

COMMITTEE ON AGING

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CITY COUNCIL
CITY OF NEW YORK

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TRANSCRIPT OF THE MINUTES

of the

COMMITTEE ON AGING

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Date: Tuesday, February 25, 2025

Start: 1:05 p.m.

Recess: 2:36 p.m.

HELD AT: Committee Room - City Hall

B E F O R E: Hon. Crystal Hudson, Chair

COUNCIL MEMBERS:

Chris Banks

Linda Lee

Darlene Mealy

Yusef Salaam

Lynn C. Schulman

Susan Zhuang

COMMITTEE ON AGING
A P P E A R A N C E S

Lorraine Cortes-Vazquez,
Commissioner the New York City Department for the
Aging (NYC Aging)

Stephanie Gendell,
Deputy Commissioner for External Affairs at the
New York City Administration for Children's
Services (ACS)

Benjamin Treiber,
The Harry and Jeanette Weinberg Center for Elder
Justice

Bryan Ellicott-Cook,
Director Government Relations at SAGE

Mahathi Yerra,
Staff Attorney, Elder Law Unit
Civil Practice The Legal Aid Society

Justine Tetteh,
Director of Policy and Advocacy at Lenox Hill
Neighborhood House

Sharon Brown, self

Carole Cox, MSW, Ph.D,
Professor of Social Work at Fordham University
Graduate School of Social Service

COMMITTEE ON AGING
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1
2 SERGEANT LUGO: Good afternoon, this is a
3 microphone check for the Committee on Aging. Today's
4 date is February 25, 2025- located in the Committee
5 Room. This recording is done by Pedro Lugo.

6 (PAUSE)

7 SERGEANT AT ARMS: Good afternoon, and welcome to
8 the New York City Council Hearing of the Committee on
9 Aging. At this time, can everybody please place
10 silence your cell phones.

11 If you wish to testify, please go to the back of
12 the room to fill out a testimony slip.

13 At this time, and going forward, no one is to
14 approach the dais. I repeat, no one is to approach
15 the dais.

16 Chair, we are ready to begin.

17 CHAIRPERSON HUDSON: Thank you so much and good
18 afternoon everyone. I'm council member Crystal
19 Hudson, chair of the Committee on Aging. My pronouns
20 are she/her, and I'd like to welcome you all to
21 today's oversight hearing Older Adult Kinship
22 Caregiving Resources and Introduction Number 1184,
23 which would establish a program to support older
24 adults providing kinship care within the Department
25 for the Aging or NYC Aging.

1
2 We are joined here by Council Member Salaam and
3 Council Member Schulman.

4 Across The United States, one in 11 children will
5 live in kinship care at some point during childhood,
6 a figure that rises to one in five for Black
7 children. In New York State, there are an estimated
8 179,000 kinship caregivers, 131,000 one thousand of
9 whom are older adults.

10 As of mid 2024, more than 7,700 New York City
11 children were placed in foster care with over 3,100
12 living in the home of an approved relative. These
13 caregivers, the majority of whom are older adults,
14 step into a crucial role often due to circumstances
15 such as parental death, abuse, incarceration, or
16 mental health issues.

17 According to NYC Aging, many older adult
18 caregivers in NYC provide at least 30 hours of care
19 each week and may work additional jobs to provide for
20 non biological children in kinship care.

21 Studies consistently show that children in
22 kinship care experience better behavioral and mental
23 health outcomes than those placed in foster care with
24 nonrelatives. They benefit from maintaining familial
25 relationships, preserving their cultural identity,

1
2 and having a stronger bridge into adulthood, all of
3 which can result in significantly better life
4 outcomes.

5 And for older adults, raising grandchildren or
6 other young relatives can bring feelings of
7 satisfaction, pride, and significance.

8 Yet for the older adults who do step up to
9 provide this care, often unexpectedly, there can be
10 significant financial, legal, and social challenges.
11 Many live on fixed incomes, must navigate complex
12 guardianship or custody processes, and often juggle
13 health care needs of their own while caring for a
14 child.

15 While NYC Aging's Grandparent Resource Center, or
16 GRC, once offered a centralized source of support for
17 these caregivers, its closure has left older adults
18 struggling to find the same level of specialized
19 assistance at the local level.

20 The GRC services including workshops, case
21 management, and referrals, were vital for navigating
22 the complex legal and financial landscape of kinship
23 care.

24 Now these services are decentralized and spread
25 across multiple agencies and community based

1 organizations, which has led to confusion and
2 fragmentation for caregivers who once relied on GRC
3 staff expertise.
4

5 Both my office and the Committee have heard from
6 caregivers and advocates that this shift has led to
7 continued gaps in both services and support,
8 particularly in terms of outreach and communication
9 with those most in need.

10 As we convene today, we will examine whether
11 older adult kinship caregivers are truly being served
12 under this decentralized model and how best to fill
13 any gaps that may exist.

14 We will also discuss Intro Number 1184, sponsored
15 by myself, which would require NYC Aging to create a
16 kinship care program that would support older adults
17 who provide full time care for someone who is not
18 their biological child.

19 At a minimum, the program would provide case
20 assistance and workshops on issues related to kinship
21 caregiving, and it would require NYC Aging to provide
22 written materials about the kinship care program to
23 older adult centers and to provide in person
24 information sessions at OACs.
25

1
2 This hearing is an opportunity to gather insight,
3 share lived experiences, and consider actionable
4 steps to strengthen the City's support for older
5 kinship caregivers and the children they are raising.

6 We should do all we can to support kinship
7 families. By supporting them, we are building
8 happier, healthier, and more cohesive communities.

9 Thank you to the representatives from the
10 Administration who will be testifying today.

11 I also want to thank my colleagues on the
12 Committee on Aging as well as Council Member Lee,
13 who's also joined us.

14 I would also like to thank my staff, Andrew
15 Wright, and Aging Committee staff, Christopher Pepe,
16 Chloë Rivera, and Saiyemul Hamid.

17 I'll now turn it over to the committee counsel to
18 administer the oath to the Administration.

19 COMMITTEE COUNSEL: Thank you, Chair. Good
20 afternoon, now in accordance with the rules of the
21 Council, I will administer the affirmation to the
22 witnesses from the mayoral administration.

23 If you could both please raise your right hand?
24 Do you affirm to tell the truth, the whole truth, and
25 nothing but the truth in your testimony before this

1
2 committee, and to respond honestly to council member
3 questions?

4 Commissioner?

5 COMMISSIONER CORTÉS-VAZQUEZ: (UN-MIC'D) I do.

6 Deputy Commissioner?

7 DEPUTY COMMISSIONER GENDELL: (UN-MIC'D) I do.

8 COMMITTEE COUNSEL: You may proceed.

9 COMMISSIONER CORTÉS-VAZQUEZ: So, good afternoon,
10 I'm not sure if I like afternoon hearings or morning
11 hearings more.

12 (LAUGHTER)

13 COMMISSIONER CORTÉS-VAZQUEZ: Well, do I like
14 hearings? But, anyway, good afternoon, Chair Hudson
15 and members of the New York City Council Committee on
16 Aging. As you know, I am Lorraine Cortes-Vazquez,
17 Commissioner the New York City Department for the
18 Aging as we now call it NYC Aging. I appreciate,
19 totally the opportunity to testify before you today
20 regarding resources for older adult kinship
21 caregivers and the NYC Aging's caregiving program
22 overall. t is something that is very dear and very
23 personal to me.

24 Kinship caregivers play a vital role in
25 supporting New York City families and—like older

1
2 adults across the five boroughs. And it's something
3 that you said, Madam Chair, they are... it is
4 vitalizing and really enriching experience, although
5 it is a financial drain, but I'll get to that later
6 on.

7 Like older adults across the five cities, I mean,
8 five boroughs, they pour into the communities where
9 they live by growing with young people into vital
10 members of society. And this is to be expected as the
11 share of older New Yorkers continues to grow as a
12 proportion of the population.

13 Because of the direct connection this form of
14 caregiving has with New Yorkers under the age of 18,
15 I am pleased to be joined today by my colleagues from
16 the Administration for Children's Services, I think
17 it's called New York City Children now, think, who is
18 also available to share information about the support
19 that ACS provides to caregivers, including kinship
20 caregivers.

21 As I have said time and again, caregiving is a
22 vital component of NYC's aging care plan and is
23 fundamental to shaping and building an age inclusive
24 city. Our city is home to over one million unpaid
25 caregivers who serve a range of New Yorkers from

1
2 fellow older adults to those with disability and, of
3 course, New Yorkers under the age of 18.

4 I know this experience firsthand, as I know you
5 know this experience firsthand, Madam Chair, and have
6 therefore said before, not only am I the
7 commissioner, I'm also a client.

8 As I've watched my mother's aging experience in
9 my role as commissioner, I've learned the challenges
10 in navigating the systems even as the executive head
11 of the largest area agency on aging. That can only be
12 maximized when experienced by a person who is not
13 familiar with aging resources.

14 Families and caregivers ask, "Where do I begin?"
15 And they are frequently unaware of how to find help
16 through city services. It is incumbent on New York
17 City Aging to ensure that they have the resources
18 they need and the information they need to address
19 their loved one's situation.

20 I look to the City Council's partnership as we
21 address the expanding number of older adults in New
22 York City navigate disjointed services which our
23 caregiver program works to make clear for caregivers.

24 This also applies to the kinship caregiver who
25 are providing care to younger members of their

1 family, including their grandchildren or their
2 godchildren. And we are committed to connecting these
3 older adults to the best possible services and
4 resources and supports that they need.
5

6 The actions surrounding caregiving for another
7 person from cooking, cleaning, providing support in
8 the home, errands, bathing, and other aspects of
9 daily living add stress to an individual's life— in
10 addition to their professional or outside
11 responsibilities or their family responsibilities—
12 and make supporting these New Yorkers a priority for
13 New York City Aging.

14 We know that the share of older adults in New
15 York City will continue to grow in the coming decades
16 and so will the number of those caring for others
17 including minors and young people.

18 NYC Aging's caregiving program provides community
19 based support such as information and referral, long
20 term care planning, counseling and support, as well
21 as respite care, and financial assistance for some
22 types of assisted devices.

23 I am extremely proud of the work that the
24 caregiver program at NYC Aging does for older adults
25 and their family and loved ones, but also recognize

1
2 that our work grows in proportion to the number of
3 older adults in the city. This is only possible
4 because a network of committed community service
5 providers are the ones that actually deliver the
6 service.

7 In response to Local Law 97 of 2016, NYC Aging
8 conducted a survey in partnership with ACS and the
9 Mayor's Office of People With Disability, of unpaid
10 and informal family caregivers in order to create a
11 comprehensive plan to address their needs. This was
12 the first survey of its kind in New York City to
13 explore the needs of unpaid caregiver rather than
14 those of the professional paid home care worker.

