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# 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”*

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**LOCATION:** Hamilton Building  
Passaic County Community College  
Paterson, New Jersey

**DATE:** July 15, 1999  
10:00 a.m.

### **MEMBERS OF TASK FORCE PRESENT:**

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



### **ALSO PRESENT:**

Amy M. Fankhauser  
*Office of Legislative Services*  
*Task Force Aide*

Tahsa M. Kersey  
*Assembly Majority*  
*Task Force Aide*

***Hearing 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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**ASSEMBLYMAN KENNETH C. LeFEVRE (Chair):** If we could have your attention, I'd like to bring the Task Force Meeting to order and first apologize for our delay. A number of us came up from the Atlantic City area, and we ran into a traffic jam on the Parkway, which I'm sure many of you are accustomed to up here, but we didn't plan it into our itinerary, and unfortunately, we were delayed. So we apologize.

I think before we begin-- And I know there are a number of people who have some time constraints, and so we're going to get to them right away, but I think it's important that we first introduce ourselves and take just a minute to tell you a little bit about what we're trying to achieve here. What I'd like to do is actually let everybody introduce themselves starting at the far lefthand side with Anne-Michelle Marsden, who is a public member.

**MS. MARSDEN:** I am Anne-Michelle Marsden. I am a public member of the Task Force, and I work for Rutgers University, part of Rutgers Cooperative Extension in Atlantic County.

**MR. DORN:** My name is David Dorn. I'm from Salem County, and I'm a grandparent, and I help raising a grandchild.

**MR. BERGER:** My name is Howard Berger. I'm from Atlantic County. I work for the State Department of Senior Services. I am the media specialist for Workforce 55 Plus, which is a Senior Community Employment Program.

**ASSEMBLYMAN THOMPSON:** I'm Assemblyman Sam Thompson. I represent a portion of Middlesex and Monmouth Counties. I worked for the State Health Department for 22 years prior to coming into the Legislature and 3 years with the New Jersey Turnpike Authority. Basically, I

am a Ph.D. Physical Chemist, and I think it's very interesting to now be participating in this Task Force on grandparents raising grandchildren. We just finished about eight months of hearings on State Commission on Elder Care, thus caring for the grandparents, and now we're concerned with the grandparents caring for the grandchildren. So a very logical connection.

ASSEMBLYMAN STEELE: I'm Assemblyman Steele. Welcome to the 35th District, the city of Paterson, by the County of Passaic, and Passaic County College. We're glad to have you here. It's an honor to serve on this Task Force. Pastorically, I have a concern because we've had the opportunity to pastor those grandparents who are raising those children, so we hear the difficulty, and we just want to thank Assemblyman LeFevre for allowing us to serve and most importantly to hear the concerns that are available at this time.

ASSEMBLYMAN LeFEVRE: Thank you.

I want to thank Assemblyman Steele for hosting this hearing today in his district, and we've had a great response and do appreciate that.

The Task Force was originally created by a resolution that was passed by the full Assembly for the purpose of embarking upon an effort to find out those problems that are existing out there today. I'm probably preaching to the choir because many of you know what those issues are, and we're here to hear what you have on your mind, and hopefully, as a result of that, develop some initiatives that might respond to those needs that we hear about.

We also have one other Assembly member that is not here yet, Assemblyman Peter Barnes from Middlesex County, and he's due also to

arrive. So without any further adieu, I'd like to get started. There is a woman who has asked, because of time restraints, that she be heard.

Mary Coogan, Esq. She's here?

**MARY COOGAN, ESQ.:** Good morning.

ASSEMBLYMAN LeFEVRE: Good morning.

MS. COOGAN: Mr. Chairman, members of the Task Force, I'm Mary Coogan. I'm a Staff Attorney with the Association for Children of New Jersey. We're based out of Newark. I'd like to thank you all today for the opportunity to provide this Task Force with testimony on the issue of grandparents raising children.

The Association for Children of New Jersey, or ACNJ as we are called, is a statewide child-advocacy organization dedicated to improving programs and policies for children in New Jersey. ACNJ has had a strong interest in kinship care since the publication of our 1994 report, *Stolen Futures*, which examined the placement prevention efforts in New Jersey and as subsequent report entitled, *Relative Care: A System in Need of Repair*, which looked specifically at the issue of relative care. Copies of those two publications are included with the testimony.

At the time that ACNJ released these two reports, the issue of relative or kinship care had become an urgent one in New Jersey. ACNJ recommended that the State develop a formal, consistent policy on the status and rights of relatives who step in to care for children. It seemed that for too long New Jersey had utilized the informal "don't ask, don't tell" policy, which served as a disadvantage to relatives who assumed care of a family member's child rather than to support them. Not much has changed since that time. No

formal policy has been developed. Inconsistent practices continue to exist. Little information is shared with relatives about the benefits or pitfalls of caring for a child. Too often, the support that the relative may receive is dependent on where they live and who they talk to rather than a clear policy decision.

Two recent changes in New Jersey have made the issue of relative care more critical than ever. Welfare reform through Work First New Jersey has already seen an increase in the numbers of children being cared for by relatives. It is anticipated that these numbers will grow as more and more recipients are sanctioned for failure to comply with the work requirements and time limits of the welfare system. Second, the recent passage of the Adoption and Safe Families Act, or ASFA as it's called, has put enormous pressure on states to expedite permanency for children in out-of-home placements. As you all probably know, the Governor signed the amendments to bring us into compliance with ASFA March 31 of this year. For an increasing number of children, permanent placement with a relative will be the logical and best arrangement.

In examining the issue of relative care, ACNJ has developed a set of principles to guide the program and policy development. ACNJ believes strongly that families should be supported to make their own decisions regarding care of their children whenever possible and to be able to access services to assist them in caring for children of relatives. If the relative placement is initiated through State intervention as a result of abuse or neglect, then the State has a responsibility to the child, the parent, and the relative caregiver. The child placed through State intervention must have an

opportunity for permanency if the relative placement goes beyond a short-term arrangement.

Beyond these principles, ACNJ has also identified a number of issues that must be addressed as the State develops a policy on relative care. We urge this Task Force to consider these issues as you consider recommendations in this area.

1. A new legal basis must be provided for relatives who assume care of a child. The current legal options for relatives caring for a child are limited. Legal guardianship through the Surrogate's Office gives an individual control of a child's property but does not give the individual legal custody or hold them responsible for the care and support of the child. Legal custody through the Family Court is an impermanent process which can be easily overturned if a parent returns, arguing changed circumstances. Neither offer sufficient legal protection or permanency for the child. A new guardianship arrangement needs to be developed that addresses the specific needs of this population. It must also be a process that is accessible and easy for individuals to use without requiring the services of an attorney or making unnecessary expenses.

2. Financial support and services must be available for relatives caring for a child irrespective of how the child came to be cared for by that relative. Relative care is a resource for children that should be supported and nurtured. Some relatives need ongoing financial assistance to care for the child. Others are looking for one-time services such as housing renovation or relocation, child care, health benefits, or other necessary services. So long as the placement did not result from State intervention in the family, such

assistance can be provided on a sliding scale dependent on the income level of the family. Developing financial eligibility criteria could be a mechanism to provide assistance to the relative without placing an onerous fiscal burden on the State.

3. Relative placements that result from State intervention in the family should receive the full range of services and assistance irrespective of family income. Once the Division of Youth and Family Services makes the decision that an out-of-home placement is necessary to protect the child, the full range of services that DYFS is obligated under State and Federal law to provide to the child and family must be available, even if the placement is in the home of the relative. Too often, DYFS treats a relative placement as a private family arrangement and closes the case without services. We feel this is inappropriate. The child, the birth parents, and the relatives are entitled to services, including financial assistance, comparable to the foster care board rate. But the willingness of the relative to assume care of the child, DYFS would have had to find a foster home for the child and would be required to provide these services. The fact that relatives agreed to help should not penalize them. This is an issue not only for DYFS, but for the Department of Human Services, which is ultimately responsible for services to children and families.

4. A relative who adopts a child should be eligible for an adoption subsidy. Those relatives who wish to formalize their relationship with a child through adoption should not face a financial disincentive. If the child would have been eligible for support through an adoption subsidy if adopted by a

nonrelated family, then the same benefit should be provided to the relative as well.

5. Once adopting a clear, consistent policy on relative care, the State should undertake a public information campaign to ensure that relatives are informed of their rights. As discussed above, too often the benefits a family received is dependent on the relative knowing what questions to ask and whom they must contact. This information is not usually provided in a uniform, proactive way. A major education campaign is needed to inform relatives of their rights, their legal options with regard to the child, and the benefits to which they are entitled. Once the State determines its policy in regard to relative placements, this public education effort will be critical to ensure that families are informed of their rights.

In conclusion, I'd like to on behalf of my office extend our support and assistance to this Task Force in any way that we can help as you grapple with this issue because we really do think it's critical and very important, and we do appreciate the time that you're all taking to look at this.

I'd be happy to answer any questions anybody has.

ASSEMBLYMAN LeFEVRE: Thank you, Mary.

I would like to acknowledge the arrival of Assemblyman Peter Barnes.

ASSEMBLYMAN BARNES: Thank you.

I'm a real grandparent, too. The oldest one down there in the Assembly. (laughter)

ASSEMBLYMAN THOMPSON: But I'm a great-grandparent.

ASSEMBLYMAN BARNES: Oh, well, you got married young.

(laughter)

MR. BERGER: I have eight grandchildren.

MR. DORN: I'm also a great-grandparent.

MR. BERGER: Are we allowed to ask questions?

ASSEMBLYMAN LeFEVRE: Yes. That's what I was going to turn to.

Does anyone have any questions they would like to ask of Mary?

MR. BERGER: Mary, as the attorney for the Association here in New Jersey, my background-- I'm a former public relations director for Atlantic City Medical Center, which is a big hospital in southern New Jersey. I'm very much aware of the fact that a lot of children have gone to emergency rooms for their medical services when they should be going to a pediatrician. Do you have some kind of outlook on that?

MS. COOGAN: I agree with you that is a problem. I think the KidCare Program was an effort to try and solve that, and I think there are some really good efforts being made to have that public education campaign and get people signed up for KidCare. I know my office has been working on that, and there's a lot of other people working on that. I also know that they've raised the income levels for people to make them eligible for KidCare.

I guess from the relative caretaker's perspective in terms of public relations, it would be very important to make sure that grandparents who are taking care of children are aware of that program and that they have some assistance in making sure they can fill out the forms appropriately. I think there have been some issues raised that if the application -- all the information

isn't there that could wind up in a delay in processing it and forms have to be returned. So you want to get some more community groups out there helping people get those forms filled out.

