologize that we started late and obviously, the first panel was crucial to go into detail with, so I'm going to ask everyone coming up to try to summarize and try and get to the heart of the matter. If you have written

testimony, all of that will go into the record, so what we ask is for people to get to the core point, try not to repeat points that have been made many times before. And I apologize, I have to ask everyone to be brief, but we have a time situation, we'll want to get to everyone, including members of the public who have signed up. So again, Leslie Dunston and Muriel Jean Batiste, I need you up now. Okay, thank you.

Jessica Lappin was here--

COUNCIL MEMBER BREWER: Yeah.

CHAIRPERSON DE BLASIO: --okay, thank you, Council Member Jessica Lappin. Council Member Tom White was here.

Okay, and I'm sorry, is there a Ms. Jackson, there was a Ms. Jackson who was possibly going to testify.

[Off mic]

CHAIRPERSON DE BLASIO: Okay. Welcome.

LESLIE DUNSTON: This is so intimidating.

CHAIRPERSON DE BLASIO: No, it's not intimidating, just imagine you're in your

living room.

LESLIE DUNSTON: Okay.

CHAIRPERSON DE BLASIO: Okay. How are you? Please introduce yourself and we welcome your testimony and, again--is this yours?

LESLIE DUNSTON: Yes, it is.

CHAIRPERSON DE BLASIO: Okay. Ms. Dunston, so this will go into the record, this written testimony, so if you could summarize, that would be very, very helpful, then there may be some questions. Thank you very, very much for being here.

LESLIE DUNSTON: Okay. My name is Leslie [off mic] Dunston and I was asked to come into today, I have legal guardianship of a 16-month old baby, his name is Aidan Brakes [phonetic]. I have legal guardianship and initially was told I could get kinship foster care, was initially how it happened. I don't have any blood relation with this child, but my daughter and his older brothers are related. The woman who is his mother, we have a father/child in common and so initially she had this baby last June and she was going through a lot of things, I

1 think she personally, I'm not a doctor, but I
2 think she was suffering from post-partum and a lot
3 of other things.
4

5 In the process, in September she
6 placed her son into foster care. After the fact,
7 she called me the next day, I guess kind of like
8 buyer's remorse, she didn't know what she had done
9 and she needed some assistance, so I went to go
10 help her and I went over, ACS workers came over
11 and they were the first ones who had ever informed
12 me at all that I was eligible as a kinship person
13 because I would never think to using the word
14 kinship that I could at all step in in regards to
15 this child.

16 She had voluntarily placed him and
17 they had said that I was eligible because we had
18 these children in common and they would come over
19 if necessary and do an emergency home assessment
20 and all of these things, that was on a Friday. I
21 guess it was a Friday, it was like Labor Day
22 weekend and so that was that, it didn't happen
23 again, and so the whole weekend she called me, she
24 was frantic. So by the Tuesday, of course now she
25 just wants to get her son out of care because she

1
2 doesn't know what's going on and she's very
3 nervous. The ACS worker then informed us that
4 because it was voluntary, she could remove him at
5 any time.

6 My concern was we went, we picked
7 him up, no one asked for I.D., they placed him in
8 my care, they didn't even know if I was his mother
9 or not, so of course that was very alarming as far
10 as knowing what the system looks like, that you
11 could go into a foster care agency and someone can
12 hand you someone's child without I.D. So of
13 course now that's her reality of our first time of
14 dealing with the foster care agency.

15 We go back to ACS and she's now
16 informed them that she's going to move to Atlanta,
17 she's going to move to Atlanta and take all of her
18 401(k) money and take her children and she's going
19 to go. And I sat there and I was looking at the
20 ACS workers like, are you really listening to what
21 she's saying. In six months, she's going to be in
22 the same situation she's in now, she was having
23 domestic violence issues, all kinds of things, and
24 she was just looking for help. They allowed her
25 to take this baby and obviously I couldn't do

anything because it's her son and she said they had the right to go.

Long story short, three weeks later she left, she had left her 17-year-old son, which happens to be my daughter's brother, in the care of his grandmother and he was murdered three weeks later in South Jamaica Queens while she was in Atlanta.

Of course, if the situation is bad for her, it's now only going to get worse. The child's father then had followed her down to Atlanta and, as most women who haven't handed their issues or gone to any kind of domestic violence counseling and as because now ACS wasn't involved she wasn't mandated to do so, she allowed him to live with her. He stole all her money, all kinds of things, and six months later, she could not live in Atlanta and, of course, she never coped with the fact that her son died, she's never had to seek counseling, I've had to deal with the D.A., I had to bury him, I had to do everything. She has never seen her son dead, she has not dealt with it.

So when she called me in March and

1 asked me to take her son, what else was I going to
2 say besides yes? She had disbanded basically our
3 entire family, they were no longer living with
4 her. I said well I can't really afford to do it,
5 I have three children of my own, give me an
6 opportunity to find out what I can do. I actually
7 work within social services, so I figured I can
8 possibly get the information, I mean, gosh, I know
9 lawyers all the way in Policy in ACS, which is who
10 I contacted. They then in turn told me, yes, you
11 are eligible for kinship foster care voluntarily,
12 you can do this.

14 She came back from Atlanta, we went
15 into the 72-hour safety conference that they were
16 talking about earlier, it sounds very different
17 than the safety conference I participated in.
18 There was three--there was a CPS worker, a
19 supervisor, and someone who's a CES worker, I'm
20 still not really sure what that means. My husband
21 was there, I was there, she was there. She
22 continually told them repeatedly that no matter
23 what happened here at this conference, I'm not
24 taking him with me. So as far as I was concerned,
25 it was very clear that she was not leaving with

her son, and I wasn't about to walk away without him, I wasn't going to let him go into the system, and I think it was very clear to them.

At that point, they told us that we should have never come here and we should've just gone to get legal guardianship from Family Court. They laughed, they told us they didn't understand why we were there 'cause my husband actually works at Family Court, so you know what to do, just go get legal guardianship, and you'll be eligible for all these services. I said, oh, wow, that's good, I'm going to get food stamps, I'm going to get this, I said no one's going to look into my husband and I, our income? We're going to be eligible for food stamps? Oh yes, you're going to get everything just for the baby.

They then in turn signed off and we signed off because she didn't sign the 72 safety conference because she felt like they were-- luckily enough, she was able to see that we were being railroaded, the problem was, I wasn't going to walk out without that baby, and she was.

So after this happened, we left, we went to the Family Court, we got in, we got this

temporary guardianship, it spiraled--the judge was even amazed, they were like so you went to ACS and the best that they gave you was this paper that said you could come here and get guardianship, they offered you no assistance. I went to get to HRA and I think that's the beginning of the entire hell that I've been in since April, was once I got to HRA.

It was very nice to hear it, it sounded very lovely, but it's not the experience I had, it was horrible, every inch of it. The case worker I saw discouraged me every inch of the way. She sat there for an hour trying to tell me not to sign an application because I was going to waste my time, I was only going to get \$68.50 every two weeks and it's not worth it, you and your husband work, why are you even doing this? You're not going to get anything else, you're not going to get daycare, you're not going to get--and daycare was the first thing I had told ACS I could not be without. She told me I was not going to get anything, the food stamps, obviously, I was not eligible for because it is a federal program and no matter what you're doing, apparently, you just

cannot get it if you don't fit within the federal guidelines 'cause the child is not exempt from you in that regard. So I never got food stamps and I did get the whopping \$68.50 every two weeks.

I only got daycare 'cause after I left that woman and I went downstairs, a nice young lady at fingerprinting saw that there was something definitely wrong and she said what happened, I said I'm walking out of here nothing. And she called her supervisor, who then called this other woman's supervisor and I was able to get daycare that way. If not, I was about to walk out of the public assistance office with nothing. 'Cause at the time, realistically, if I had allowed her to do what she wanted to do, I was going to walk out without the \$68.50 every two weeks.

It wasn't until a week or two later that I had some more horrible experiences, like going down to eligibility review in downtown Brooklyn. Of course now we know this is every day off from work, I'm taking continuous days off from work for this. So when I went to eligibility review, they told me that they could not verify my

case because it was built incorrectly and that I had to go back to the center to get it redone from scratch. At that point, I was like I don't think I could possibly do this anymore, but luckily the supervisor who I had gotten her number prior, had took care of it. She then informed me that I was eligible for a \$277 a month for rent assistance. She said I know you really don't need rent assistance, but take the money. But that was about three to four weeks afterwards, so this idea that they tell you initially all of the things that you're eligible for, it is not happening. I'm not sure what training is going on, it is not happening.

The ACS worker, when I called her back to inform her of all the things that I was not getting, she too is misinformed, she said that's not what my supervisor told me, you're supposed to get everything, you're supposed to get food stamps, that's what my supervisor told me, and I felt badly even for her. Funny enough, I've been putting myself in her shoes because she had told the family something that she knew was incorrect now. So the supervisory training, not

too sure about either, but that's what her supervisor did.

Her supervisor also had informed me, when I called back to find out why they were just simply not giving me the kinship foster care, 'cause at this point, his mother had left, she left the state the next day after she had brought the baby into ACS. When I asked them why they would not give it to me, she said, well, it just seems to me that his mother's trying to get you paid for taking care of her son. It was insulting, but I understood that there's been a lot of abuses in the system, but clearly a woman with three children who has tied her tubes--and this is all very personal--would not take a child to get paid. You know, I was done.