15 The target population for this survey were
16 caregivers for an individual 60 years of age or
17 older, including those with Alzheimer's or a related
18 dementia, persons caring for individuals with
19 disabilities between ages 18 and 59, and kinship
20 caregivers, grandparents or older relatives caring
21 for children under the age of 18. The results of this
22 survey had helped NYC Aging develop innovations
23 within the caregiving program based on three key
24 findings: the overarching need for respite care,
25 caregiver's needs for additional information and

1
2 resources, and transportation resources as part of
3 their caregiving responsibilities.

4 Contracted caregiver providers serve older adults
5 and their caregivers through vital in person services
6 such as support groups, training, connections to many
7 services available to them as part of their
8 caregiving responsibility. We help them with
9 techniques and best practices, access to respite care
10 and other resources to alleviate the rest, the stress
11 of caregiving.

12 Regardless of the age of the caregiver, a
13 caregiver will attend to the daily needs of another
14 person whether that is physical, emotional or
15 financial support for a family member, partner, or
16 close friend. More than 5,000 New Yorkers are served
17 annually by our caregiving program through the
18 network of 12 community based community based service
19 providers.

20 Older adults caring for children or minors fall
21 into a specific demographic served by NYC Aging.
22 During the 2017 Unpaid Caregivers Survey, NYC Aging
23 learned key points about this group which have
24 defined the way we connect them to services and
25 resources. Overall, kinship caregivers are

1
2 predominantly women, more than half were Black Non-
3 Hispanic older adults, and more than 60 percent were
4 over the age of 65. While all caregivers generally
5 spend time providing personal care to the care
6 receiver, because of the nature of caring for minors,
7 at the time of the survey, 64 percent of older adult
8 kinship caregivers reported spending more than 40
9 hours per week of personal care. This demographic
10 needed assistance in accessing information and
11 services available to assist them in obtaining
12 benefits and financial assistance, services to offer
13 respite care, and legal services. In the years since
14 this survey and the subsequent progress reports and
15 updates we have provided Council, NYC Aging has
16 refined and developed a growing caregiving program to
17 serve older adults.

18 In New York State, as our chair indicated, one in
19 11 children will live in a kinship caregiving home
20 where they are living with a relative who is not
21 their parent. NYC Aging caregiver providers offer a
22 range of services for older relatives providing care
23 to children under the age of 18. Caregiver providers
24 offer workshops that address the needs of kinship
25 caregivers in addition to overall caregiving needs,

1
2 counseling based on the caregiver and care receiver's
3 needs, and respite care for short-term relief as
4 caregivers navigate their duties and
5 responsibilities. This is a vital component of the
6 Community Care Plan— which I understand we are going
7 to have community care 201 coming out soon— and adds
8 to the financial benefits of supporting older New
9 Yorkers to ensure they can age-in-place within the
10 communities they serve. Providing benefits and
11 services for kinship caregivers keeps families within
12 their neighborhoods and communities while supporting
13 the young person who is experiencing changes within
14 their family lives. This touches other areas of our
15 work as well, such as the Tenancy Eviction Support
16 Services (TESS) program where older adults who are
17 caring for minors find themselves at threat of
18 eviction and must be connected to a range of services
19 provided through community care.

20 Because of this direct connection between kinship
21 caregiver services and the Community Care Plan, as
22 well as our ongoing need to be as efficient and
23 effective as possible in our efforts to ensure high
24 quality services are provided to our clients, NYC
25 Aging expanded kinship care services—previously

1
2 provided by the now closed Grandparent Resource
3 Center—and formally enveloped them into our
4 caregiving programs. As with all our programs and
5 services, NYC Aging also continues to evolve and
6 refine what we provide for kinship caregivers through
7 enhanced victim and crime prevention services in our
8 elder justice contracts, a broader Citywide network
9 of Older Adult Center programs, and leveraging the
10 breadth of the NYC Cabinet for Older New Yorkers with
11 our partner agencies.

12 We have found that expanding these services met
13 the direct needs of older adults through our existing
14 resources and better served kinship caregiver
15 participants of the former GRC.

16 Kinship caregivers can access the same services
17 and connections to programming they received from the
18 standalone GRC unit within the current caregiving
19 programs, OACs, elder justice providers, and
20 connections to resources at partner agencies.

21 I understand that today's hearing also is to
22 discuss Introduction 1184, which would create a
23 kinship care program within NYC Aging to support
24 older adults providing full-time care for a minor who
25 is not their biological child. As I said regarding

1
2 the expansion of NYC Aging caregiving programs, our
3 contracted providers are already serving older adults
4 who are kinship caregivers and providing guidance,
5 support, workshops, and connections to vital services
6 and needs for this demographic of caregivers. We
7 thank Council for your interest and support in older
8 adults and the services and programs which best fit
9 their needs and look forward to continuing
10 discussions on this piece of legislation.

11 As always, because of the direct connection
12 between caregiver programs and the Community Care
13 Plan, we remain focused on ensuring that all our
14 programs and services best support older adults
15 through our existing network of community-based
16 resources.

17 Kinship caregiving has always been a key
18 component of the Community Care Plan, and we are so
19 excited to understand how planning for the future
20 continues to be part of our work in aging services at
21 NYC Aging. This is shaping up to be a big year for
22 our agency as we celebrate the 50th Anniversary of
23 our founding. We are looking forward to planning a
24 slate of events, celebrations, and initiatives which
25 highlight our programs and services including

1
2 caregiver supports and the contracted providers who
3 do so much amazing work on behalf of older adults.

4 This coming November, we will celebrate National
5 Family Caregiver Month, and I hope that we can work
6 with each of you to make that an incredible success
7 for the many caregivers and care receivers throughout
8 the five boroughs.

9 As always, I appreciate the Council's advocacy
10 and deep commitment to supporting older adults and
11 these programs and services. I have been fortunate to
12 have worked with two exceptional Aging Committee
13 chairs. Thank you again for this opportunity to
14 discuss caregiving needs for older adults and the
15 kinship caregiving options that exist for older New
16 Yorkers at NYC Aging. I am prepared to answer any
17 questions you may have.

18 CHAIRPERSON HUDSON: Thank you so much. And I
19 acknowledge that we have been joined by Council
20 Member Zhuang.

21 Okay. Can you share when the grandparent resource
22 center officially closed?

23 (PAUSE)

24 COMMISSIONER CORTÉS-VAZQUEZ: What was the year?
25 July 2023.

1
2 CHAIRPERSON HUDSON: Okay, thank you.

3 And what was the transition plan for former GRC
4 clients, and how did NYC Aging communicate this
5 transition to caregivers who relied on GRC services?

6 COMMISSIONER CORTÉS-VAZQUEZ: I'm gonna give you a
7 little more than little more background for that.
8 Right?

9 CHAIRPERSON HUDSON: Okay.

10 COMMISSIONER CORTÉS-VAZQUEZ: So when...

11 CHAIRPERSON HUDSON: We always appreciate more
12 background.

13 COMMISSIONER CORTÉS-VAZQUEZ: Yeah.

14 So when we were looking at this program, we had
15 six staff people working in the GRC program at the
16 time of its closure. And they fell under these titles
17 called community associate, capacity building and
18 learning coordinator, and community advocate.

19 And what we have found was when we were looking
20 at that, at that time there was a very low
21 utilization rate. I know I'm going ahead and
22 answering some of your other questions. But there was
23 a low utilization rate. And what we did was we
24 couldn't understand the why, right, given the fact
25 that it was a very broad geographic area. And yet we

1 had low utilization. So when what we looked at in
2 2023, uh, provided information and assistance to 295
3 clients. And then when we did intake, we learned that
4 52 of those were care receivers associated with these
5 clients. Uh...

7 CHAIRPERSON HUDSON: Sorry. Can you just repeat
8 that? 295 participants?

9 COMMISSIONER CORTÉS-VAZQUEZ: Received information
10 and referral. All right?

11 And then we learned through intake that 52 were
12 known care receivers associated with these clients.
13 Right?

14 And it was that kind of level of... then that
15 made us inquire more and start collecting more data.
16 So we kept looking at who were actual care recipients
17 and caregivers, who was kinship care. In the last six
18 months of the program that we identified, there were
19 94 participants, seven of which were identified as
20 caregiver. It was an incredible amount of resources
21 for that minimal impact. And we started looking at
22 how best to have greater impact and also provide
23 services.

24 So what we did was we took all of the clients,
25 all of the clients received calls, personal calls,

1
2 and then we started setting up services, uh, and
3 cross trained people in the caregiving program to be
4 trained to start giving services for kinship care
5 also.

6 We then took all of the clients and then referred
7 them to our existing caregiving programs with a focus
8 on kinship care.

9 CHAIRPERSON HUDSON: Got it.

10 And then how did you measure utilization? You
11 mentioned there was low utilization. How did you
12 measure utilization?

13 COMMISSIONER CORTÉS-VAZQUEZ: We measure
14 utilization by not only the number of concrete
15 services they received, whether it was information,
16 referral, home attendant services, or whatever the
17 services were. But we also looked at, which was key
18 to this, which is what was I think the aha moment for
19 us, was we were giving services but to people who
20 were not kinship caregivers.

21 CHAIRPERSON HUDSON: Okay. But you're saying that
22 the kinship caregivers were receiving those services
23 as well?

24 COMMISSIONER CORTÉS-VAZQUEZ: Kinship caregivers
25 were receiving services, but what we noticed was the

1
2 number of people who were registered as receiving
3 services, only a small portion of those— let me look
4 at the number, seven were actually identified as
5 kinship... (CROSS-TALK)

6 CHAIRPERSON HUDSON: Kindship caregivers...

7 COMMISSIONER CORTÉS-VAZQUEZ: caregivers.

8 CHAIRPERSON HUDSON: Okay. Uhm...

9 COMMISSIONER CORTÉS-VAZQUEZ: So people were
10 receiving services, they were just not as the program
11 was designed.

12 CHAIRPERSON HUDSON: Right. I guess, how would
13 they have been included in that program if they
14 hadn't been kinship caregivers?

15 COMMISSIONER CORTÉS-VAZQUEZ: I think that's...
16 those are some of the same questions we had. You
17 know, I'm sure that— what was the intake process,
18 what was the follow-up process, you know, that...
19 there were a lot of questions that were not answered
20 at that time.

21 CHAIRPERSON HUDSON: Who did intake?

22 COMMISSIONER CORTÉS-VAZQUEZ: Who did intake?
23 (confers with colleague) Say that again? Ah, I'm
24 sorry, this was all designed before I got here. So
25

1
2 this was all part of the MAP Program, and define what
3 MAP is. Can you define what the map program was?

4 UNKNOWN: Mayor's Action Plan

5 COMMISSIONER CORTÉS-VAZQUEZ: Okay. So this was
6 all part of the Mayor's Action Plan, and that was how
7 the geographic areas were determined. And there were
8 large geographic areas. And then you needed to
9 discern from all those people. I think there was...
10 sometimes there were upwards of a 1,000 people in the
11 area?