ASSEMBLYMAN THOMPSON: Mary, and on the same subject there, of course, we have passed a number of bills recently to modify the requirements or eligibility for KidCare--

MS. COOGAN: Right.

ASSEMBLYMAN THOMPSON: --in order to make more children available. I'm not sure of the answer to this, perhaps you do. Is there any difference in or any additional difficulty for a grandparent taking care of a grandchild to get into KidCare, as opposed to their parents getting the child in?

MS. COOGAN: I am not absolutely sure about that. I don't know--

Tonya Alston is here from my office who actually worked on some of that legislation. Maybe she could field that question.

**T O N Y A A L S T O N, E S Q .:** (speaking from audience) With respect to KidCare, the way the program is now, it's based on income eligibility, not necessarily just for the parents, but if in one of the applications there are three different--

ASSEMBLYMAN THOMPSON: The household.

MS. ALSTON: Right. The head of the household, which in some circumstances may be the grandparent or may be the parent.

ASSEMBLYMAN THOMPSON: They don't run into any additional problems because they are a grandparent, as opposed to a parent, though, and applying--

MS. ALSTON: I think the problem is addressed with what Mary said earlier in her testimony with respect to just public education. KidCare is just one of those support services that this population doesn't know about.

ASSEMBLYMAN THOMPSON: Right. No. No. I'm saying in terms of eligibility rules, and everything else. There are no additional problems for grandparents getting grandchildren enrolled as opposed to parents.

MS. ALSTON: As far as I know, no more barriers than there already are with respect to public education and just being able to -- the difficulty of filling out the applications and just all the other barriers.

ASSEMBLYMAN THOMPSON: Yes. That part we're aware of.

MS. ALSTON: Right.

ASSEMBLYMAN THOMPSON: And, of course, as I say, we keep modifying the laws in order to try to make it easier to get the children in.

MS. COOGAN: Yes.

MS. ALSTON: I think at this point we'll probably just have to see what happens after these bills are signed by the Governor and actually being implemented.

MR. BERGER: How many children are in KidCare, and how many could be in Kid Care?

MS. COOGAN: I'm not sure of the numbers at this point. I don't know if Tonya--

ASSEMBLYMAN THOMPSON: About 35,000 to 40,000 are the latest numbers they speak of, and they're not that firm on the number of eligibles, but they frequently talk in the neighborhood of 100,000 or so.

MS. COOGAN: Because I know there is a big difference in terms of the number of children they believe are eligible and those who are actually signed up, which is why they have passed some legislation.

ASSEMBLYMAN THOMPSON: But this is comparable to the experiences occurring in the other states across the country.

MS. ALSTON: I think there are only 40 percent that are eligible actually enrolled.

ASSEMBLYMAN THOMPSON: There's been a great deal of difficulty in getting the eligible children enrolled.

MS. COOGAN: Yes, that's correct. And I think some of the new legislation will help alleviate that, hopefully.

MR. BERGER: So an extensive public relations campaign would be very worthwhile--

MS. COOGAN: In terms of, I think, the help here, yes.

MR. BERGER: --so that the public--

MS. COOGAN: But I think we're talking a little bit beyond that. Part of the problem is-- The calls that I field in my office are sometimes a lot of grandparents or other relative caretakers, some of whom cannot prove the legal relationship because they're on the paternal side which adds another dimension to it -- they're struggling with things like child care. The Division of Youth and Family Services may have placed a child in their home but not directly made the placement, so to speak, but they were instrumental in that

child ultimately being in that relative's home. So they're not called a foster parent. And as a nonfoster parent, they are generally referred to welfare or they might get what's called a para-foster rate, which would be the equivalent of what they would get from welfare, but they don't get the other services such as child care. They don't get some assistance in facilitating visitation with a parent who might have a drug or alcohol problem. Whereas, a foster parent, even if it's a relative, but who is an approved foster parent, has those additional services and the Division continues to work with that family. And that is some of the problems that we're seeing because there's a fine line with whether the Division is directly involved or involved in the background.

ASSEMBLYMAN THOMPSON: Because there's also another factor that makes it less desirable for them to go through the formal foster care route, too. Because if they go through that and DYFS is involved, DYFS comes in for inspections and everything else. Where if they don't go through that route, then they don't face that.

MS. COOGAN: That's correct.

ASSEMBLYMAN THOMPSON: Some people wouldn't like the intrusion that comes with DYFS coming in.

MS. COOGAN: That's correct, and I think that's why in my comments and really speaking to a two-tiered system. But the people I was talking about are the people who really do believe the Division is still involved in their case, but the Division has technically closed the case, and so they're not getting those services. And in a lot of cases, I don't think it's anyone's fault because I agree with you the Division's goal is to step out of the family environment as quickly as possible, and I think some of these placements are

made with the best of intentions and considered to be short term. But what happens is, a year or two later, that child is still with that relative, and if it's an infant, the relative may have thought, "I have this child for six months." And two years later, the child is still in there home, and they're now needing some additional services, and they really have no where to turn. And that's the people I'm really talking about.

ASSEMBLYMAN LeFEVRE: Any further questions?

MR. DORN: Yes, sir. I want to ask a question.

Is it necessary for a grandparent to be certified? Because I'm in Salem County in the Tri-County Agency. Well, I took a course on certification for day care providers, and I even have it here, if you want to take a look at it. (indicating paper) I was certified last September. Do you think it is absolutely necessary to say if I go back and tell people in my area about grandparenting and taking care of grandchildren, is it necessary to be certified like I am?

MS. COOGAN: Okay, are you talking about-- To me, a family day care provider is you're taking in other children. No.

MR. DORN: No. No. No. No. I'm only taking in my grandchild.

MS. COOGAN: I don't think this certification would apply to you.

ASSEMBLYMAN STEELE: I don't think certification is required-

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MS. COOGAN: No.

ASSEMBLYMAN STEELE: --for-- Not for a grandparent. It may be required for a day care provider.

MS. COOGAN: I could be wrong, but my understanding of this day care provider is to get certified so that you can be listed as a family day care provider to take other children into your home, and I think the limit is at this point five. It's not to say you couldn't take care of your own children, children that are related to you, but this would allow you to sort of advertise as being a family day care provider and being someone who is approved. I think a grandparent who just takes in their own grandchildren or an aunt who takes in a niece or nephew would not have to go through this process to do that because they're not looking to take in more than just their own relatives. Okay.

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

MS. MARSDEN: This refers to what's on the first page of your presentation, which had to do with why this becomes important because of the increase having to do with the Work First New Jersey population and the rules that they have so that if they have children living in their home at a certain point, then they want to give them to the grandparent because then they'll be able to receive benefits. I'd like to better understand that because I have been contacted. It's in the last paragraph.

MS. COOGAN: Okay.

MS. MARSDEN: Because what I find working with this is that they don't forever give the child to the grandparent. What they do is the child becomes the yo-yo. That when they do get the benefits back, then they want the child back, and that this isn't working for the parent, the grandparent, or

the child the way the welfare system is set up right now, that it is challenging for the child. Could you explain more--

MS. COOGAN: Sure.

MS. MARSDEN: --of the regulations with that and the impact on the child?

MS. COOGAN: Okay.

There are a couple of things that come into play with what you're talking about, and it's complicated--

MS. MARSDEN: Yes.

MS. COOGAN: --and I've struggled with it myself. As I understand it, the Work First requirements for a parent requires them to go into some type of a work environment. If they do not comply with those requirements, they will be sanctioned. They lose their money.

MS. MARSDEN: Yes.

MS. COOGAN: So as a result of that, what I'm talking here in the testimony is that that child could wind up being placed with a relative because the parent becomes homeless or is kind of living pillar to post. The grandparent may then go to Family Court, and this could be outside of intervention by the Division of Youth and Family Services, and obtain a legal custody order. Okay. And that gets into the second part of -- on the second section of the testimony-- Our issue with the custody order is that legal custody is a legal concept, and you get it by either a written agreement between the parent and the other parent or a parent and a relative or you get a judge to actually give you a custody order. It is always subject to change.

So if, for instance, a relative because a parent got sanctioned under Work First winds up with a niece or nephew or a grandchild and then because they have to enroll the kid in school or they need to get the child medical care goes and gets a custody order from the court, once the parent corrects whatever the problem was and is back on their feet or feels that they are, then they could go back to court and say to the judge, "There's been a change in circumstances. The original reason which lead to the placement of my child with the relative has been fixed, and I want my child back."

Now that also can happen in a situation where the Division has some concerns about a parent and there is an allegation of an alcohol or a drug problem. And the Division would suggest or the parent on their own initiative goes and gets a custody order of the child's so that they can protect the child because the parent is not able to care for the child or is neglecting the child. And then the parent could still go back if they feel that they are capable or they feel they have corrected their drug or alcohol problem -- they would still go back to Family Court and ask the judge to return the child to their custody.

The yo-yo situation you're talking about is the situation where again it could have been a temporary placement which now becomes extended and it's now the child has been living with the relative for a year or 15 months, two years and become really stable in that home. Meaning, they may have switched school districts, they have new friends, etc. And maybe the relative still has some concern that the parent has not rectified all their problems, so they don't feel the child should move back, so they contest the parent's application in court to get their child back. And then the judge is struggling

with “Where should I place this child?” And our concern is, what you’re expressing, that yo-yo effect. The kid could wind up going back and forth.

In many situations, relatives work that out on their own, and the child gets transferred back and everything works out and you have that support system. However, there are-- I’m getting more and more calls at my office, and it’s probably more involving people who are homeless or drugs and alcohol problems, which could be another reason they’re not in compliance with Work First and the relative caretaker. It is still pretty primarily grandparents have concerns about returning a very young child to a parent because they’re concerned about their safety.

If the Division of Youth and Family Services had made that placement and there was a court order through a family neglect matter or a child abuse and neglect matter, then there are attorneys involved in that process. The parent would be appointed an attorney. There would be a law guardian for the child. There would not be an attorney for the grandparent caretaker, but they would have some input. The Division would be offering services, and there would be ongoing court supervision. In these cases, whether because of a Work First sanction or because you have an informal placement by the Division, there’s no legal advice being given to anyone. There’s no ongoing supervision, and it only comes back to court when someone has a problem. And so a judge is trying to sort out what is going on, and frankly, it becomes a big mess. And the only one who suffers really is the child because the child doesn’t know from month to month are they going to stay put or are they going to go to another relative or are they going to go home.

What we've suggested is that this idea of maybe a legal guardian, which the terminology is in the Work First regulations and is in some statutes, but there's really no process from our research. And some of my interns were looking at this again and talking to some people in the Surrogate's Office. There really is no formal process by which someone becomes a legal guardian in the State of New Jersey, except through the Surrogate's Office, which really speaks to being the guardian over a child's property because they've been left an inheritance, or it's an insurance settlement.

