
Meeting

of

GENERAL ASSEMBLY TASK FORCE ON GRANDPARENTING

*“To discuss problems facing grandparents who are raising
their grandchildren for economic reasons or due to the absence or inability
of the parents to care for their children, and possible solutions to these problems”*

LOCATION: Old Bridge Municipal Complex
Old Bridge, New Jersey

DATE: July 21, 1999
10:30 a.m.

MEMBERS OF TASK FORCE PRESENT:

Assemblyman Kenneth C. LeFevre, Chair
Assemblyman Samuel D. Thompson, Vice-Chair
Assemblyman Peter J. Barnes Jr.
Assemblyman Alfred E. Steele
Howard Berger
Anne-Michelle Marsden



ALSO PRESENT:

Amy M. Fankhauser
Office of Legislative Services
Task Force Aide

Tasha M. Kersey
Assembly Majority
Task Force Aide

Meeting Recorded and Transcribed by
The Office of Legislative Services, Public Information Office,
Hearing Unit, State House Annex, PO 068, Trenton, New Jersey

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submitted by

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ASSEMBLYMAN KENNETH C. LeFEVRE (Chair): If we could begin. Welcome to Old Bridge Township. My name is Ken LeFevre. I'm a State Assemblyman from District 2, which is in southern New Jersey. I'm chairing this Task Force on Grandparenting. And as we did in our first meeting, which was held last week in Paterson, New Jersey, I ask the members of the Task Force to introduce themselves for the benefit of those who may not know who they are.

Why don't we start on my right today with Assemblyman Barnes.

ASSEMBLYMAN BARNES: Pete Barnes, Assemblyman in District 18 here in Middlesex.

ASSEMBLYMAN STEELE: Assemblyman Steele -- 35th District, Paterson.

ASSEMBLYMAN THOMPSON: Assemblyman Sam Thompson. This is my home district -- my hometown.

MR. BERGER: Howard Berger from Atlantic County. I work for the State Department of Senior Services (*sic*). I'm a full-time senior citizen advocate, and I'm a retired former broadcaster.

MS. MARSDEN: Anne-Michelle Marsden. I'm an Associate Professor at Rutgers University and faculty at Rutgers Cooperative Extension of Atlantic County.

ASSEMBLYMAN LeFEVRE: Thank you.

We have an additional public member, David Dorn, who is from Pennsville, New Jersey, in Salem County. He could not be with us today because of previous plans. I want the record to reflect the fact that he extended his condolences for not being able to join us.

For the members sitting at the dias, if you -- when you go to speak, this microphone (indicating) -- the thin microphone is the one you can speak into. To turn it on, you have to turn the little dial to the left. When the red light goes on, you're in business. I just wanted to make sure everyone understood that.

And for those who testify, I only ask that if you're not-- Well, actually, you should really come up and speak at the table and identify yourself and where you're from and speak into the larger microphone that is sitting on the table because this meeting is being transcribed, and we would appreciate that.

The purpose of the Task Force is to look at those issues and concerns facing grandparents who are raising grandchildren. Our first meeting in Paterson was very enlightening, and some of the issues that we found out were some that we've known about and some that we had not really been faced with before and were not aware of. But hopefully today will also provide us with a great opportunity to learn more about what's on the minds of those who are personally involved in raising their grandchildren as well as those agencies that are involved in interfacing with that population.

So at this point, I would like to call on our first witness. This individual needs to speak first because of other obligations.

Elaine Valentino, Monmouth County Department of Human Services.

Welcome, Elaine.

ELAINE H. VALENTINO: Good morning, ladies and gentlemen.

Unplanned parenthood is the term that has been used by AARP in many of their articles regarding grandparents raising grandchildren.

The sandwich generation is a term used by the author of Monmouth County's magazine, *Sandwich Generation*, addressing the issues of people like you and I who are in the middle of the sandwich with elderly parents, perhaps, at one end and children on the other. She has recently changed the phrase sandwich generation to club sandwich because we've added yet another layer of grandparents raising their children's children.

Good morning. My name is Elaine Valentino. I'm currently Director of Monmouth County Division on Planning and Resource Development, and I was formerly Director of Monmouth Division on the Status of Women.

I have no personal agenda in this issue. I am not a grandparent raising a grandchild. I'm not even a grandparent. I saw this as an issue because I saw women in the supermarkets, in the doctor's offices, in the police stations, in the schools, and you can tell they were not babysitting. They were raising their grandchildren. And in 1992, through the efforts of Healthy Mothers Healthy-Babies Coalition, of which I am a member, we had this issue in Monmouth County Eastern Branch Library in Shrewsbury. On a weekday, about 80 people showed up and thought it was the greatest program they've heard, and perhaps we could duplicate it throughout the state.

The response was great, but they were the wrong people. They were the people who were the professionals in the community and throughout the state who finally felt that the issue was being address, but they weren't the people I was trying to reach at the time. So we held the program on a

Saturday in the same library, and many grandparents and grandchildren came. And we felt that there was a need to start a support group, but where should we go? Someone suggested that we bring it to a more urban area where perhaps transportation was a little easier, and we focused on Neptune.

There was no funding available to do this. Through the support of the head of Monmouth County Department of Human Services and the Freeholders, through the generosity of Neptune Senior Center who gave us the space, through the generosity of the professional community who I brought in monthly for programming, we were able to start a support group and listen to the reasons why grandparents are raising their grandchildren. And I know you've had one meeting already, but let me just acquaint you with some of those reasons.

They are raising their grandchildren because their own children are young and unmarried and at home; because their children have returned back to the nest following failed marriages or relationships and brought their children with them; because their own children are in alcohol and drug treatment facilities; because their own children are incarcerated; because their own children have abandoned their children; because their own children have died suddenly in an accident or following a long illness such as AIDS or cancer. That is, in a nutshell, a profile of some of the reasons why grandchildren are being raised by grandparents.

In 1994, I was asked to address the local White House Conference on Aging, and in 1995, Checkmate, an antipoverty agency in Monmouth County and Asbury Park, received a grant from the Department to start a support group. Because we would basically be having the same audience, I

decided to transfer my support group from Neptune to Asbury Park to stay on as a consultant, and now that support group meets every month in one of the churches in Asbury Park.

In 1994, following my testimony, I was approached by United Senior Alliance and AARP. During that time, I worked with people throughout the state. We met in different counties and worked with them on putting together legislation. That legislation was introduced by two Monmouth County legislators. It provided for six pilot coalitions in the State of New Jersey and funding in the amount of \$5000.

The Monmouth County Coalition was started in June of 1997, and in January of last year, we introduced our interim report and submitted our final report in June of 1998. We put together a very qualified team of professionals in Monmouth County, but we wanted to hear the voices of grandparents raising grandchildren, so we did case studies. We left one seat on that Coalition a rotation seat, and every month we met with a different grandparent, but we elicited testimony from grandparents raising grandchildren for a variety of reasons.

We also met and talked about how we would spend that \$5000. We weren't going to spend it on refreshments. We were going to spend it on developing a resource guide and the maximum utilization of that fund on how we could get out to the most people, and the way we decided to do that was to include it as a separate flyer in the *Asbury Park Press*. We did it on a Tuesday because it is the most reasonable day to take out a flyer in the *Asbury Park Press*, and there were less flyers than on Sunday when you receive all the other commercial flyers. We were able to reach out to 84,000 homes with that flyer.

In addition, copies were distributed to all the major employers in Monmouth County, all the superintendents at the roundtable, the Monmouth County Departments and libraries, the Human Services Advisory Council, the Work Force Investment Board, the New Jersey EASE locations, and all the grandparent support groups, the Single Parent Activities Network, the Childwatch Coalition, Healthy Mothers-Healthy Babies Coalition, all the Barnes and Noble locations, substance abuse resources, the supermarkets, Laundromats, and to the Washington University Health Policy Forum when it visited us last spring.

We learned many things from the grandparents raising grandchildren. We put together our recommendations in our interim report and in our final report. I would just like to go over those suggestions with you now.

In the interim report, on education, grandparents should be educated as to their rights. The suggestion was a written plan of guidelines and procedures to follow and an appropriate follow-up to each process including court-imposed conditions.

On custody issues in cases of divorce, custody should be a separate issue, or the custody issue is ignored. The suggestion was a change in notification laws. Exceptions to locating the biological parent should be based on documentation, past history of violence and substance abuse.

On assistance, grandparents raising grandchildren should be in a separate category for assistance, financial, medical, and psychological.

Counseling is a necessary component for the grandparent and the grandchild.

On housing, decent living conditions are important. Grandparents raising grandchildren should be considered for transitional housing.

The services-- The suggestion was that there should be a central information pool for grandparents. Churches should be more involved than they are.

And transportation is necessary for doctors' appointments, recreation, etc. They also recommended a special training for police officers in situations where grandparents are raising grandchildren, an 800 hot line, Priority 1 child care for grandchildren raised by working grandparents, and priority summer camp placement for grandchildren raised by working grandparents.

Our final recommendations were that the DYFS policy concerning the approval of grandparents as foster parents, under certain circumstances, must be consistently applied by all case managers and offices. Grandparents must be provided with a copy of this policy at the initial intake interview. A uniformed implementation of police response systems should be developed by police departments and DYFS and strengthened by appropriate training. Issues of grandparents raising grandchildren should be incorporated in police academy training. A court advocate, similar to a court liaison in domestic violence cases, should be designated for each county. An RFP should be drafted to develop a mechanism that provides assistance to grandparents through the legal, medical, and social service systems. An 800 hot line should be established, providing information and referral. With regard to subsidies, child care for grandchildren raised by working grandparents, summer care placement for grandchildren raised by working grandparents, and a set-aside

formula targeted as a special category for grandparents in need of rental assistance.