12 UNKNOWN: Yes.

13 COMMISSIONER CORTÉS-VAZQUEZ: Yeah. And from
14 there, you had to discern who were kinship care and
15 who were regular recipients.

16 One of the things we found is that services were
17 provided, but the number that were kinship caregivers
18 was very, very low.

19 CHAIRPERSON HUDSON: Understood.

20 Okay. So since the GRC's closure, how has NYC
21 Aging ensured that kinship care resources for older
22 adults once housed at the GRC are of similar quality
23 as well as accessible throughout the five boroughs?

24 (PAUSE)

25

1
2 COMMISSIONER CORTÉS-VAZQUEZ: Can you repeat that
3 for me? I'm just looking for the proper response for
4 you.

5 CHAIRPERSON HUDSON: Sure. Since GRC's closure,
6 how have you ensured that kinship care resources for
7 older adults are of similar quality as well as
8 accessible throughout the five boroughs?

9 So you mentioned that people are still receiving
10 the services.

11 COMMISSIONER CORTÉS-VAZQUEZ: Yeah. Yeah.

12 CHAIRPERSON HUDSON: So how are you determining
13 whether or not the services are of the same quality
14 that they were under the GRC?

15 COMMISSIONER CORTÉS-VAZQUEZ: Got it.

16 CHAIRPERSON HUDSON: And are they accessible...

17 COMMISSIONER CORTÉS-VAZQUEZ: Got it...

18 CHAIRPERSON HUDSON: across the five boroughs?

19 COMMISSIONER CORTÉS-VAZQUEZ: The kinship care
20 services are provided as part of our caregiving
21 program. The same way we have confidence, and it's
22 the same provider is trained to provide and support
23 kinship caregivers. We have a great deal of
24 confidence in the quality of the services of our
25 caregiving providers.

1
2 CHAIRPERSON HUDSON: Thank you. Can you...

3 COMMISSIONER CORTÉS-VAZQUEZ: And it is something
4 that is constantly monitored.

5 CHAIRPERSON HUDSON: Okay.

6 Can you describe the ways in which NYC Aging
7 informs older adults about existing kinship care
8 resources especially those who are not digitally
9 connected?

10 COMMISSIONER CORTÉS-VAZQUEZ: As I've testified in
11 other hearings, everyone in the aging network, in the
12 nonprofit aging network, it's part of a larger, uh,
13 part of a larger network of services. Everyone has,
14 uh, is funded to do an outreach and education plan,
15 and everyone is then connected to all of our
16 services, and we also have Aging Connect.

17 CHAIRPERSON HUDSON: How many sources do you have?

18 COMMISSIONER CORTÉS-VAZQUEZ: How many?

19 CHAIRPERSON HUDSON: Referral sources.

20 COMMISSIONER CORTÉS-VAZQUEZ: We have 12 agencies,
21 right? There is two per borough except Staten Island,
22 there's only one. And then we have three citywide
23 agencies, one... that have target populations. One
24 for LGBTQAI, and then there is another one for Asian
25 American, uh, Pacific Islander, and then there's

1
2 another one focusing on the people with disabilities,
3 particularly visually impaired.

4 CHAIRPERSON HUDSON: Okay. Great. Thank you.

5 And then can you describe the ways in which NYC
6 Aging coordinates with other city agencies to promote
7 kinship care resources for older adult caregivers?

8 COMMISSIONER CORTÉS-VAZQUEZ: Well, even prior to
9 the Cabinet, we had a very strong relationship with
10 the Agency for Children's Services. And then as a
11 result, you know, we've even strengthened that, but
12 we've always had a strong relationship with ACS.

13 CHAIRPERSON HUDSON: Great. And I'd like to
14 acknowledge that we've been joined by Council Member
15 Banks.

16 Can you just, uh, how does NYC aging ensure
17 kinship care resources are accessible to the diverse
18 linguistic and cultural backgrounds of older New
19 Yorkers?

20 COMMISSIONER CORTÉS-VAZQUEZ: As... I don't know
21 where these questions are. As with all of our
22 services, it's a requirement that you provide
23 services in the language of the population that you
24 serve. I believe that we have a threshold of anywhere
25 between 15 and 20 percent.

1
2 CHAIRPERSON HUDSON: I'm sorry, 15 and 20 percent?

3 COMMISSIONER CORTÉS-VAZQUEZ: Of the population.
4 If the population you're serving is over 15 and 20
5 percent of a particular language, cultural or
6 religious need then.... (CROSS-TALK)

7 CHAIRPERSON HUDSON: You're providing...

8 COMMISSIONER CORTÉS-VAZQUEZ: the requirements are
9 you're required to address those.

10 CHAIRPERSON HUDSON: And then for in terms of
11 legal assistance, legal barriers such as
12 guardianship, custody and adoption can be
13 particularly complex for older caregivers. What legal
14 aid or pro bono services are currently available to
15 help them navigate these processes?

16 COMMISSIONER CORTÉS-VAZQUEZ: We have... we do not
17 provide services directly other than the legal
18 services that we have through our— is it five legal
19 programs?

20 CHAIRPERSON HUDSON: Okay, but are you... (CROSS-
21 TALK)

22 COMMISSIONER CORTÉS-VAZQUEZ: But they're not
23 focused on (INAUDIBLE)... (CROSS-TALK)

24 CHAIRPERSON HUDSON: Are you connecting folks
25 directly to those programs?

1
2 COMMISSIONER CORTÉS-VAZQUEZ: If that is an issue
3 that comes up, it's also part of the referral
4 service.

5 CHAIRPERSON HUDSON: Okay.

6 COMMISSIONER CORTÉS-VAZQUEZ: That and any other
7 legal services that they would need.

8 CHAIRPERSON HUDSON: Okay...

9 COMMISSIONER CORTÉS-VAZQUEZ: I mean, that's part
10 of the...

11 CHAIRPERSON HUDSON: Great.

12 COMMISSIONER CORTÉS-VAZQUEZ: connectivity.

13 CHAIRPERSON HUDSON: Older adult caregivers often
14 live on fixed incomes, as we know. What steps does
15 the City take to simplify access to financial
16 supports like TANF, SNAP, and KinGAP for older
17 caregivers?

18 COMMISSIONER CORTÉS-VAZQUEZ: Do want to take
19 that?

20 DEPUTY COMMISSIONER GENDELL: I can answer for...
21 not for TANF, SNAP, but I can answer for KinGAP and
22 kinship subsidies through foster care.

23 CHAIRPERSON HUDSON: Sure.

24 DEPUTY COMMISSIONER GENDELL: So for children
25 who've been found to be abused or neglected and come

1
2 into foster care, which requires Family Court
3 oversight and review, we prioritize placing children
4 with kin. At this time, 45 percent of the children in
5 foster care, so about 2,800 out of 6,500 are living
6 with kin, which we define very broadly to include
7 grandparents, aunts, uncles, relatives, but also like
8 a close family friend, a godparent we'd consider kin.

9 And just to put it in the sense of this hearing,
10 currently we have 2,082 foster parents in the system
11 and 620 of them are over age 60.

12 CHAIRPERSON HUDSON: Six-hundred-twenty?

13 DEPUTY COMMISSIONER GENDELL: Yeah. But for all
14 kinship foster parents, they would get a kinship
15 foster care subsidy that is based on, there are
16 several different rates based on the age of the child
17 and the needs of the child. There's a basic rate and
18 then special and exceptional rate.

19 When children are in foster care, our goal for
20 almost all children is to reunify them with their
21 families and to send them back home. And so a lot of
22 the work we do is about providing their parents and
23 the children and the foster parents the services and
24 support so kids can go home.

1
2 So most children in foster care return home. But
3 each year, roughly 350 children have finalized
4 kinship guardianship. It changes by the year, and it
5 goes down each year, because fewer children are in
6 foster care and more children return home.

7 But for kids who are going to live permanently
8 with their relative, we would connect them to the
9 Kinship Guardianship Assistance Program, which is
10 similar to adoption subsidy in that the relative
11 would get guardianship, and they would continue to
12 get the subsidy, which is usually equivalent to what
13 they were getting as a foster care subsidy.

14 CHAIRPERSON HUDSON: And of the... I'd like to
15 acknowledge that we've also been joined by Council
16 Member Mealy.

17 Of the 620 folks over age 60, have they been
18 connected to the caregiving program through NYC
19 Aging?

20 DEPUTY COMMISSIONER GENDELL: So, I would have to
21 check specifically, but I can say a couple things.
22 One is that a child could be with more than one
23 foster parent, so there could be someone over 60 and
24 someone under 60 in the same household. And there
25 obviously can be multiple children in each household.

1
2 But we do for those... Any child in foster care,
3 we're working really closely with their foster
4 parents. And the foster care provider provides them
5 with an intensive training that includes how to work
6 with young people who face trauma and sort of
7 individual services for that family, whether it's
8 therapy or referrals, all different referrals.

9 So in some ways, those families have a suite of
10 services that they're getting through their foster
11 care agency.

12 And so I'm not sure if they've been connected,
13 but I can check on whether or not they've been
14 connected. I'm not sure if we would track that.

15 CHAIRPERSON HUDSON: Okay. So there isn't like a
16 formal relationship between the foster care system
17 necessarily, or at least specifically for people over
18 age 60 that are in the system, with NYC aging or the
19 caregiver?

20 DEPUTY COMMISSIONER GENDELL: Right, it's not...

21 CHAIRPERSON HUDSON: Okay.

22 DEPUTY COMMISSIONER GENDELL: formal. I do know
23 that our staff actually within the last couple months
24 recently did a training where our staff trained DFTA,
25 and vice versa, to make sure that our staff were

1
2 aware of the services they offer. Because in some
3 ways the families we work with who might need those
4 services are on the preventive side of our continuum,
5 where we're connecting all caregivers who are in need
6 with free services and supports.

7 CHAIRPERSON HUDSON: Right.

8 DEPUTY COMMISSIONER GENDELL: So they might
9 benefit from a specialized service like that, too.

10 CHAIRPERSON HUDSON: Right.

11 Was that training in anticipation of this
12 hearing?

13 DEPUTY COMMISSIONER GENDELL: No, actually...

14 (LAUGHTER)

15 CHAIRPERSON HUDSON: Okay, I was just joking...

16 DEPUTY COMMISSIONER GENDELL: it predates that by
17 a couple months.

18 CHAIRPERSON HUDSON: (LAUGHS) Okay.

19 Caring for children can be emotionally and
20 physically exhausting for older adults. What mental
21 health and wellness resources are available to older
22 kinship caregivers? Either or both can answer.