The Surrogate's Office, my understanding is, generally, will send the matter back to Family Court if there's a question as to where the child is going to live, and that brings you back into a custody arrangement, which as I just explained is kind of impermanent. The Surrogate's Office generally does not deal with custody issues, and the Family Court as best as I know, and I was a divorce lawyer for eight years before I came to ACNJ, does not give out guardianship orders, except in the DYFS arena. And when DYFS gets guardianship, it's for the purpose of placing the child for adoption. So again, they're looking at a very temporary situation. And that's our concern because we don't really have a process. We speak to this idea of guardianship or a legal guardian, but we haven't really developed a process to do that.

I don't know if I complicated it more or if I, hopefully, made it a little more clear.

ASSEMBLYMAN STEELE: No. I don't think--

MS. COOGAN: It's complicated.

ASSEMBLYMAN STEELE: Yes.

MS. COOGAN: It's a complicated process.

ASSEMBLYMAN LeFEVRE: Any other further questions of Mary Coogan? (no response)

Mary, we want to thank you.

MS. COOGAN: Okay. Well, good luck.

ASSEMBLYMAN LeFEVRE: Your comments were very appropriate and pertinent. Thank you.

MS. COOGAN: Okay. If we can be of help, let us know.

ASSEMBLYMAN LeFEVRE: Thank you very much.

MS. COOGAN: And thank you for letting me present testimony.

ASSEMBLYMAN THOMPSON: Mary, do you have a business card?

MS. COOGAN: Oh, sure.

ASSEMBLYMAN LeFEVRE: Next will be Reverend Murphy from the Congress of National Churches in Paterson.

Reverend.

**REVEREND MELYNN MURPHY:** Good morning.

ASSEMBLYMAN LeFEVRE: Good morning.

For the benefit of those who are testifying, as well as the Task Force members, if you could speak into a mike. This meeting is being transcribed, so for better hearing purposes, I think, use of the microphones is appropriate.

Welcome, Reverend.

REVEREND MURPHY: Thank you. Good morning. My name is Reverent Melynn Murphy, and I'm here representing the Congress of

National Black Churches, Paterson, New Jersey affiliate, and I'm also a pastor here in this city of Paterson, the Mount Zion Full Gospel Church.

The two populations that I've been working with over the last 12 years of which this particular situation has presented itself -- we do a lot of work with incarcerated adults who we find their living parents are responsible for their children during their incarceration and as well as working with the HIV-infected community. Many of these children have been left to grandparents at the demise of their parent.

The Congress of National Black Churches, some of our concerns have been, one, housing issues because we have dealt with families, and I personally have myself, where a grandparent, perhaps, has lost two or three adult children to HIV and AIDS particularly and have been left a total of sometimes six to eight grandchildren. If that grandparent is in a housing development that restricts children to be housed there, that creates a tremendous problem for that adult caregiver-grandparent to that child. We have been trying to come to some kind of conclusion of how we can help.

The Congress is represented at the present time here in the Paterson area of a total of 20 churches. We come together collectively to try to address some of the issues. Our motto is "filling the void" for our city and our area to see how we can help. We have been a voice advocating for housing for seniors that are left with grandchildren, something that will be conducive for the ongoing well-being of the family. We have put together a proposal for housing over the last two or three years in this development. For whatever reason, the grandparent has the responsibility of the children to help assist them so that they can have some type of support where it comes to public

school issues. It's something for a senior to become reacclimated to public school requirements and circumstances for a second- or third-grader if they're seniors. And so who is there to help bridge that gap that they have had because of their -- there was no need to really be in tune in keeping up with the public school issues and what is surrounding our young people today. That's just one area.

We're concerned about the seniors who may have their own needs for their own physical concerns, their medical appointments, and all these types of things that seniors engage in on a periodic basis. And if they neglect themselves to care for the children, especially again if I'm talking about a child that perhaps could be HIV infected or a child who has any other type of physical problem or concern. A lot of our children, we understand in numbers that we're dealing with attention deficit children. If you're talking about children of parents who are substance abusers, some of these children have other emotional problems, and if the senior adult has to meet all these needs, many times they will neglect their own physical concerns: checking on their blood pressure, making sure that they have their medications, and remembering to take their medications when they have to.

So we're very concerned about how this guardianship and care for the children and for our elderly population has insulted even their own personal lives in a sense (*sic*). And we know love covers it all, but we're finding seniors who are being left almost in levels of distress because they don't know exactly what to do and how to do it. It's already been identified, some of the other areas. I won't go into them and reiterate them, but the child care issues, how will seniors become aware of the services available in our city? What

happens in the summer time when they live in an apartment building, and where do they send the children for recreation? They're not necessarily out in the community like a younger adult may be, and many of us are younger adult parents and still don't know the services that are available for our children. So it poses some great problems that we're concerned about, as the Congress of National Black Churches here in this city of Paterson, that we're hoping to address and have our voice heard. That we might gain some type of assistance or find ourselves in a collaborative effort to help others that are identifying the same concerns that we have.

ASSEMBLYMAN LeFEVRE: Reverend, how do you handle a problem where someone is forced out of their housing because now they have children? Where do they go? What happens with those people?

REVEREND MURPHY: In my experience, Assemblyman, things are done in secret. Many times the children are kept invisible, and that's another stress level for that adult -- the fear of being terminated from that housing.

ASSEMBLYMAN STEELE: So they're there, but they're not there because of the fact that they would be put out themselves.

REVEREND MURPHY: Absolutely.

ASSEMBLYMAN THOMPSON: Do you have instances where they were evicted and, consequently, under those circumstances, then what?

REVEREND MURPHY: I personally know of situations where they have had to be relocated, and that's again another issue.

ASSEMBLYMAN THOMPSON: And how was that handled?

REVEREND MURPHY: Well, it was handled by support, perhaps, of churches, the community, not necessarily done by agency, but by support of community.

ASSEMBLYMAN LeFEVRE: Any further questions for the Reverend?

MR. BERGER: You mentioned that a lot of seniors suffer levels of stress because they don't know what to do or where to go. Now, I don't know about your county, but in Atlantic County -- I'm a past chairman of Atlantic County Senior Citizens Advisory Board -- we have services galore in Atlantic County that are available, but a lot of people don't know about these services. Is that the same problem that exists here helping seniors?

REVEREND MURPHY: Oh, yes. I think it exists everywhere. But most definitely, I think being able to publicize what's available and making sure that it's done at a level of understanding. Many times people may even hear advertisements, such as Kid Care, but they in their mind have already precluded that it will not benefit them for whatever the reason because of lack of understanding. So I think that our job is cut out for us, as far as educating our community and making it a very plain message.

ASSEMBLYMAN THOMPSON: Now the New Jersey EASE Program provides information, I know, related to elder care, and so on. I'm wondering if it also supplies information relative to the needs of grandparents taking care of grandchildren.

MR. BERGER: Are you familiar with New Jersey EASE?

REVEREND MURPHY: No, sir.

MR. BERGER: Easy Access Single Entry.

REVEREND MURPHY: Not personally.

MR. BERGER: It's a 1-888 number. I'm sure you--

REVEREND MURPHY: Well, I've heard the number, yes, but I've never gotten engaged in--

MR. BERGER: That's a service that can keep people informed. If they call the number, they can find out what services are available without getting a runaround.

ASSEMBLYMAN THOMPSON: But I don't whether they deal with issues of grandparents raising grandchildren. If not, we should look into that.

ASSEMBLYMAN LeFEVRE: Yes. That's clearly one of the missing ingredients, I think.

Anne-Michelle.

MS. MARSDEN: Hi. I work with grandparents raising grandchildren, and I know that you come in contact with them on a regular basis, and I'd like you to respond to my comment which would be that, following up on Howard's comment, that they don't know the information. Okay. Let's say we put together some wonderful campaign, so every grandparent raising grandchildren knows the information. My concern in working with them, and I'd like you to comment on this, is that even if they knew this information that because they are willing to give such great love that they are still going to be willing to deprive themselves and not care for themselves and rather continue to care for the children so that would you have a comment on how we could get individuals to actually take advantage of some service and would that services actually be respite so that they could-- Where

would you see them being able to take care of the services or take advantage of them, and would they actually take advantage of the services?

REVEREND MURPHY: I can speak from a personal experience. Our church opened a day care for children infected with HIV and AIDS. The purpose of the day care was to provide respite for whichever family member was actually the caregiver in the home. Those services were accessed. When there are available services, I believe people would take advantage of them. When they're knowledgeable and then they understand that there are no other strings attached, issues that may cause some other troubling in the water, they will take access to those. So I think the answer is yes, but I know it is going to be work.

MS. MARSDEN: Reaching them.

REVEREND MURPHY: The communication, reaching them, and how intense that effort will have to be. It is going to be a tedious one, but it needs to be intense and ongoing. Confidence is another issue. The confidentiality -- people have to feel comfortable that this is not something that has a underlying mechanism that's going to cause other eruptions in their life. So I think it's going to take all the entities, though, to work.

When I think about children being cared for by adults, I know the public schools are going to have to be concerned so that they address the senior in a different fashion. You cannot expect a senior to come to the PTA meeting if there are other issues with their own physical health, knowing how many children are being left. One grandmother I had the privilege of working with two years ago had orphaned six grandchildren. This woman was almost 80 years old. The children went to three different schools. And if you're looking

at it from another area, the statement is, this is a negligent family because they don't respond to what's being required of them. So it's going to take all the components that work with the family, that's dealing with the child, to make sure that they understand the clear picture and then we'll be able to really help and assist.

MS. MARSDEN: Thank you.

ASSEMBLYMAN LeFEVRE: Any other questions of Reverend Murphy?

MR. BERGER: Reverend, I want to make a suggestion to you about New Jersey EASE. Call the -- this is Passaic County, right? -- Passaic County Office on Aging and ask them about New Jersey EASE. If you can't get an answer there, then call the New Jersey Department of Senior Services in Trenton and ask to be connected with the New Jersey EASE Office, and they'll tell you what you have here in Passaic County.

REVEREND MURPHY: All right. Thank you.

MR. BERGER: Do that and you'll find it.

REVEREND MURPHY: Thank you for the information.

MR. BERGER: You're welcome.

ASSEMBLYMAN STEELE: Mr. Chairman, I just want to say, I think the issues that she raised go far beyond just the present program just out there. We're really-- When we start talking about grandparents living in public housing, and, yet, what are we going to do with them? I mean, I think that's something that we're going to have to take a look at because the laws are clear that they cannot live in those sites. And until we can find out how we can transition them, even though they made the point to care for them, is

something that we're going to have to take a serious look at and come up with a solution to that problem.

ASSEMBLYMAN LeFEVRE: You're right.

Any other questions?