Resource guides should be developed, updated, and distributed to the widest audience possible through local and regional directories, Web sites, and one easy link collaborative. Schools should be encouraged to conduct special orientations for grandparents raising grandchildren at the start of the school year, not after the second parent-teacher conference when the child is failing, to find out that grandma can't help them with the new math, and not after the fourth visit to the nurse's office, to find out that the child is being raised by a grandparent. That should be done at the beginning of the school year.

Churches should be encouraged to sponsor collaborative outreach projects that strengthen the extended families and promote the establishment of grandparent support groups and respite care programs.

Community organizations such as F-H should be supported in their efforts to develop intergenerational projects, and county parent aid mentoring programs should be expanded to include support for grandparents raising grandchildren.

I gave you a profile as to why grandparents were raising grandchildren, but I want to discuss some myths also regarding marital status, age, and socioeconomic issues. It doesn't matter whether you have sold a five-bedroom house in Holmdel and moved into an elite adult community. Children aren't allowed. It doesn't matter whether you live in subsidized housing, and you have a one-bedroom apartment and three children that are at your doorstep. It's not allowed. So it crosses all socioeconomic issues.

When it comes to age, people think that single parents are all under the age of 25 years old. Single parents are 75 years old, and they're raising their grandchildren. Grandma is not only a 77-year-old having difficulty climbing a set of stairs. Grandma is also 27 years old on a StairMaster.

I indicated that I am not a grandparent raising a grandchild. I'm not a grandparent, but since I became involved in this issue in the past three years, I have three close friends who have lost their children under the age of 30 years old to cancer: a young wife to ovarian cancer, a mother of a two-month-old to breast cancer, and a son with a two-year-old son to Ewing's sarcoma. In those two instances, there is a surviving parent. I see the involvement of these grandparents in the lives of these grandchildren, and they are not doing it 24 hours a day as the grandparents we're talking about.

I have listened to the determination and the loud voices of grandparents who have said, when confronted by someone questioning why they would do this, "Of course I'm going to do this. This is my grandchild," but in a softer voice, sometimes in an unspoken voice, "What about me?" I have heard those voices and had acted in the limited framework of my authority in Monmouth County. I encourage you to listen to the loud voices and the softer ones also and to act on these issues.

Thank you for the opportunity to testify.

ASSEMBLYMAN LeFEVRE: Thank you, Elaine.

Are there any questions?

ASSEMBLYMAN BARNES: Yes, I had one.

You mentioned about training police officers while they're in the police academy. Can you expand a little on that?

MS. VALENTINE: That suggestion came from the police officer who was on our Coalition, and he indicated that police officers should be sensitized to the fact that a grandparent is raising this grandchild and that when you are dealing with a teenager, you should be aware of the fact that there is, perhaps, a 75-year-old grandmother who is in charge of this.

The 75-year-old grandmother has said to me that there is a big difference when you come home from the hospital with a newborn and you get up at 2:00 in the morning and you're 25 years old. There is a big difference when you're 75 years old. There should be an awareness in the community and a sensitivity to the issue of older people raising children. And that came directly from one of the members of the Coalition.

ASSEMBLYMAN BARNES: Thank you very much.

ASSEMBLYMAN LeFEVRE: Elaine, if you could stay put--
Are there any other questions?

ASSEMBLYMAN THOMPSON: I would like to first commend you for the job that you and Monmouth County have done in this area. I think it is outstanding work.

You did mention advising the grandparents of New Jersey EASE. First off, are there -- does there seem to be any significant amount of grandparents raising grandchildren that are aware that there may be informational help through New Jersey EASE? That's the first part of the question. The second part is, is there significant information for the grandparents raising grandchildren in New Jersey EASE? Do you know?

MS. VALENTINE: Yes, all of the information that was included -- and I have all of the report for all of you today. In the flyer that we included in the *Asbury Park Press* -- it has all the resources. And that has been provided to all the Monmouth County New Jersey EASE locations.

ASSEMBLYMAN THOMPSON: All right. That's normally-- When one thinks of New Jersey EASE, it's more associated with the problems of the seniors themselves, caring for themselves, etc., and I just wasn't sure how well it was geared up to assist them with the problems they have in raising grandchildren.

MS. VALENTINE: This is a cross-interagency problem and resolution because, when I first went down the state to discuss this and to include some of the questions in the DYFS manual, 45 questions were raised by grandparents raising grandchildren. Those questions were divided between DHS, DYFS, and the Office on Aging, and that's when we tried to project that a 55-year-old grandmother may feel inclined to call the Office on Aging, but a 27-year-old grandmother is not going to call the Office on Aging. So you have to have this information broad. You have to have it in Social Services, but you also have to have it in Senior Services as well.

ASSEMBLYMAN THOMPSON: Thank you.

ASSEMBLYMAN LeFEVRE: Mr. Berger.

MR. BERGER: Elaine, I was a delegate to the White House Conference on Aging, and I think I remember when you spoke, and one of the 49 resolutions that we adopted had to do with grandparents. So I guess we're both hopeful that the master plan we give for older America into this century will have an affect on what you're talking about today.

MS. VALENTINE: Yes, thank you.

MR. BERGER: You're welcome.

ASSEMBLYMAN LeFEVRE: Anne-Michelle, do you have a question?

MS. MARSDEN: I'd like to focus on your Coalition and ask a couple of follow-up questions. I'm really happy that one of the individuals that did get those county small grants to do the work is here today, and there are a couple of questions. The first one is, is your Coalition still, at this time, functioning?

MS. VALENTINE: Well, what we've done is-- The Coalition -- the term was only for one year. The appointment was for a year. However, the Coalition has been active with various members of the Coalition as the need arises, almost as an ad hoc committee. And we have been involved with supporting the support group, which is currently in Asbury Park, but in January of this year, we were also one of seven hundred sites throughout the United States that had a national video teleconference. And we did that at Brookdale College, and several members of the Coalition were on the panel as well.

We prefaced that presentation by providing history on what we've done here in Monmouth County, and I think that was a good way to start it because many of the communities across the county were just struggling with, "Maybe we should be involved with legislative advocacy." We've been there and done that. "Maybe we should be involved with a support group." We've been there and done that. So we had already been brought up to that point, so it was great for the audience to hear and to be familiar with what we've done

in Monmouth County before they looked at a broad-brush approach throughout the country.

MS. MARSDEN: For coordinated services and support of the GPRG-- In the future in Monmouth County, do you suppose that a coalition will need to exist? Is there a need for it in the future, or basically because of the \$5000, didn't exist in its strongest form at that time?

MS. VALENTINE: Going back to the way we started, I don't think that money is the motivation for a coalition. I think that we started without any money or any funding, and the funding was strictly for the resource guide, and that's how we did that. Many of the coalitions that I'm involved with -- Healthy Mothers-Healthy Babies Coalition, Single Parent Activities Network -- these are all unfunded entities, and yet they accomplish quite a bit. I think the recommendations of the Coalition as far as having a central source -- I don't think that you would need a coalition to do that, but I think that if you wanted to continue an approach and an awareness of where help can be established -- gaps in services, then perhaps a (indiscernible), met on a quarterly basis within their county and then perhaps once a year on a statewide basis, we could address those issues and any gaps in those services.

MS. MARSDEN: Okay. And one last comment.

We in Atlantic County were very jealous that the only group in New Jersey that got through to that National Satellite Conference was your group. You actually got a telephone call. And we congratulate you; although, we were a little jealous.

ASSEMBLYMAN LeFEVRE: Elaine, thank you very much.

I'm sure a copy of the Monmouth Coalition's Report is available.

MS. VALENTINE: I brought 10 copies with me.

ASSEMBLYMAN LeFEVRE: All right. Great. Thank you. We appreciate the work that the Coalition has done.

ASSEMBLYMAN THOMPSON: Very good.

ASSEMBLYMAN LeFEVRE: Thank you.

Just some housekeeping issues. If anyone in the audience is interested in testifying, we would welcome you to come up and fill out a form to indicate to us that you are interested in doing that. And also, there is some coffee that has been supplied to us along with some wonderful looking doughnuts and bagels by Assemblyman Thompson. He was up all night preparing that. So again I would welcome everyone to take advantage of it, or he is going to have to haul all that back home.

ASSEMBLYMAN BARNES: He did a very good job.

ASSEMBLYMAN LeFEVRE: Yes, he did.

ASSEMBLYMAN BARNES: He did really make those doughnuts.

ASSEMBLYMAN LeFEVRE: And also, not to forget, thanking Assemblyman Thompson and Assemblyman Barnes for cohosting this Task Force meeting today.

The next speaker I'd like to come up would be Deputy Commissioner Jim Smith with the New Jersey Department of Human Services. I'm pleased that he has been able to join us today and welcome his remarks.

DEPUTY COMMISSIONER JAMES W. SMITH:
Good morning, Mr. Chairman and members of the Committee. It's nice to be here.

At the Department of Human Services, generally when we talk of grandparents raising grandchildren, we also include the term kinship care because, in our world of Human Services, there are also aunts and uncles, brothers and sisters, neighbors, etc., who are also raising others' children. And this is an item of importance to Congress, State legislators, child advocates, and, of course, families. There are continuing challenges in developing public policy around kinship care. For example, to what extent are revised policies and services needed in order to balance family responsibility and recognize the critical role kinship providers play in the lives of children.

We at the Department collected and read, with great interest, the six reports required under Public Law 1996, c.142. Also, the Department has met with families and advocates across the state on the topic of kinship care. I've had the pleasure of attending many of those meetings and also working with some of the folks that you will hear testify today.

We have been listening, and we have heard some things around the state in our discussions, and as you heard earlier, there were some recommendations put forth in the reports. For example, the Governor and the Legislature recently included a \$500,000 initiative in the FY 2000 budget for a system navigator office to assist caregivers. You heard the previous speaker say that there should be a central location for information. This particular initiative is in the budget, and you will see something on this in the coming fiscal year. We will be working with people in the community to establish that particular office and to see how best to serve the kinship providers across the state. This initiative really was heard by us through a town meeting in Essex --

one of the participants in the six pilots, and they actually coined the phrase of systems navigator.