23 DEPUTY COMMISSIONER GENDELL: So on our side,
24 foster care agencies... on the foster care side,
25 foster care agencies are working with the families to

1
2 make sure they have the services they need. All
3 children in foster... (CROSS-TALK)

4 CHAIRPERSON HUDSON: That's for all families
5 regardless of the age of the...

6 DEPUTY COMMISSIONER GENDELL: Correct.

7 CHAIRPERSON HUDSON: Right.

8 DEPUTY COMMISSIONER GENDELL: And all of the
9 children in foster care are eligible for Medicaid. So
10 they usually get their mental health services that
11 way.

12 On the prevention side, we offer, in every
13 community, sort of a continuum of services based...
14 that could be referrals for concrete goods up to
15 evidence based therapy like MST and FFT. And that
16 would be available to any caretaker, regardless of
17 whether they're a parent or grandparent, and they
18 could come to us for services. And we offer, for
19 free, regardless of immigration status, in every
20 community in the city, those types of supports, which
21 include mental health supports.

22 CHAIRPERSON HUDSON: Great. Anything to add?

23 COMMISSIONER CORTÉS-VAZQUEZ: On our side, because
24 it's part of a network of services, right, and we
25 have the geriatric mental health programs, and we

1
2 have hub programs in each one of the Older Adult
3 Centers, should they need services, and should that
4 be something that the caregiver program provides, uh,
5 caregiver service provider identifies, then that's
6 where they would be referred.

7 CHAIRPERSON HUDSON: Okay. Great.

8 I want to move into some data questions if I may.

9 At the City Council's Committee on Aging Fiscal
10 2025 Preliminary Budget Hearing on March 8, 2024, NYC
11 Aging testified that the Grandparent Resource Center
12 was closed due to low utilization rates as we've
13 discussed. How many staff were in the GRC at the time
14 of its closure? Did you say it was six?

15 COMMISSIONER CORTÉS-VAZQUEZ: Six.

16 CHAIRPERSON HUDSON: And what were their titles?

17 COMMISSIONER CORTÉS-VAZQUEZ: They fell into the
18 category of Community Associate, Capacity Building
19 and Learning Coordinator, and Community Advocate.

20 CHAIRPERSON HUDSON: Okay. And for the staff that
21 work directly with clients, do you know what their
22 caseloads were like?

23 COMMISSIONER CORTÉS-VAZQUEZ: I can get that for
24 you. I don't remember if I have that.

1
2 CHAIRPERSON HUDSON: Okay. And then can you share
3 any statistics on the number of clients served and
4 the types of services utilized prior to its closure?
5 I know you went into a little bit of that earlier.
6 But...

7 COMMISSIONER CORTÉS-VAZQUEZ: In FY23, provided
8 295 units of information and referral. And, as I said
9 earlier, 52 were known care receivers.

10 In FY22, provided information to 300 clients,
11 and then we learned through the intake that only 77
12 were caregivers associated with that.

13 And then in the last six months, as I said
14 earlier, there were 94 participants, seven were
15 identified caregivers.

16 (PAUSE)

17 CHAIRPERSON HUDSON: Can you just clarify, of the
18 folks, like, so for example, the last six months
19 you're saying 94 folks, but only seven were
20 identified as being part... is that because that is
21 like an affirmative number? Meaning, could there have
22 been other people who were also receiving the
23 services but that just weren't caught, or was that
24 like an explicit question that was asked?
25

1
2 COMMISSIONER CORTÉS-VAZQUEZ: It was to be
3 identified as a caregiver. That's the data we have on
4 hand, alright, for that period.

5 CHAIRPERSON HUDSON: So is this self... they self
6 identified as a caregiver?

7 COMMISSIONER CORTÉS-VAZQUEZ: Yes.

8 CHAIRPERSON HUDSON: Okay. As a kinship caregiver
9 or just a caregiver?

10 COMMISSIONER CORTÉS-VAZQUEZ: It's identified as a
11 caregiver... (CROSS-TALK)

12 CHAIRPERSON HUDSON: Kinship?

13 COMMISSIONER CORTÉS-VAZQUEZ: Kinship.

14 CHAIRPERSON HUDSON: Okay.

15 Do you have the utilization rates at the GRC over
16 the last 10 years of its existence by chance?

17 COMMISSIONER CORTÉS-VAZQUEZ: I don't, uh...

18 CHAIRPERSON HUDSON: Can you maybe followup with
19 that?

20 COMMISSIONER CORTÉS-VAZQUEZ: We could follow up
21 with that.

22 CHAIRPERSON HUDSON: Okay.

23 COMMISSIONER CORTÉS-VAZQUEZ: And that being said,
24 and not knowing exactly how the data was collected,
25

1
2 it might be data collected, data sources, and data
3 different than what we sort of call something now.

4 CHAIRPERSON HUDSON: Okay.

5 COMMISSIONER CORTÉS-VAZQUEZ: So it's been 10
6 years.

7 CHAIRPERSON HUDSON: Understood.

8 What kind of advertising and outreach did NYC
9 Aging engage in in order to attract potential clients
10 and address the alleged dip in utilization rates?

11 Were you ever trying to get the numbers up?

12 COMMISSIONER CORTÉS-VAZQUEZ: As with all of our
13 services, you know, we're always have... each one of
14 our local programs has a responsibility for outreach
15 and education. So the goal is not only for kinship
16 care, but for everything, so that people can utilize
17 programs and services at a higher rate. That is an
18 issue that we are constantly addressing.

19 CHAIRPERSON HUDSON: Okay. Thank you.

20 Are there any data collection systems in place...

21 (CROSS-TALK)

22 COMMISSIONER CORTÉS-VAZQUEZ: And I just got some
23 information. In FY21 and FY22, we had a bus shelter
24 campaign just for foster grandparent... I mean for a
25 Grandparent Resource Center.

1
2 CHAIRPERSON HUDSON: Okay, FY21 and FY22. Okay,
3 thank you.

4 Are there any data collection systems in place to
5 track the number of older adult kinship caregivers,
6 their needs, and outcomes under the decentralized
7 model?

8 COMMISSIONER CORTÉS-VAZQUEZ: I have some data
9 here. And if not, I'll get back to you with that.

10 For FY24, 5,485 individuals throughout the five
11 boroughs received caregiving services.

12 (PAUSE)

13 COMMISSIONER CORTÉS-VAZQUEZ: Do you want me to
14 keep giving you by year?

15 CHAIRPERSON HUDSON: Yeah, if you have it.

16 COMMISSIONER CORTÉS-VAZQUEZ: Yeah, I do.

17 CHAIRPERSON HUDSON: That was FY24, right?

18 COMMISSIONER CORTÉS-VAZQUEZ: Right.

19 FY23, it was 5,215; FY22 it was 5,349.

20 (PAUSE)

21 CHAIRPERSON HUDSON: Thank you.

22 In the Fiscal 2019 Adopted Budget for NYC Aging,
23 we see budget lines that show the Grandparent
24 Resource Center was budgeted at \$341,357.00 for four
25 positions. This remained the same through FY22. Can

1
2 NYC Aging confirm what the full budget was for the
3 Grandparent Resource Center when it was in operation
4 and what the funding covered?

5 COMMISSIONER CORTÉS-VAZQUEZ: I can get that for
6 you. Right? But I know that at the end we had six
7 staff people. And I (INAUDIBLE)... (CROSS-TALK)

8 CHAIRPERSON HUDSON: With that same budget?

9 COMMISSIONER CORTÉS-VAZQUEZ: Uh, six.. (CROSS-
10 TALK)

11 CHAIRPERSON HUDSON: Six staff people for the same
12 \$341,357.00?

13 COMMISSIONER CORTÉS-VAZQUEZ: I can't confirm the
14 dollar amount. I don't have that in front of me.

15 CHAIRPERSON HUDSON: Okay.

16 What was the overall breakdown of personal
17 services...

18 COMMISSIONER CORTÉS-VAZQUEZ: I'm sorry, Chair, I
19 do have that information.

20 CHAIRPERSON HUDSON: Okay.

21 COMMISSIONER CORTÉS-VAZQUEZ: I believe...

22 CHAIRPERSON HUDSON: Okay.

23 COMMISSIONER CORTÉS-VAZQUEZ: I believe so.
24
25

1
2 CHAIRPERSON HUDSON: The full budget for the
3 Grandparent Resource Center (INAUDIBLE)... (CROSS-
4 TALK)

5 COMMISSIONER CORTÉS-VAZQUEZ: The full budget for
6 the Grandparent Resource Center was, uh, for FY23,
7 alright?

8 CHAIRPERSON HUDSON: Mm-hmm?

9 COMMISSIONER CORTÉS-VAZQUEZ: Was \$346,901.00
10 Right? And personnel services funded, uh,
11 \$122,369.00. Total was, uhm, \$525,944.00.

12 CHAIRPERSON HUDSON: Sorry, FY25 that number was
13 for?

14 COMMISSIONER CORTÉS-VAZQUEZ: FY23.

15 CHAIRPERSON HUDSON: Oh, FY23, you said
16 \$346,901.00; Personnel Services, \$122,369.00?

17 COMMISSIONER CORTÉS-VAZQUEZ: Personnel services
18 for FY23 were budgeted, uh, \$339,862.00. We actually
19 expended \$346,901.00. The rest was in OTPS.

20 CHAIRPERSON HUDSON: That was personnel services,
21 right, not OTPS?

22 COMMISSIONER CORTÉS-VAZQUEZ: That's original
23 number— the \$338,862.00...

24 CHAIRPERSON HUDSON: Mm-hmm?
25

1
2 COMMISSIONER CORTÉS-VAZQUEZ: was personnel
3 services...

4 CHAIRPERSON HUDSON: Personnel services, okay.

5 COMMISSIONER CORTÉS-VAZQUEZ: And we actually over
6 expended that year.

7 CHAIRPERSON HUDSON: Okay.

8 What was the... Okay, you gave us that.

9 What happened to the staff when the program
10 ended? The six staff?

11 COMMISSIONER CORTÉS-VAZQUEZ: The staff? The
12 Grandparent Resource staff were assigned to other
13 programs within the agency.

14 CHAIRPERSON HUDSON: And could you confirm the
15 funding sources?

16 COMMISSIONER CORTÉS-VAZQUEZ: Can I?

17 CHAIRPERSON HUDSON: Confirm the funding sources?

18 COMMISSIONER CORTÉS-VAZQUEZ: For those staff?

19 CHAIRPERSON HUDSON: Yeah, for the budget for
20 Grandparent Resource Center?

21 COMMISSIONER CORTÉS-VAZQUEZ: Other than what I
22 just gave you for...

23 CHAIRPERSON HUDSON: Not... Not the numbers, but
24 the sources? Was it city tax levy dollars? Was it...
25

1
2 COMMISSIONER CORTÉS-VAZQUEZ: Ah! I would have to
3 get back to you on that.