[Off mic]

LESLIE DUNSTON: So after all of this, it went on and on and on and I can't even keep reliving all of it. In August, when his mother basically severed all contact with me, she doesn't call, she doesn't have any interaction with me at all and I feel like at this point she knows she doesn't have to, 'cause if there is ACS

involvement, they would have put things in place that she would have had to do and now she just doesn't have to.

And when she severed ties and I called ACS and said I really can't do this, my daughter's 17 and she's taking off--she worked all summer and she's taking the last week before school off to watch this baby because I can't afford daycare's closing. If I was getting enough subsidy, I could afford to pay somebody else to fill those gaps when I don't have daycare. She said, I'm very sorry and they gave you really bad advice the first time you came in, but there's nothing we could do now 'cause the case is closed.

[Off mic]

CHAIRPERSON DE BLASIO: Yeah. I can't imagine the persistence it took for you to deal with all this and I just want to--I think it's important that those of us who represent the people of the city say thank you to you for doing the right thing and stepping up in a situation that clearly you could have looked the other way, but you chose to get involved and as the whole point of this hearing is to say, aren't we

1
2 supposed to be embracing and rewarding people who
3 do that, and obviously you've had a horrible
4 experience and it's almost like no good deed goes
5 unpunished.

6 LESLIE DUNSTON: That's exactly
7 what I wrote in the last part of my testimony.
8 That's what it feels like.

9 CHAIRPERSON DE BLASIO: Yeah, and
10 I'm very glad and appreciative that you're here
11 and that you wrote it all out and I think it is
12 crucial that we make sure that Dr. Schretzman and
13 folks from ACS sit down with you and, not only
14 apologize, but use this example to learn from.

15 I want to hasten to add that I
16 spoke and we all spoke in this hearing a lot about
17 relatives, and clearly this discussion is about
18 anyone who steps forward, whatever kind of
19 relative or whatever kind of person who's involved
20 in the life of the child. Part of why I have
21 focused so much on grandparents, for example, is
22 to make the point that we're not serving people
23 and I think that makes the point very vividly, but
24 your case is another example of we want the right
25 person to step forward and you were the right

person and you had to jump through all these hoops and it's almost like they were saying, why don't we put the child in a less favorable situation.

LESLIE DUNSTON: Well when I called in August, what was said to me when I kept saying, look, I really just need help, I mean I couldn't buy this child a new car seat, I was just like I really, really do need help, my daughter's about to go college, I need help. They said, unfortunately, because the case had closed, the only thing I could say to you is if it's too much for you, put him in foster care. If that was an option, I would have never been at the 72-hour safety conference.

CHAIRPERSON DE BLASIO: Right, and, again, gets back to the core of all this, we don't want that, we, as a city, we shouldn't want that, we should want the best person available and the person who's got the most connection to the kid to step forward and the notion that every obstacle was thrown in your way is just not acceptable.

So I want to thank you, I appreciate you using your own example to help us try and fix this and I think the point you said

1 before that you're a professional in the field and
2 obviously a very self-possessed, articulate person
3 and if you couldn't navigate it, imagine what some
4 other people are going through.
5

6 LESLIE DUNSTON: And that was one
7 of my issues and I had that conversation with
8 someone at HRA when she said to me, 'cause I asked
9 her how long do I have to wait because people were
10 just walking up to the desk, she said you have a
11 number, you know how to wait, you're applying for
12 welfare, at the top of her lungs, and I was like,
13 this is the--

14 CHAIRPERSON DE BLASIO: Yeah.

15 LESLIE DUNSTON: -- strength-based
16 perspective that we're all supposed to be using at
17 social services now--

18 CHAIRPERSON DE BLASIO: It's
19 horrible.

20 LESLIE DUNSTON: --and she just
21 looked at me and didn't say anything else.

22 CHAIRPERSON DE BLASIO: What I want
23 to do in terms of follow-up and Counsel Molly
24 Murphy will do the follow-up with you, two things,
25 one, in addition to getting ACS and Dr. Schretzman

to hear the specifics, I really think they should sit down with you and run through them with you. But you said the point about the safety conference not being what we heard earlier--

LESLIE DUNSTON: It wasn't.

CHAIRPERSON DE BLASIO: --and I think that they need to understand exactly how insufficient it was, but moreso even the example or the incident you reported of the child being turned over without even an I.D. check. When was that, roughly?

LESLIE DUNSTON: That was in September.

CHAIRPERSON DE BLASIO: September '08?

LESLIE DUNSTON: Of 2008, in downtown Brooklyn, there's a foster care agency right there off of Fulton.

CHAIRPERSON DE BLASIO: See I mean, you're thoroughly believable and you remember the exact details, they need to--

LESLIE DUNSTON: Oh yeah.

CHAIRPERSON DE BLASIO: --know that because that's a very dangerous practice and they

need to follow-up with that agency.

LESLIE DUNSTON: It's also one of the reasons why she came back to me and would not involve herself with going back to them again the way she did the first time.

CHAIRPERSON DE BLASIO: Right. All right, so we will, our Counsel will follow-up with you to try and make sure that these meetings occur, but I think it's also going to be important to document exactly what happened in those two cases, the safety conference and that example with the agency in terms of not checking the I.D.

It was very powerful testimony, I thank you for it. Also, obviously, in terms of, it sounds like you're handling your situation as best humanly can be done, but we obviously would say to you and anyone else who comes before us, if we can advocate for any other additional support that you should be getting from the City, we want to do that for you as well.

LESLIE DUNSTON: I appreciate that.

CHAIRPERSON DE BLASIO: Okay, thank you very much for your testimony.

LESLIE DUNSTON: Thank you.

[Applause]

FEMALE VOICE: Powerful [off mic].

CHAIRPERSON DE BLASIO: It was.

Council Member Tish James just joined us. It's actually written testimony, you should read it because you will be apoplectic and you will get involved on the issue.

[Off mic]

CHAIRPERSON DE BLASIO: Yeah. So next panel is a four-person panel, Dr. Deborah Langosch, I hope I'm saying it right, Amy Roehl, Beth Finkel, and Rachel Vo [phonetic], forgive me if I've gotten any names wrong. Deborah Langosch, Amy Roehl, Beth Finkel, and Rachel Vo.

Again, as everyone is assembling, jut want to keep making the time point, we've got this panel, then two more, then public testimony, and we've only got 'til 4 o'clock, so please, if it's written, hand it in, it'll go into the public record, simply summarize, get to your core point that you want us all to understand. So we'd really like to just to keep it to a few minutes per person to make sure we can get to all the panels and all the public testimony. And who

would like to go first?

DR. DEBORAH LANGOSCH: I will, hi,
I'm--

CHAIRPERSON DE BLASIO: Thank--

DR. DEBORAH LANGOSCH: --Dr.
Deborah Langosch, and thank you for pronouncing my
name correctly, it's not easy.

CHAIRPERSON DE BLASIO: Okay, I got
lucky, okay.

DR. DEBORAH LANGOSCH: I'm a
clinical social worker and Director of the Kinship
Care program at the Jewish Board of Family and
Children's Services, I also Chair the Brooklyn
Grandparent Coalition, and co-chair the New York
City Kin Care Task Force.

I'd like to thank and let us
acknowledge how appreciative we are to the City
Council and to the Chairs of the Aging and General
Welfare Committee for holding this hearing and
bringing attention to the challenges and struggles
of New York City kin caregiving families. We hope
this will provide an opportunity to develop new
strategies to respond to their needs and
streamline service delivery from New York City

agencies.

For the past 25 years, I have been privileged to work directly with thousands of kin caregiving families. I started one of the first grandparent support groups in New York City many years ago.

Caregivers have shared their joys and commitment to raising their relative children and have also described their frustration, discouragement, and depression about the lack of services and difficulties accessing them in order to best raise their grandchildren.

As policy makers, legislators, clinicians, and direct service providers, we have a responsibility to respond to the needs of kin care families. I'm not going to go through the numbers again, you've covered those quite well.

Our caregivers have stepped forward to care for their grandchildren and other relative children when parents are unable to do so and have kept them out of traditional foster care. Research studies have substantiated that children living in informal kinship care have better outcomes than children in foster care.

CHAIRPERSON DE BLASIO: Okay, I'm going to stop you, I'm sorry, and you're going to be my poster child, I really want to ask people not to read testimony, it will all go on the record, please just summarize it, it will really help us to manage this better.

DR. DEBORAH LANGOSCH: Sorry.

[Crosstalk]

CHAIRPERSON DE BLASIO: But actually I want to give a lesson to everyone, elected officials hear your own summarization much more clearly than reading testimony.

DR. DEBORAH LANGOSCH: Thank you.

CHAIRPERSON DE BLASIO: It gets through to us more clearly.

DR. DEBORAH LANGOSCH: Okay, glad to do that, it would be easier.

Generations United, which is a national program has documented that informal kin caregivers save the United States \$6 billion annually and most of our families, a good percentage, are living in poverty, there is a huge inequity in the system. And when you hear stories like the one you just did, I think it illustrates

that quite beautifully.

The New York City Kin Care Task Force, which I co-chair with Amy Roehl from MMFY Legal Services, was established in 1992 to bring together professionals from all of the key city systems that work with kin care families. We have made repeated attempts throughout the years to bring the New York City agencies that are most central to the table and have had limited success and limited response in that.