On the national level, the importance, as well as the complexity, of kinship care has been recognized through the establishment of a Kinship Care Advisory Panel by the Federal Adoption and Safe Families Act. This Panel is responsible for identifying key policy and practice options for the use and support of kinship care through a report to Congress due later this year. This report was originally due out in June. We've been in touch with the individuals running that particular Panel, and they said it is a little late, and we are eagerly awaiting that particular report.

There is a growing population of children residing with grandparents who are providing care for their grandchildren out of love and concern for the children's well-being, even though the grandparents may not be legally responsible.

Currently, kinship care may fall into formal and informal arrangements. Informal kinship arrangements are made between family members when parents are unable to care for their children. Most children in kinship care with relatives are placed there privately by their parents, on a temporary or permanent basis, and are financially supported by their parents or the resources of the relative caregivers.

The importance of informal kinship care is recognized by permitting families to make such arrangements privately, without the approval of a public agency and by making the courts responsible for giving suitable caregivers the legal authority necessary to make decisions regarding the child's care.

For children who have no adequate source of support, the State offers the same types of financial assistance and medical coverage they would receive if there were living with their own parents, through the Federal Temporary Assistance for Needy Families Program, which is TANF here in New Jersey. It is also referred to Work First New Jersey.

Formal kinship care may refer to arrangements made by the State child protection agency, Division of Youth and Family Services.

To be eligible for formal kinship care payments under the foster care rate, the child must meet the criteria for the Federal Title IVE Program which includes eligibility for Work First New Jersey and TANF on the part of the child prior to placement and adherence to placement-related requirements mandate through DYFS or through court order.

The relative must also meet the requirements of the foster care program, which minimally includes a home study, training, references, and checks for histories of child abuse and criminal convictions.

Not all children supervised by DYFS, in the homes of their relatives, are eligible for the formal kinship care program since they do not all meet the Title IVE criteria. Also, many family members consider the kinship care evaluation and supervision onerous and, sometimes, invasive, and they choose to apply for Work First New Jersey assistance for the child rather than the foster care program. For other families, the home may not meet the foster care requirements, but may still be an appropriate, safe place for the child to live. These families may also choose to receive the Work First New Jersey or TANF initiative.

Since formal kinship care provides greater financial assistance and services than does TANF, some have recommended that states expand the population of children eligible for the program, in essence to provide foster care payments to all children placed with relatives by the child protective agency or court involvement.

It's not surprising that other states have developed such a program and that they have also experienced a dramatic increase in the number of families coming forward for support.

Experiences in other states have identified unintended consequences that may be detrimental to the best interests of children. For example, some states have had difficulty in establishing standards for kinship care, which effectively balance the child's need for safety with the importance of using relatives as placement resources, particularly in situations in which there has been a family history of child maltreatment, substance abuse, criminal behavior, and other significant problems.

An increase in our state's foster care population will result in costs for maintenance payments and supervisory staff through the Division of Youth and Family Services. Additionally, costs to other entities involved with children in placement, such as child placement review boards, the courts, and parties who represent children and parents in placement-related litigation, would increase.

Also, our policy shifts should be in concert with the Federal and State Adoption and Safe Families Acts which include mandates for child safety, family rehabilitation, and strict time frames to move children from foster care into permanent homes.

As mentioned previously, we continue to examine the complicated issues around kinship care through the county coalitions to address concerns for grandparents raising grandchildren, discussion during the legislative appropriation hearings, and now through the hearings (*sic*) scheduled by your Task Force.

We welcome the opportunity to participate in these discussions and to assist families with problems associated with abuse, neglect, and abandonment.

We have already initiated several programs which are consistent with the needs identified by the reports of the grandparents raising grandchildren coalitions. For example, we participated with the AARP, about two years ago, in the development of a Kinship Care Handbook to make caregivers aware of the important issues to consider when taking on the responsibility and resources on the state and local levels. That particular handbook needs to be revised and updated.

We have also taken the initiative to identify agency policies which may need clarification under current law or changes in the statutes to meet the needs of children living with relatives.

For children under the care of the Division of Youth and Family Services, we are examining agency policies regarding the use of relatives as placement resources and how to achieve permanency for children when adoption is not appropriate. Of particular interest is the option offered in the Federal Adoption and Safe Families Act for legal guardianship; whereby, the rights necessary for providing day-to-day care and decision making are transferred to the caregiver without terminating the right of the parent to have

a continued relationship with the child. As a matter of fact, next week, the Division of Youth and Family Services will hold a retreat on the issue of legal guardianship.

However, as noted by the Federal Advisory Panel on Kinship Care and the reports of the grandparent coalitions, most children in kinship care have no involvement with the child protection or welfare system and have problems which are not within the scope of these entities.

One new resource outside of these systems is the funds for child care made available to the *Abbott* school districts. This resource, come September, will be available to help children and families in designated school districts. Services will not be based upon income and will be a resource to kinship providers residing in those school districts.

Additionally, within the Department of Human Services, \$100 million has been made available for subsidized child care for working families throughout New Jersey. While these funds are subject to certain restrictions, this is another resource for kinship caregivers. In the reports, we will note that child care was one of the supports recommended by the grandparent coalitions throughout the state.

KidCare is another example of a support for families. New Jersey is awaiting approval of a request for an expansion of KidCare eligibility to 350 percent of the Federal poverty level. This will assist families in ensuring that their children have access to quality medical care. In one of the community meetings that we had, one of the grandparents mentioned this and said that she did not have medical care for one of her grandchildren. KidCare was really just announced. I believe it was in that same week or so. We put her in touch

with the individuals responsible for KidCare, and I believe she now has proper coverage.

These are some of the things that we have tried to do at the Department at this point. We figure that the navigator was really our first major item out of the box for us. We, as I said, continue to listen. We are happy to participate with you. This is a complicated issue, but we think there's more to be done.

Thank you, Mr. Chairman.

ASSEMBLYMAN LeFEVRE: Thank you, Commissioner.

I have an initial question. Does the Department have any idea -- fiscal idea of what we're talking about by expanding the foster care parents payments to grandparents raising grandchildren? Any idea or estimates as to what that might look like?

DEPUTY COMMISSIONER SMITH: It would depend on what we come up with as to the population to be included. The legislation that is in front of the Legislature at this time has some equalization pieces in there. We have said that we would like to codify our policy, basically, in terms of what we already do, but there is an item in there, I believe, that includes placements by the court. We do not have what the cost factor would be on that and any changes in policy procedure. One word change could mean hundreds of thousands of dollars. We would just like to work with the Legislature on that to make sure what we have-- We do not have a specific fiscal note on that right now.

ASSEMBLYMAN LeFEVRE: It's clearly one of the inequities that exist today. I know that is something that this Task Force will be closely examining as part of its final recommendations.

DEPUTY COMMISSIONER SMITH: If I could, Mr. Chairman. Historically, those cost figures and also the philosophy have been issues that when a piece of legislation comes up, it seems like it comes up and the costs are risen, but the discussion, basically, doesn't continue as to what should finally be included in the legislation.

ASSEMBLYMAN LeFEVRE: I agree.

Any questions for the Commissioner?

ASSEMBLYMAN THOMPSON: From your testimony, I gather that in addition to the costs associated with providing the same support to grandparents or kin as you do for foster care. Aside from cost considerations, the Department seems to have some other concerns relative to the impacts that this would have. I got that impression in your testimony.

DEPUTY COMMISSIONER SMITH: Yes, and this is a great debate also. There are some times that discussions as to family responsibility versus that in terms of the foster care arrangements which are basically voluntary-- There's usually not a blood relationship there. That's one thing, in terms of the philosophy.

Also, we want to make sure to strike the correct balance in terms of additional supports for a family or for the caregiver, that we're not going over a line in terms of providing too much to this type of arrangement where we do have working poor families trying to make it every day that may not be getting all the supports that a package could put together for kinship care. So

the worker, generally, of the family who may be making let's say a little over minimum wage may say, "What are those types of services you're giving to that kinship provider? I may not be eligible for those services." So once again, where's the balance, and where's is that struck?

ASSEMBLYMAN THOMPSON: In other words, what you're saying in essence is that if the parent has any caring for the child or the support that they get, there may be minimal, zero, whatever, but if they now simply say, "Well, my parents are taking care of my kids," then suddenly, if we took this approach of providing money to grandparents same as on a foster care level, then the grandparents can get the money to take care of the kids, but the parents couldn't. That's an inequity you would be concerned with.

DEPUTY COMMISSIONER SMITH: And I don't want to say that is the norm that would happen. I'm just saying that those are things that we have to be careful in terms of the responsibility of carrying out the wishes, certainly, of the Governor and the Legislature.

It is quite interesting to sit in on some of these town meetings and community meetings. At the Middlesex meeting, I was sitting -- on one side of me there was a 40-year-old grandma and on the other side there was an 80-year-old grandma. You could see the differences in terms of their needs. One, in terms of trying to enjoy the golden years, and the other really preparing to take in retirement -- but still too not having those opportunities, but still also vote for those individuals in separate populations needing the supports required.

ASSEMBLYMAN THOMPSON: One other question that I have-- You mentioned the systems navigator office. Just how or what is this intended

to do? As I think about the general populous out there looking for help on something -- systems navigator office is sort of a poetic ring or something. I'm sure the first thought that pops in their mind is not that "oh, I need to call the systems navigator office." They don't even know such a thing exists. Are there plans for this to work, primarily, with other governmental agencies or the general public? What is it intended that they will do?

DEPUTY COMMISSIONER SMITH: Several things, and probably all of the above. The meetings will be with the coalitions and the grandparents. And as you heard previously, there is really no central place to call for information. "What is the policy on welfare? What is the policy on DYFS? Are there other coalitions? Are there other support groups or families in the same situation that I may be in? Who can I call for assistance? What are some of the histories? Are there handbooks available or information? Will there be conferences that we could attend?" And we're looking for this office to probably do a little bit of all of that. We will probably have an 800 number, but I hope it will be more than just an 800 number. We hope to have individuals there who can assist them and direct people with specific needs.