4 CHAIRPERSON HUDSON: Okay.

5 Currently, NYC Aging offers caregiving support
6 services to caregivers who are taking care of older
7 adults to older adult caregivers who are caring for
8 youth. This program is operated by contracted
9 community based providers. Does this program serve
10 the same population that was served by the previous
11 DFTA Kinship Program and Grandparent Resource Center?

12 COMMISSIONER CORTÉS-VAZQUEZ: By the same
13 population, it would, because it's neighborhood
14 based, I would assume that it is the same population.
15 I cannot attest to the fact that it's the same
16 individuals.

17 CHAIRPERSON HUDSON: You said you cannot attest to
18 that?

19 COMMISSIONER CORTÉS-VAZQUEZ: Cannot attest to the
20 fact that it might be the same individuals.

21 CHAIRPERSON HUDSON: Okay.

22 COMMISSIONER CORTÉS-VAZQUEZ: By the way, I was
23 just given information that it is all CTL funding.

24 CHAIRPERSON HUDSON: Okay, that's what I thought,
25 thank you.

1
2 Does DFTA currently utilize its contracted
3 provider network to provide services to kinship
4 caregivers? And how many providers provide this
5 service?

6 COMMISSIONER CORTÉS-VAZQUEZ: The same. As I said,
7 it was absorbed into the caregiving program.

8 CHAIRPERSON HUDSON: So, those 12 that you
9 mentioned?

10 COMMISSIONER CORTÉS-VAZQUEZ: The 12, right.

11 CHAIRPERSON HUDSON: Okay.

12 Can you share the FY25 Budget for the contracts
13 associated with these services? And do you know if
14 it's baselined?

15 COMMISSIONER CORTÉS-VAZQUEZ: I am going to have
16 to get back to you on that FY25.

17 CHAIRPERSON HUDSON: All right, okay.

18 COMMISSIONER CORTÉS-VAZQUEZ: (Cell phone ringing)
19 Excuse me, I have...

20 CHAIRPERSON HUDSON: Mm-hmm, no problem.

21 COMMISSIONER CORTÉS-VAZQUEZ: (Cell phone ringing)
22 sorry...

23 CHAIRPERSON HUDSON: Just turn off your
24 microphone.

25 (PAUSE)

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CHAIRPERSON HUDSON: I know, it's okay, thank you.

COMMISSIONER CORTÉS-VAZQUEZ: I am a client.

CHAIRPERSON HUDSON: What was that?

COMMISSIONER CORTÉS-VAZQUEZ: I said I am a client.

CHAIRPERSON HUDSON: You are a client, I know, I know.

How many older adult caregivers were served by contracted providers in Fiscal Year 2024 and in Fiscal Year 2025 to date?

COMMISSIONER CORTÉS-VAZQUEZ: Okay, let's see, FY24? I believe I gave you those numbers. In FY24, 5,485, and I don't have anything for FY25...

CHAIRPERSON HUDSON: Just to date in 2025 if you have it.

COMMISSIONER CORTÉS-VAZQUEZ: Yeah, I don't have... I have for 2023 and 2022 and 2024.

CHAIRPERSON HUDSON: Okay, give me 2022 and 2023 if you don't mind.

COMMISSIONER CORTÉS-VAZQUEZ: You want those numbers again? Okay...

CHAIRPERSON HUDSON: Yes, please.

COMMISSIONER CORTÉS-VAZQUEZ: So, for 2023 it was 5,215 and for 2022 it was 5,349. And those are

1 unduplicated clients. So that's not number of
2 services, that's just unduplicated clients...

3 CHAIRPERSON HUDSON: Right, understood.

4 Is there currently a waitlist for older adult
5 kinship caregiving services?
6

7 COMMISSIONER CORTÉS-VAZQUEZ: No, there isn't a
8 waitlist.

9 CHAIRPERSON HUDSON: Okay.

10 COMMISSIONER CORTÉS-VAZQUEZ: Although, I should
11 say this for the record, given that the State is
12 distributing money based on waiting lists, we will
13 have waiting lists from here on out...

14 CHAIRPERSON HUDSON: (LAUGHS)

15 How does DFTA ensure older adults are aware of
16 these kinship care support services? What outreach
17 and education is there for this program?

18 COMMISSIONER CORTÉS-VAZQUEZ: Give me that
19 question again?

20 CHAIRPERSON HUDSON: How do you ensure older
21 adults are aware of these kinship care support
22 services? Are you doing any outreach or education on
23 the program?

24 COMMISSIONER CORTÉS-VAZQUEZ: Any targeted
25 outreach at this time? No...

1 CHAIRPERSON HUDSON: Okay.

2 COMMISSIONER CORTÉS-VAZQUEZ: we are not. We are
3 hoping to do an education and outreach program for
4 caregivers, and that would include kinship care also.
5

6 CHAIRPERSON HUDSON: Okay. And are any funds still
7 included in DFTA's budget for the GRC as of the
8 Fiscal 2026 Preliminary Plan?

9 COMMISSIONER CORTÉS-VAZQUEZ: Targeted for GRC,
10 no, that has been absorbed into other program areas.

11 CHAIRPERSON HUDSON: Okay. Can you clarify then
12 which funding streams currently support kinship care
13 resources?

14 COMMISSIONER CORTÉS-VAZQUEZ: Kinship care
15 resources would be absorbed under our caregiving
16 program... (CROSS-TALK)

17 CHAIRPERSON HUDSON: Caregiving program...

18 COMMISSIONER CORTÉS-VAZQUEZ: So it's everything,
19 you know, whatever we have in our care... what's
20 allocated for our caregiving program. That's what...
21 where the money would be.

22 CHAIRPERSON HUDSON: Okay. I am going to move into
23 the legislation if that's okay.

24 Introduction 1184 in relation to establishing a
25 program to support older adults providing kinship

1
2 care- Do you believe a centralized resource or office
3 for older kinship caregivers, whether housed at NYC
4 Aging or elsewhere, could improve service
5 coordination and reduce confusion?

6 (PAUSE)

7 COMMISSIONER CORTÉS-VAZQUEZ: I don't believe
8 there's confusion now. I don't have any evidence that
9 there is confusion now. If we would have the
10 opportunity to do targeted outreach, then that
11 would... if we had the opportunity to do targeted
12 outreach in education, then of course we would always
13 move in that direction.

14 But the resources that we currently have are
15 limited, and doing outreach, uh, and we would need
16 additional resources to match the need that will
17 evolve.

18 CHAIRPERSON HUDSON: Do you have anything to add
19 Deputy Commissioner?

20 DEPUTY COMMISSIONER GENDELL: In...

21 COMMISSIONER CORTÉS-VAZQUEZ: (INAUDIBLE) in
22 foster care.

23 DEPUTY COMMISSIONER GENDELL: Right, I think... so
24 our preventive providers are community based and, you
25 know, would work with any family whether they're

1
2 kinship caregiver or not. And they haven't come to us
3 to say, you know, we have a specific increased need
4 that we're struggling to meet for older adult kinship
5 caregivers. And I think if they were, we would—
6 they're pretty vocal, uh, we would hear that as an
7 additional need that's beyond what they're able to
8 serve. So we haven't heard that feedback.

9 CHAIRPERSON HUDSON: Okay, great.

10 Does NYC Aging have an opinion about the location
11 of a centralized resource or office for older kinship
12 caregivers?

13 COMMISSIONER CORTÉS-VAZQUEZ: I would...

14 CHAIRPERSON HUDSON: If we were to establish a
15 centralized resource or office, do you care whether
16 it's under NYC aging or not?

17 COMMISSIONER CORTÉS-VAZQUEZ: Of course I...

18 (CROSS-TALK)

19 CHAIRPERSON HUDSON: Well, should say not if you
20 care, but do you have an opinion?

21 COMMISSIONER CORTÉS-VAZQUEZ: I would say that if
22 it's services to older adults, it should be housed in
23 NYC Aging...

24 CHAIRPERSON HUDSON: NYC Aging, okay.
25

1
2 And then can you just talk about how such a
3 program might complement or overlap with existing NYC
4 aging services?

5 COMMISSIONER CORTÉS-VAZQUEZ: I believe that it
6 would just enrich what we currently have under our
7 caregiving program.

8 CHAIRPERSON HUDSON: Are there any operational
9 challenges you foresee in launching the proposed
10 kinship care program?

11 COMMISSIONER CORTÉS-VAZQUEZ: Other than money?

12 CHAIRPERSON HUDSON: Other than money.

13 COMMISSIONER CORTÉS-VAZQUEZ: No, I think...

14 CHAIRPERSON HUDSON: We'll get into the money in a
15 minute.

16 COMMISSIONER CORTÉS-VAZQUEZ: I think it's a
17 budget conversation.

18 CHAIRPERSON HUDSON: Okay.

19 COMMISSIONER CORTÉS-VAZQUEZ: Resource
20 conversation. (INAUDIBLE)... (CROSS-TALK)

21 CHAIRPERSON HUDSON: So, no operational
22 challenges, other than...

23 COMMISSIONER CORTÉS-VAZQUEZ: Right...

24 CHAIRPERSON HUDSON: Okay.
25

1
2 How can the proposed program best integrate with
3 current kinship care supports, and are there elements
4 from the former GRC that should be retained or
5 modified?

6 (PAUSE)

7 COMMISSIONER CORTÉS-VAZQUEZ: I'm sure there are
8 elements of everything that could be repurposed,
9 rethought. It was hard to look at best practices in
10 that model when we were had such a low utilization.
11 So you couldn't tell, you know, what was a best
12 practice or what wasn't a best practice. But I'm sure
13 with that kind extensive re-look, we could probably
14 find out if there are some things that should be
15 enriched or enhanced.

16 CHAIRPERSON HUDSON: What strategies would you
17 recommend to improve outreach, particularly for non
18 English speakers and those with limited digital
19 access to ensure that the program's resources are
20 accessible to all older caregivers?

21 COMMISSIONER CORTÉS-VAZQUEZ: I believe that a
22 massive public education campaign is essential around
23 caregiving because of the growing number of older
24 adults and the growing number of caregivers.
25

1
2 It's a educational and engagement campaign. That
3 said, you cannot have that unless you have the
4 complimentary services that match that.

5 CHAIRPERSON HUDSON: What are your recommendations
6 regarding funding and resource allocation within
7 Intro 1184 to ensure that the program can be
8 sustained without compromising other essential
9 services?

10 COMMISSIONER CORTÉS-VAZQUEZ: I've not seen a
11 budget for 1184 or an expectation on magnitude and
12 performance, not having that, it's very difficult to
13 opine.