In 2007, we approached the Mayor's office alarmed about the growing trends of kin caregivers not getting the help they needed from city agencies and we were told at that point that we needed data to document these stories. We then conducted the survey that I hope you all have copies of and, if not, Amy has additional ones here, to really focus attention on the nature and the scope of the issues.

We looked at the relationships with six key city agencies--HRA, ACS, NYCHA, DOE, DOHMH, and through the court system and Amy will be discussing some of the recommendations and the findings.

We know that children who are being raised by relatives have all suffered loss, their parents are not there for a variety of reason to raise them and many have been exposed to traumatic situations that means that they have often a range of special needs that need focusing through psychological services, through educational services, and we need to help relative caregivers streamline access to those services in order to best raise their relative children. These may be legal, as well as educational, financial, medical, housing, and respite.

I wanted just to mention a few important initiatives that have happened and also focus on some next steps. A number of years ago, the Mayor's office initiated a program called One City, One Community, it was based in Bed Stuy and the idea was to help families who were approaching a minimum of two city agencies and not getting the services they needed.

The program was set up in order to advocate on their behalf, but it also noted trends in problems and obstacles in service delivery and brought together the Commissioners or the key

staff people from city agencies to meet on a quarterly basis to address these difficulties and talk about policy and move forward change to better respond to relative caregiving families. That program was a pilot program, it lasted for a finite period of time, has not continued.

I did want to acknowledge the recent work we--when we had followed up with HRA about the concerns about terminology and legal status for our families who were applying for grants and Beth Finkel will discuss more of that in a moment. We really felt that there was some good response and the policy documentation that was then made available has become very instrumental in this.

We also have worked with ACS around their new brochure that they're developing on kin caregiving and have asked for some modifications based on our recommendations from what we're hearing from relative caregivers.

I did want to just get back to an issue--

CHAIRPERSON DE BLASIO:

[Interposing] Okay, and I'm going to ask you just

to--again, no disrespect to anyone--

DR. DEBORAH LANGOSCH: I understand.

CHAIRPERSON DE BLASIO: --here, just we got a bunch of people ahead, so just--

DR. DEBORAH LANGOSCH: Yes.

CHAIRPERSON DE BLASIO: --try and do a quick wrap on it--

DR. DEBORAH LANGOSCH: Absolutely.

CHAIRPERSON DE BLASIO: --but I also, while I'm interrupting you, say this \$6 billion figure--

DR. DEBORAH LANGOSCH: Yes.

CHAIRPERSON DE BLASIO: --is stunning and really important for this discussion going forward, I'm really glad you included that, and please get to us how that was calculated, 'cause that's something we want to use in this discussion going forward.

DR. DEBORAH LANGOSCH: I'll be glad to, sure.

We are, at the task force, very much wanting to work on an interagency basis, we would love to have consistent representation from

all of the City agencies on the task force and if there are any ways that you can assist us with that, we would be very appreciative.

We also need to know who do we go to specifically in each agency if you have the kind of difficulties that you just heard about in terms of negotiating and what's the recourse. And I want to acknowledge the fine work of the DFTA GRC, they are greatly understaffed for the amount of work that they do, they need considerably more funding to support and enlarge and expand what they do.

And in conclusion, I just want to say that much more is needed, we need integrated programs, we need to create policy that's supported by legislation and funding, provide resources and wraparound services to support families. Relative caregivers have done so much with so little, it is past time to provide assistance and help empower kin caregivers to create permanency, security, and continuity to their relative children. Thank you.

CHAIRPERSON DE BLASIO: Thank you.

Go ahead.

AMY ROEHL: Good afternoon, my name is Amy Roehl and I am the staff attorney for the Kinship Caregiver Law Project, the MFY Legal Services, and also I'm the co-chair of the New York City Kin Care Task Force.

MFY Legal Services is an organization dedicated to serving the poor in New York and the Kin Caregiver Law Project is a citywide project, all five boroughs and it's largely a pro bono program working with kinship caregivers and obtaining legal custody, guardianship, grandparent visitation, or to adopt the child in their care.

MFY is one of the few programs in the entire city that provides full legal representation to kinship caregivers in family court proceedings. We receive approximately 100 calls per month from caregivers or relatives seeking basic information about their legal rights.

Most caregivers are desperate to know their legal status in relation to the child, many have no legal order as we've discussed before, and many would like to become legal

1
2 custodian. And for the sake of brevity, I will
3 limit my testimony today to the issues that
4 kinship caregivers have in the legal system.

5 As was noted in our report,
6 oftentimes caregivers are asked for a legal order
7 of custody to access services in many of the
8 agencies--HRA, to enroll a child in school, to get
9 medical records, consent to medical treatment. In
10 many cases, an order of custody is not required,
11 as long as the individual has the child in the
12 household and is a person in parental relation.

13 That said, there are many reasons
14 why a caregiver would want to obtain a legal order
15 of custody or letters of guardianship. First,
16 they may need to have legal custody to include a
17 child on his or her employer's health plan, they
18 may need an order to consent to major medical
19 treatment, or to gain access to mental health
20 records.

21 And finally, and I would say this
22 is very important for people that I speak with,
23 many want to know that they will be able to
24 continue to care for the child in a safe and
25 appropriate environment until a court rules

otherwise--again, providing much needed stability for the child.

There is a great need for legal services in New York City for kinship caregivers. Most caregivers proceed in court unrepresented and are unable to uphold the legal rights of themselves and the children in their care. As noted in the report, obtaining a legal order of custody can be lengthy, it can be daunting, and, for many people, it's almost impossible without an attorney to navigate the process.

There are many obstacles, the two that I mainly see are as when a parent has essentially disappeared or abandoned the child, they have to find the parent to serve them with legal process. Many have spent months, even a year or more trying to find a parent to serve them with process before they can actually move forward and get a final order.

On the other side, once they serve the parent, if the parent comes to court and decides to contest the matter, oftentimes the parent is assigned counsel under the Family Court Act, they are entitled to counsel if they cannot

afford it. A relative caregiver does not have the same rights to appointed counsel. Oftentimes they may be, again, in a tribunal without an attorney and facing a represented party. And many have reported to me and also we noted in the report, that many have found that an attorney would have helped them in their court proceeding and have found that sometimes they're not heard as often as the parents are in these court proceedings.

[Clears throat]

Excuse me. Finally, again, MFY is one of the few organizations to provide these services and we are responding to this very vast, unmet legal need and we encourage more funding for these programs so that caregivers can obtain legal advice and representation when necessary to stabilize families. As demonstrated in our report, caregivers are in need of a variety of appropriate services, including accurate information about their rights and options, including when they contact ACS, and also legal representation where necessary. Also, they deserve to be treated in a competent and respectful manner in every agency, including in

court proceedings.

Thank you for your time.

CHAIRPERSON DE BLASIO: Thank you very much, appreciate it.

[Off mic]

BETH FINKEL: Hi, I'm Beth Finkel, I'm the Senior Manager, Programs and Services for AARP New York State and I'm also the co-chair of the New York State Kin Care Coalition.

And actually I think I have the longest standing in this, except maybe some grandparents in the room. I was an MSW intern staffing the original New York City Task Force for Kin Care. I know I look very young, but it was just like yesterday.

Anyway, AARP has over 40 million members and we have over 2.6 million in the state, and in New York City, we have over 800,000 members. So I'm here to represent all of them also.

New York State Kin Care Coalition has over 80 members, we have done two reports, they're both available for you here. And I have to compliment you all, it did our hearts well to

see all of our reports footnoted in your report and I just want to take a moment and thank all the staff on both your committees because they're extraordinary and really caring people and we have to thank them for their efforts.

CHAIRPERSON DE BLASIO: I agree with you, and they don't hear it enough and thank you for saying it.

[Off mic]

CHAIRPERSON DE BLASIO: That's right.

BETH FINKEL: AARP Foundation and the New York Life Foundation have made it possible for most of the reports that you've seen here today.

I'm going to kind of skip most of the pieces that I have in here because I think we've covered a lot of the demographic numbers.

I really listened in interest when we talked about the grants to non-parent caregivers. And in fact AARP launched a campaign this spring and into the summer to try to get more people informed about these non-parent grants and we use language in our fliers and in our campaign

1 that we were given by the Office of Temporary
2 Disability Assistance state office, and I brought
3 that here today, not realizing that the language I
4 heard was going to be entirely different. So you
5 can almost imagine the challenges that we're
6 facing. Our campaign said do you need financial
7 help to raise your grandchild? Apply for the Non-
8 parent Caregiver Grant, and then in parentheses,
9 we were trying to cover our bases, we called it
10 the TANF or Child Only Grant and I don't think we
11 heard those words today from New York City. So
12 I'm leaving this here as evidence of how confused
13 even those of us who have done forever are still
14 feeling the challenge of this.

16 We did a study and also the Office
17 of Temporary Disability and Assistance helped us
18 with that study. We found out that, of the
19 possible children that could be receiving this
20 grant in New York state and, again, it's tied to
21 the child's income, not the caregiver's income,
22 this is the most stunning number I've ever heard--
23 only 8% of those eligible for these grants are
24 receiving them--so I'm going to say that again--
25 only 8% of the children in New York state who are

eligible for these grants are getting them and language is only one of the reasons why.

You're going to hear more testimony about this actually submitted from Gerard Wallace, who is my co-chair of the New York State Kin Care Coalition and he also leads the New York State Navigator for Kin Care, so Rachel actually is going to give his testimony.