ASSEMBLYMAN BARNES: I think it's an important one because why discommode the grandparents who are there to help, and then all of a sudden, you create another problem for them by saying, "You've got to move." So you talk about stress, etc., it certainly would be a factor. And just from hearing the testimony, I think it's going to be a very important part of the report that we write on this.

ASSEMBLYMAN LeFEVRE: Well, we thank you for your valuable comments, Reverend.

REVEREND MURPHY: Thank you for allowing me to go.

ASSEMBLYMAN LeFEVRE: Sure thing.

Thank you very much.

Okay, next, Reverend Bryant Ali.

**REVEREND BRYANT R. ALI:** Good morning to the Task Force.

ASSEMBLYMAN LeFEVRE: Good morning.

REVEREND ALI: Thank you for this opportunity. I'm Reverend Bryant Ali. I'm Pastor of "The Reach." Our Reachmen use Christian Fellowship which is located in Irvington, New Jersey. I also am the Chaplain for Broadway House for Continuing Care, which is the only subacute care facility in the State of New Jersey for persons living with AIDS. We're a 60-bed facility. So as I come across this issue of grandparenting, I don't want

to be redundant with some of the issues that have already been brought up, but I want to kind of put a different spin on some of the things when you talk about grandparenting. Usually, you equate grandparents to be elderly, and we have a whole new system of grandparents in their mid-30s or early 40s.

One of the reasons that these grandparents have been devastated is because of incarceration, HIV, and AIDS, especially in our urban communities. Now, just with the responsibility and the hardship of an elderly grandparent, what about a grandparent who has had three grandchildren thrust on them at 39 years old, 40 years old, a child who is doing life in prison, daughter or son, either way, is drug addicted or HIV positive or living with full-blown AIDS?

We have a situation in our facility where we have a young woman who is 32 years old with eight children, and this is not the abnorm. This is the norm when you start dealing with the issues. So when you think about broadening this with grandparenting, then the variance between those that are in foster care, and then also those who try to take care of their own children and are forced underground because a lot of these agencies-- You may have these 800 numbers, but they are not always easily accessible. What about the people who don't have phones? You know, 800 numbers are free, but it doesn't help you if you don't have a phone or a phone card. So when you start getting into our urban housing communities and everything, it's not abnormal for people to be without phones, as well as all the mounting technology that we have with cell phones and everything. We still have the majority of our urban population without phone services or affordable phone services. So then that becomes another issue.

Then issue No. 3, I think, is to deny your miseducation of our communities that this is a vital issue. And when I say miseducation, you can have a lot of services available, but that does not mean that they are so-called user friendly. So when you have all these applications-- We live in a technology age. You can put it on a fact sheet and kind of disperse it out all throughout the other entities, but when you have a person who's -- a 40-year-old grandparent who is illiterate to come with three grandkids and sit down and have to face a five-page application after they have to sit in the waiting room four hours with the kids climbing all over the place and just acting like children, so finally, when they get to this application, they're frustrated because usually the person behind the desk may be getting ready to go to lunch and says, "Hurry up, and fill this thing out." Where's the help for a person who may not be able to read? We have translators, but what about those who can come and help those who cannot read, cannot write, and may not be able to go through the process?

These are other issues, and these are not one-time cases. This is the normal of what we face in the urban community. I've had the unfortunate privilege to deal with many grandparents who have watched their children go through the process. Then that's a whole different dilemma, and I speak from an HIV-AIDS field. That's a whole different dilemma that the parent is not dead, but the parent is incapacitated and going through the long-term illness where they are not able to care for their children. So because the parents are not there, they may not have been married to their partner, it becomes a whole different financial issue because that parent is on Medicaid themselves, and if that child is not "classified as their legal child," even though they are the father

or the mother to that child, that child misses a whole source of services because a parent is living. So that means that grandparent is still stuck with the child without any means of accessing anything because the parent is living.

And in the same thing when you talk about the emergency room, it's all right to go to a pediatrician if you have HMOs and stuff. I just saw yesterday-- My mother is elderly. She called a couple of days ago. She called the doctor for an appointment. They told her they were booked for the week. They asked her if she has insurance. She said, "Yes." What insurance do you have? She told them. They said, "You can come in tomorrow morning at 8:00." So these are the realities of some of the issues, and I think that this is a very broad, broad, broad issue and one of the fastest-growing populations, which is estimated by the year 2000 we will have -- and I've talked before this Task Force before -- documented over 5000 orphans in the Newark area alone due to the devastation of HIV and AIDS. And this problem is all on the grandparents.

It's very broad. The issues are very broad, but hopefully we can start somewhere. I think that is one of the ways -- when I say miseducation of the community, being able to translate it where they can understand it, not in different languages, but just in user-friendly language that they might be able to get a better grip on what's available. I can come to a Senator and say it's available, but if I don't understand what you present to me, even though I was there, it's still not available in my mind.

Thank you.

ASSEMBLYMAN LeFEVRE: Do you see the population -- the HIV-AIDS population -- growing?

REVEREND ALI: Oh, just constantly growing. From my standpoint, when we talk about HIV-AIDS population, we base it only on numbers of people that have been tested and documented. In other words, you still have a growing community of people that refuse to get tested, and its viruses are readily spreading. Also, within our youth. Our youth is one of our fastest-growing populations. That's why you have these young grandparents because our youth often-- (remainder of comment indiscernible)

I'm 40 years old, but I have four grandkids. And so that's a whole different population where kids think, because the miseducation -- that because there's prolease inhibitors and stuff out here, "Oh, I can get it, and now I got a cure. So I can keep on doing what I need to do." And then with all the other issues where that we don't like to talk about -- condom distribution and all these other things in the school setting-- And, you know, so what's happening is that the community is growing.

And then part No. 2, what I've seen in the population is women, especially women of color, housewives-- See, the numbers get shifted. If I'm living in a suburban community, I can get private health care, and I can be treated for HIV and AIDS, but I never had to really become one of the numbers of HIV and AIDS. And what's happening is our fastest-growing population is housewives from suburban communities whose spouses or significant others do a lot of traveling. And when they travel, they play. And then they go back home to a safe area. Naturally, they can't, in their travel bag, put a bag of condoms in there and say, "Honey, I'm going on the road, and I'll be back."

This is a whole different population I've had. And that's a whole different devastation where the grandparents stay from suburbia because in our facility we take residents from across the state. In suburbia, they cannot go back to the community and say, "This is what the disease is." I've had to go into suburbia to preach funerals, and they asked me, "Please, please, please. We told everybody they died of cancer." Like I'm going to go up there and violate their confidentiality. But it's a fear. It's a fear. "Please, my kids are here. Don't let them know my significant other died of AIDS."

ASSEMBLYMAN LeFEVRE: Any questions?

ASSEMBLYMAN BARNES: I had one quick one.

What was your mother's insurance that had such rapid response?

(laughter)

REVEREND ALI: Oxford.

ASSEMBLYMAN THOMPSON: I call my physician, and they say you can't an appointment until next week. They don't care what kind of insurance I got. You still couldn't get in until the middle of next week.

ASSEMBLYMAN LeFEVRE: We got an interesting perspective, and we thank you, Reverend.

REVEREND ALI: Thank you so much.

ASSEMBLYMAN LeFEVRE: Thank you very much.

Moving along, Kathleen Morehouse.

Welcome.

**KATHLEEN MOREHOUSE, ESQ.:** Thank you. Good morning.

(Good morning responses from Task Force members)

MS. MOREHOUSE: My name is Kathleen Morehouse. I'm an attorney in New Jersey. Thank you for giving me an opportunity to present testimony on behalf of the State Bar Association with regard to grandparenting issues. I'm an attorney with the law office of Toby Solomon in Livingston, New Jersey. Our practice is devoted exclusively to the issues regarding family law, and we also work extensively representing grandparents and their rights regarding custody and visitation. I'd like to just give you an overview of the statutory and case law in New Jersey regarding the rights of grandparents related to custody and visitation issues.

New Jersey is really on the forefront as far as case law and statutory law with regard to the rights of grandparents concerning visitation. In 1972, New Jersey enacted the first grandparent visitation statute which granted grandparents the right to visitation under only two limited circumstances: when one or both of the parents had died or where the parents were divorced and living in separate residences.

However, in 1993, the grandparent visitation statute was amended to greatly expand those limitations. The new legislation authorized grandparents or siblings to make an application before the court for an order of visitation, regardless of the marital status of the natural parents or whether they were dead or there were other problems affecting the family.

The statute basically is unequivocally one of a best interest standard. It sets forth eight factors to be considered by the court in balancing the right of the grandparents for visitation. Unlike other states that do have limitations, New Jersey does not. And it's clear that visitation rights will be granted when they're in the best interest of the child. The statute further

provides that when a grandparent has been the primary caretaker for the child, that should be prima facie evidence that it's in the best interest of visitation with that grandparent continue. Accordingly, the statute presumes that if a grandparent has been the full-time caretaker and they've bonded with the child, that relationship should not be disturbed.

Again the amendments greatly expanded, rather than limiting, the rights of grandparents. And it's also important to remember that the grandparent's rights are not derivative of the natural parents, regardless of the relationship with the natural parents. The grandparents will be entitled to visitation if it's in the best interest of the child.

Our grandparent visitation statute has also withstood constitutional scrutiny. The constitutionality of the statute was challenged based on the 14th Amendment of the United States Constitution in that it impermissibly interfered with parents' fundamental rights to raise their children as they see fit. However, a trial court decision -- 1994 trial court decision -- upheld the constitutionality of the statute on a rational basis test. The reasoning and the court's holding is that the statute doesn't assume that the grandparents have an automatic right to visitation and that it's always in the best interest of the child, but rather the grandparents have to prove-- It's their burden to prove, by a preponderance of the evidence, that visitation will be in the child's best interest.

The statute was never based on a fundamental right to visitation. Again it's just a best interest standard. The court recognized the competing interest between the grandparents, the parents, and the child, and that this statute considers the best interest of the child in all cases.

Further, with regard to the statute not having any limitations, it can be argued that grandparents have a continuing right to seek visitation even after an adoption of a child. The 1993 amendments placed no limitation on when visitation can be sought, such as death, divorce, or termination of parental rights. Therefore, the amendments make the statute applicable to any grandparent. And although the New Jersey adoption statute terminates all legal connections between the child and the biological parents, the statute does not affect the rights recognized under grandparent visitation statute. That is to say, since the adoption statute, as amended, refers only to severing the rights of the natural parents, not those of the extended biological family, the grandparent visitation statute is not inconsistent with the adoption statute.