14 But I want for the record to say that there is no
15 objection to it in theory or concept.

16 CHAIRPERSON HUDSON: Okay. So have you not seen
17 the Fiscal Impact Statement for the bill?

18 COMMISSIONER CORTÉS-VAZQUEZ: No, I have not.

19 CHAIRPERSON HUDSON: Okay.

20 (PAUSE)

21 CHAIRPERSON HUDSON: So the Council's Fiscal
22 Impact Statement differs greatly from the
23 Administration's Fiscal Impact Statement. And so just
24 to sort of summarize, we are proposing or thinking
25 about this in the sense of the program officers or

1
2 the positions that you had previously. So our
3 estimated cost for the partial Fiscal Year 2026, just
4 based on when it would be implemented, would be
5 \$158,595.00 – 158, comma, and 595. And, then, in
6 subsequent fiscal years it would be \$317,189.00 –
7 three, seventeen, one, eight, nine.

8 COMMISSIONER CORTÉS-VAZQUEZ: And that would be
9 ,like, for the full compliment? Were you programming
10 it four or six?

11 CHAIRPERSON HUDSON: I think we did it at three.

12 COMMISSIONER CORTÉS-VAZQUEZ: Okay.

13 CHAIRPERSON HUDSON: Three including fringe rates.

14 COMMISSIONER CORTÉS-VAZQUEZ: Include... Three
15 including?

16 CHAIRPERSON HUDSON: Fringe rates. So just the
17 full...

18 COMMISSIONER CORTÉS-VAZQUEZ: Yes...

19 CHAIRPERSON HUDSON: salary.

20 Okay, now, what the Administration has presented
21 us with is a program that would have contracted
22 services at a cost of \$4.92 million.

23 (PAUSE)

24 COMMISSIONER CORTÉS-VAZQUEZ: Not knowing the
25 details, I can't respond to that. But it may include

1
2 the additional services that would require - if you
3 have a kinship care program, respite, transportation,
4 and some of those. I cannot opine...

5 CHAIRPERSON HUDSON: But were those services
6 provided previously in the GRC?

7 COMMISSIONER CORTÉS-VAZQUEZ: In the GRC? I don't
8 recall.

9 CHAIRPERSON HUDSON: Okay...

10 COMMISSIONER CORTÉS-VAZQUEZ: But they are part of
11 a caregiving program. And if this part of a
12 caregiving plan, those would be included in that. I
13 don't... I'd rather not opine, because I have not
14 seen this document.

15 CHAIRPERSON HUDSON: Okay.

16 COMMISSIONER CORTÉS-VAZQUEZ: And I don't know
17 what is included in it. I know that something was
18 given to you yesterday, but I have not seen that.

19 CHAIRPERSON HUDSON: Okay.

20 Is it safe to assume then that you or your agency
21 were not included in coming up with these numbers?

22 COMMISSIONER CORTÉS-VAZQUEZ: I wouldn't say that
23 we were not included. I would say ,you know, I'm sure
24 it was done ,you know, last night or whenever it was
25

1
2 done. But I am confident that would have been
3 included.

4 CHAIRPERSON HUDSON: Okay. I'm gonna go to you,
5 Deputy Commissioner, for a few questions.

6 So older adults in foster care, does your agency
7 track older adult kinship caregivers?

8 DEPUTY COMMISSIONER GENDELL: Yes. That's the
9 number... (CROSS-TALK)

10 CHAIRPERSON HUDSON: The 620, right...

11 DEPUTY COMMISSIONER GENDELL: 620 out of 2,082.

12 CHAIRPERSON HUDSON: Okay, great.

13 And can you describe the challenges that older
14 adult kinship caregivers face in the foster system?

15 DEPUTY COMMISSIONER GENDELL: So I think a lot of
16 the challenges would be faced by, you know...

17 CHAIRPERSON HUDSON: Any foster parent...

18 DEPUTY COMMISSIONER GENDELL: regardless of age,
19 although, obviously some things are more challenging.
20 But many of the children and youth who are in foster
21 care, by their very nature of being in foster care,
22 have experienced trauma, which is why we've done a
23 lot of work and created a new training program
24 specifically focused on working with children with
25 trauma.

1
2 Also about half, roughly, I have to get you the
3 exact number, but close to half of the young people
4 in foster care are teenagers and up to 21 - so for
5 reasons that teenagers are often challenging. And so
6 I think a lot of the challenges are really just the
7 challenges people face raising children, and in
8 particularly, young people in foster care.

9 The one thing I'll add that I think is important
10 is that, oftentimes children in foster care have more
11 appointments than the typical child, because a really
12 important part of being in foster care is connecting
13 with parents, their parents, and so they'll have
14 visits or sibling visits.

15 When kids are in kinship care, oftentimes the
16 kinship parent will be able to arrange those visits,
17 because it could be more of like at their home as a
18 family, versus at a foster care agency if it doesn't
19 need to be supervised. But there are additional
20 appointments for young people in foster care.

21 CHAIRPERSON HUDSON: Okay, and do you know how
22 often NYC Children makes referrals for older adults
23 kinship caregivers and what they are?
24
25

1
2 DEPUTY COMMISSIONER GENDELL: I'd have to double
3 check, but I don't think we are specifically tracking
4 those types of referrals...

5 CHAIRPERSON HUDSON: Referrals? Okay.

6 Do you know of any effects that the closure of
7 the Grandparent Resource Center had on your agency?

8 DEPUTY COMMISSIONER GENDELL: I've not heard of
9 any. And our... on the prevention side, I know we
10 have vacancies all throughout the city for families
11 who need services.

12 CHAIRPERSON HUDSON: And have you seen an uptick
13 in requests for kinship care assistance since the GRC
14 was suspended? I know you don't track, right?

15 DEPUTY COMMISSIONER GENDELL: Not that I am aware
16 of.

17 CHAIRPERSON HUDSON: How does NYC Children
18 coordinate with NYC Aging or other agencies to ensure
19 older adult kinship caregivers receive the
20 specialized assistance they may need such as legal
21 guidance or respite services? And I know you
22 mentioned the training earlier.

23 DEPUTY COMMISSIONER GENDELL: Yeah, we really want
24 to make sure New Yorkers are aware of how to access

1
2 services and supports for children without needing to
3 call the SCR.

4 So we have found historically that many people
5 who work with children are mandated reporters, and
6 sort of this belief that the best way you can access
7 services quickly was to make a report to the SCR,
8 which then triggers ACS to conduct an investigation.

9 And less a third to a quarter of cases that we
10 investigate, we find abuse or neglect. And children
11 of color are overrepresented.

12 So we've working with many city agencies,
13 including Aging, to help mandated reporters better
14 understand how to access services without calling in
15 a report if children are not in danger.

16 There are many children and families who need
17 services and support, but the child doesn't need an
18 investigation because there's not a safety risk.

19 And so we've been doing a lot of work to get our
20 support line out, which you can access through our
21 website on the *For Families Section* or it's (212)
22 676-7667.

23 But Aging has been one of the agencies we are
24 working with to make sure those working with older
25

1
2 adults know how to access the services and supports
3 without a report.

4 CHAIRPERSON HUDSON: Okay, great, thank you.

5 Did NYC Children absorb any staff expertise or
6 program elements from the GRC?

7 DEPUTY COMMISSIONER GENDELL: Not that I'm aware
8 of.

9 CHAIRPERSON HUDSON: Are NYC children caseworkers
10 or frontline staff provided any specialized training
11 to address the unique challenges faced by older adult
12 kinship caregivers as navigating fixed incomes or
13 health concerns?

14 DEPUTY COMMISSIONER GENDELL: I would have to
15 double check on whether it is focused on older adults
16 in the way you are asking the question. But they...
17 But our staff are trained how to access various
18 supports. So, for example, there are some cases where
19 kids live with relatives but are not in foster care.
20 And our team, for example, in that instance is
21 trained on how to connect families to HRA for
22 services such as TANF and food stamps.

23 But I am not sure if it's as focused in the way
24 that you are asking the question.

25 CHAIRPERSON HUDSON: Okay, that's fair.

1
2 How does NYC children ensure older adult
3 caregivers understand their legal options, for
4 example, guardianship versus custody versus adoption,
5 and receive timely legal assistance?

6 DEPUTY COMMISSIONER GENDELL: When children are in
7 foster care and they're not going to return home, so
8 either they're going to be adopted or a KinGAP, there
9 is, uh, we're able to provide the relative, foster
10 parent, or person seeking guardianship adoption
11 through the Family Court with the lawyer... not with
12 the lawyer, but with the funding for the lawyer. They
13 get a private lawyer, but we are able to pay for
14 that.

15 For those who are outside of our system, on the
16 prevention side, preventive providers have
17 connections and can make referrals to legal
18 assistance as part of what they're supposed to do.

19 But we wouldn't... ACS wouldn't be directly
20 involved with a relative caregiver seeking custody or
21 guardianship privately outside of the child welfare
22 system.

23 CHAIRPERSON HUDSON: Understood.

24 And then a couple of questions related to the
25 bill specifically. Does NYC Children see value in a

1
2 formal kinship care program for older adults as
3 proposed in Intro 1184?

4 DEPUTY COMMISSIONER GENDELL: We, uh, I would say
5 we always think that having supports for families and
6 caregivers and the children is beneficial.

7 There's also a benefit to these types of supports
8 not being inside ACS, because for obvious reasons,
9 people are afraid to come to ACS. And so, you know,
10 the more supports there are for families in New York
11 City, the better.

12 CHAIRPERSON HUDSON: Okay. Great.

13 And how might such a program complement or
14 overlap with existing NYC Children's services?

15 DEPUTY COMMISSIONER GENDELL: I mean, I think we'd
16 want to make sure that, as an example, this new
17 program knew how to access the services and supports
18 we already have on the preventive side. You know, we
19 wouldn't want people to duplicate those services.

20 We also have Family Enrichment Centers where
21 we're growing from four of those to there'll be 30
22 soon. They're opening up with about 15 now open where
23 people can drop in, and they're built for the needs
24 of that community.

1
2 And so some of those Family Enrichment Centers do
3 actually have grandparent caregiving programs that
4 that community wanted.

5 So we would also want this program to be aware of
6 how to access and where the Family Enrichment Centers
7 are, too.

8 CHAIRPERSON HUDSON: Great.

9 And you said this a moment ago, but I just want
10 to confirm for the record that you think a program
11 like this would be best suited outside of your
12 agency?

13 DEPUTY COMMISSIONER GENDELL: I do for a variety
14 of reasons, including that most children in New York
15 City are actually not involved with ACS. And so to
16 have the ,you know, more breadth, I think, outside
17 ACS. Of course, if this program were with ACS, we do
18 have the Family Enrichment Centers programs that
19 aren't for families with investigations.

20 So we'd, of course, do the best we could to make
21 it both feel and be as safe as possible.

22 CHAIRPERSON HUDSON: Yeah, it's not a trick
23 question. It's okay if you don't want it. (LAUGHS) I
24 just wanna confirm.

25 (LAUGHTER)

1
2 CHAIRPERSON HUDSON: But I appreciate your
3 answers.