CHAIRPERSON DE BLASIO:

[Interposing] So now I'll say to you, first of all, this really helpful, first, I like what you did here 'cause it's accessible and helpful in and of itself, but it's very helpful that you just said the city, the state, the agencies, we'd want everyone on the same page and that really I think the City has to step up in terms of creating that unity and we could hear in the various city testimony there's some drag in the process here. So we are committed to helping to force the issue, that's part of why we had this hearing.

Just like the 6 billion number was stunningly helpful that--what was the percent, one more time?

BETH FINKEL: Only 8% of--

CHAIRPERSON DE BLASIO: Eight
percent.

BETH FINKEL: --of the children who
are eligible--

CHAIRPERSON DE BLASIO:
[Interposing] That's a scary number and that's
also something we can use to publicize just how
clearly we're off track here and what we have to
do about it. So that's very helpful.

BETH FINKEL: Thank you.

CHAIRPERSON DE BLASIO: Thank you.

BETH FINKEL: So what I'm here
today--

CHAIRPERSON DE BLASIO:
[Interposing] But now you need to conclude, now
wait a minute--

BETH FINKEL: --for my, so--

CHAIRPERSON DE BLASIO: You need to
conclude it quick.

BETH FINKEL: Okay, I will. So why
I'm here today is to enlist all of you to help us
in advocating on terms of the New York State
budget, we all know how dire the situation is
right now. The Office of Children and Family

Services currently administers 14 programs, kinship programs across New York state and there are two in New York City in the Bronx--the Presbyterian Senior Services and the Family Center, which is here in Manhattan.

[Off mic]

BETH FINKEL: No, that's on the new one. And then additional grants were given to add eight more programs to that--three of them are in New York City and one of them is Jewish Board of Family and Children's services and there are two more--one in Queens and one in Brooklyn.

So I'm stressing this because we all know how terrible the situation is and my hoping that through all of our networks, both the audience and the panel, they can help us because if we lose any of those programs, we already don't have coverage in most counties in New York state and this will only make it worse.

Again, I want to thank DFTA and their program and, again, I want to just mention our--

CHAIRPERSON DE BLASIO:

[Interposing] Wait, wait, wait, seriously, I have

no disrespect, I really need to manage the time here, I'm running out of time rapidly, so--

BETH FINKEL: [Interposing] Okay, all right, two more real quick things?

CHAIRPERSON DE BLASIO: --you just said--no, no, no, don't wrap up--

BETH FINKEL: --we--no.

CHAIRPERSON DE BLASIO: --you were great--

[Crosstalk]

CHAIRPERSON DE BLASIO: --you were great--

BETH FINKEL: Okay.

CHAIRPERSON DE BLASIO: --I gave you a couple warnings, I really need to move on 'cause I have to get the public testimony as well.

BETH FINKEL: Can I just talk about the budget in the Office of Family and--

[Crosstalk]

CHAIRPERSON DE BLASIO: [Interposing] No, I really respect you, it's in writing--

BETH FINKEL: I respect you, too.

CHAIRPERSON DE BLASIO: --you also-

-it's in writing, we'll get it in your written testimony. My apology to everyone, it's just what I got to do to get to everyone.

RACHEL VO: Okay. Well hello--

CHAIRPERSON DE BLASIO: Go ahead.

RACHEL VO: --hello, Council Members. My name is Rachel Vo, I'm actually an intern working on the New York State Kin Care Coalition, so I'm delivering a testimony that was written by Gerard Wallace who can't be here today.

CHAIRPERSON DE BLASIO: And this will go in the record, so is there anything you want to summarize from it that's different from what we've heard already?

RACHEL VO: I think I did want to highlight that the program that he runs on a state level, which is the Kinship Navigator, takes phone calls from all over the state calling from grandparents and from kin caregivers who are asking about services. And so first they were calling for the Child Only Grants, which is what we're calling it, but in New York City, it seems like it's being called something else.

And then secondly, they're asking

for the chances of keeping children who are living in their homes. And thirdly, they're seeking special services for children who have emotional, physical, and psychological challenges.

And so the reason why I mention it and highlight it is because this information could be very useful in determining the types of services that are needed for kinship caregivers and their children.

And the other thing that I wanted to highlight was that there was a letter that was written by Commissioner Doar, who now heads the HRA, he wrote an informational letter to the local Commissioners about the Non-Parent Grant and so you can access that on the Navigator website that we have, I can get that to you somehow. It just describes the grant in further detail on a state level.

And then we--I'm going to have to read this because I don't actually understand it myself, but this is more legal jargon.

So this is addressing the issue of security, a legal surety that children will stay in only homes where they feel safe and secure.

According to the 1976 Court of Appeals case Bennett vs. Jeffreys, if children are living in non-parent homes for an extended disruption of custody, then judges must decide custody between an absent parent and a third-party, such as kin, based upon a child's best interest.

In 2003, kinship advocates helped enact a two-year period time for grandparents who are caring for children full-time and you can reference this by the Domestic Relations law, Section 72. This year we hope to extend that this clear timeline to all kinship--that a clear timeline to all kinship caregivers are given. And then he wanted to note that lesser periods of time are discretionary with judges.

So on the state level, Senator Montgomery and Assemblyman Scarborough are focused on this issue so they need your support.

And lastly, wanted to I guess highlight that the Heritage Foundation has recently released a white paper decrying the abuse of Child Only Grants by relatives, and in the U.S. Senate, during the confirmation hearings of Administration of Children and Family's new

commissioner, Senator Grassley complained about abuse of these grants by kinship families. Such beliefs sound alarms that new policy changes aimed at cost reduction will undercut support for the range of supports necessary to maximize success for kinship children. So his message is that we have to be vigilant and proactive in combating these comments.

CHAIRPERSON DE BLASIO: Thank you. Thank you, and Mr. Wallace's testimony will be all in the record. Thank you very much, thank you to this panel, appreciate it very, very much.

Okay, next panel, Stephanie Gendell, Pia Scarfo [phonetic], and Myra, Marya Gilborn.

And as you come up, Stephanie is well-versed in the glories of summarization. Stephanie, you're going to lead the way in showing people how to summarize. I'm going to use the famous Charlie Rangel quote, "Everything's been said, but not everyone's said it." So you're going to show us how to say only what hasn't been said already.

STEPHANIE GENDELL: I hope that in

this last hearing in front of you, I do a good job--

CHAIRPERSON DE BLASIO: You're going to be great.

STEPHANIE GENDELL: --at summarizing.

CHAIRPERSON DE BLASIO: You're going to be great.

STEPHANIE GENDELL: I'm the Associate Executive Director at Citizen's Committee for Children.

CHAIRPERSON DE BLASIO:
[Interposing] You have to say your name.

STEPHANIE GENDELL: Oh, and I'm Stephanie Gendell.

We wanted to first start off by saying how very clear it is that different children and different families all have different needs and so that's what makes this issue so complicated and that's what involves so many city agencies because of the there's no one size fits all for these families.

We think that one of the crux issues, therefore, is information sharing and

training, and we wanted to mention that the Office of Children and Family Services actually released an extremely helpful report called, "Having a Voice and a Choice" and it's a handbook for relatives raising children and we thought the handbook was written in simplistic terms and it encompasses a wide variety of issues ranging from SSI to food stamps--

CHAIRPERSON DE BLASIO:

[Interposing] Simplistic or straightforward and simple?

STEPHANIE GENDELL: Sorry, straightforward and simple and easy to understand.

CHAIRPERSON DE BLASIO: There you go.

STEPHANIE GENDELL: I'm sorry.

CHAIRPERSON DE BLASIO: I've corrected the record for you.

STEPHANIE GENDELL: Yes, thank you. But in preparing for this hearing, few people had heard about the handbook and so we'd encourage OCFS and the City to work to make sure more people have it, that perhaps there could be a supplement in the back that included things about New York

City, and that it could be translated into other languages and shared with the operators at 311.

On the child welfare side, we are hopeful that the new conferences will in fact be more helpful than what we've heard today. And we also wanted to give a shout out to Subsidized Kinship Guardianship and the advocacy that needs to be done by the City to get this to pass at the state level because there's a state share that would need to be paid and the state seems lacking in resources at this time, but we think it would really be helpful for children and families.

On the preventive service side, there are probably many more families of kin who are caring for children who could benefit from preventive services than who are receiving preventive services. And, while we do want to limit it to families where children are at risk, we do think that actually there's probably more families that could use the preventive services and so we are disappointed that ACS is in the process of actually significantly reducing the size of their preventive services by reducing it, starting in July, by about 4,000 slots. So we

wanted to reiterate our concern about that and, again, highlight another population that actually could benefit.

Not to raise childcare, but we actually think that a priority for childcare would be great--

[Crosstalk]

STEPHANIE GENDELL: --even though there's no money for that.

And I will end there.

CHAIRPERSON DE BLASIO: That last point you were either too honest or something, but follow up point, so the handbook that you think is effective--

STEPHANIE GENDELL: Yes.

CHAIRPERSON DE BLASIO: --which, you're right, it is striking it didn't come up with the original panel from all the different agencies. So, again, and what we're trying to do in these hearings is always know where we're going next and I'd like you to get with Molly Murphy and what we should do is send a letter to the agencies asking them if they're using it and encouraging them to use it if it's something that could create

some universality of information and clarity. So if you will work with Molly, we will try and put some push on getting them to take that up.