Clearly, if the Legislature had intended to exclude adoptive families within the purview of the grandparent visitation statute, it would have so provided. Many states have such exceptions to-- All states have grandparent visitation statutes. Many make exceptions that say, when there is an adoption -- that's one of the exceptions the grandparents can't seek visitation. New Jersey did not place any limitations whatsoever. Not only has our Legislature expressly acknowledged the right of grandparents to have access to their grandchildren, but the courts have also recognized the strong public policy in granting grandparents access to their grandchildren and ensuring that those relationships are maintained, especially if, because of the family dynamic, that relationship may be jeopardized.

The courts have recognized that visits with grandparents are a precious part of a child's experience, and the benefits, which devolve upon the grandchild from their relationship, cannot be really derived from any other

relationship. It really is a unique relationship. The courts have been expanding on these grandparents rights in an attempt to acknowledge the importance of the relationship between grandparents and grandchildren. In a recent case, the Appellate Division held that while termination does sever all legal ties between a parent and the child, it does not necessarily sever the ties with extended biological families, including grandparents.

Also, in a 1995 trial court decision, the court decided the issue of when the grandparents would be granted standing to intervene in an adoption action in the affirmative. The court permitted, based on the court rules, a discretionary widening of the people who were entitled to be heard at the adoption proceeding. And those grandparents, in that case, were entitled to intervene in the adoption action and present their views with regard to the best interest of the child, whether that adoption -- in that case it was by a stepparent -- should go forward. In that case, the court held that the adoption by the stepparent could not extinguish the rights of the grandparent, and they would be entitled to be heard at that hearing.

Also, in a 1995 Appellate Division case, the Appellate Division reversed a trial court award of custody to an unrelated foster parent where the child had resided for three years holding that the biological grandmother stood in the shoes of the deceased parent with a strong presumption favoring the child's ties to the natural family. The court stated that there was a presumption in favor of family reunification and that because of the child's relationship with the grandmother, it was in the best interest that the grandmother be accorded the same status as a natural parent in that case.

There are situations also where the expanded rights of grandparent visitation have led to expanded rights of custody. Courts traditionally held that a grandparent's right to custody of a grandchild did not rise any higher to the level of a third-party stranger. However, a 1989 Appellate Division decision addressed this issue of which standard to apply to a grandparent seeking custody, as against the natural parent. Normally, when a third party would seek custody as against the natural parent, the standard is one of unfitness. However, this court held that where the third party, in the case the grandparents, are able to show that he or she stands in the shoes of the natural parent and, thus, in parity with the natural parent, he or she should be afforded the same status as the natural parent in determining the standard to be applied. Therefore, in that case, the standard is best interest rather than unfitness.

There are certain cases also, however, that visitation rights of grandparents -- to make it rise to an obligation of support on the part of the grandparent. In a 1990 Appellate Division decision, court held that the grandfather, who had assumed an in-local parentis relationship with the grandchild and had voluntarily supported that child for many years, was equitably stopped from abandoning his obligations to support that child even after his divorce from the grandmother.

In closing, the New Jersey courts have continued to recognize the importance of grandparents rights to visitation with the custody of their grandchildren. The public policy in this state is to protect the best interest of the child above rigid constructions of the term family. We must acknowledge and appreciate the evolution of nontraditional families in our society.

Non-nuclear families are a growing percentage of today's households, and it's well recognized that there could be a psychological parent relationship between a child and parties, especially grandparents, other than the legal parents. And it's really important that we continue to recognize those relationships if, for nothing else, the best interest of the child.

We represent many grandparents, and we see the special relationship. And what the courts have said is true, it can't be duplicated. It's really a special situation.

That's all I have to say. I'd be happy to answer any questions.

ASSEMBLYMAN LeFEVRE: Thank you.

Do you see any need for any changes in the current visitation statute that's enforced, even though you cited a number of amendments?

MS. MOREHOUSE: Right.

ASSEMBLYMAN LeFEVRE: Are there any other suggestions that you might have in your dealings?

MS. MOREHOUSE: Our statute is really in the forefront compared to other states. We've done extensive research of all the other state statutes, and we're one of the few where it is the broadest statute. Many of the states put limitations only if the death of the parent or a divorce or other situations or not in the case of an adoption. But New Jersey is one of the broadest.

And as far as anything to broaden that, I don't think so. It gives eight factors to consider, and it's a discretionary thing with the judge. It gives all the factors to consider, and it's one of those things that should be judged on a case-by-case basis based on the factors and what's in the best interest of the

child. So I don't think the statute could be much broader than it is. We really, as far as in the United States, one of the leading states in that area.

ASSEMBLYMAN LeFEVRE: Any questions of Ms. Morehouse?

ASSEMBLYMAN STEELE: I think it's great that the visitation is good, but I think what we're confronted with now is the possession of the child who actually ends up-- You know, who makes that decision? Who is in the best interest to have the child.

MS. MOREHOUSE: Right.

ASSEMBLYMAN STEELE: And the support mechanisms seem to be financial in place or housing.

MS. MOREHOUSE: Right.

ASSEMBLYMAN STEELE: I think visitation is great because it gives that child the proper development with that relationship that a grandparent can give. But I think when it comes down to the grandparent saying that I should have the child as opposed to the parent--

MS. MOREHOUSE: Right.

ASSEMBLYMAN STEELE: --who has said the person has now reached the status of becoming a responsible parent. It seems to be where the line is drawn.

MS. MOREHOUSE: Right. As a litigation attorney, I'm not prepared to speak on policy issues as far as support through the State and that sort of thing, but what we see is, basically, when grandparents come to us, it's really a fact-sensitive issue. It really depends on the circumstances, how long the child has been with the grandparents. But we see that courts are willing

and open, and they are recognizing this relationship, and in many instances, it is in the best interest of the child.

Now, the next level, obviously, would be the support issues that you are very concerned about. In our situation, we don't see it past that level. We see it as far as in court and getting the grandparents continued visitation or even getting them custody, but unfortunately, I don't follow through to the next level to see. That's not what we do.

ASSEMBLYMAN STEELE: Thank you very much.

UNIDENTIFIED SPEAKER FROM AUDIENCE: You said that grandparents are allowed to testify at a custody proceeding by a foster parent, perhaps, or a stepparent. Are they allowed to maybe stop that adoption, and is this also in a case where the grandparent was not the primary caregiver of the child?

MS. MOREHOUSE: I don't want to speak with regard to foster parents. With regard to an adoption, the New Jersey courts have held that they have standing to intervene in that action and be heard, which could be, yes, at a hearing. And they have a right to present testimony at the adoption hearing with regard to whatever their position would be, whether it would be overturning the adoption or just continuing visitation after the adoption. They do have a right to intervene in that action and be heard at a hearing and give testimony. That's correct. The court wants to hear anything related to the best interest of the child, and many times the grandparents are one of the best witnesses, as far as what's in the best interest of the child.

UNIDENTIFIED SPEAKER FROM AUDIENCE: Thank you.

MS. MOREHOUSE: You're welcome.

ASSEMBLYMAN LeFEVRE: Any other questions Task Force members? (no response)

MS. MOREHOUSE: Thank you.

ASSEMBLYMAN LeFEVRE: Thank you very much.

Next to testify is Mitsey Williams, from the Bergen County Division of Senior Services.

**MITSEY WILLIAMS:** Hi. Good morning.

ASSEMBLYMAN LeFEVRE: Good morning.

MS. WILLIAMS: My name is Mitsey Williams, and I am an employee of the Bergen County Department of Human Services, Division of Senior Services.

In 1997, Bergen County was one of six counties to be part of a pilot project to research and report on the needs of grandparents raising their grandchildren. Each of the counties produced a report with similar findings, and I have a copy here for you of Bergen's Report which was presented in October of 1998 to Michele Guhl, the Commissioner of the State Department of Human Services.

In Bergen County, the County Executive, William P. Schuber, appointed a broad-based committee to examine the issues. The committee learned that services for grandparents and the professionals who provide them must be customized in terms of policy, procedure, delivery in order for the needs of the grandchildren and the grandparents to be met.

The grandparents' willingness to give is the most evident discovery. It is a very important and often an automatic reaction, rather than a decision, to become a parent again. However, the fact that their heart guides

their decision often brings multiple problems. The benefits they may receive as a foster parent or their temporary emergency placement are not forthcoming. In order for grandparents to continue to become willing to raise their grandchildren when the biological parents are no longer available or able, we must make necessary changes to provide the stability and hope for the future of children being raised by their grandparents. And it's time to take action based on the information reported in each of the six reports, and we must demonstrate that we value the role that they play in raising their grandchildren. We must take action to ensure that their grandchildren are not forgotten, and I do have a copy of the report.

ASSEMBLYMAN LeFEVRE: Thank you, Mitsey. We agree with you.

MS. WILLIAMS: Sure.

Do you have any questions?

ASSEMBLYMAN LeFEVRE: Any questions of Mitsey?

MR. BERGER: Mitsey Williams, you said?

MS. WILLIAMS: Yes.

MR. BERGER: And you're with the Bergen County Department of--

MS. WILLIAMS: Senior Services.

ASSEMBLYMAN LeFEVRE: Thank you, Mitsey. We do appreciate your testimony.

MS. WILLIAMS: Sure.

Moving along, I'm not sure if some of these individuals are here.

Myrtice Hansford? Grandparent from Passaic, who had previously signed up to testify? (no response)

Mary Lyles? (no response)

Okay.

Dr. Daphne Joslen? (affirmative response from audience)

Welcome. Good morning.

**DAPHNE JOSLIN, Ph.D.:** Good morning. My name is Daphne Joslin, and I'm here with three hats that I'm wearing. One, I'm on the faculty of William Paterson University in the Department of Community Health, and I'm the Director of the Institute for Creative Aging there; I also am here representing the newly formed Grandparents as Parents Task Force of Passaic County; and lastly, the Coalition on AIDS in Passaic County, where I chair the HIV and Aging Committee. And those experiences have enabled me, I think, to offer some useful observations and recommendations to this important Task Force, so I appreciate your time in letting me speak this morning.

I think we've heard a lot about family values recently. It's certainly in the media and very much on our minds. And to me, there aren't any people who've demonstrated what it means, in terms of family values and the sacrifices that people are willing to make, than grandparents who are raising their children today, particularly those who are affected by HIV and AIDS. You've heard, with some of my preceding speakers, that concern, and I'm going to echo some of that today, both in terms of providing a context to understand where we are in Passaic County as well as in New Jersey with regard to the impact of this epidemic on older adults and midlife adults who will be raising grandchildren.

I also want to refer to a program that I helped to develop and was involved with, a pilot program known as the Oasis Program for grandparents raising children affected and orphaned by HIV.

First of all, with regard to the way in which the epidemic is affecting older adults, midlife adults, people anywhere from mid-30s up to their 80s, New Jersey has the distinction, unfortunately, of having twice the national rate of AIDS among women. Let me state that again. The percentage of female AIDS cases in New Jersey, which is 26 percent, is double the national rate of 13 percent. That's really significant in terms of what it's going to mean for families, since the vast majority of infected women are indeed mothers, mothers not just of one child, but often of many.