4 That concludes my questions for both of you.
5 Thank you so much for your time and both of you for
6 being here.

7 PANEL: Thank you.

8 COMMISSIONER CORTÉS-VAZQUEZ: And, thank you.
9 Please excuse my interruption there.

10 CHAIRPERSON HUDSON: It's all good. All good, no
11 worries.

12 (PAUSE)

13 CHAIRPERSON HUDSON: Alrighty, I now open the
14 hearing for public testimony.

15 I remind members of the public that this is a
16 formal government proceeding and that decorum shall
17 be observed at all times. As such, members of the
18 public shall remain silent at all times.

19 The witness table is reserved for people who wish
20 to testify. No video recording or photography is
21 allowed from the witness table.

22 Further, members of the public may not present
23 audio or video recordings as testimony, but may
24 submit transcripts of such recordings to the Sergeant
25 at Arms for inclusion in the hearing record.

1
2 If you wish to speak at today's hearing, please
3 fill out an appearance card with the Sergeant at Arms
4 and wait to be recognized. When recognized, you will
5 have two minutes to speak on today's hearing topic:
6 *Oversight - Older Adult Kinship Caregiving Resources*
7 or on Introduction Number 1184.

8 If you have a written statement or additional
9 testimony you wish to submit for the record, please
10 provide a copy of that testimony to the Sergeant at
11 Arms.

12 You may also email written testimony to
13 Testimony@council.nyc.gov within 72 hours after the
14 close of this hearing. Audio and video recordings
15 will not be accepted.

16 And I would like to call our first panel, which
17 will be Benjamin Treiber and Bryan Ellicott-Cook.

18 BENJAMIN TREIBER: Good afternoon, thank you Chair
19 Hudson and members of the Aging Committee. My name is
20 Benjamin Treiber and I'm from the Weinberg Center.
21 I'm testifying in favor of Intro 1184.

22 Older adults represent a significant number of
23 over 1.3 million informal caregivers in New York
24 City. While occupying a caregiver role can provide
25 older adults with a sense of purpose and deepen bonds

1
2 with the person they are assisting, these
3 relationships also create immense physical,
4 psychological, emotional and financial strains that
5 put both the caregiver and care recipient at risk of
6 harm.

7 As older adults age, family may take on new
8 responsibilities to assist with activities of daily
9 living or meet other medical or social needs. While
10 the majority of informal caregivers provide adequate
11 support to their loved ones, in some situations a
12 well intentioned care provider might lack the
13 training and knowledge needed to meet the scope of
14 their evolving medical and assisted needs.

15 Neglect by a caregiver who is unable to
16 adequately fulfill their responsibilities can have
17 very serious consequences for the health and safety
18 of an older adult.

19 Not only does becoming an informal caregiver come
20 with increased responsibilities, it can also
21 dramatically change the relationship dynamic between
22 the care provider and recipient. These changes may
23 require them to fulfill roles that are uncomfortable
24 and create conflict and stress that exacerbate
25

1
2 existing abusive dynamics or create a new fault line
3 for a breakdown in the relationship.

4 In DFTA's 2017 survey of informal caregivers,
5 over half of the respondents reported that they were
6 providing at least 30 hours of care per week and many
7 articulated the pressure of being primarily
8 responsible for another's care and the negative
9 effects of the reorientation of their social and
10 professional lives. If not properly supported and
11 addressed, these new relationship dynamics can lead
12 to resentment and frustration that risks finding an
13 outlet in physical and psychological abusive
14 behavior.

15 The Weinberg Center for Elder Justice supports
16 the chair's proposal to create new kinship caregiving
17 resources for older adults and to facilitate broader
18 awareness of available resources for informal older
19 adult caregivers through written materials and
20 informational sessions at Older Adult Centers and
21 believes such actions are a vital tool in the
22 prevention of elder abuse for both providers and
23 recipients of informal caregiving relationships.

24 Thank you.

1
2 CHAIRPERSON HUDSON: Look at you, spot on! You
3 rehearsed that, didn't you?

4 (LAUGHTER)

5 CHAIRPERSON HUDSON: A little bit? Well, thank
6 you, and we've got your... the full written
7 testimony. So appreciate you being here.

8 BRYAN ELLICOTT-COOK: Good afternoon, Chair Hudson
9 and members of the Aging Committee. My name is Bryan
10 Ellicott-Cook; my pronouns are they and he, and I
11 serve as the Director Of Government Relations at
12 SAGE, the nation's largest and oldest organization
13 dedicated to improving the lives of LGBTQ+ older
14 adults.

15 Since our founding 1978, SAGE has worked
16 tirelessly to advocate for policies and programs that
17 empower LGBTQ+ elders ensuring that they can age with
18 dignity, security, and support. From leading national
19 advocacy efforts to providing direct services, we
20 have remained at the forefront of combating social
21 isolation, housing insecurity, and healthcare
22 disparities among LGBTQIA+ older adults.

23 I'm here today to express SAGE's support for
24 Intro 1184, which seeks to establish a program
25

1
2 dedicated to supporting older adults providing
3 kinship care.

4 This initiative is critical in ensuring older
5 adults who are caregivers have access to the
6 necessities, resources, guidance, and community
7 support to navigate the challenges of kinship care.

8 In 2021, the New York State enacted legislation
9 defining kinship caregivers as non parent relatives
10 and family friends who are taking on caregiving
11 responsibilities for children. These laws granted
12 caregivers legal standing enabling them to access
13 vital benefits and services.

14 Additionally, the State's Kinship Navigator
15 Program provides essential resources, information,
16 referrals, and assistance in kinship families
17 including those in New York City.

18 While these programs offer valuable support, a
19 city-specific initiative, such as the one proposed in
20 Intro 1184, will ensure that kinship caregivers,
21 particularly older adults, receive localized,
22 tailored assistance to meet their unique needs.

23 This initiative is especially critical to LGBTQ+
24 older adults who are deeply engaged in caregiving
25 roles. Research from AARP indicates that

1
2 approximately 58 percent of LGBTQ+ adults aged 45 and
3 older have either provided or are previously provided
4 caregivers for a loved one.

5 Many LGBTQ+ caregivers take on kinship roles
6 without the legal or financial protections afforded
7 to traditional family members (TIMER CHIMES) and
8 there's more...

9 CHAIRPERSON HUDSON: No problem. We have the full
10 written testimony, so we're good.

11 I do have a couple questions for both, though.

12 Are there best practices or successful models
13 from other jurisdictions or organizations that you
14 believe could be adapted here in New York City with
15 regards specifically to this bill or program?

16 BRYAN ELLICOTT-COOK: I would say that the
17 commissioner did bring up that the caregiving program
18 that is established was sort of added to that. So
19 those models do work. They can be modeled the same
20 way.

21 Off the top of my head don't know of a
22 jurisdiction that does it currently, but the
23 caregiving program at SAGE has been very successful.

24 CHAIRPERSON HUDSON: Okay. And then, are there
25 other services, supports or modifications you would

1
2 recommend including in the legislation to better
3 serve older adult kinship caregivers and ensure that
4 the program is responsive to their evolving needs?

5 I don't know if there's anything in either of
6 your longer testimonies that would address that? No?

7 BRYAN ELLICOTT-COOK: Mine does. I Appreciate
8 that question.

9 I did add recognizing Trojan family structures in
10 my testimony, especially now given the federal
11 administration, I think it's important that this
12 piece of legislation better define chosen family
13 structures to make sure that that is protected, as
14 well as continuing to provide LGBTQ+ inclusive
15 service training. That remains to crucial ensuring
16 housing and legal protections and also directly
17 supporting trans and non-binary caregivers now more
18 than ever.

19 CHAIRPERSON HUDSON: Okay, great, thank you both
20 so much, I appreciate you being here.

21 I would now like to call up Mahathi Yerra,
22 Justine Tetteh, and Sharon Brown.

23 (PAUSE)

24 CHAIRPERSON HUDSON: We can start on this end and
25 go down the line. And just make sure you pull the

1
2 microphone close to you and press the button at the
3 bottom, make sure the red light is on.

4 MAHATHI YERRA: Great, my name is Mahathi Yerra,
5 I'm a staff member with the Elder Law Unit at the
6 Legal Aid Society.

7 The Elder Law Unit is a multidisciplinary team
8 that specializes in eviction defense for seniors in
9 Bronx and Brooklyn.

10 The Legal Aid Society supports the proposed bill
11 which seeks to establish a program to support older
12 adults who provide kinship care for their families.

13 The Elder Law Unit represents older adults who
14 provide kinship care for their grandchildren and
15 other minor children in their households. We are
16 aware that older New Yorkers make up a majority of
17 all kinship caregivers in New York and face unique
18 challenges due to their age socioeconomic status and
19 additional barriers.

20 Notably, many older caregivers raise their
21 children on fixed incomes while they live at or below
22 the federal poverty line and many face housing and
23 food insecurity.

24 We are here today to provide three
25 recommendations for the community to consider:

1
2 The first is we recommend that this program is
3 made available to as many kinship households as
4 possible by ensuring that both formal and informal
5 kinship arrangements are both supported. Formal
6 kinship arrangements are those where the older adult
7 has or is in the process of obtaining guardianship or
8 custodial rights, where informal kinship arrangements
9 may lack those formal documents or legal rights are
10 nonetheless crucial for many families where children
11 still rely on the older adult for the majority of
12 their care and needs.

13 This barrier often creates distinct hardships for
14 informal families in obtaining certain housing
15 vouchers due to the lack of documentation or access
16 to formal legal systems. Therefore they would greatly
17 benefit from the individualized case assistance to
18 maximize their resources rental subsidies and other
19 benefits.

20 Second, we agree that the eight workshops would
21 provide a great benefit for older caregivers but we
22 want to ensure that participation is not a
23 requirement for receiving case assistance, as many
24 older adults may struggle to attend all workshops due
25 to a variety of barriers.

1
2 And lastly we want to ensure that the program has
3 sufficient wraparound services to encourage
4 participation by older adults and this can include
5 (TIMER CHIMES) Can I finish?

6 CHAIRPERSON HUDSON: Are you almost finished?

7 MAHATHI YERRA: Yeah...

8 CHAIRPERSON HUDSON: Yeah, yeah, go for it.

9 MAHATHI YERRA: just one more sentence.

10 Coordinate transportation as well as caregiving
11 assistance while older adults are attending workshops
12 or appointments.

13 And these recommendations are just meant to
14 ensure that the program meets older adults where
15 they're at and would encourage more older adults to
16 seek out these services. Thank you for your time.

17 CHAIRPERSON HUDSON: Great, thank you so much.

18 JUSTINE TETTEH: Good afternoon, Chair Hudson and
19 esteemed members of the Committee on Aging. My name
20 is Justine Tetteh, and I am the Director of Policy
21 and Advocacy at Lenox Hill Neighborhood House. I am
22 testifying in favor of Older Adult Kinship Caregiving
23 Resources.