STEPHANIE GENDELL: Okay, and the link to it, there's a footnote in the testimony so she can find it.

CHAIRPERSON DE BLASIO: Thank you. Well done, well summarized.

All right, now I said Pia before, it's Maria. It's Maria.

MARIA PIA: Yes, Maria Pia.

CHAIRPERSON DE BLASIO: Maria Pia, it's both. Maria, you have very exhaustive footnoted testimony, God bless you for it. So now we'll get to see how well you--

MARIA PIA: Okay.

CHAIRPERSON DE BLASIO: -- summarize.

MARIA PIA SCARFO: So challenging. Okay, my name is Maria Pia Scarfo [phonetic] and I'm here representing the Institute for [off mic]. We're a not-for-profit organization, we were founded in 1979, we've been around for more than 30 years and we provide the multicultural services to a

Hispanic population and minorities.

Now my point today, I have a personal story which is not in my statement--

CHAIRPERSON DE BLASIO: All right.

MARIA PIA SCARFO: --I'm going to be very brief.

CHAIRPERSON DE BLASIO: Please.

MARIA PIA SCARFO: I have a personal friend and she's older, but actually she's the grandmother of--her grandson is one of my boy's friend [off mic] is my son. And so she's the sole full-time caregiver for two children, five and seven years old. So her days are similar to those of many parents and actually she's also kind of [off mic] comparing. She works a full-time job with the City and she makes \$7 an hour and she spends the rest of her time caring for these children the best she can--feeding them, getting them to and from school, reading to them, giving them a bath at night, all the things that normal parents do.

But the problem is that she's not these children parent and she's the grandmother and I know that she loves the kids, but instead of

1
2 raising the children, sometimes she tells me that
3 she's in an age where she should be enjoying her
4 own retirement. And, unfortunately, I believe
5 this is an all too common problem in the Hispanic
6 community in New York.

7 And first we heard today about
8 government program and community programs to
9 support the grandparents in this situation. The
10 Hispanic population and minority, but especially
11 the Hispanic population I'm more familiar with,
12 they're not aware of those programs.

13 And secondly, the grandparents in
14 this situation which make things more complicated,
15 they don't even realize that there is anything
16 unusual about what they're doing. And, for
17 example, when I mentioned to my friend that
18 there's some organization out there who can help
19 her, she was skeptical and she was even denying
20 the possibility that she might need some outside
21 assistance. So I insisted [off mic] she went to
22 the public assistance program for the cash grant
23 or the Only Child Grant or whatever it's called
24 and she didn't get that and she didn't get the
25 referral for Medicaid or food stamp. She finally

got it because I helped her as a friend, but that information that she needed was not provided.

So I'm going to go straight to my point today, which is we heard generally about statistics, but there are recent estimates from the U.S. Department of Health and Human Services, the percentage of Hispanics in kin care is more than doubled in the past decade from 17% in 1999, it's up to 26% in 2006. And we think the New York City Hispanic population, there is another often uncounted family arrangement, the seniors caring for the grandchildren, and there's a study from the Hispanic Custodial Grandparents who were concerned about the financial, physical, and psychological status. They prefer to receive support from their families and they were more interested in obtaining information, rather than support from community agency and support groups.

So they [off mic] we enjoyed the task force and what we have started doing is giving policy recommendation and my main recommendation today, my main suggestion is that I believe we need to collect accurate data. Accurate data collection in order to provide

services to a growing multicultural population and I think we need to collect data, and develop information that could support comparison between formal kinship care and informal kinship care.

And the second recommendation is the need for collaboration between formal child welfare system and the child kinship family.

The third recommendation is the need for child welfare case worker to be culturally competent.

And the fourth and final recommendation is we need to create a program to support Hispanic custodial grandparents. I know there was a very good program years ago in Washington Heights, but I think I gave some example in my statement of what can be a custodial grandparents program.

But I think it's urgent that something need to be addressed.

[Crosstalk]

CHAIRPERSON DE BLASIO:

[Interposing] Thank you, very well summarized, thank you. And the doubling of the number of grandparents providing care, again, just for

1 everyone's benefit, those are the kinds of
2 statistics or facts that jump in the minds of all
3 of us who need to learn the issues and stay on
4 them. That's a really striking statistic, again,
5 in terms of trying to reorient policies and
6 funding to address what's a big change in our
7 society, so thank you for sharing that, thank you
8 for your testimony.

9
10 You're up.

11 MARYA GILBORN: Okay. Good
12 afternoon, my name is Marya Gilborn, I'm the
13 Director of Social Services at the Family Center.
14 We have funding from both New York City Department
15 for the Aging and New York State OCFS to serve
16 grandparents and other relatives raising children.
17 We have comprehensive social and legal services
18 and we serve a diverse group of clients from a 20-
19 year-old who's just lost her mother who's caring
20 for younger siblings to an 86-year-old grandparent
21 and everything in between.

22 So my written testimony is a couple
23 just case scenarios, all of these are very recent,
24 within the last five months, just to let you all
25 know the issues that we're here today trying to

1
2 solve are still very much real issues, they have
3 not been solved yet, so we appreciate your
4 attention to that matter. I'm not going to repeat
5 those scenarios in terms of ACS and HRA.

6 But I do want to sort of highlight
7 a couple other conundrums that I feel like I could
8 use some help on. These are frail families and
9 the moments of transition are the hardest moments
10 for them. There are emotional issues and then
11 there's the practical issues, and so the young
12 woman who spoke before about her experience as a
13 working caregiver in the moment of crisis when the
14 child came into her care, really at risk of losing
15 her job, I think that transition of the child into
16 the home for people who are working is near
17 impossible. The fact that anybody can manage to
18 get through the court process and the public
19 assistance process without losing their job is a
20 miracle because they're extremely, extremely time
21 intensive, and these are people who are doing an
22 incredible service for a child and for all of us
23 taxpayers and anything we could do to facilitate
24 it, particularly for working grandparents would
25 make these arrangements much more viable. We have

the grandparents and other relatives who just say I can't do it, I'm going to lose my job and then I'm not going to be able to care for the kids, so I'm just not going to go through with it. So that's a huge problem for the younger caregivers and the working caregivers.

Another moment of transition, we recently had a client who was the kinship foster parent for several years, this one is in here, and she was moving towards guardianship, so she extracted herself from the child welfare system with their assistance and became the permanent guardian in June and then didn't apply for benefits right away because she worked part time and she had a partner who provided some income, but she quickly fell behind in her rent and, of course, then, when she went in to apply for HRA, she did get it without any problems, but she was already behind on her rent and couldn't get that back pay done. So that's a case when somebody is moving out of the foster care system, the City is no longer paying for that child and if there was a way for, as part of the permanency planning that ACS does to help transition that family into

public benefits, to expedite it so that she doesn't have to just start from scratch as soon as she gets that guardianship paper and extracts herself from the ACS relationship, that would have made that situation much easier.

And then the final conundrum is actually a client who I work with personally, she lives very nearby here in Mitchell-Lama Housing and she is the adoptive grandparent of two now-21 and 17-year-old kids, and he's about to turn 22, she's going to lose her adoption subsidy, couple years she'll lose the second adoption subsidy. She lives in an apartment that's a Mitchell-Lama apartment where her maintenance is under \$600, she has SCRIE, but as soon as she loses those subsidies, she won't be able to afford her rent. So she has reasonable, affordable safe housing, but she's built her life around the kids she's been raising for 17 years and so, as a result, as she approaches her 80s, her housing is going to be at risk simply because she has an apartment that could accommodate those two boys and, again, a very reasonable apartment. So I'd love someone to help me figure out what to do with that one.

CHAIRPERSON DE BLASIO: Oh--

MARYA GILBORN: Yeah.

CHAIRPERSON DE BLASIO: --okay, no, I want to just say you've raised some really important points. I want us to make sure that each agency that you list in here actually responds to the individual case if they haven't already, so I presume they haven't already.

MARYA GILBORN: Yes, no.

CHAIRPERSON DE BLASIO: And so Molly will work with you on that.

MARYA GILBORN: Great.

CHAIRPERSON DE BLASIO: But I think the core point about the fact that clearly we are not streamlining and making simple the benefits process, I think that's underlied everything we're talking about here, and I think the point about Family Court, which is something we've been working on for a while here. But that, once again, all roads lead to one of the essential problems underlying all of it and that's a big reform that needs to take place so we can start to solve these other problems.

MARYA GILBORN: Yep.

CHAIRPERSON DE BLASIO: Thank you.

Are you--

[Crosstalk]

MARYA GILBORN: Wait, I'm not done.

CHAIRPERSON DE BLASIO: Oh, Gale
has a question. You finish--

[Crosstalk]

CHAIRPERSON DE BLASIO: --real
quick and then Gale.

MARYA GILBORN: Okay. As I was
sitting here, several of the organizations that
are funded by OCFS are here, there are several
organizations here I think that have small grants
from the Brookdale Foundation--in my head trying
to total up how much money is funded to provide
services, both legal and social services, to help
grandparents to navigate these systems. I'm
guessing, and I would love to work with Beth and
others here to try and get you a number, I'm
guessing it's under \$2 million and we're talking
about 200,000 kids--that's \$10 a kid.

CHAIRPERSON DE BLASIO: Right.

