



**TESTIMONY FOR THE JOINT LEGISLATIVE HEARING ON THE
GOVERNOR'S PROPOSED HUMAN SERVICES BUDGET
FEBRUARY 6, 2018**

**NYS Kinship System of Care: Improving Outcomes for
Children Living with Grandparents and Other Relatives**

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Introduction: Gerard Wallace, Esq., Director, NYS Kinship Navigator

Chairpersons and members of the Committee. Thank you for the opportunity to talk about kinship care.

I have been the director of the Kinship Navigator since 2006. Previously, for seven years I was director of Hunter College's Grandparent Caregiver Law Center. I published my first kinship policy paper in 1996. Since then I've continually worked on behalf of kinship families and have had the opportunity to speak at this hearing numerous times.

My remarks will be brief, summarizing some critical issues and recommendations, with reference to the discussion in our submitted testimony. With me is Ryan Johnson, MSW, who has been on the Navigator team for four years. Ryan will describe a few typical calls to the Navigator.

The Kinship Navigator is the state leader for the kinship community, serving all 62 counties via information, referral, and education. We provide in-depth knowledge of kinship laws and issues. The Navigator has a website with extensive fact sheets on benefits, services, and legal information, and a help line staffed by experienced kinship specialists. The program receives over 3,300 calls per year and over 50,000 website views. Last year, we held 118 educational presentations throughout the state. We work to inform, make referrals, educate and to advocate at both the state and local levels. We assist with many complex kinship issues. For example, the Navigator recently presented at a NYS Bar training on how parents facing deportation can arrange kinship care for their children. Our research led to eight new legal fact sheets about this issue added to our online library of over fifty self-advocacy legal fact sheets.

Primarily the Kinship Navigator helps stabilize kinship families when they first assume care, advising them on their rights and benefits, which can differ depending on whether the caregivers have informal custody, legal custody, guardianship, foster care, direct custody, or KinGAP.

Executive Summary: Kinship Care, Opioid Crisis, Diversion, & Recommendations

Kinship care refers to grandparents, other relatives, and family friends who are raising children. More than 200,000 children live in kinship families, but less than 3,400 are in foster care, despite the similar causes for care.

NYS confronts a heroin/opioid crisis that is forcing more children into the arms of relatives. Kinship care has become one of the state's most valuable child welfare resources, and is a vital part of providing safe and stable homes for children impacted by the opioid epidemic.

Recent news articles exemplify the alarming reports on the heroin crisis and children coming to live with family members:

- [NBC News: Opioid Crisis Forces Grandparents to Raise Their Grandkids](#)
- [The NYTimes: Children of Heroin Crisis Find Refuge in Grandparents' Arms](#)
- [Vox.com: The opioid crisis is making grandparents parents again](#)
- [The Wall Street Journal: The Children of the Opioid Crisis](#)
- [Inside Edition: Grandparents of Children Orphaned by Opioid Crisis Say They Need Help](#)
- [The Today Show: 'Heartbreaking': Opioid crisis forces grandparents to raise their grandkids](#)
- [CNN: A Generation of Heroin Orphans](#)

Data from the NYS Kinship Navigator federal demonstration project documents the high rate of causation between parental drug use and placements of children in kinship care. In its Center for Human Services Research child welfare study, over 55% of mothers whose children were living in kinship care had histories of drug abuse. As a result, kinship children have significant numbers of adverse childhood experiences (ACES) at the time they enter the care of a relative.