ASSEMBLYMAN THOMPSON: My one concern is simply the title again that is not something that the general public or whatever will think of -- that there is a systems navigator office out there. "That's what I need to call."

DEPUTY COMMISSIONER SMITH: Well, we plan to advertise the office and also hope the coalitions and some of these supports for grandparents across the state would assist us in that and also AARP and some other organizations throughout the state. So this particular office, hopefully,

will be up and working in a couple of months. It was really just approved in the July 1 budget. I hope to have it up and working in a couple of months.

ASSEMBLYMAN LeFEVRE: Any other questions? (no response)

Again, Commissioner, thank you very much for joining us this morning. We do appreciate your taking the time to spend with us, and we welcome your testimony.

DEPUTY COMMISSIONER SMITH: Thank you, Mr. Chairman and members of the Task Force.

ASSEMBLYMAN LeFEVRE: Again, to the Task Force members, if you would kindly use this microphone (indicating). I'm not sure if everyone out there can hear us. You just have to turn the little dial, and it will come on.

Our next scheduled speaker is Roslyn Blau, a licensed clinical social worker from Piscataway, New Jersey.

Welcome.

R O S L Y N B L A U: I'm a little nervous. This is something I usually don't do. I usually talk to people one to one, so forgive my shakiness.

ASSEMBLYMAN BARNES: We're very nice, so you won't have any problem whatsoever.

MS. BLAU: Thank you.

ASSEMBLYMAN LeFEVRE: You look fine.

MS. BLAU: Thank you.

For the last seven years, I have worked for the University of Medicine and Dentistry in Piscataway, and over the last seven years, I have seen a tremendous increase in grandparents raising grandchildren coming for services.

I particularly work on the inpatient child and adolescent unit, so I saw the most fragile of families. As my interest grew, I also took it out to my community and served on the Coalition for grandparents raising grandchildren, as well as part of the telecast conference this past January.

I'd like to talk a little bit-- I prepared some stuff, so I think it would just be better if I read it and talk to some of the things.

When I was in my 30s raising two children, my mother-in-law asked me when I was going to have a third. I told her when she moved back from Florida. For, you see, ladies and gentlemen, she was my safety net and support system. For grandparents today raising grandchildren, the support and safety nets are gone. I am here today to give voice to the hundreds of thousands of grandparents and great grandparents in New Jersey who are raising their grandchildren.

Can you imagine doing what you did at 30 years old at 75 years old, car pools, reliable day care, homework, camp, and sports while working full-time? Demographers have known for some time that the number of grandparents raising grandchildren is growing. As young families are torn apart by divorce, substance abuse, or diseases such as cancer and AIDS, grandparents continue to be the safety net for these grandchildren.

A report released this month by the U.S. Census Bureau featured some new findings. Most grandparents raising grandchildren are working. The report stated that 72 percent are grandfathers and 56 percent are grandmothers, but these seniors don't have the same resources working parents do. Work-paid insurance policies typically do not cover grandchildren. It is true that in New Jersey we have KidCare, but this does not cover mental health

services. And the paperwork is formidable, even for young people with good eyesight, and that means filling out the forms for KidCare. Even school records can be a problem if the grandparent has not adopted the grandchildren.

It is a lonely struggle in these sometimes single-parent homes. Again the U.S. Census report tells us that between 1990 and 1997, the percentage of households where grandparents are raising grandchildren grew more than those where parents were raising children.

I'd like to give you some hard facts.

Grandparents headed, grandfather-only households increased 39 percent to 152 percent. Grandparents headed, grandmother-only increased 27 to 340,000. Grandparents increased 19 percent overall to 2.4 million. Parent-headed families increased only 7 percent to 34.6 million.

To complicate the issue, grandparents and great-grandparents are more likely to have health problems related to the overwhelming stress and anxiety due to soccer practice, teachers conferences, and more years at work to save for college tuition. A recent study at the University of South Florida in Tampa reported that grandparents raising grandchildren had a significant decline in their health after they took their grandchildren in. And 60 percent reported serious money problems. U.S. Census reports that 27 percent of the grandchildren raised by grandparents are in poverty, while 17 percent are poor when a parent heads the household.

We need to act today, not only government, but corporations as well, to recognize that policies need to be developed to increase the support and safety net for these very fragile families.

I think one of the things you asked about, Professor, is should we have coalitions. I think we should, certainly, on a voluntary basis because there are ways to reach out to corporations for grants to fill the gaps in services. One particular one is given by Robert Wood Johnson. I couldn't apply for it, but certainly a coalition in a community could. And that would fill a program where we could have someone -- a visiting nurse go out and check the medical needs of grandparents, as well as a social worker, to address the behavioral issues, and it wouldn't cost the government a penny.

The other thing is that I contacted the phone company this year to see if they would put a heading in the Yellow Pages about just grandparenting, and I was declined because they felt it was too -- it just wasn't enough of a moneymaker. And I think that this is something-- DYFS is certainly going to have to have a help line. And I think it would be important if we could encourage businesses to see that grandparents and great-grandparents are in need of services and resources and where to go for them.

So I thank you very much.

ASSEMBLYMAN LeFEVRE: Again thank you.

MS. BLAU: Do you have any questions?

ASSEMBLYMAN LeFEVRE: Hold on a second, I want to see if there are any questions.

Michelle, do you have a question?

MS. MARSDEN: Being on the front line, I would like you to comment on the health of the youth of the GPRG. Do you see an increase in health issues with the children themselves which would eventually bring a lot of stress on to the grandparents that are raising the grandchildren?

MS. BLAU: Well, certainly on the inpatient unit-- As I said, I saw the most fragile of--

MS. MARSDEN: I meant mental health, by the way.

MS. BLAU: Yes.

I would see children who were very depressed because they were mourning the loss of their parents and really afraid of losing their primary caregivers, their grandparents. And so they would wind up in the hospital severely depressed and suicidal, even at age seven.

I saw grandparents who had to come out of retirement, and their blood pressure went up. They wound up getting confused with their medications. They were giving the kids the high blood pressure medication, and they were taking the depression medication. So there is a lot of confusion in those issues.

There was certainly a decline in nourishment. Kids would often come on the unit underweight because they didn't have adequate food in the house. Grandparents just didn't have the economics, particularly the great-grandparents that we saw who had lost two generations of support and just didn't have the money, sometimes, for groceries. And we know that kids go hungry every single day in the United States.

MS. MARSDEN: Thank you.

MS. BLAU: You're welcome.

ASSEMBLYMAN LeFEVRE: Any other questions? (no response)

Well, again you were great. Thank you very much for your testimony.

ASSEMBLYMAN BARNES: I'm going to get you a job with Dale Conneghy (phonetic spelling), you do so well.

MS. BLAU: Who?

ASSEMBLYMAN BARNES: Dale Conneghy, the public speaking group.

MS. BLAU: That's what I need.

ASSEMBLYMAN BARNES: No, you did great. You're going to be on the staff.

ASSEMBLYMAN LeFEVRE: Thank you, Roslyn.

Our next speaker is Dr. Mark Rodgers, from Monmouth University. He is with the Department of Social Work.

Welcome.

MARK RODGERS: Thank you.

I thank the Task Force today for the opportunity to address you. I think an often asked question by legislators, at this point in time, as we're reviewing what is and what might be, is where do the trained professionals come from to be able to respond to these needs? And part of what I'm here to tell you today is that we have a new M.S.W. program in Monmouth County and Monmouth University which, at this point, has 90 full-time M.S.W. students and 70 part-time students who are, of course, anxiously awaiting to get involved in field internship experiences and to learn their professional trade while at the same time serve as a ready source of trained individuals to work in, hopefully, the services that do exist and may, in fact, be expanded, vis á vis the work of this particular Task Force.

One of the concentrations, of which there are two in this program, is specifically directed to serve assisted families and children. And it really is a view from a womb-to-tomb approach. Much of our work is dedicated to working with training professionals to be able to work with families at risk, and certainly, the families we've been discussing here today would certainly be defined as at-risk families.

If we've learned nothing else from the testimony we've heard already-- I would like to approach this, perhaps, from a little bit more global perspective. If we discovered, in 1965, that the elderly themselves were a new minority, what we seem to be discovering today is that these grandparents who are raising their grandchildren are themselves a speciality -- new minority within that group. And clearly, what it's lead to, at least from the research that we've begun to do at the University, is a changing definition of what later adulthood is. Just what are the roles and responsibilities? How has that changed? "What did I think my life was going to be like versus what is my life going to be like because of the changes of these children that have come back into our lives?"

We already know that this is an increasing population group, not just in grandparents raising grandchildren overall, but the elderly population is increasing. I think we need to put that into context in terms of demographics. We haven't even hit the retirement age of the so-called baby boomer generation, which tends to be coming in around 2010 or 2011. What are going to be the demands -- growing demands placed upon this group as this group of people move towards retirement vis á vis two-family working relationships, inability to care for their own children, the growth of single-

parent households, etc.? Those were some of the things that we heard testimony specifically about already.

Add to that another fact that the old, old group -- this new definition of aging -- the old, old group being 75 years old and plus is, in fact, the fastest-growing population group nationwide. In fact, as a subgroup in it, the largest-growing population group is the 100-plus age-group. That has to be taken relatively if there are 10 of them last year, and there are 20 this year, that's 100 percent increase. Again this wave is moving.

I want to go back to this baby boomer generation, which has demanded and changed the service profile as it's moved all the way from preschools in the 1950s to the retirement group that's going to hit after 2010.

Let's look at what's going on within a traditional elderly household to begin with. Even without the grandchildren being there, society itself tends to afford them a lower status. They're dealing with issues of early retirement. "Should I take the buyout? Should I not? How is that related to what my life is going to be like?" You have a society that still has an extremely strong emphasis upon youth and youth-oriented cultural issues.