MARYA GILBORN: There's only so
much we can do. So we have great services

represented in the room, but even if the systems worked as they should in terms of the public entitlement systems, grandparents need help navigating, there's language issues, there's cultural issues, and they need help.

CHAIRPERSON DE BLASIO: We got that, and I appreciate. Gale Brewer.

COUNCIL MEMBER BREWER: There's something small, and maybe it came up in some of the task forces, but just the hours of operation 'cause my experience with the person I know, he almost lost his job with the City also because he had to go to so many appointments and in many cases the kids have issues, so you're with the teachers and you're with the after school and the social worker and he almost lost his job.

So my question to you is, did you ever have as part of the discussions on this topic, that the hours of operation in order to deal with this families need to be something that a working family can deal with?

MARYA GILBORN: Yeah, I know that the food stamps office does have evening hours, I do not believe that public assistance has made

that an option. The idea with the family call centers which I don't think they called them earlier, but they alluded to that, the idea that there's going to be these specialized centers that are just for people receiving the Child Only Grant, that once you get in the door, then your recertification will be by phone, that's what they're telling us, but you still have to get to four or five different appointments to get in the door.

COUNCIL MEMBER BREWER: That was my experience.

MARYA GILBORN: Yeah.

COUNCIL MEMBER BREWER: Okay, thank you.

CHAIRPERSON DE BLASIO: Thank you very much. Thank you to this panel, we really appreciate it.

Okay, the next panel. Now I see we've gotten some written testimony from David Lansner [phonetic], I don't know if that means he's here still or not, and Caroline--

FEMALE VOICE: No.

CHAIRPERSON DE BLASIO: --he's

gone, Caroline Akubachek [phonetic].

COUNCIL MEMBER BREWER: His wife.

FEMALE VOICE: His wife.

CHAIRPERSON DE BLASIO: Okay. So we have this written testimony, it'll go into the record. And the other panelist is Betsy Guttmacher, I'm saying that right, from Legal Information for Families Today.

BETSY GUTTMACHER: You know, actually I'm just going to submit my written testimony because everything has been said so well.

CHAIRPERSON DE BLASIO: You are my hero.

BETSY GUTTMACHER: And I just want to thank you all for giving this attention and we just underscore everything in the report and particularly the access to representation for kin caregivers. They really--

CHAIRPERSON DE BLASIO: Thank you.

BETSY GUTTMACHER: --need better access to court appointed legal representation.

[Crosstalk]

CHAIRPERSON DE BLASIO: Thank you.

FEMALE VOICE: I just have one question.

CHAIRPERSON DE BLASIO: Now you have to sit in, hold on now.

BETSY GUTTMACHER: I almost did--
[Crosstalk]

CHAIRPERSON DE BLASIO: Tish James, you were very kind. Betsy, I think you're a wonderful person, but now you have to introduce yourself, just say your name and your affiliation.

BETSY GUTTMACHER: I almost did it. Betsy Guttmacher with LIFT, Legal Information for Families Today.

CHAIRPERSON DE BLASIO: Thank you. Tish James.

COUNCIL MEMBER JAMES: So the legal representation question, does the courts provide legal representation for those in formal kinship relationships or for those who are in private? Isn't there a distinction?

BETSY GUTTMACHER: There is, and the issue really boils down to the fact that when a grandparent or other caregiver wants custody or visitation and starts the petition process, their

own child or daughter-in-law, son-in-law--

COUNCIL MEMBER JAMES: Right.

BETSY GUTTMACHER: --will
automatically get an attorney--

COUNCIL MEMBER JAMES: Yes.

BETSY GUTTMACHER: --if they can't
afford one, and that caregiver, that grandparent
does not have that option in almost every case.
And so they're at this incredible disadvantage
because, not only are they dealing with the
confusing processes, everything you've heard about
today in terms of access to information and
knowing their rights, but then they've got the
intimidating factor of an attorney that's
representing often an estranged family member.

And what we see at LIFT, because we
are all about empowering people with the knowledge
and the tools that they need to self-represent,
for the kinship caregivers that we serve, we see
folks backing away from person in custody and
visitation when they have a great relationship
with their grandchild or their relative.

COUNCIL MEMBER JAMES: Right.

BETSY GUTTMACHER: And we see this

intimidation factor leading folks to maybe not go through that formal process when, in fact, they should be and can be this really strengthening ongoing supportive presence in their grandchild or relative's life, then they've already got that connection, but then it gets--

[Crosstalk]

COUNCIL MEMBER JAMES:

[Interposing] Right, is there a piece of legislation pending in Albany?

[Crosstalk]

BETSY GUTTMACHER: No, let's put pie in the sky ideas out here and how about an amendment to the Family Court Act--

COUNCIL MEMBER JAMES: Right.

BETSY GUTTMACHER: --that does give grandparents that right, and that's one thing we just want to throw out there, something to think about.

COUNCIL MEMBER JAMES: But I thought there was one pending.

BETSY GUTTMACHER: I started this job last week and there may be and I will find that out for you.

COUNCIL MEMBER JAMES: There is,
I've been working on this issue for 20 years,
there is.

BETSY GUTTMACHER: All right, well
we have our written testimony and--

COUNCIL MEMBER JAMES:
[Interposing] This is a piece of legislation that
Council Member Al Vann started when I was his
counsel 15 years ago. It's an issue that I've
been focusing on for a long time. Yeah.

BETSY GUTTMACHER: So we just want
to push, again, to thank you all for the generous
support to LIFT and other agencies that are trying
to provide those services and get at more
representation, that's our key message today.

CHAIRPERSON DE BLASIO: Thank you
very, very much. Much appreciated.

Okay, now public testimony, here's
a reminder up front, this has been the consistent
tradition of our Committee, two minutes per
witness and it is timed on the clock, is our clock
working?

[Off mic]

CHAIRPERSON DE BLASIO: Our clock

1 COMMITTEE ON AGING WITH GENERAL WELFARE 152

2 is about to work, okay. So we're going to call up

3 the first--how many chairs we have--four people.

4 Jacquelyn McDuffy [phonetic], Susannah Cooper or

5 Susannah Cooper-John [phonetic], Remis Jassen

6 [phonetic], and Catherine Martinez.

7 COUNCIL MEMBER JAMES: Mothers who

8 are Mothers Again, that was the name of the

9 program.

10 CHAIRPERSON DE BLASIO: Okay. Come

11 up.

12 [Crosstalk]

13 COUNCIL MEMBER JAMES: --that,

14 Gale?

15 CHAIRPERSON DE BLASIO: Say again?

16 FEMALE VOICE: The last two are

17 both [off mic].

18 CHAIRPERSON DE BLASIO: They're

19 gone? Okay, so Jacquelyn's here?

20 MALE VOICE: No, Susannah--

21 [Crosstalk]

22 CHAIRPERSON DE BLASIO: I'm sorry,

23 Susannah is here. Jacquelyn's here?

24 MALE VOICE: Yes.

25 CHAIRPERSON DE BLASIO: Jacquelyn

1 COMMITTEE ON AGING WITH GENERAL WELFARE 153

2 McDuffy, last call.

3 [Off mic]

4 CHAIRPERSON DE BLASIO: Okay,

5 Susannah's here, Diane Willis. Yes, no? Diane

6 Willis?

7 COUNCIL MEMBER JAMES: She's here.

8 CHAIRPERSON DE BLASIO: Yes, she

9 is, okay. Sheryl King Lawson, Sheryl King Lawson-

10 -

11 [Crosstalk]

12 FEMALE VOICE: --here.

13 CHAIRPERSON DE BLASIO: --is coming

14 up, okay.

15 FEMALE VOICE: Come on, Sheryl.

16 CHAIRPERSON DE BLASIO: Sam Kedem,

17 Sam Kedem, come on up.

18 And while they're coming up, I

19 would note we have for the record, we mentioned

20 her name earlier, Muriel Baptiste, we have her

21 written testimony for the record.

22 [Off mic]

23 CHAIRPERSON DE BLASIO: And is that

24 entire group or others?

25 FEMALE VOICE: That's it.

CHAIRPERSON DE BLASIO: That's it, okay. Excellent, and we welcome, so now we're going to do two minutes per person.

[Off mic]

CHAIRPERSON DE BLASIO: Excluding questions. And just so everyone knows, your clock is up there and we welcome your testimony, if you have written testimony, we will take that as well. Who would like to go first?

SUSANNAH COOPER-JOHN: I would like to go.

CHAIRPERSON DE BLASIO: Get your microphone though so everyone will hear you and it will go into the record, and we welcome you.

SUSANNAH COOPER-JOHN: Good afternoon to the panel, my name is Susannah Cooper-John and I live in Brooklyn and I'm a grandmother raising my two grandchildren and I'm glad to see Ms. Letitia James because nobody else from Brooklyn is here.

My whole issue is--

[Crosstalk]

CHAIRPERSON DE BLASIO:
[Interposing] I don't know about that, but go

ahead.

SUSANNAH COOPER-JOHN: Oh, I'm
sorry, I'm--

[Crosstalk]

CHAIRPERSON DE BLASIO: All right,

SUSANNAH COOPER-JOHN: But I
haven't called your office for any--

[Crosstalk]

CHAIRPERSON DE BLASIO:

[Interposing] All right, that's fair, that's fair.