Kinship families provide a multiplicity of protective factors for the children who have experienced trauma, and kinship care program services ensure that family members are able to safely and effectively care for the children in their care. The NYS Kinship Navigator and the NYS KinCare Coalition jointly support the following legislative action to ensure that supports for kinship families remain strong:

Recommendation 1: Support Kinship Families by Funding Local Programs at \$2,238,750 & the Kinship Navigator at \$600,500

- New York State funds 22 kinship care case management programs that cover 22 counties, and provide case management services, support groups, parent education, and other vital services. The Governor proposed \$338,750 to fund these services, and our request is that the legislature will continue to add \$1.9 million, which maintains funding at the same level as the last two years.
- The NYS Kinship Navigator serves the entire state as an information, referral, and education program. The Governor proposed \$220,500, and our request is that the legislature will continue to add \$100,000, which maintains funding at the same level as last year, and also to add \$280,000 - that would allow the Navigator to reach into the 40 counties with no other kinship resources, especially rural New York, where the heroin/opioid crisis is devastating communities. The added funds would support collaborations with departments of social services, hire an attorney to provide consultations and advice, and increase online services.

Recommendation 2: Amend Social Services Law Section 392 to Strengthen the Requirement that Local Departments of Social Services Inform Caregivers about Benefits and Options for Care and to Require Referrals of Kinship Caregivers to Kinship Programs

- The current law requires local departments of social services to “make available” information on kinship benefits and services. The recent OCFS/ABA survey of child welfare workers (and countless reports to kinship programs) affirm that caregivers often are not properly informed. This reality is illustrated by quoting grandmother caller, “CPS gave me my grandson eight years ago, this is the first time that I found out there’s help.” Section 392 should be strengthened to require that benefit and child welfare workers provide information on benefits and caregiving options and make referrals to an OCFS funded kinship service program that serves all kinship families in the district.

Recommendation 3: Declare September as Kinship Care Month

- For the past three years, the Governor and the Legislature have declared September as Kinship Care Month. We believe this action is a great way to promote kinship care and to honor the hard work, dedication, and sacrifice of kinship caregivers. Each September, the Navigator and other kinship programs across the state hold celebrations and honor caregivers. This year, on February 13th, both chambers will again pass resolutions. We are grateful to the Legislature for this honor.

Recommendation 4: Review “Diversion” Practices and Enact Reforms

- In early December 2017, Assemblywoman Ellen Jaffee convened a hearing on the practice of diverting children away from foster care by using kin as an unsupported resource. We strongly encourage the Legislature to expand its investigation of such practices by attending round tables, holding hearings, and collaborating with the kinship community on identifying ways to ensure that kinship families are supported when engaged by child welfare agencies.
- A glimpse at OCFS statistics show that in NYC, approximately 30% of all foster care is kinship, while for the Rest of the State (ROS) it’s less than 9%. Our Research Foundation study showed 80% of kinship children had CPS records, but none were in foster care. Diversion from foster care happens via:
 - 1) **“Alternative living arrangements”**: where CPS “temporarily” places children with a relative and there is no neglect proceeding and no removal;
 - 2) **“Direct custody”**: where there is a neglect proceeding and caregivers become physical custodians but receives no foster care assistance; and
 - 3) **Conversions to private custodial actions**: where caregivers assume legal custody or guardianship and receive no foster care assistance.

Ryan Johnson, MSW – Kinship Navigator Program Development and Education Specialist

Thank you. My remarks draw upon my work for the Navigator and as policy coordinator of the NYS KinCare Coalition. The NYS KinCare Coalition has provided a forum for kinship professionals and stakeholders since 2005, and its members support our comments and recommendations here today.

I've had the opportunity to speak with hundreds of caregivers on our helpline, at support groups, and trainings. Many of these families need access to resources, especially when they first take on the responsibility of caring for children, and this is where kinship programs provide help.

We help caregivers who are taking on children because of drug and alcohol abuse by parents, opioid addiction, mental health issues, incarceration, deaths, and other unfortunate situations. Caregivers often step up to care for children on very short notice, and frequently are without any idea how they'll manage their new circumstances.

In the testimony you just heard, Jerry mentioned the term “diversion” as a practice in which caregivers have children placed with them by the county child welfare agencies but do not become foster parents, which leaves them without foster care system supports.