In Passaic County, the projected number of orphans due to the AIDS epidemic is the highest in the state. We expect, by the year 2010, it to have increased by 80 percent. So it's a significant epidemic. And while certainly the protease inhibitors and the new therapies are giving us great hope, the incidence of HIV among women is continuing to increase unabated -- just unabated.

Secondly, these new therapies are not a quick fix. We're being given an impression that perhaps they are, and, indeed, they require Herculean efforts to manage one's medication. As you know, if you get an antibiotic, how easy it is to miss a dose. You're at work, you forget, you left it in your car. Imagine taking medications that require you to time when you're going to take them, if they're on an empty stomach, a full stomach. If you miss one dose, you really are perhaps causing the virus to mutate, and then it's disaster.

So the ability to maintain one's medication, the ability to, sort of, curtail what the epidemic is doing to women is not within our reach right now, either in terms of prevention nor in terms of the meaning of these new therapies. What that will mean is that grandparents and other older relatives, whether they're great-aunts or godparents, great-grandmothers even, will continue with regard to this epidemic. I want to give you a little bit of an idea about the Oasis Program, what we learned from that, and some of the cases from that.

Mrs. M is a 57-year-old employed, day care worker living in a low-income housing project in Paterson. Due to the drug addiction of two of her adult daughters, one of whom recently died of hypothermia living on the streets, she had been the sole caregiver for 11 years to seven grandchildren ranging in age from 7 years to 15 years. Although none of her grandchildren were HIV infected, and, therefore, not eligible for any funds under Ryan White, two had asthma. Her medical insurance, as the grandparent, from her job did not cover any of the children. She's proud of her grandchildren, especially their high grades in school and their participation in church activities, yet she feared letting them out to play because of neighborhood violence. She juggles her job taking off from work when the children are sick escorting them back and forth to school, church, and homework help on a household income of less than \$17,000 a year. She rated her own health as fair and reported having diabetes, vision problems, high blood pressure, arthritis, and a recent medical exam which found a milky substance on one of her lungs. As a sole caregiver to these seven children and their sole source of support, she has no time for her own health or even time to relax. Rather than

take time when her children were going on a church outing, what was she going to do the next day? She told me, "Iron their clothes," so that they could go out looking well-dressed and proud. That was important, not time for her own health and not time to manage health problems, which are, if you're in the public health field, multiple chronicity. A high percentage of these people will go on to be disabled well before their time. She is what we, as gerontologists, since that's what I am -- somebody who studies the field of aging -- call a hidden patient, a caregiver whose own health needs are neglected and untreated.

Another grandmother buried her daughter and granddaughter, both deaths from AIDS, within three months of one another and is now raising an uninfected granddaughter. She is able to work only part-time and is a widow uncertain of how she will maintain the mortgage on her small home. Her health problems included glaucoma, hearing loss, arthritis, and osteoporosis. Despite these and multiple stress symptoms, she had no regular physician and no medical insurance. At age 62, she was too young for Medicare but lost all her health benefits when she had to quit her job to care for her daughter and granddaughter.

Another woman, affluent, the widow of a professional, 78 years old now, raising an HIV-infected granddaughter who's 14, depressed, and often suicidal-- Although economically stable, this grandmother worries about her stamina in raising this granddaughter and coping with her depression and her acting-out behavior. She's frequently exhausted from having to negotiate the labyrinth of services, including a series of changes in Medicaid-managed care plans for HIV-infected children. Transportation for herself and her

granddaughter is increasingly difficult as she can no longer drive at night, and the day-to-day routine of getting her granddaughter to school, medical counseling, dental appointments, and social activities leaves her with little time for herself.

I've given you some of these cases. What I want to reflect on addresses Ms. Marsden's comment earlier about how do we get grandparents to come for these services if we were to tell them what's available. One of the things we found through a program called Oasis, which is no longer in operation because we lost the two years of private funding that we had, we learned that these caregivers don't believe that they should be the priority, the children are the priority. And even if services are available, they need an advocate and somebody to encourage them and, indeed, counsel them to seek services to say, "The well-being of the children depends on your getting to that doctor, and we need to get you the transportation, so you can go."

One of the grandfathers I had hoped to bring with me today, but I was not able to get two car seats, so we could bring two of the five grandsons that he's raising -- five grandsons below the age of seven, which is just daunting if you're a parent-- His wife is the primary caregiver because she earns more money. He stays home with these five boys, and I would have brought him today, but as I said, I could not get the car seats in order to do that. He doesn't go to his medical appointments for his bleeding ulcer because there is nobody to watch the children, and he doesn't know how to manage a two-year-old and a three-year-old to do that.

Many of these grandparents are afraid to seek assistance. They're afraid that if they let their needs be known that somebody will think they're

unfit. They're desperately afraid the children will be taken away from them if they say, "I need help. I need help. I need to get to the doctor," or "I don't understand this new math. Can somebody help me with it?" or "I can't understand this form." They need to be encouraged to go, and they often need somebody to help walk them through that system to know where to turn.

In developing the Oasis Program, we found that the staff that they come into contact with don't themselves know the services. People who are in the drug treatment field, the HIV field, who are school teachers, school principals, don't know the services in the aging field. They don't know what New Jersey EASE is or that people who are below age 60 won't be eligible for New Jersey EASE. Then what do we do if they're 58 or 59? Indeed, I think we need a system equivalent to New Jersey EASE for grandparents raising grandchildren. They need to know where they can go. They need to know that they're entitled. They need advocates, and they need a visible system.

Some of my recommendations, in addition to creating and implementing a program similar to New Jersey EASE, which would provide coordinated and integrated information with appropriately trained and sensitive staff and well-publicized consumer information, would be a toll free, statewide 800 number that could tell them how to access services in their county. Certainly, we need an adequate kinship allowance for kinship foster parents, the subsidized guardianship program. We need adequate respite after school and, especially, summer program so that the grandparents will know that the children are safe when they go outside.

Training needs to be conducted for service providers in schools, in drug treatment programs, in pediatric clinics where they're providing

medical care for children. They don't understand the geriatric population. They don't understand their needs, and they don't even know where to refer people. We need to allow Medicaid-funded home care to be provided as a respite for affected children, not only infected families.

And lastly, I believe we need a network of nonstigmatizing, accessible, and affordable mental health services for these families where people will feel they can go for counseling.

So I want to emphasize the access to services. It isn't enough to create a system if people don't believe they're entitled or afraid to use it, afraid the children will be taken away, and are not quite sure how to navigate it. They don't need to have a legal degree in order to navigate a complicated bureaucratic system.

I certainly want to make myself available, through the research that I've done and through William Paterson, to the Task Force. It would indeed be a privilege to be able to do that, and I appreciate being able to testify today.

ASSEMBLYMAN LeFEVRE: Thank you, Doctor, very much.

DR. JOSLIN: Thank you.

ASSEMBLYMAN LeFEVRE: Any questions of Dr. Joslin?

ASSEMBLYMAN STEELE: Yes, Mr. Chairman. I would certainly ask that I hope you could make your testimony in writing available to us. I think as we travel across this state we're going to see the devastation of the need that's contained to heighten itself, and I think it's almost frightening.

ASSEMBLYMAN LeFEVRE: The cases that you cite are very compelling.

ASSEMBLYMAN STEELE: Exactly.

DR. JOSLIN: They're humbling, aren't they?

ASSEMBLYMAN STEELE: Yes.

ASSEMBLYMAN LeFEVRE: Yes.

MR. BERGER: I will pass on your concerns about New Jersey EASE to the New Jersey EASE Office.

DR. JOSLIN: Great. Thank you very much.

I will make my testimony in better form.

ASSEMBLYMAN LeFEVRE: All right, Doctor. Thank you very much.

ASSEMBLYMAN STEELE: Thank you.

DR. JOSLIN: Thank you.

ASSEMBLYMAN LeFEVRE: Thank you.

Moving along, again, the number of people that signed up previously to speak today, Carol Davis of the Salvation Army in Newark?

Carol, are you here? (no response)

Hopefully, I will pronounce this name correctly. Kathy Derechailo from the American Red Cross in East Orange. (no response)

Okay. Toni Thomas, Ironbound Community Corporation of Newark. (affirmative response from audience)

Toni is the Program Director for the School-Age Children's Program in Ironbound Community Corporation.

Welcome.

**TONI THOMAS:** Thank you.

Good morning. My name is Toni Thomas. I'm Director of School-Age Children's Program for the Ironbound Community Corporation. For the past three years, I have been working with the after-school program at the community center located in the Ironbound Section of Newark.

Last year, our Corporation applied and received a State grant to operate family-friendly centers at two schools in the Ironbound Community that were in need of family programs for children and adults. As Director of the Program, I coordinated activities at South Street and Hawkins Street Schools along with the services we provide to families from the other schools in the Ironbound area. Some of the schools are located near housing projects with a majority of students' families residing in them.

Over the past three years, I have come across several situations where the grandparents are the primary caregivers of their school-age grandchildren or the grandparents provide the stability within the family nucleus. In some cases, both grandparents are available. In many instances, they are just one parent. These people live modestly in situations where they are raising their grandchildren on fixed incomes. Some grandparents are ailing taking on multiple challenges raising their grandchildren, nursing their health, and providing stability within the family. What is interesting is that these situations are becoming familiar. What is most curious is when a grandparent is unable to enhance the life experience of their grandchildren simply because they have to provide for the grandchild in a way they never anticipated. Reasons for this vary. The two I encounter the most are difficulty with the language and finances.

I recently took a group of children from Hawkins Street School to NJPAC. A grandparent, after signing permission slips for her two grandchildren to go on the after-school trip, asked me if it was possible for her to attend as well. I was surprised that she wanted to go, but I was happy to have her accompany us. As we were heading back after the performance, she sent me a note, something that she had written on a piece of newspaper, expressing here gratitude at being able to go with us.

When I thought about what I would say here today at this meeting, I wasn't sure how I would handle the subject, then I recalled her note. It stated how happy she was to be able to go on the trip with the children. That she would love to go again if the opportunity came up because her situation, which mostly is financial, did not allow her to experience culture as she would like. Then I thought, this is it. Here's a situation with a grandparent who's intelligent and knowledgeable, but because of her circumstance, she's not able to provide her grandchildren with this important aspect of their education. That is the education that comes from exposure to culture and the arts.

To me, education does not begin and end with math and science. It's learning about who you are, where you come from, and what is going on in the world around you. It's exposure to culture through the arts that have evolved from everyday people sitting around sharing stories about what went on back then and how the family survived during tight times and how they celebrated during good times. Grandparents represent that aspect of our culture. They are the cultural ambassadors to our future passing on tales of

kin, remedies for illnesses, and perspectives on political events that you never thought of.