Health-care problems we heard about specifically from our last speaker. The cost of health care-- We know for a fact that you use the most health-care resources in your life in the last year that you're alive. So all of these issues are going on at the same time there are younger children back in your household.

Inadequate income becomes an issue. If at the same time you're beginning to deal with the loss of your own friends and your own family

members, lest we forget what's going on chronologically for that group, particularly the traditional group of 55 years old and older.

Transportation issues, which continue to plague this county and this state specifically-- How do we get these kids to the specific appointments that they need to be at? How do we make the time? How do we get the transportation arrangements to get them to the school conferences, the after-school programs, and all the other issues that seem to be so important in our society today?

Crime victimization for the elderly -- malnourishment, which we just heard about-- The malnourishment of just children -- lest we also forget the malnourishment of many senior citizens within our society as well. If that wasn't enough, all of these things combined together certainly have an impact in terms of the emotional problems of this population group overall. Concerns about their own death and what life will be like -- and then, on top of this all, growing claims, nationwide, of elder abuse overall. So these are the settings in which we have many of these children coming in and being present with these grandparents -- single grandparents or both grandparents. Obviously, they require not only financial resources, but social service resources as well -- specific programs.

Now, your Task Force, of course, is to be applauded because there are effective needs assessment technologies. Certainly public hearing testimony is one of them. I heard earlier, as well, about attempts to do coalition building. We shouldn't forget, as well, focus group approaches. (indiscernible) --group techniques where individuals in small planning groups get together, and all people in this planning group are in power to bring forth

their ideas and their opinions, not just the cadre of what I call professional participants who come out to all task force meetings or public hearings. We want to hear from all sections of the population so that we can get a rounder, more clear perspective of what those needs are. Don't forget -- traditionally, the group that is not heard from are the low-income folks who are being impacted by these questions specifically.

So focus groups and additionally citizen survey approaches are all examples of needs assessment technologies that are relatively easy to import, to use, and will produce reliable data as we gather more information about the specific needs of these individuals.

So here you have all these issues and burdens and concerns that the 55-plus age-group is already dealing with. And on top of that, we are putting children back into those settings. We're changing their life priorities. We're changing their definition of what older adulthood is or should be in their opinion with the same idea that they don't want to abandon their families. These children have needs. They're blood. These are individuals that we want to care for.

This is what leads me to the idea that additional social service supports, be it the development of task force coalitions, planning groups, actual service provision to this population group, is something that is critical. And again I want to remind you that as we train new professionals who are intent with staying within the State of New Jersey, we're having some special concentrations in work specifically with older adults that our students will be dealing with in field internships and the development of skills that should assist in the future services that this Task Force helps to initiate.

Thank you very much for your time.

ASSEMBLYMAN LeFEVRE: We appreciate it. You did an excellent job of reviewing some of the issues that we are going to be looking at. But one that popped up and strikes me frequently is the emotional impact that a grandparent experiences -- that wakes up one morning and there is a grandchild on their doorstep. I know this happens to all of us in some way when we find that one of our children come home with a dog, and all of a sudden we've got a dog in the house that we never had before. Well, maybe it's not the same, but there seems to be really no where that an individual can go to seek help to counsel them and these consequences of -- I shouldn't say consequences -- but the emotional trauma of now raising grandchildren. But again there are so many complexities that have evolved in this issue. I appreciate the fact you raised that as being one of the things that we're going to have to be looking at.

Any questions from any other members?

MR. BERGER: I have a question I want to ask you, Dr. Rodgers. In our advocacy rule-- Anne-Michelle and myself are very deep into the advocacy rule. Do you have sufficient transportation services for seniors here in Monmouth County?

MR. RODGERS: I think there's always the need for additional transportation. I've heard of individuals specifically complaining about the lack of ability to get to the medical appointments in a timely fashion. The reliability of the transportation system seems to be more of an issue. Certainly, public transportation overall, besides specific senior citizen minibuses -- public

transportation services would, in my opinion, be inadequate within Monmouth County.

MR. BERGER: Now, you mentioned getting kids to appointments.

MR. RODGERS: Sure.

MR. BERGER: I assume that's for medical appointments, and so forth.

MR. RODGERS: Yes, and also for school related.

MR. BERGER: How about that system? Is there a system in place for children?

MR. RODGERS: Well, I happen to know that there are monies appropriated by the Division of Youth and Family Services for certain appointments. Certainly, medical appointments that are known of in advance, if they're plugged into the system-- I don't think that we need to be reminded that not every family is, in fact, going through the traditional roles of the Division of Youth and Family Services.

I know of one case where parents simply gave their daughter away to the grandparents saying, "We can't raise her. You take care of the situation." A grandparent stepped forward to do this, but there was no legal redress. It wasn't done through traditional channels. I don't think we should forget that that is happening, perhaps with somewhat of a degree of regularity. So if they're not plugged into the system, they're not able to get the appropriate resources that might be set aside for transportation.

MR. BERGER: What is your suggestion? What is your solution for publicizing all these things that have to be done? If you put a story in a

newspaper or in a public service announcement on the radio and people don't read the newspaper that day, it's gone because the newspaper is not going to run two stories in a row.

MR. RODGERS: That's correct.

MR. BERGER: What's your method of marketing all these services?

MR. RODGERS: For the group that's traditionally 55 years old and older, I do find that many of them have affiliations with senior citizen centers, and perhaps that might be the best way to go. You raised a very critical point. Even with the initiation of new services, if there's not adequate information and referral bases, there are many people -- and I've done homebound visiting for elderly specifically -- medically involved elderly, and they just were not aware, when I was going into their homes with these services, that they were entitled to -- that they just weren't even aware that they existed.

So I think that social workers, for example, that are in contact with their clients, need to explain the full gambit of available resources. Pamphlets and brochures distributed by senior citizen centers, seminars presented at local government buildings such as this, to get people involved-- "Do you know that these are your rights? Do you know these are the services that are available?" Outside of that, I can't think of, right now, any other ways to get that information across.

MR. BERGER: Thank you.

ASSEMBLYMAN LeFEVRE: Any other questions?

ASSEMBLYMAN BARNES: Yes, I have one.

ASSEMBLYMAN LeFEVRE: Assemblyman Barnes.

ASSEMBLYMAN BARNES: You made the comment about elder abuse.

My background is in law enforcement. It's a lot more prevalent than the average person would realize. It isn't done out of meanness. It's done out of frustration of the inability to cope, and pretty soon things turn a little aggressive. I'm glad that you raised that issue because it hasn't been raised at our prior meeting, and I haven't read anything on it in connection with grandparents raising grandchildren, but I know from my personal background that it's there, and it has to be something we have to deal with on this Task Force.

MR. RODGERS: I think in an issue that may be specifically related to grandparents who are now raising their grandchildren is, and I haven't heard it discussed so far today, that there must be some level of anger that comes up from this coupled from disappointment. You didn't really plan your life to have this happen, and yet now it is in your life. And I think something, maybe, we need to be watching out for is not only elder abuse, but the continued pattern of abuse, perhaps, by some elderly individuals taking out some of this anger and disappointment upon the grandchildren that are in that house.

I'm not faulting them for this. In fact, I understand child abuse in a different way, having had children than I would have if I did not have them. But if you have your life set aside, you think you know what you're going to do, and now you have this phenomena where children have returned into your household, there are going to be some of these grandparents that are

going to have some anger and disappointment, and my question is, where does that anger and disappointment -- how does that get worked out? And again back to your point, what sort of services are available to offer assistance to deprogram that anger, to deal with that anger, to ventilate it, to let it even be discussed?

ASSEMBLYMAN BARNES: I know of an instance that would corroborate what you just said. A person that I knew in law enforcement was getting ready to retire. He and his wife were going to move out of New Jersey and go to Florida or North Carolina. His daughter was married and had two children. The husband abandoned her, and she had no place to go but back with her parents.

Now, this individual had spent about 35 years in law enforcement and was really quite an outstanding officer. He told me this story. One Saturday night, he's in the store, here in Middlesex County, buying diapers for his grandchildren. He said, "As I walked out, I saw my former son-in-law driving down the street in a new car and a good looking gal up in the front seat." And he said, "I am so frustrated and so concerned about my life being turned upside down that if I had my gun, I think I would have gone out and shot him." And that's how frustrated this person was. So it can be a real spine-tingling situation when that is thrust upon you.

ASSEMBLYMAN LeFEVRE: Thank you.

Any other questions?

Assemblyman Thompson.

ASSEMBLYMAN THOMPSON: As I returned, I heard some discussion about transportation problems. I would like to mention what I

consider to be a rather unique program that Monmouth County has. Monmouth County has contracted with the taxi cab firms within the county to provide taxi rides for our senior citizens for \$1.00 each way. The county subsidizes this, but certain days of the week, and so on, the cabs are available for them for just \$1.00 each way. So I'm sure this is very helpful for a lot of the seniors, those taking care of grandchildren and those who are not.

MR. RODGERS: I believe it is also used for the disabled in the area.

ASSEMBLYMAN LeFEVRE: Thank you.

Any other questions? (no response)

Thank you, Dr. Rodgers.

MR. RODGERS: Thank you.

ASSEMBLYMAN LeFEVRE: Is there a John Kozac here today? He is also a grandparent raising grandchildren who had signed up to testify, but apparently, he hasn't been able to make it yet.

Moving on to Glenna Gundell.

Welcome.

G L E N N A G U N D E L L: Good morning. Thank you very much for giving us this opportunity. I come not to tell you what to do, but to give you some information to help you make a decision as to how you can help the grandparents.

I am a grandparent of an 8-month-old who, thank God, has his mother and his father who are taking care of him. I became involved in this concern a few years ago when Middlesex County received one of the \$5000 grants to study the problems of grandparents. I was chairing the Middlesex

County Commission on Child Abuse and Missing Children, and the funding was given to that entity to survey the grandparents and to come up with a resource guide for the grandparents to use.