24 Lenox Hill Neighborhood House is a 131-year-old
25 settlement house oversees NYC Aging funding programs,

1 including a caregiver program to Older Adult Centers
2 and a social adult day program.
3

4 Last fiscal year we served 769 clients through
5 our caregiver program and over 5,000 members across
6 all of our older adult programs.

7 NYC Aging has been a cornerstone for older adult
8 support and celebration and has transformed advocacy
9 research and public knowledge into what it means to
10 age with dignity and empowerment. Our caregiver
11 program delivers much needed services to caregivers
12 residing in Congressional Districts 8 through 12,
13 including supportive counseling for caregivers
14 experiencing burnout and stress, virtual and in
15 person support groups, supplemental item purchases,
16 respite services, and many more.

17 The communities we serve are rich in culture and
18 familial values. We have observed that kinship
19 caregivers can be grandparents or other older family
20 members that are caring for a child that they do not
21 have legal custody of.

22 As we continue to advocate for additional funding
23 for our city's older adult programs, we must also
24 recognize the importance of supporting older adults
25 in kinship dyads. Non traditional family structures

1
2 are embedded in our community with older adults
3 raising an adolescent family member or a family
4 member with intellectual and or developmental needs.

5 Caregivers face immeasurable obstacles including
6 financial barriers, lack of social service support,
7 legal challenges, and neglect of representation in
8 local, state, and federal policies.

9 The Neighborhood House hopes that the stories of
10 other kinship caregivers inspire our local government
11 to approve investments in new funding streams for
12 kinship caregivers as it would be vital to ensure
13 that these types of overlooked individuals receive
14 the services they need.

15 We can only hope that with this momentum
16 organizations can continue to invest in NYC Aging's
17 goal to build multi generational program and
18 resources for years to come.

19 Thank you for being a voice for our community.

20 CHAIRPERSON HUDSON: Thank you so much for your
21 testimony. Next?

22 SHARON BROWN: Hello, my name is Sharon Brown.
23 Before I start, remember Israel, defend Israel,
24 release the hostages, let Yahweh's people go.

1
2 Okay. The kinship program, I believe that there
3 should be a care program. Now the program is for aged
4 adults who are helping young people, am I
5 understanding that correctly?

6 CHAIRPERSON HUDSON: That is correct.

7 SHARON BROWN: Okay. So the aged adults are going
8 to need things to help them aid and assist the
9 children that they're caring for. They themselves
10 probably have difficulties and things like that, and
11 we need to make all the resources available to them
12 as we make it available to the person that they're
13 caring for. So they would be related to them, so it
14 could be some kind of familial resources that we have
15 for them. For instance, housing that would be
16 adequate for both the older person and the young
17 child. Most of them have physical disabilities or
18 needs, things that need to be met, and they need
19 finances and they shouldn't just feel like this is
20 some kind of program type of thing where "poor you".
21 We should have things for them to learn things, learn
22 to ride horses, all kinds of thing, all kind of
23 resources to let them know that you're... this is not
24 a punishment that you are not with your parents or
25 something like that.

1
2 We should have financing for them to learn
3 computers to learn... like to let them know this is
4 the beginning of their life.

5 When they get into these kind of programs, it's
6 not that "poor, woe is me", it is that we are setting
7 you up for success. So this should be a catalyst for
8 them. It shouldn't be "Poor you, we expect you to
9 fail in about twenty years." What we do in these
10 programs (TIMER CHIMES) should excel anything that
11 we've ever had before.

12 CHAIRPERSON HUDSON: Thank you.

13 Hold on one second.

14 (PAUSE)

15 CHAIRPERSON HUDSON: I have a couple of questions
16 for the first two testimonies.

17 In your experience, what outreach methods work
18 best to reach older caregivers, especially those who
19 may have limited digital skills or face language
20 barriers?

21 (PAUSE)

22 MAHATHI YERRA: So some of the resources that
23 might be helpful for them is having pamphlets in
24 different languages, making these documents available
25 in places that they have access to – so Older Adult

1
2 Centers, placing them in certain agencies they go to,
3 so having them available at HRA or Housing Court or
4 other places where they might be able to seek
5 services or may have to go to access services. That
6 is like initial thought.

7 CHAIRPERSON HUDSON: Thank you. Anything to add?

8 JUSTINE TETTEH: Yeah, our organization has an
9 adult education program where we also do teach Tech
10 Ed for any older adult who is trying to navigate
11 technology. So in addition to helping older adults
12 navigate technology we also do have pamphlets and
13 information available in various languages.

14 CHAIRPERSON HUDSON: And then can you identify any
15 particular cultural or linguistic gap in the current
16 availability of kinship care resources for older
17 adults? Or it doesn't have to be specifically related
18 to kinship care, but just in general, any cultural or
19 linguistic gaps that you've seen with clients that
20 you serve? No?

21 MAHATHI YERRA: I'd say that there may be a
22 cultural gap in their understanding of whether or not
23 they have access to these resources.

24 I don't have specific examples, but from what
25 I've seen from certain clients they might not feel

1
2 that they fit into the definition of kinship if
3 they're not in a formal arrangement or they don't
4 have formal guardianship that might prevent them from
5 accessing these resources.

6 CHAIRPERSON HUDSON: Okay.

7 MAHATHI YERRA: So it would be really beneficial
8 that any material emphasizes that they should be able
9 to access these services too.

10 CHAIRPERSON HUDSON: Okay, great, that's helpful.

11 And then the last question is, have you
12 encountered barriers or have clients that you've
13 served encountered barriers that you're aware of when
14 seeking legal assistance or navigating custody and
15 guardianship processes? I know for you specifically
16 at Legal Aid.

17 MAHATHI YERRA: I can certainly look into that for
18 you. I am with the Housing Department, and less so
19 with the department...

20 CHAIRPERSON HUDSON: Got it.

21 MAHATHI YERRA: that does that service.

22 CHAIRPERSON HUDSON: Okay.

23 MAHATHI YERRA: But I can add that to written
24 testimony.

1
2 CHAIRPERSON HUDSON: Okay, great. Thank you all so
3 very much. I appreciate your testimony.

4 (PAUSE)

5 CHAIRPERSON HUDSON: Is there anyone else in the
6 room that would like to testify?

7 (NO RESPONSE)

8 CHAIRPERSON HUDSON: Okay, we are going move to
9 virtual testimony. And I am going to call on Carole
10 Cox.

11 DR. CAROLE COX: Can you hear me?

12 CHAIRPERSON HUDSON: You are unmuted, and as soon
13 as the sergeants tell you to go, we will begin your
14 time.

15 SERGEANT AT ARMS: You may begin.

16 DR. CAROLE COX: Thank you. I am Carole Cox; I am
17 a Professor of Social Work at Fordham University
18 Graduate School of Social Service.

19 I began working with the Grandparent Resource
20 Center in the city of New York in 1998 when I had the
21 good fortune to have wonderful supports, and I
22 developed what we call – and continues – the
23 Grandparent Empowerment Program. So in fact, there is
24 a book on the program that came out along with many,
25 many papers. The program has won several awards over

1
2 the lifetime that I've given it. It's won and was
3 recognized in 2010 by the Administration of the
4 Association Area Agencies on Aging.

5 The program was offered by the GRC until 2023,
6 which is a long time, on and off, not continually.
7 There was a break, and then it came back again.

8 Originally, it's an empowerment program. And by
9 looking at empowerment, it is saying that
10 grandparents are already resourceful. They have taken
11 on the role of raising grandchildren. And as I've...
12 you've heard many times, they often have many issues,
13 many, many challenges that they've never expected.

14 They take this role, and then they can become
15 really paralyzed. They don't know what to do. How do
16 you deal with children's loss? How do you deal with
17 children's grief? How do you communicate with kids?
18 How do you communicate with a teenager, which we know
19 is very difficult.

20 The Empowerment Program is not a support group.
21 It is actually a teaching group, an empowerment
22 group. And every participant in the program receives
23 a whole curriculum of seven classes, 14 classes
24 originally, then we brought it down to seven.

1
2 I was very taken by one of the questions you just
3 asked about whether people who were... had very low
4 literacy could do this. Yes, I have even had
5 grandparents in the program over the years who were
6 illiterate, but we do so much in terms of talking and
7 going through the skills and what they have to do and
8 having them work with children to develop these
9 skills.

10 One woman said to me, she was from Puerto Rico,
11 and she was illiterate in English, barely, you know,
12 had very little... (CROSS-TALK)

13 SERGEANT AT ARMS: Your time is expired.

14 DR. CAROLE COX: Sorry...

15 CHAIRPERSON HUDSON: That's okay. Can you just
16 share the name of the book again that you referenced?

17 DR. CAROLE COX: Yes, this is *Empowering*
18 *Grandparents*... Can you see it?

19 CHAIRPERSON HUDSON: Can you hold it back a little
20 bit from your camera? Okay.

21 DR. CAROLE COX: *Empowering Grandparents Raising*
22 *Grandchildren*.

23 That was the initial book, but we have done many,
24 many articles on it. And I just wanted to say that
25 during COVID, the program was taken online and was

1
2 offered virtually to almost, I think, over a 100
3 grandparents in the city of New York, five boroughs.

4 And a virtual program, when we talk about and
5 this I've written about and talked about so much...

6 CHAIRPERSON HUDSON: Thank you...

7 DR. CAROLE COX: When we say that people... older
8 people, and particularly older minority people,
9 cannot operate technology, it's absolutely nonsense.
10 They loved it.

11 CHAIRPERSON HUDSON: Absolutely. Thank you so much
12 for your testimony.

13 DR. CAROLE COX: Of course.

14 CHAIRPERSON HUDSON: Thank you.

15 Is there a Gordon Lee present virtually?

16 (NO RESPONSE)

17 CHAIRPERSON HUDSON: Gordon Lee?

18 SERGEANT AT ARMS: You may begin.

19 (NO RESPONSE)

20 CHAIRPERSON HUDSON: Lawrence Campbell?

21 (NO RESPONSE)

22 CHAIRPERSON HUDSON: Is there a Lawrence Campbell
23 present?

24 SERGEANT AT ARMS: You may begin, Lawrence.

25 (NO RESPONSE)

1
2 CHAIRPERSON HUDSON: Okay, seeing no hands, we
3 will conclude testimony, public testimony for today.

4 I would like to thank everybody for their
5 testimony, as well as those from the Administration
6 for providing their testimony.

7 And this hearing is adjourned, thank you.

8 (GAVEL SOUND) (GAVELING OUT)

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C E R T I F I C A T E

World Wide Dictation certifies that the foregoing transcript is a true and accurate record of the proceedings. We further certify that there is no relation to any of the parties to this action by blood or marriage, and that there is interest in the outcome of this matter.



Date March 15, 2025