When our grandparents become taxed and burdened, we lose those important perspectives that they offer that enhance the living experience of children and adults. We witness a void in the lives of young people as they search for a sense of themselves in negative, self-destructive activities. What I feel is important to consider is a means that allows grandparents to be better providers with the support in a variety of areas, which include housing and health care, and also to consider what can be done to help them further enjoy their lives and enrich the lives of their grandchildren with significant and valuable art and cultural experiences.

Most of the issues that have been discussed revolve around health and finances of housing and such. But when this grandparent sent me this note in regards to just her enjoyment of being there to witness this cultural experience in this theater at NJPAC, it had a meaning to me because when she first asked me I'm like, "Oh, okay, it's all right." I was surprised, and then most parents don't want to go on things with children. Then because she's a senior, can she be of assistance? I know she wants to go because her grandchildren are going, but how will this impact on her life? And when she shared that, passed that note to me, it just changed my whole perspective.

I am an advocate for enrichment programs for children. I run a summer arts program for the Ironbound Community along with the after-school programs that we have, not only at our site, but at the two schools. And the thing that I emphasize is cultural literacy. When we think about education, we only emphasize just those analytical skills, but we don't think

about the culture and how that exposure to culture really enriches the lives. It helps broaden the children's sense of themselves, of who they are, and grandparents are that key to that. If they're burdened with taking care of their children, that if we can allow a means for them to get transportation to be able to go on trips and cultural experiences with their grandchildren to further enrich their lives -- it's a value that's needed, and it's a consideration that should definitely be considered.

That's all.

ASSEMBLYMAN LeFEVRE: We agree. Thank you.

Any questions of Toni? (no response)

Cultural enrichment should be all a part of the equation, and we thank you for your comments.

MS. THOMAS: You're welcome.

ASSEMBLYMAN LeFEVRE: Thank you.

Adrian Blake, from Babyland VII in Newark? (no response)

Adrian's not here.

Ruby Greene, from the Office of Community Development in Newark.

Welcome.

**RUBY GREENE:** Good morning.

ASSEMBLYMAN LeFEVRE: Good morning.

MS. GREENE: I'm Ruby Greene. I'm the Supervisor for the Parental and Community Involvement Program, Newark Public Schools and in the Office of Community Development. I didn't prepare a formal

statement, so I'm really just going to speak from experience, and I'd like to invite one of the grandparents from the Newark School District to join me.

If you will, Millie.

This is Millie Sharp. She's a grandparent of a granddaughter, 12 years old. She was good enough to provide testimony for us. But in addition to a written testimony that I will give to you, she is here to answer any questions that you may have. I also, in preparation for this meeting, interviewed several other grandparents in the district so that I could provide testimony for you. I'm a grandmother myself of a one-and-a-half-year-old child, so we in the Newark School District have recognized the tremendous growing population of grandparents who are now primary caregivers in the Newark School District.

We, in late fall of this year, had a grandparents forum to begin to assemble grandparents so that they could begin to network together to find out what some of their issues were and also to provide some information to them about resources that were available and really just an opportunity to network with one another and learn from one another some of the things and the issues that they might have.

Some of the things that I've heard, especially from Dr. Joslin, I don't want to duplicate. She did a wonderful job of explaining some of the problems and also some of the solutions. Rather than reiterate some of those things, I'll just give you the written testimony, and I'll give you one testimony that we heard at that first grandparents forum that had most us there in tears.

There was one grandparent there who addressed the audience and told us that she was a grandmother and sole provider for five young children.

Her daughter, on that day, was in the hospital. She was having another child. She was really overwhelmed. In her very being, you saw that she was overwhelmed by a situation that she couldn't control and didn't have the resources to do what she was being asked to do.

I did tell you that I was a grandparent. Many of us there who were grandparents knew her feeling -- knew how this woman felt. I would do anything for my grandchildren, so I know that she's feeling the same way. She didn't want strangers to have her grandchildren. She wanted to be there for them but without the resources to be able to do that. It was really, for me, a situation that made me make a personal commitment to do what I could do as a part of the Newark School District to hear the stories of grandparents, to be an advocate for them.

I thank you so much for inviting me here today because it gives me an opportunity to tell you a little bit more. And in your fight, hopefully, give you some ammunition to work with--

Certainly, if at any time Newark School District could be of assistance, please do call on us. If you need other testimony or other people who can testify to the tremendous problem that grandparents who are having to raise grandchildren or to parent a second time are having, certainly, do call on us.

Ms. Sharp, as I said, is the grandmother of a granddaughter, 12 years old.

If you don't mind, Millie, since I'm on a roll, I will just tell them.

We have this in written testimony. She's had her granddaughter since she was 14 months old. A daughter, who was unable to take care of the

child, left her, temporarily, with her grandmother. She is now 12 years old. Ms. Sharp still has her granddaughter. I asked her to come with me to share her story with you.

When we got here, the lot was full outside, so the attendant said, "There are no more spaces here." She said, "You know, I can't walk far. I have my handicap sticker." She can, if she will, tell you a little bit about her health conditions.

She's not unique. With grandparents in our age-group, multiple problems and health problems-- It's a very real, very big, issue. Resources, in addition to health issues with the grandparents, as well as the grandchildren-- Inadequate resources to really care for their children. What I'm here to say about providing support services -- letting grandparents know where to go, what to do, how to fill out forms, how to get to where you need to go to get services for yourself and for your grandchildren is crucial.

I heard over and over again the health issues, the issues of support. When do you have time for yourself? You raise you children, and then before you breathe, you're raising a family again. And that I heard over and over again. There is nobody to give them relief.

It's different. I will take mine for a weekend or overnight. I give her all the love and care, but that is overnight. I send her home. She goes back home with her parents. It's quite different when you are the sole custodian for a child, as some of these grandparents are -- as Mrs. Sharp is. So it's really a crucial issue.

I will let you have the microphone if you would like to add anything. I know the housing issue-- She was telling me on the way over here

that senior citizen housing -- you can't-- She can afford that, but she can't live there with that child.

ASSEMBLYMAN LeFEVRE: Correct.

MS. GREENE: Would you like to add anything?

**MILLIE SHARP:** It's been an uphill struggle for me. I raised four children. I never had a vacation. You could imagine what that is. You know it's hard. I do have great-grandchildren.

When my daughter came to me and said, "Mom, will you keep this child? I have no where to go. I don't have any way of taking care of her," I said, "Sure." I thought she would come back and get this child within a couple of months. That never happened. She is 12 years old now.

Due to the fact that my health is declining through the years and I've just had heart surgery about a couple of months ago and I have all sorts of things going on medically, I thank God that I'm still able to take care of this child. I've done, what I think, a mother, instead of a grandmother, would have done. I've put everything out -- unconditional love. Whatever had to be done for this kid, I was there.

It was hard. It was difficult because she has asthma. Sometimes I had to go to the emergency room at 2:00 a.m. or 3:00 a.m. Those are some types of things like that. I had to run to camp one day and get this kid. I said, "Here I go again." It was never a smooth road for me. You couldn't understand it.

Housing was another problem. I tried to get into public housing. Like I said, they denied me because of the child. I don't think that's fair. I think it's very unfair because you work all your life. You get sick, and it's not

your fault. I don't smoke, never drank, never did drugs. Here I am, a perfect example of one that's almost dead walking around.

I thank God that He was able to see me through this. And so far Jasmine has been, what you call, an outstanding student. She has a resolution from the Council -- Negro Black Women Council. She has been an outstanding student. She will be attending Hershey School in about September. She will be enrolling in August. I'm very proud of that. She has been outstanding, and I think it's because I have been behind her and supported her to be all that she can be and the best that she can be in this life. Hopefully, she will follow that for the rest of her life.

ASSEMBLYMAN LeFEVRE: Well, congratulations.

MS. GREENE: If you have no other questions for me, I do have testimony that I can leave with you. I didn't put names on it because I wasn't sure how it would be used, but I do have names and addresses if you would like to have that. I can certainly give that to you.

Thank you for inviting us. As I said, I didn't prepare a formal statement, but hopefully, our heartfelt testimony will suffice.

MR. BERGER: You did very well.

MS. GREENE: Thank you so much.

ASSEMBLYMAN LeFEVRE: Any questions?

MR. DORN: I'd like to congratulate Ms. Sharp personally because my mother also raised-- She never took a vacation or anything. Her granddaughter grew up to be a doctor in education. Her grandson is some type of professional. And the other one -- she's working somewhere. I can

understand your point of view and how you feel about never going on a vacation.

MS. SHARP: I just don't have the time.

MR. DORN: --depriving yourself of different things. I just take my hat off to you.

MS. SHARP: I never had the time to do anything for myself.

God has been good to me.

MR. DORN: I understand.

MS. SHARP: That's all I can say because what I've been through for the last couple of months you would say-- I've had her since 1988.

MR. DORN: It ain't easy.

MS. SHARP: I thank God.

MR. BERGER: Where's your granddaughter today? You have to be here to testify.

MS. SHARP: It just so happens that she's with her friend's parents today. But normally, I don't get a break much. I generally have her all the time. I very rarely get a break.

ASSEMBLYMAN LeFEVRE: Best wishes to you.

MS. SHARP: Thank you.

ASSEMBLYMAN LeFEVRE: Any other questions?

ASSEMBLYMAN STEELE: I guess the problem, Mr. Chairman, is that there are so many other grandmothers out there. These are supposed to be the golden years, and now we're finding that they're not so golden. There are times of test and times of doom. That should not be. Certainly, we're going to make every effort to try to rectify that.

MS. SHARP: Can I just add one more thing?

ASSEMBLYMAN LeFEVRE: Sure.

MS. SHARP: I do believe that if it hadn't been for Jasmine, I would not be here today sitting in this chair. I think that she gave me the initiative to keep going on. She gave me the spark, in some way, so to speak.

ASSEMBLYMAN STEELE: I'm sure that she would say you're probably the wind underneath her wing.

ASSEMBLYMAN LeFEVRE: Thank you.

MS. GREENE: I do have one other parent with me. I just wanted to introduce her. I'll leave the testimonies. It's Mrs. Ida Spates (phonetic spelling).

ASSEMBLYMAN LeFEVRE: Ida, would you like to come up and say a few words? (negative response)

Mrs. Greene actually concludes the list of those who have signed up to testify. Are there any other individuals in the audience that wish to testify?