SUSANNAH COOPER-JOHN: --but this
is just--I just want to show this, this is my
evidence that ACS needs to step their game up.
Because of the fact that I'm raising my two
grandkids, their mother passed away last year and
I've severed my relationship with my father
because he was like, just put them in the system
and forget about it. And every month, this comes
from my son that has a child he has custody of and
the mother, every month, she calls ACS and make
bogus complaints and I've called numerous people,
Council people and asked for help and nobody's
like, oh, it's too bad, you just got to deal with
it, and it's a lot, it's really a lot 'cause it's

gotten to the point where my husband's like,
listen, let's just pack up and go back where we
came from because New York City doesn't give a
damn. And I'm tired, it's sucking the life from
me.

I went to the social service
centers for help, the case worker said I'm tired
of you people coming in here and want hand-outs,
get up off your lazy butt and go to work. I was
working, I got injured on my job, I can't lift
anymore, I can't walk but so far, but I will die
for my children and my grandchildren, I'm not
going to give up. But if it takes for me to have
to leave New York City to take care of them, I
will do that. But I'm just asking, Mr. Gonzalez,
you need to step your game up with your
supervisors and your case workers 'cause I've had
case workers come to me and tell me the same
thing, just do what you got to do to take care of
these kids and I don't think that's right.

And that's it, that's all I have to
say.

[Off mic]

SUSANNAH COOPER-JOHN: These are

ACS letters that say unfounded cases.

[Off mic]

SUSANNAH COOPER-JOHN: That I have to go take drug tests, that I don't take drugs, my husband doesn't take drugs, he's a hard working man.

COUNCIL MEMBER JAMES: So they're calls to the hotline and they found that it was just bogus.

SUSANNAH COOPER-JOHN: Yes.

CHAIRPERSON DE BLASIO: There's a lot troubling here, especially the notion of any case worker not being respectful and helpful to someone. So I'd like to have our Committee Counsel, Molly Murphy, follow-up with you to see if we can help beyond the larger questions that you're raising, and I appreciate your point that this is happening to a lot of people, but in your case, because you're doing the right thing and we don't want good people leaving New York City 'cause they can't get the support they need, if we can help in terms of dealing with ACS, we're very happy to.

SUSANNAH COOPER-JOHN: Thank you.

CHAIRPERSON DE BLASIO: Who would like to go next? Okay. Oh, I'm sorry, let me also say we have one more person who signed up for a public testimony, Diane Nik Feldman [phonetic] and if she'd like to come up and join as well, I think there's one more chair, you can come on up. Go ahead, thank you.

DIANE WILLIS: Okay. I hope I can get this in in two minutes, so don't start the clock yet.

CHAIRPERSON DE BLASIO: You can introduce yourself, introduce yourself and then we'll start the clock.

DIANE WILLIS: Okay.

COUNCIL MEMBER JAMES: If I was you, Mr. Chairman, I wouldn't mess with this--

[Laughter]

DIANE WILLIS: Okay. My name is Diane Willis and I am a grandparent, I'm not going to call it kinship--I'm a grandparent, okay--that has legal custody of my grandchild.

Like the woman who came up earlier, I am also or have been, my experience has been as an executive in the social services context and so

I thought I understood and knew how to navigate the social service infrastructure, both at the community organizational level, as well as at the government level, but it was a total nightmare gaining custody of my grandchild and continues to be a nightmare in terms of how the systems are set up to serve individuals like myself.

I want to start with the issues that I think are crucial and you touched upon it, Mr. de Blasio, and I'm sorry grateful to hear it, at least the thinking is there, and that is a one-stop shop to address this issue because what I find is there's a total disconnect amongst the systems, between the agencies and as they relate to the community, as well as a total disconnect between policy and practice. Okay? So there's lots of good policies, as we heard from the panel, but at the practice level, it's not happening.

The other key piece too is that there are others that need to be at the table-- Housing, Departments of Education, all of these 'cause no one talks to one another and people consistently fall through the cracks.

You talked about the Public

Advocate's office, I reached out to them, again the systems are in place, but they're not followed through. I'm currently, and this is since September 2007, waiting for an answer from the Public Advocate's office, waiting for an answer from the Commissioner of ACS, waiting for an answer from the Department of Housing Preservation and Development so you could get a sense of what my issues are. And ACS I battled in court and created, what do you call it, a groundwork or whatever, a foundation for cases that are going to come.

So the idea of this collaborative effort has to be tantamount. How issues that pertain to my particular situation will be addressed, I don't know, 'cause, like I said, I'm still waiting to hear from these agencies. What happens is there's a punitive approach to complaining, okay, versus an effort and there's also a family disintegration approach to service that, if I'm not a person falling apart at the seams who has a public assistance case and maybe a GED or a high school--you know, then you're not willing to work with me or communicate with me

because it seems like someone like myself is not considered to need help.

CHAIRPERSON DE BLASIO:

[Interposing] So we're saying very clear--

DIANE WILLIS: So--

CHAIRPERSON DE BLASIO: --there's not a customer service model here--

DIANE WILLIS: No.

CHAIRPERSON DE BLASIO: --but I'm going to be consistent on time, I need you to hit your final point and wrap up.

DIANE WILLIS: Well what I'd like to do is have an avenue to communicate those issues, I've already communicated that I'm waiting to hear from, I mentioned Department of Housing Preservation and Development, I mentioned ACS, and I mentioned the Public Advocate's office, in addition to my Council person, Melissa Mark-Viverito, and my senator, Jose Serrano, that I've sent this same communication to.

CHAIRPERSON DE BLASIO:

[Interposing] We will happily, in all those instances, we, through counsel, we will happily help you get the attention on this you deserve.

DIANE WILLIS: And to sum it up as far as the larger picture is what I'm saying the idea of a one-stop--

CHAIRPERSON DE BLASIO: Yep.

DIANE WILLIS: --shop is really crucial at all levels, not just the agency level, but also the community organization level as well.

CHAIRPERSON DE BLASIO: I appreciate it, thank you.

Good afternoon.

SHERYL KING LAWSON: Good afternoon. My name is Sheryl--

[Crosstalk]

CHAIRPERSON DE BLASIO: [Interposing] Now bring the microphone over so you can get fully heard.

SHERYL KING LAWSON: --and I am a grandmother who is taking care of my grandkids and we're in foster kinship and it has been hell, it has been a nightmare. And I've been through this since January of '06 and I'm still back and forth to court and fighting the system, trying to keep my grandkids safe. And the agency, it's like I'm the bad guy, like I'm the one who's done something

wrong.

And they're mad because I speak up for my grandkids, I'm their advocate and I'm going to make sure that they're safe. And I've been fighting, I've been fighting, my daughter doesn't want them, she's told the court she doesn't want them, they've sent us here, they've sent us there. They test you know on and on and on, a forensic psychologist, he came back with a 150-page report saying that they should not be returned to her and they've asked me, well do you want to adopt them? Yes, we want to, then fingerprinted, this process is supposed to be done as of January or December and then the worker come to me last week telling me, oh your daughter said she's not going to sign. Then they say, oh well, because your case was transferred from one agency that was closed down to another so now we have to start over because the progress notes that we have, they don't suffice. Well my grandkids didn't just get in foster care, they've been in it two and a half years, two years and seven months to be exact.

And something has to be done, these people are like insensitive. These little kids,

1 they don't deserve that, they deserve to be little
2 kids, to have a life, and why can't we give them
3 that? Why can't we give them that? Why can't we
4 do what's best for them? What's in the best
5 interest of the children and not the parents.
6 Because they have this mode, this tunnel vision,
7 return to parents, return to parents, that is not
8 always in the best interests of the children. And
9 in my case, it's not, because the same problems
10 that was there when they were removed, the same
11 problems exist today, and they cannot go back, and
12 I will fight with my last breath that they won't
13 go back [off mic].

14
15 COUNCIL MEMBER JAMES: I know you
16 will.

17 SHERYL KING LAWSON: That they
18 won't go back.

19 COUNCIL MEMBER JAMES: Are they
20 terminating the parents' rights? Are you in that
21 process? No?

22 SHERYL KING LAWSON: No, we're back
23 in court November 16th.

24 CHAIRPERSON DE BLASIO: Thank you
25 very much, and it's hard to imagine.

SHERYL KING LAWSON: It's hard to imagine and it makes no sense.

CHAIRPERSON DE BLASIO: Yeah.

SHERYL KING LAWSON: So I really think that we should put something in place that safeguards the children, it's about them.

CHAIRPERSON DE BLASIO: Right, but part of this also I think, and this is why we're very appreciative of all the advocates who suggested doing this hearing, is to validate the notion that, in many cases, there's another person in the child's life who's ready to be the parent they didn't have.

[Crosstalk]

SHERYL KING LAWSON: [Interposing] --stepped out.

CHAIRPERSON DE BLASIO: You know, who's ready to be that person for them.

SHERYL KING LAWSON: [Interposing] I didn't want to start raising kids at my age--

CHAIRPERSON DE BLASIO: Right.

SHERYL KING LAWSON: --but I have to.

CHAIRPERSON DE BLASIO: Right.

COUNCIL MEMBER JAMES: Right.

SHERYL KING LAWSON: I have to do it.

CHAIRPERSON DE BLASIO: And that proves you're the right person. Thank you.

SHERYL KING LAWSON: Thank you.

CHAIRPERSON DE BLASIO: Okay.

[Off mic]

CHAIRPERSON DE BLASIO: Who would like--we have Sam and we have Diane.