The NYS Kinship Navigator hears these stories from caregivers every week. I recently spoke to a woman from Suffolk County who was asked by CPS to take her 3 younger siblings temporarily while they conducted an investigation of her mother. They offered her no supports, and the woman had to take a lengthy amount of time off from work to care for the 3 young children. When the investigation proved that the children could not return to their mother, the caregiver was instructed to go to family court to get custody of the children. When she insisted that she needed help and asked about becoming a foster parent, they informed her that she was on her own. She has since lost her job, and is caring for three children, all of whom have mental health needs. The Navigator was able to connect her to benefits and other services available to her as an informal caregiver, unfortunately, these services are not nearly as extensive as foster care benefits. Her case is not unique, as diversion practices like this happen regularly throughout the state.

Some of the benefits that families in informal kinship care may be eligible for include a TANF “child only” grant, Medicaid, and other public benefits such as food stamps. While many of the benefits that kinship families are eligible for are federally funded programs, national research done by Chapin Hall in 2012 suggest that only 15% of all kinship children in NY actually receive financial assistance. We very often hear from caregivers who do not know about benefits, services, and their legal options for care.

While Social Services Law 392 currently states that counties need to have information available about benefits, it does not mean that information is always being given to caregivers. A recent

case in Rensselaer County illustrates the issues our caregivers face in obtaining benefits. An aunt who took on her young nephew 2 years ago went to the local department of social services to find out about benefits. She was told she was only eligible for food stamps. When she contacted the Navigator and heard more about the child only grant, she returned to the county, and she was told that there was no such grant. She was able to connect with the Empire Justice Center where they assisted her in getting the benefits she was eligible for, but not before pushback from the county. They insisted information was available on their website, but it was shown that the information they had was not sufficient, and only pointed caregivers back to talk to social services workers for more information.

It is cases like the ones I've described that necessitate the availability of kinship professionals to assist caregivers navigate complicated systems. Please consider continuing your commitment to these programs and these families. Thank you.

Description of Kinship Population and Services

What is Kinship Care?

Kinship care refers to non-parents (grandparents, other relatives, and close family friends) who care for children when parents are unable or unwilling to care for their children. In New York State, most of these households provide care privately, and do not receive foster care supports.

How Prevalent is Kinship Care?

Nationally, as mentioned in The New York Times article “Children of the Heroin Crisis Find Refuge in Grandparents' Arms”, 2.6 million grandparents are caring for children (May 21, 2016).¹ According to the same American Community Survey data cited in that article, in New York State, there are more than 130,000 grandparent “kinship” families. Together with aunts, uncles and other family members, estimates are that more than 200,000 children are living in kinship families in New York State.

Commonality of Causes for Foster Care and Private Kinship Care

Children live with kin for similar reasons as to why they might enter foster care with non-relatives, namely parental abuse/neglect, substance abuse, incarceration, and other safety concerns. See the discussion on Diversion from Foster Care on page 12, for data on child protection records and low kinship foster care utilization outside New York City.

Children in these homes experience similar special needs as children in foster care, such as emotional and behavioral disorders, educational disabilities, trauma, and loss. Caregivers tend to be single, older (average age is 56 years old), and are more likely to be disabled and on a fixed income (36% of caregivers in the Research Foundation study had an income of less than \$20k)².

What Services are Available for Kinship Care Families?

New York State funds a statewide Kinship Navigator (information, referral, advocacy, and education services) and 22 localized kinship service providers (case management and support groups) administered by the Office of Children and Family Services. Like past years, the executive proposed FY 2018-19 Aid to Localities provides \$338,750 for OCFS local kinship programs and \$220,500 for the Kinship Navigator. Last year, the Legislature added \$1.9 million for local programs and \$100,000 for the Kinship Navigator, totaling \$2,559,250 dollars for kinship services in NYS.

¹ See also, “Young Victims of the Opioid Epidemic” (NY Times editorial, Jan. 16, 2017).