**M A R I A Y O U N G:** I'm Maria Young. I'm with Rutgers Cooperative Extension of Passaic County.

The reason we are involved in grandparents as parents is because, on January 12, there was a national videoconference originated from the University of Wisconsin on grandparents being parents. One of the things I found out as being the Family and Consumer Sciences Educator in Passaic County-- This gentleman said, "We started with the Office on Aging. There were no programs. There were no funds." So when our group came together and we viewed the video, we learned, after we had been meeting at Passaic

County-- We call ourselves Grandparents Raising Grandchildren. We are planning, in September, to have a forum for the county.

Some of the things we are finding, that I do not want you to forget, are the public housing residents. These are mothers that are grandparents, and they're all under 50 years old.

I do parenting. Last night I was at Passaic City Housing Authority. I'm working with a program where we are doing parenting skills for grandparents -- specifically for grandparents. The grandparents there wanted to attend this hearing. They were unable to do that. Grandparents need transportation. In order for them to get out for services, they need child care. Do you know what it's like to drag five kids on the bus and then wait in an office for hours and then talk to workers that sometimes are not very polite?

These are some issues that the grandparents there last night requested that I bring up. These are young women. One of the things I noticed is that a lot of them needed extensive dental care. Most of them were obese. After the workshop, they came with specific questions. I had one parent there with a child who is hard of hearing. The child is not educated in Passaic County. She is educated in a neighboring county. She was requesting help for where she could send this child during the summer.

There were other parents with other issues. One of the main issues centered custody, guardianship, and also money because the grandparents said, "If I take the child, I get nothing. They put the child in foster care, they'll pay a foster parent." That is a big issue. I know we're talking about grandparents, and we're thinking about the Office on Aging, but we do have to consider all of those grandparents under the age of 50 years old.

Thank you.

ASSEMBLYMAN LeFEVRE: Thank you.

Any questions?

MR. BERGER: Do you have a county transportation system for senior citizens?

MS. YOUNG: (indiscernible) --transit for senior citizens.

ASSEMBLYMAN STEELE: Not children.

MS. YOUNG: Not children.

MR. BERGER: And they don't extend it.

MS. YOUNG: No, they do not.

ASSEMBLYMAN STEELE: None whatsoever.

MS. YOUNG: And the Freeholders say that in the contract-- They have a contract because this comes up in the Freeholders' meetings. They have a contract with the State that specifies who they're supposed to transport because some of the day camps, and whatnot, have requested help with getting children to places for culture. They can not do it.

So (indiscernible) transit is for senior citizens. If you are under 50 years old, you're not considered a senior citizen, even though you might have four or five grandchildren. And if you live in public housing-- In our county, public transportation is--

ASSEMBLYMAN STEELE: It's a nightmare.

MS. YOUNG: Right.

Education is a big concern for the grandparents because when they go to the schools, they feel that the teachers, the principals, do not understand what they are going through. And with the parents who live in public housing

-- some of these parents are working, and a lot of the parents are working, what we call, shift work. They work in nursing homes, in fast food places, and things like that. So if you have teacher conferences during the day, how are these grandparents going to get there? Teacher-parent meetings at night and you work the 4:00 to 11:00 shift -- and then you're accused of not caring about your child.

This is reality for a lot of the grandparents that are serving not only as parents of adolescents, but also grandparents. So it is a broad issue.

ASSEMBLYMAN LeFEVRE: Again thank you.

Any other questions?

MS. MARSDEN: I would like to-- I have the honor of being a colleague of Maria Young's. I had absolutely no idea she was going to be here. I would like to really welcome her.

I would like to ask a follow-up as to the coalition that you're developing and to the activity of parenting education. I guess the first question is, was this your first meeting? The second question is, how was the attendance? And the third question is, how did you get them there?

MS. YOUNG: We have been meeting since January. Dr. Joslin and I have been working together. I told her I could not chair the committee with all the other things I have to do in the county, so we are cochairing. Some of the people have personally provided transportation for the grandparents so that they could get there.

Last month, when we met with the grandparents, I was in tears because, when you hear their stories, you just wonder how they make it. That's why we are trying to put together a forum -- a countywide forum

because, number one, there are some services, but there are a lot of gaps. The gap basically is in terms of the age because most of us consider grandparents as being over 50 years old. We have that big population -- we know in public housing because done some statistics there. So sometimes we provide transportation.

We had originally planned to have a van bring people from public housing because the hearing had been scheduled for an earlier date. This time we were not able to do it. It was going to be easy then because the kids were still in school. Now the kids are out of school, so babysitting is a big concern.

MS. MARSDEN: Did you have that last night at your educational meeting?

MS. YOUNG: Yes.

MS. MARSDEN: So you had child care so that the grandparents could bring their children and drop them off in one room.

MS. YOUNG: Right.

Not only that, we are working right in recreational centers at the -- we're working with Passaic City Housing Authority and Passaic General Hospital in an outreach program. It's called Parenting Grandparents strengthening parenting skills for grandparents because, in Passaic City Housing Authority, there are so many parents of adolescents who are also grandparents. And at the meeting last night, we had grandparents with babies under four weeks old to children up to eleven years old. Some were special needs kids. There are big concerns about discipline. They are very much concerned about finances. And they are very much concerned about resources, especially in the summer and after school for children.

One grandparent said to me, “Either I quit work, so my daughter can finish high school, or she will have to drop out of school and take care of the baby.”

MS. MARSDEN: Now they have a four-month-old.

MS. YOUNG: That’s a big concern, particularly with the grandparents under 50 years old because these are teenage parents.

ASSEMBLYMAN LeFEVRE: Sure.

MS. YOUNG: There are very few resources for teenage parents. That means that if the grandparent wants that child to complete high school, someone is going to have to stay home.

ASSEMBLYMAN LeFEVRE: Well, again thank you for you help, Ms. Young.

Are there any other individuals in the audience who wish to testify? We’ve had a great response to this Task Force meeting.

I want to again thank Assemblyman Steele for posting this event.

Oh, there is one other-- We have one other individual who would like to testify.

Welcome.

**DORIS HILL:** Hi, my name is Doris Hill. I work here at the College.

I’m raising three grandchildren. My oldest daughter is on drugs. I work two jobs, and it’s very stressful. Being a grandmother, with the love I have for them, wouldn’t want to see them in a foster home or anything like that. It’s just so overstressful. They are age 13 years old, 12 years old, and 3 years old. It’s hard for me to, with the income that I make, try to pay a babysitter. I have a house. I’m trying to pay my mortgage, gas, and electric.

I was wondering if there was-- I just heard about support groups and stuff like that. When I heard grandparents, I said I wanted to be in on whatever's going on because it's just so stressful. I'm a single parent trying to help them. The teenager is getting older. She has to help me with my grandson, who is 3 years old. It's stressful for her because it's like she has a child instead of having her freedom to live her life as a young teenager.

Whatever information or support groups or something where-- It's hard to find someone to babysit that's not on drugs. It's like hard for me. I heard about this support group or somewhere you can go to try and get someone that will babysit who's not on drugs. I just need some help.

ASSEMBLYMAN LeFEVRE: The woman that testified before you, Ms. Young, may be a first resource that you might want to talk to. She is sitting right behind you.

MS. YOUNG: All we can do is advise you to our group. You'll get to share with other grandparents. That's why we're working on a forum because we are trying to see if we can get some support groups started. I'll take your name and address, and I'll be happy to-- Our next meeting is July 28. We'll be meeting at Passaic City Human Development Building.

MS. MARSDEN: Can she bring her kids?

MS. YOUNG: You can bring you kids.

MR. BERGER: Your first name, please.

MS. HILL: Doris.

ASSEMBLYMAN LeFEVRE: We do thank you for sharing with us. We don't have any answers for you today. Our purpose is really to try to

come up with some ideas, some direction, some strategy that might help you down the road. But as far as today -- we're trying to get to that point.

MS. HILL: All right.

ASSEMBLYMAN LeFEVRE: Thank you for coming in and sharing your story.

ASSEMBLYMAN THOMPSON: We're going ask that if you get that name, also, maybe we can support her through our church support system until we get things in place.

ASSEMBLYMAN LeFEVRE: Again thank you, Doris, for coming in.

MS. HILL: Thank you so much.

ASSEMBLYMAN LeFEVRE: Any other individuals wishing to testify?

This is the inaugural meeting of the Task Force. We will be meeting again next week in Old Bridge Township, which is down in Middlesex and Monmouth County area, and with meetings after that to follow. So we do appreciate all of you coming out.

Are there any other comments from the members of the Task Force?

MR. BERGER: I think the only thing I'd like to say is that Chairman LeFevre has put together a very fine Task Force. We're all very, very sensitive about this issue. What we heard today might be a reflection of what we're going to hear throughout the state in all the hearings that we conduct. Be assured that this Task Force, after we hear everything and we put the whole thing together -- I believe we will be able to come up with some kind

of recommendations to alleviate some of the pain, maybe not all of it, but some of it.

ASSEMBLYMAN THOMPSON: I would like to thank those who came out today to give us their testimony. It was very valuable and certainly will be taken into consideration.

ASSEMBLYMAN LeFEVRE: Any other comments?

ASSEMBLYMAN STEELE: Mr. Chairman, I would like to thank you for having the first kick-off meeting in Passaic County in the city of Paterson. Certainly, I believe that as we continue to allow the public to speak that we're going be able to gather the data that we need to remediate some of the problems. It seems like everybody needs to be educated because it seems like not just the grandparents, but the institutions of learning and the school system need to understand and be sensitive to what grandparents are going through so that they will not think that they are negligent -- putting demands on the them that they are not actually able to fulfill. It's an ever-increasing problem.

I have three daughters. I have to think that one day, as we continue to live, when their health problems set in, that will be the only problem and not the problem of trying to be a grandparent and a parent in the same person. It's amazing that we continue to learn from our parents, and then when we reach the age where we think we just about have an out, the window opens, and we decide to parent all over again. I think if we don't help with this problem, we will eventually face this problem directly.

ASSEMBLYMAN LeFEVRE: Well put.

ASSEMBLYMAN BARNES: I'd like to congratulate Assemblyman Steele for putting together this program. It's very, very informative, particularly from the individuals who are experiencing the problems. I know I'm a grandparent of nine. When one of our grandsons came to visit us for two or three days -- he is a cute little guy, but he drove my wife and I crazy. I said to her, "Could you imagine if we had to--" That was just one.

It's very, very informative. I think it's very important to have the people who are actually experiencing the problems here because there lies the information that we need to enact legislation to alleviate the problems. This young lady here-- You have to take testimony from her, realize the problems, and then when we put in our report -- and the recommendation for legislation, hopefully it will alleviate some of those problems.

I think it's important to get it from the point of view of the people who are actually experiencing it.

ASSEMBLYMAN LeFEVRE: Thank you.

I guess at this point, I will move to adjourn. Again thank you for your participation. Again thanking Assemblyman Steele for his hospitality.

**(MEETING CONCLUDED)**