We did that. We took the money and went a little further and held a town meeting where we invited all the grandparents in Middlesex County to come and tell us what their needs were. We had a fairly good attendance. One of the problems about getting grandparents out is that they are now working to support children that they're caring for or they have the grandchildren at home and just cannot get out or don't have transportation.

We did a survey with a postcard of the needs of the grandparents. And some of them that were sent back to us said that they needed help with their housing. One grandparent in particular, that I learned about later, when her three grandchildren arrived to her 2-bedroom apartment, faced eviction because the landlord said she couldn't have three children in this apartment.

Another issue was assistance in health insurance because her health-care policy would not add the grandchildren to it.

Assistance in food stamps. For example, the grandchildren were eligible to receive food stamps, but because she -- she was a retired grandparent -- went back to work to support having the children live in her home -- just above minimum wage -- made too much money to get the food stamps, so the children lost those as a result of that.

Transportation is always an issue. Many of the grandparents have their own automobiles, but there are many of them who don't.

Day care because the grandparents have to work. If they're working 9:00 to 5:00 and the children are going to school, after-school care is necessary and before school care is necessary.

Middlesex County continued to work with the grandparents by organizing a coalition that is still in existence. We meet on a monthly basis. I serve as the volunteer support, assistance, advisor. It is chaired by a grandaunt, not a grandparent.

Someone mentioned that the grandparents run from age 40 to age 75 or higher. It's amazing to me the stamina these women and men have. There are grandfathers who also come to our Coalition meeting to tell us about the many problems they have.

We see our Coalition as a support and an advocacy group. Many of the people who come, come infrequently. That's all right because we send the minutes from every meeting to more than 100 grandparents in the county of Middlesex. We provide a time for them to come and share their problems, share their solutions because many times they can advise each other much better than you or I could advise them because they've been there and done that. They bring their grandchildren with them, and thank goodness the North Brunswick Library has a nice little section where the children can go, and they use the computer or they read or they keep themselves occupied while the grandparents use the conference room.

One of the most exciting things I've observed with the men and women that are in this coalition was when the kinship care bill came before the Assembly Committee. I told them about it, and they said, "Well, we really need to do something about this." I said, "You're right. That's great. Let's do

it.” So there were five of them who got themselves together. They had never done this. One of the women said how nervous she was at being here. You should have seen them. They were, literally, shaking in their boots, but they sat down, and they made a wonderful impression because they spoke from experience and from the heart.

That was fun for me to be able to help them gain that confidence to go down and tell the legislators exactly what was happening.

There is a process in place, the foster parents process. I think that the grandparents are asking for this same kind of consideration. They need the same kind of help that a designated foster parent is getting. I think all of the grandparents who are in the Middlesex County Coalition have received their grandchildren through court order, which happened because of a parental abandonment because the parents are involved in drugs, alcohol abuse. So if they could receive those same services, that would be a great source of support for them.

Thank you.

ASSEMBLYMAN LeFEVRE: Thank you, Glenna.

Any questions from the Task Force? (no response)

We appreciate you coming out today.

MS. GUNDELL: You’re very welcome. I’m happy to be here.

ASSEMBLYMAN LeFEVRE: We welcome your testimony.

MS. GUNDELL: Thank you.

ASSEMBLYMAN LeFEVRE: Thank you.

Next we have Ginnie Dobrek. Ginnie was also with the grandparents raising grandchildren Middlesex County coalition.

GINNIE DOBREK: Thank you very much.

I actually became very concerned about the need for someone to take up the plate for children abused, children in homes tormented by their parents. We are grandparents who received custody of our grandson in 1994. That began my battle, actually, with the court system. I think up until that time in my life, I had never really been inside a courtroom, but after that time, I was averaging about once every six weeks. That went on for about the first year.

In our case, the biological parents were fighting the fact that their parents received custody of their child. I think it's really important that the court needs to change their negative attitude towards grandparents who are sitting in a courtroom trying to rescue a child, wanting to lovingly take them and give them a good supportive home while the grandparents' own children are sitting there finding fault with their parents, (indiscernible) them. Many times, I was told that I was out of order in the courtroom because I found it so disturbing to sit there and listen to what seemed to be a judge who was going to make a decision between the rights of biological parent and grandparents.

Well, I actually did not see it that way at all. By the time you get to court, you have already been investigated by a home team, so they have come and they have decided whether or not your neighborhood and your home is adequate for the child. They have run an automobile investigation on you and also a criminal investigation. You have gone through all of these things that-- You're willing to go through anything to protect your children, absolutely anything -- or your grandchildren I should say, but it is a little intimidating at this point in your life to have strangers evaluating you, so when

you get to the courts and the judges act like, “Well, why would a grandparent want custody? Well, can this grandparent really pick up the slack and do something great for this child?”

One time, in the courtroom, I became so frustrated because it seemed to me that the courts and the judges weren’t concerned with truly what was the best thing for the child, where would he be safe, where would he learn, where would be nourished. And, of course, there was only one answer to that because at that time his parents could provide absolutely totally nothing. This child had not gained any weight for over six months. He was two years old and was not talking or even attempting to talk. He had a lot of emotional problems. I also feel that when a court gives grandparents or a caregiver custody, two other things should be done and written into that custody agreement. And one of them, I believe, should be that that child should be assessed both emotionally and physically. That really works twofold because, if that is done, it helps the grandparents or the caregivers have an idea of where to start.

In my case, it was 20-some years since I had a two-year-old running around the house. Medical things have changed. Pediatricians’ theories have changed, and it’s very difficult to pick up and know what to do and where to go. You have a lot of questions. So it would certainly help in that respect. And it would also help the child because in the event that the child does go back to its biological parents, there should be some kind of overseeing at that point to be sure that the child’s home now has improved greatly over what it was the first time.

I think one of the ways that that can be attained is if you have someone looking over the child and once in a while looking at the child, maybe a pediatrician. I know that the pediatrician that I selected was absolutely marvelous. She was the one person that helped me the most in the courtroom because, when my grandson would have visitation with his parents and come back damaged with black and blue marks and very upset and dirty-- It was very hard for me to go to a hospital. I tried that. That's what they tell you to do, "Go to the hospital emergency room and report it." But you're sitting there with an overwrought child for three or four hours, you're trying to make the medical people understand that you're there in the child's best interest even though you are not the child's mother. So that's another aspect that is very hard.

If grandparents do not have full custody, then when you deal with medical procedures and the schools, that's also a very difficult problem because it's hard for people to realize that you do have the authority to give this child instructions or make medical decisions. Of course, having the piece of paper of a court order with you all the time is really the key there. So I think the investigation is also good on a court order.

I think that the secondary thing should be that it should be mandated right at that point that parents have to contribute to the support of their children. It is still their responsibility. Whether or not they can be a parent or a father or mother, they still have the responsibility that this is their child. I know that in the time that we had custody of my grandson, we had three checks from the father in the entire time. So without Medicaid, I don't know what we would have done. That was my saving grace, actually. And as

much as I try to get some support from the parents, I was always told there wasn't enough. There was always some excuse. So I think, if that is mandated up front, when the custody order is issued, that a father or mother must work, that this is their responsibility-- If they cannot work or do not have the training to work, then we have new programs now that have been begun that can get these parents some kind of training to do something because they have to learn it right away, foremost, that they are responsible for this child and that's going to continue all of their life, and there's no excuse to dismiss some of that responsibility.

I just hope that the negativity in the court to grandparents and caregivers could gradually change around because anyone that comes forward with such love and devotion and is willing to put the grandchild first and their life and all of their needs on hold-- Certainly, that alone, should speak in a number of words in a courtroom.

I choose to take that aspect today rather than the usual needs of a child when it comes into your home.

ASSEMBLYMAN LeFEVRE: Thank you, Ginnie.

I don't mean to pry, but what is the status of your grandson?

MS. DOBREK: Actually, we could no longer keep our grandson because, according to the courts, we would have to go to trial. And after three years of paying attorneys, I could never go to trial and afford that. We had no choice but to give the child back to his parents. The parents are not married to each other.

The upsetting part about that whole thing was that the judge was aware that the mother was working. She was working quite a distance from

home, so she was gone many, many hours of the day. The father was not working. The court knew from his prior testimony that he was not working and had not been working. So he was the one that was going to be babysitting our grandson all day, and he was the one, through all of the court documentation, that had been the drug abuser and had been drinking and had been abusing our daughter and our grandson. That part of it was horrifying to me that a judge could not see that situation as it was. As much as we tried to make it known, it just went on deaf ears.

So he was returned to his parents, and that lasted about six weeks, and then our daughter could not tolerate it anymore, so she called us. Actually she was abused. She was going to the hospital. She called us and asked us to come and get the child. When we did that, the next day I called my attorney again and said that I thought we needed to take him back for a while until things got straightened out. So we had him for another year. And since that time, his home is now a lot safer because my daughter is no longer with this drug-abusing father. So now she is trying hard to be a mother. So we have a lot of hope, and we're trying to give little nudges and not be bossy and not get out of line.

ASSEMBLYMAN LeFEVRE: I congratulate you.

MS. DOBREK: Thank you.

ASSEMBLYMAN LeFEVRE: Any questions?

MR. BERGER: For future reference-- I wasn't clear on the subject-- We're you represented by counsel -- by attorney when you went in court?

MS. DOBREK: Yes, we were.

MR. BERGER: Ran out of money?

MS. DOBREK: In order to get custody-- Actually there was a lot of paperwork that had to be done. I could never had done it, especially for grandparents to receive custody of a grandchild-- I mean, in our case, the parents were incarcerated. They weren't willing to give us custody, so it was really quite a battle.

MR. BERGER: And your attorney couldn't convince the judge otherwise?

MS. DOBREK: Yes, our attorney did. I guess it was about five weeks after we went to our attorney and said we needed to keep him in our home and keep him safe. "The one thing we'd like you to do is get us custody." In about five weeks, that was accomplished.