² In a 2013-15 survey of kinship children and caregivers conducted by the Center for Human Services Research Foundation in 5 demonstration counties in upstate NYS, as part of the NYS Kinship Navigator Children’s Bureau demonstration project (final report forthcoming).

The Opioid Crisis and its Impact on Kinship Care

How Drug Use Impacts Kinship Care

Recent research describes the heroin/opioid crisis impact on children entering into kinship care arrangements with family members.

Generations United Report: Raising the Children of the Opioid Epidemic:

This report makes recommendations for public policy changes that would help support kinship families as they take on the role of caregivers of children affected by the opioid crisis, including funding Kinship Navigators, increasing access to financial assistance (TANF), and engaging Aging services to support kinship families who are elderly. Important facts to note from this report:

- Parental substance use accounted for one third of all foster care placements (2014)
- Opioid epidemic is responsible for increase in foster care placements, nationwide
- Kinship families who take on children, keeping them out of foster care, save the country \$4 billion dollars every year³
- Children thrive when placed with kinship caregivers, in comparison to being placed in foster care with strangers

<http://gu.org/OURWORK/Grandfamilies/TheStateofGrandfamiliesinAmerica/TheStateofGrandfamiliesinAmerica2016.aspx>

The New York Times: Children of the Heroin Crisis Find Refuge in Grandparents' Arms:

This article, published May 21, 2016, gives firsthand accounts of grandparents throughout the country stepping in to care for their grandchildren in the face of great challenges. It follows stories from eight caregivers and how they deal with thwarted retirement plans, reshuffling family roles, and fears for the future. Some important facts from this article are:

- More than 2.6 million grandparents were responsible for their grandchildren nationwide in 2014, up 8 percent from 2000
- Heroin deaths have soared among white families in suburban and rural areas, while remaining level among blacks and Hispanics⁴

³ According to a 2017 Rand Corporation research report, savings to child welfare exceeds \$10.5 billion.

<http://upflow.co/1/AVII/research-and-resources/rand-predicts-greater-investment-prevention-kinship-care-make-child-welfare-better-save-money/29371>
https://www.rand.org/pubs/research_reports/RR1775-1.html

⁴ Since publication, the growing crisis has not spared to these communities.

<http://www.chicagotribune.com/news/local/breaking/ct-met-heroin-crisis-african-american-impact-20171220-story.html>; <https://www.pbs.org/wgbh/frontline/article/how-the-heroin-epidemic-differs-in-communities-of-color/>

<https://www.nytimes.com/interactive/2016/05/05/us/grandparents-heroin-impact-kids.html>

The rise in addiction has caused an increase in child welfare interventions. Resulting in more removals and a greater need for non-parent placements. Without certified foster “beds”, more children are being placed with kin.

The Buffalo News: ‘It’s like a tsunami’: Opioid epidemic pushes kids into foster care:

This Buffalo News article about Erie County highlights the increased use of kinship families as a child welfare resource.

“...the Social Services Department has adjusted its strategy of how it places children who have been pulled from their parents' custody. Instead of looking first to available foster homes, caseworkers look increasingly to vet relatives – aunts, uncles, grandparents, older siblings – who can take in these children and ideally preserve the children's ties to their families, friends and community.” “We have the highest percentage in the state of children who are placed with relatives rather than foster parents,” Rodwin said. Social Services Commissioner Al Dirschberger said the broader Social Services field is moving in this direction, with placement with relatives considered a best practice. Some relatives, though not the majority, go on to become certified foster parents so that they can receive additional financial support and services for the child they assume custody of. “We've become more focused on permanency, and the best permanent place is with their family,” Dirschberger said. “If not with their family, then with their relatives, their extended family. It's just the right thing to do.” It is also absolutely necessary, advocates say. Social Services has 165 certified foster homes in Erie County. That's a tiny number, compared to the hundreds of children who need a home.” While the numbers of children needing foster placement has continued to rise, Social Services administrators say the number of local residents willing to become foster parents has not.” (Emphasis added)