DIANE NIK FELDMAN: Hello and thank you for giving me a moment. I guess it almost seems like I'm an aberration in that the system worked for me.

In June 2006, I got a phone call at 3 o'clock in the morning from St. Luke's Emergency Room and a doctor asking me if I knew where my grandson was, he's age 11. And she further explained she was treating my daughter and my son-in-law after strong evidence of domestic violence and substance abuse. I replied that he was safe, that he was with me--I'm sorry.

[Off mic]

DIANE NIK FELDMAN: The doctor

1
2 advised me that she was going to make a report of
3 this dangerous situation for Evan to ACS because
4 in our conversation I revealed I didn't have legal
5 custody. I was grateful, I needed help to get him
6 and I thought that that would be a good way to go.
7 And he had been with me for over a month or so
8 because I had seen the neglect and he was
9 unsupervised, he was failing in school, and I had
10 a window of opportunity to bring him into my home
11 and keep him there and I grabbed that opportunity.

12 But later that morning I called ACS
13 and a miracle occurred, I got this wonderful woman
14 who had a wonderful warm voice and I told her of
15 my predicament and she must have heard the tears
16 in my voice because she said get out a pencil, you
17 really should have legal custody to make health
18 and educational, other important decisions for
19 that child. She had me write down a comprehensive
20 list of contacts that would prove to change our
21 lives from chaos and uncertainty and, certainly
22 for Evan, for order and predictability.

23 Our journey to custody, we were
24 helped every step of the way starting with the
25 Family Center, that was the first number she gave

me and they helped us and we were able to get an excellent attorney to petition for custody and to navigate--that great word--of the legal matters, all those matters, and also they gave us family counselors who provided effective guidance, support for our new family unit. The ACS case workers came to us, were polite, reassuringly, and checking all of our backgrounds, the parents and ours going back 30 years on us to make sure that Evan was going to be in a safe home environment for the future.

The Family Court and wise judge appointed a guardian attorney for Evan to assure his interest, awarded us permanent custody of Evan and provided a fair-minded visitation agreement for his parents, who eventually and in and out of recovery, but from time to time make an effort.

The Social Security office helped us obtain for Evan his rightful dependence share of his father's disability check and the Medicaid office who processed our application for Evan's insurance, they had a busy office, a long waiting line, but they proved fruitful, I met with kind and knowledgeable people and obtained good

insurance for him. And they remained helpful, at the end of the phone sometimes I'd call and looking for specialists when he needs them for a recent little football injury.

Today, Evan is a happy, thriving honor student and freshman football player at Xavier High School and we are all in our family grateful for the help we received to rescue this deserving boy.

And thank you for your time to hear that.

CHAIRPERSON DE BLASIO: Thank you. No, and thank you for what you did. Again, I say to all the individuals that we've seen today who stepped up, thank you, you know, this is something I think we heard a little bit from the City representatives, understanding that the City depends on people being not just good citizens, but also good family members and what we need to do is support it more.

I'm glad you had a good experience 'cause it proves it can be done.

DIANE NIK FELDMAN: But the Family Center was the key for us, they were really the

1 keystone in my success story here. And at that
2 Family Center, I go for a grandparent support
3 meetings and I have to tell you, like this last
4 lovely woman who spoke, most grandparents really
5 want to help. And I think the foster care system
6 would be greatly diminished if there was a system
7 in place to help willing grandparents support and
8 take care of children in need and the numbers are
9 there to show you, there is a great need.

11 CHAIRPERSON DE BLASIO: No, that's
12 right. I'm glad you had a good experience, also,
13 'cause it proves that it can be done, we're
14 obviously not hearing enough of these examples,
15 we're hearing too many of the wrong examples, but
16 the good news is what you're saying is this is how
17 it's supposed to be--

18 DIANE NIK FELDMAN: Right.

19 CHAIRPERSON DE BLASIO: --and now
20 we have to make sure that--

21 DIANE NIK FELDMAN: [Interposing]
22 Well the Family Center--

23 [Crosstalk]

24 CHAIRPERSON DE BLASIO: --and we
25 have to make sure it happens for everyone now.

DIANE NIK FELDMAN: Right.

CHAIRPERSON DE BLASIO: Thank you very much.

Okay, our last testimony is from Sam Kedem. Welcome.

SAM KEDEM: Hello. I'm just a case manager, a family counselor with a small social services agency. Beatrice and I, we go out to Job Center with clients at least once a week, different case load, different locations.

I just want to say that every week we help a client apply for a Child Only Grant and every week we get rejected. So that 8% that they mentioned earlier, 8% of families who are eligible are receiving the Child Only Grant statewide, that's not due to a mistake, that's not due to some confusion in the names--Kinship Caregiver Grant, Child Only Grant--that is due to flat-out rejection and if you guys are capable of fixing that, I'd greatly appreciate it.

CHAIRPERSON DE BLASIO: You're saying rejection because--

SAM KEDEM: Because--

CHAIRPERSON DE BLASIO: --the

system's not trying to help people or because the rules are wrong?

SAM KEDEM: HRA is not aware, the state tells the families, the kinship guardians, that, hey, you're eligible for this--

COUNCIL MEMBER JAMES: Right.

SAM KEDEM: --the City tells them, hey, you're eligible for this. When they come to us for social services or at an AARP--thank you, AARP--they say, hey, you're eligible for this, so we all get together, we say that's wonderful, we help you fill out applications, we go to the office, they don't even allow take our application, they won't even allow that. It's not a sense of confusion, it is flat-out rejection.

If I go to McDonald's, I'm going to get my food, they might be slow, they might be rude--

CHAIRPERSON DE BLASIO: Right.

SAM KEDEM: --but I'm going to get my food.

CHAIRPERSON DE BLASIO: Right.

SAM KEDEM: They don't even give anything, they just reject them and belittle them

2 on the way out. So--

3 CHAIRPERSON DE BLASIO:

4 [Interposing] Tish James.

5 [Off mic]

6 COUNCIL MEMBER JAMES: So is there
7 an appeal process? Can you challenge the
8 decision?

9 SAM KEDEM: You have to submit an
10 application to get an appeal. Family Center's
11 good at that, if you get--you know, there's a fair
12 hearing process.

13 COUNCIL MEMBER JAMES: Yeah.

14 SAM KEDEM: But they got to accept
15 your application to get an appeal.

16 COUNCIL MEMBER JAMES:
17 [Interposing] Do they give you a reason or a basis
18 for the rejection?

19 SAM KEDEM: They said there's no
20 such thing as what you're applying for, you're
21 making money, and you guys have all heard that the
22 Child Only Grant is based on the income of the
23 child, not the parent--

24 COUNCIL MEMBER JAMES: Right,
25 right.

SAM KEDEM: --so that should not be an issue, but apparently that wasn't made aware to the HRA workers.

CHAIRPERSON DE BLASIO: Gale Brewer.

COUNCIL MEMBER BREWER: Do you have this problem in all five boroughs? Is it a particular--

SAM KEDEM: Yes.

COUNCIL MEMBER BREWER: --office? So it really doesn't matter which borough.

SAM KEDEM: Yes. Well in all fairness I've never--

COUNCIL MEMBER BREWER: [Interposing] Staten Island--

[Off mic]

SAM KEDEM: Yeah.

COUNCIL MEMBER BREWER: 'Cause I'm just--

SAM KEDEM: Yes, you're right.

COUNCIL MEMBER BREWER: --saying that in all the--that's the usual refrain, but the fact of the matter is, in all four other boroughs.

SAM KEDEM: Not only in all four

2 boroughs, but I believe, between Beatrice and I,
3 we've covered every single office, every single
4 Job Center.

5 COUNCIL MEMBER BREWER: Okay.
6 Thank you.

7 COUNCIL MEMBER JAMES: And just one
8 follow up on that--

9 [Crosstalk]

10 COUNCIL MEMBER JAMES: --do you
11 have a list of the applicants who have been
12 rejected?

13 SAM KEDEM: Yep, absolutely.

14 COUNCIL MEMBER JAMES: You do.

15 SAM KEDEM: Oh yeah.

16 COUNCIL MEMBER JAMES: Could you
17 provide that to Council so we could follow-up?

18 SAM KEDEM: Sure, sure.

19 COUNCIL MEMBER JAMES: I personally
20 would like to take that list and have a
21 conversation with a representative from HRA so
22 they can explain each and every one.

23 SAM KEDEM: Okay. Well thanks to
24 the new advertisement, we have a list of new
25 clients who are potentially going to get rejected

in the next few weeks.

COUNCIL MEMBER JAMES: Whatever
information you want--

SAM KEDEM: If you want that, too.

COUNCIL MEMBER JAMES: --just
submit it.

SAM KEDDEM: Okay.

CHAIRPERSON DE BLASIO: Thank you,
thank you very much for your testimony. Want to
thank everyone who's been here for the hearing,
thank you for the good work you do and for helping
to get this issue the attention it deserves and we
look forward to following up with individuals and
with advocates to continue to move forward on this
issue.

This joint hearing of the General
Welfare Committee and the Committee on Aging is
now adjourned.

C E R T I F I C A T E

I, Tammy Wittman, certify that the foregoing transcript is a true and accurate record of the proceedings. I further certify that I am not related to any of the parties to this action by blood or marriage, and that I am in no way interested in the outcome of this matter.

Signature Tammy Wittman

Date November 11, 2009