ASSEMBLYMAN LeFEVRE: Any other questions? (no response)

Thank you very much.

Also we have today to testify is Ida Maria Kechula.

Come on up.

Ida has also been involved in the Middlesex County grandparents raising grandchildren coalition.

IDA MARIA KECHULA: Hi. I don't have any papers, so I'm just going to talk from my heart from my experience.

I'm a grandmother. I've had two of my grandchildren for four years now. Renee is 11 years old, and Michael is 8 years old. I went over one time to visit with them and found them alone. I took them, and I brought them home, and I went into court, and I asked for them, and the judge gave them to me. So there was no DYFS involvement.

My son and his wife are both drug addicts. They're on heroin. We tried to get them off of it. They went to the methadone treatment, and it didn't work as an outpatient. Both of them were told by the judge to go inpatient. It's been four years now, and they haven't.

Last year, a third grandchild was born. She was drug dependent. She had special needs, and she went into a special needs foster home. And this September, a fourth grandchild is going to be born.

I couldn't take the little baby because-- I feel so bad. I'm 58 years old, and I'm working so much, and I'm tired. So she's with somebody who is not her family. I don't know what's going to happen to this fourth baby that is coming. I was advised-- I take Renee and Michael to a counselor over at UMDNJ. He told me not to even consider it because I'm too old, and if I took a third baby in who had all these needs, I would neglect them and that somebody would take care of her and that I should just concentrate on the two that I have.

I'm a registered nurse. I work up in Overlook in Summit -- three 12-hour shifts a week, which is full-time. In addition to that, I substitute as a school nurse. I have a private duty case, and I work over at UMDNJ as a substitute for the Central New Jersey Pediatric AIDS Program. So I have four jobs. I work anywhere from 44 hours to 52 hours a week.

We do get by. The children get what they want, usually, because grandparents like to do that.

One little thing I just want to put in is that I used to have a good time with them and take them places and do a lot of fun things that grandparents do. And now I'm their mom in a sense, and sometimes I have to

holler at them when they're bad and make them do their homework and punish them. So I'm kind of losing out on being a grandparent. They're losing out because they don't have a grandma now.

I'm a single grandma.

Maybe I should just back up a little bit. They're both good in school, and I tell them they have to be good in school because I'm getting old, and if they're real good in school, they'll get a scholarship and they'll be able to get a real good job and be able to support themselves.

The place, I think, there's a need is the child care. I'll just tell you what one of these 12-hour days consists of. I get up at 4:30 a.m. I wake the kids at 5:45 a.m. We leave the house by 6:15 a.m. I take them to a babysitter. This lady takes them to before care at 7:30 a.m. at the school system. They go to school, go to after care. My youngest son, who doesn't have any children, picks them up and takes them to his house in Branchburg. I live in Piscataway. So when I leave work at 7:30 p.m. from Summit, I go to Branchburg, get the kids, bring them home. He feeds them, and they're all bathed. They get to bed like 9:15 p.m. or 9:30 p.m. Until I get to bed, it's 11:00 p.m. And if it's two days in a row that week, then I'm back up at 4:30 a.m. the next morning.

It's rough, and I'm tired sometimes. I just want to do things that are fun for the kids because-- Once, Renee said, "We don't go to the movies anymore. We don't do anything fun." It's because I'm working so much. They understand, and they're good kids, but they still do want to do fun things that kids do.

Now they're in soccer, both of them. They're both in baseball and softball, and they're in Scouts. It's hard taking them or arranging or getting people to take them to these things, but I want them to be busy because I don't want them to think that they're different, that their grandmother can't take them to these things like their mom and dad probably would. I want them to keep occupied, so they don't dwell on it and be negative and think, "Well, gee. I'm not with my mom and dad. I wish I was." So maybe I make problems for myself by trying to keep them involved so that they're not unhappy, but sometimes I forget what field I'm going to. I'll take the kid to the wrong field because both of them have soccer on the same night and we're late. It's really crazy and hectic.

With all this before and after care and the babysitter and then I have to put them in summer camp-- Last year I paid \$7400 in child care. And then another problem, where a big chunk of money goes is to lawyers like Ginnie was saying.

Now, my son and daughter-in-law are drug addicted, and everybody knows they are. They go down to the court, and they'll say -- they'll write a petition up and say that I'm not letting them see the kids or I'm not letting them answer the phone or just anything. But everytime I have to go to court, I'm a nervous wreck and want to take a lawyer. It's \$250 an hour to go to court. And they get a court-appointed lawyer, so they don't have to pay for it.

The one time we went into court, and it was supposed to be for 9:00 a.m., and their court-appointed attorney had another case, so they postponed the case until 1:00 in the afternoon. I had to pay my attorney

\$1250 that day because he was there, and I didn't want him to go. I felt nervous. I wanted him to be there because here they were saying that I was doing something that I really wasn't. He was able to show the judge that I wasn't.

Initially, it was like Ginnie said it was. They kind of want to give the kids back to the parents all the time because they feel the family should be intact. But now I think the judge, after four years, kind of believes me. I think she knows that it wasn't me that was doing all this lying. I did feel a little battered in there with the questions that were asked of me.

At one point in time my son even called DYFS and said that I was hitting the kids. They came knocking on my door at 11:30 p.m and woke us all out of bed and examined the kids. Two policemen were there. It was so mortifying. Of course, they found it unfounded, but still we had to go through that.

There is so much involved. There's so much stress. I had to pay, I would say, maybe \$3500 so far to the lawyer. The last three times I went in I didn't take a lawyer, and it was okay. But initially, I felt like I really needed one.

I didn't know if we could just ask for help when you have to go to court. You know how poor people get court-appointed attorneys. Maybe they could give an attorney for a child or for a grandparent of a child. Not for everything, just for those cases -- those things that you go to court for.

In the last three months, since the end of April, I've been in court three times just for little petty things. No matter what they say, the judge has to hear it. If they say, "She's not letting them answer the phone," I have to go

in and say, “Well, I am letting them answer the phone.” I even took phone bills one time, which was very helpful. But no matter what their complaints are, no matter if they’re drug addicts or not or if they have an attorney or not, they still have a right to make me come into court. That also means taking a personal day at work, too. I’m losing out in that way.

But I enjoy having my grandchildren with me. I like having them with me. I wish I could have them all, but I can’t. I do have to work. I just want everybody to know that I didn’t have to work all these jobs before I had the kids. I did have enough money, and I had time.

I used to do things. I don’t do anything anymore. All my friends are in their 30s because they’re the soccer parents, the scout parents. Everything I do is based around the kids. It’s really okay, but I’m just nervous because I’m getting older. I’m healthy, and I can keep working, but I am getting tired. I don’t know how much longer I can just keep up running, running, running like that.

So that’s my story. There’s a lot more. I cut a lot of corners. You can ask me questions if you want. Maybe some day I will write a book.

ASSEMBLYMAN LeFEVRE: I think I’m numb right now. I don’t know.

Does anyone have any questions? (no response)

It never ceases to amaze me that the testimony that we’ve been hearing from people-- It’s just hard to believe. I just can’t imagine how you do it. I don’t know how you do it.

MS. KECHULA: I had to take today off of work to come here, too. I just felt it was important. I felt it was real important.

ASSEMBLYMAN THOMPSON: Actually, you and the previous witness have brought forth a perspective that, I know, I hadn't thought about much. I had thought about grandparents who were caring for grandchildren because the parents were drug addicted, or so on, but I've been thinking that in most of those cases, it was a case of the parents just saying, "Take the kids." You both indicate that in your cases, you've gone forward and demanded that the kids be turned over to you because the parents were not doing the job. I hadn't really given that aspect of the problem consideration before. Obviously, there's more than I had thought about.

MS. KECHULA: I never thought it was going to be for four years, though. When I went and took them, they were neglected. I said, "Give me them."

ASSEMBLYMAN THOMPSON: You and the previous witness were having to battle to be able to take care of the children because the parents, even though they are not properly taking care of them, say, "We want them back."

ASSEMBLYMAN STEELE: The thing that baffled me seemed to be somewhat ironic. When a person walks in the court, they could be charged for endangering the welfare of a child, but when a grandparent walks in there, they have to prove their case, that it's in the best interest of the child. It seems to be a little mind blowing that something that's happening between what perspective the judge is looking at -- from the standpoint of the best interest of the child. I don't know how those dynamics work or how to -- from what perspective they're looking at them. It seems like it would be pretty clear.

I just want to commend you for speaking from your heart because that is real. It's just mind blowing. I don't know whether legislation would ever come into fruition to commend you for the work that you're doing and many other grandparents out there.

MS. KECHULA: There are a lot more, and they wanted to come today. I found out about this because I got the 18th District notice in the mail. I got on their mailing list. I read it. We only had five days. People couldn't get off work -- the different grandmothers couldn't. More people would have come if we had a little more time.

I'm just so grateful that whoever put my name on that list did because I was able to read about it in there.

ASSEMBLYMAN LeFEVRE: I think it's fair to say that your testimony today truly reflects probably what was on their minds, too.

ASSEMBLYMAN BARNES: It was very moving.

MS. KECHULA: Thank you.

ASSEMBLYMAN BARNES: You ought to be congratulated for having the stamina and the spunk and the desire to help. I think your testimony alone is going to have a very big impact on this Task Force.

ASSEMBLYMAN LeFEVRE: Any other questions?

MR. BERGER: I never cease to be amazed. I'm astonished. Your son and daughter-in-law get court-appointed attorneys, and you have to pay for it.

MS. KECHULA: They haven't paid any money neither.

MR. BERGER: That doesn't make sense. Why?

MS. KECHULA: Because I make a certain amount of money and they don't.

MR. BERGER: Are they in drug rehabilitation?

MS. KECHULA: No.

MR. BERGER: Not at all?

MS. KECHULA: They haven't admitted it yet that they're drug addicted.

ASSEMBLYMAN THOMPSON: I kind of got the impression that you're alone in this. The grandfather is not there?

MS. KECHULA: No.

ASSEMBLYMAN LeFEVRE: I know in our county, Cape May County, there is Atlantic-Cape (phonetic spelling) Legal Services. I guess that's income driven?

ASSEMBLYMAN STEELE: That's correct.

ASSEMBLYMAN LeFEVRE: It's an astonishing story.

Any other questions?

Anne-Michelle? (no response)

Thank you, Ida, very much.

MS. KECHULA: Thank you.

ASSEMBLYMAN LeFEVRE: The next individual that signed up is Sue Dondiego. I should mention that Sue is with the New Jersey Foster Parents Association.

SUE DONDEIGO: Thank you.

The New Jersey Foster Parents Association appreciates the opportunity to speak with you today. Our Association's mission is to meet the

special needs of foster families and to advocate for improved foster care services. Our philosophy is that foster children are the community's children with the same hopes and dreams of all youngsters. Our purpose is to promote an enhanced understanding of foster care and serve as a catalyst for advances in the system.

We believe that every child has a right to a safe, nurturing, permanent home. Children placed in foster care must achieve a safe and permanent home with all possible speed if they are to grow up to become healthy, strong, and responsible adults. We support the reunification of foster children with their birth parents when that goal can be achieved within a reasonable time and ensure the health and safety of the child.

These statements may seem to indicate that our Association is solely interested in foster families, but our primary focus is always what is in the best interest of the child.

Our purpose in being here today is not custody or visitation rights, but children in, or at risk of becoming part of, the foster care system and how their interests can sometimes best be served by being placed with grandparents.

When birth parents are unwilling or unable to care for their children, it is often in the best interest of the child to be placed with relatives. Today, more than ever, grandparents are the ones stepping forward to accept the challenge of raising their grandchildren.

We would like to share with you some of the reasons why these placements and assistances should be encouraged.

Too often children needing foster care placement, in addition to being separated from their parents, must deal with the additional trauma of

being separated from their brothers and/or sisters due to lack of foster homes. We believe relative placements would result in more sibling groups remaining together.

The lack of available quality foster homes of any type, much less of a specific racial, ethnic, or religious background, makes matching foster parents with a child needing foster care placement only an ideal much of the time. Relative placements would increase the percentage of children remaining in the same racial, ethnic, and religious environment.

It has been said that children are resilient, but do we really know what lasting impact the experience of being removed from their birth homes has on children being placed in foster care, no matter how caring, nurturing, or loving foster parents are? The number of infants who need out-of-home placement and linger in hospitals when there is no medical reason for them to be there is increasing. How many of these infants have grandparents who would be willing to care for them if they had the resources to do so? Many older children placed in foster care have nothing to look forward to at the age of 18 except unemployment, homelessness, and unfortunately for some, time in a correctional institution. The guiding hand of grandparents could make a difference.

Relative placements should not be viewed as the cure-all for these and other problems, but they ease the trauma of being separated from one's birth parents and will help children become useful, contributing members of their communities.

Although we believe families do have a responsibility to each other and should, whenever possible, support each other without financial assistance

and services for the children in their care, many grandparents are unable to accept the challenge of raising their grandchildren without some help.

A major issue before us today is under what circumstances and to what degree the State of New Jersey assists relatives, particularly grandparents, in caring for related children. The NJFPS believes the best interest of the child must be the guiding influence for any decisions regarding this issue.

What we are dealing with is several distinct populations of children. These include children who are being cared for by grandparents who seek no help, children about to enter foster care or already under the supervision of DYFS as child protection cases, and all other children being cared for by grandparents or who could be cared for by grandparents.

The first population of children poses no problem for this Task Force. However, grandparents who care for their grandchildren usually do so believing it will be temporary. As days become months, they may need help. Such grandparents should not be penalized for initially taking sole responsibility for their extended family members and trying to work out things on their own.

The second population of children, those under the supervision of DYFS as child protection cases or about to enter foster care, are those who, even when placed with grandparents, need the most resources.

We know that this population of children is at higher risk of medical, emotional, and other special needs. Some of these children were born addicted to drugs and/or alcohol, others have severe physical and emotional problems, yet others have lived in homes where the birth parents have been violent. For many of these children, love and nurturing is simply not going to be enough.

We believe it is in the best interest of these children to be placed in a home where the caretakers have had criminal background checks, received appropriate training, and have access to the resources needed by the children in their care. Currently, this only occurs if the grandparents become foster parents.

By becoming foster parents, the grandparents will also have the opportunity to participate in specialized training which will not only help them cope with the myriad problems presented by many of these children, it would provide them with an avenue through which to navigate the red tape these placements often present.

If reunification with the birth parents occurs, by living with the grandparents, the children are more likely to have been kept together and have suffered less of a trauma than having gone to live with strangers in foster care. Should reunification fail, like any other foster parent, the grandparents must decide whether or not they are willing to provide a permanent home. The fact that special needs children may qualify for subsidized adoption should help the grandparents make this decision.

The past population presents the most problems as these children may or may not be eligible for welfare and may or may not be under the supervision of DYFS. There is a lack of any comprehensive, statewide standard for services which are available to relatives raising these children. The most important determining factor seems to be who placed the children into relative care. If a child is already living with a relative, the chances of receiving services are greatly reduced. The best interest of the child seems to have little to do with the decision-making process.

The NJFPA supports the position that welfare payments, in many cases, are insufficient to provide for the needs of these children. Some grandparents may only have the resources to manage the care of one grandchild. This leads to subsequent siblings being placed in foster care due, not to the grandparent's lack of caring, but to the inability to afford their care.

If the Division asks grandparents to assume the responsibility for the care of grandchildren already in foster care or a recent event requires the removal of grandchildren from their birth homes into foster care, these grandparents can try to negotiate with DYFS to get the needed resources for the children in their care. But what help they get, if any, varies greatly.

We do not believe every grandparent caring for a grandchild should have to become a foster parent in order to receive the help they need. If this was so, how in the world would DYFS be able to manage these cases? There must be a better way.

Medical coverage is a huge barrier for most grandparents caring for their grandchildren. The medical needs of these children do not simply go away because they are not living with their birth parents or in foster care. Children need medical care and should not be denied access to medical services. Many children being cared for by grandparents have been exposed to drugs and/or alcohol prior to birth and may have suffered abuse or neglect prior to their removal from their birth homes. These children are at high risk of developmental delays and behavioral and emotional problems. It is cost effective to treat problems early and assure appropriate immunizations and other preventive care. The NJFPA suggests that New Jersey explore the

possibility for KidsCare eligibility to include grandchildren being raised by their grandparents.

It is our hope that the Assembly Task Force on Grandparenting will go beyond defining under what circumstances and to what degree the State of New Jersey assist relatives, particularly grandparents, in caring for related children, and use whatever knowledge and influence it has to find a better way. For we are not just talking about trying new reforms within DYFS or the welfare system. The fragmentation of financial assistance, supports, and services available for children in relative placements rarely, if ever, takes into account the best interest of the child. A better way means cooperation, collaboration, creativity, new ways of thinking, and perhaps even the involvement of new players.

There is currently a bill in the Senate, S-1918, which addresses the issue of subsidized guardianship. The NJFPA has many questions about some of the provisions of this bill, but we strongly support the intent which would provide an alternative for grandparents caring for family members. Perhaps this is one aspect of finding a better way.

The most compelling reason for finding solutions to the many questions raised here today is the children. We know that in order to ensure that all grandparents or other relatives receive the supports and services they need to care for the relative children they have accepted into their homes, funding is going to be an issue. Current funding sources may have to be allocated, but we must find that better way if we truly want to do what is in the best interest of the children. What we are doing now just doesn't measure up.

The New Jersey Foster Parents Association thanks you for the opportunity to comment today and pledges its support and willingness to work with you to find that better way.

ASSEMBLYMAN LeFEVRE: Thank you, Sue. Could we have a copy of your testimony?

MS. DONDIEGO: You all have it.

ASSEMBLYMAN LeFEVRE: I'm sorry, I didn't look through my pile.

MS. DONDIEGO: What I did put in the other side, besides my testimony, was just a brief fact sheet about foster care and then also our training catalog, which is for your viewing.

ASSEMBLYMAN LeFEVRE: Thank you very much.

Any questions?

ASSEMBLYMAN THOMPSON: One of your recommendations was that modifications be made so that grandparents caring for grandchildren be made eligible for the KidCare Program.

MS. DONDIEGO: Yes.

ASSEMBLYMAN THOMPSON: We had testimony last week indicating that grandchildren being cared for by grandparents could qualify for KidCare.

MS. DONDIEGO: Thank you. We weren't sure of that, but we wanted to bring it up just in case. So that's true? They can?

ASSEMBLYMAN THOMPSON: That's what we were advised last week.

MS. DONDIEGO: Oh, good. Did they tell you the truth?

ASSEMBLYMAN LeFEVRE: Any other questions of Sue? (no response)

Again we thank you very much.

MS. DONDIEGO: Please do let us know if we can do anything.

ASSEMBLYMAN LeFEVRE: Thank you.

The last speaker that signed up to testify is John Muher. Is John still here? (no response)

Is David Sheehan here? (no response) He had originally signed up also to testify.

Is there anyone else in the audience that wishes to testify that has not already? (no response)

Thank you for attending.

Any closing comments by the Task Force members?

ASSEMBLYMAN BARNES: I think it was very productive, and the speakers really went to the heart of the problem. We have quite a bit of information between the two conferences up north and down here. I think we got a little more of the nitty-gritty of -- actually doing the job. I think the testimony from all the people today had a real impact on my attitude.

ASSEMBLYMAN LeFEVRE: Again thank you for your attendance. We do appreciate it. This process will continue. We plan to have another meeting or so.

Thank you.

(MEETING CONCLUDED)