<http://buffalonews.com/2017/10/22/foster-care-crisis-erie-county-fueled-part-opioid-epidemic/>

The President's Commission on Combating Drug Addiction and the Opioid Crisis (2017):

This federal report also recognizes the critical need to place children in kinship families:

“Recommendation 47: The Commission recommends that HHS, the Substance Abuse and Mental Health Services Administration (SAMHSA), and the Administration on Children, Youth and Families (ACYF) should disseminate best practices for states **regarding interventions and strategies to keep families together, when it can be done safely (e.g., using a relative for kinship care).** These practices should include utilizing comprehensive family centered approaches and should ensure families have access to drug screening, substance use treatment, and parental support. Further, federal agencies should research promising models for pregnant and post-partum women with SUDs and their newborns, including screenings, treatment interventions, supportive housing, non-pharmacologic interventions for children born with neonatal abstinence syndrome, medication-assisted treatment (MAT) and other recovery supports. (The President’s Commission on Combating Drug Addiction and the Opioid Crisis, p. 81; March 2017) (Emphasis added)

https://www.whitehouse.gov/sites/whitehouse.gov/files/images/Final_Report_Draft_11-3-2017.pdf

Here are some additional examples of media accounts:

- [**NBC News:** Opioid Crisis Forces Grandparents to Raise Their Grandkids](#)
- [**The NYTimes:** Children of Heroin Crisis Find Refuge in Grandparents' Arms](#)
- [**Vox.com:** The opioid crisis is making grandparents parents again](#)
- [**The Wall Street Journal:** The Children of the Opioid Crisis](#)
- [**Inside Edition:** Grandparents of Children Orphaned by Opioid Crisis Say They Need Help](#)
- [**The Today Show:** 'Heartbreaking': Opioid crisis forces grandparents to raise their grandkids](#)
- [**CNN:** A Generation of Heroin Orphans](#)

Diversion from Foster Care

Diversion refers to local child welfare department practices that “divert” children into kinship care rather than foster care. While there is a federal and state mandate that relatives, including all grandparents, be notified of removal and informed of their “options”, including foster care, local practices can or cannot facilitate pathways to foster care. In an evaluation of child welfare records conducted by SUNY Albany during the Federal Kinship Navigator Demonstration Project, of a sampling of 455 children who were living with relatives in informal (private) kinship arrangements, 80% had past or present involvement with Child Protective Services. None were in relative foster care.

While many caregivers intervene on their own, many are engaged by child welfare agencies to become placement resources, but in many departments few become foster parents. Below is an overview of diversion and OCFS Placement Trends from 2012-2016, showing the increase in one diversion tactic (‘direct custody’) while foster care enrollment continues to decrease:

Overview

There are three types of Diversion. Only “direct” custody is recorded by OCFS. However, as mentioned, there is widespread agreement about all three. Below is a discussion on “direct” custody.

Diversion Placement Types:

1. Kinship Children Placed in Private Kinship Care via Informal Arrangements (No Article Ten)

There is no data available regarding number of such placements, but OCFS and local counties acknowledge its use. Often used as part of a “safety plan,” called an “alternative living arrangement,” or “parole,” this practice places children directly with kin when their parent’s home is deemed unfit by a child protective services worker, but no Article 10 proceeding or official custody arrangement is made. Caregivers may seek Article Six custody or guardianship or may simply care for children without court orders.

2. Kinship Children Placed in Private Kinship Care via “Direct” Custody (Article Ten)

This practice involves child welfare placing a child in the care of a relative without certifying them as a foster parent. Families do not receive foster care payments. In 2016, direct placements were 140 in NYC and 2,038 in ROS. From 2012 to 2016, in New York City, the number of children directly placed with relatives **decreased from 348 to 140**, while in **ROS**, the number of children directly placed with relatives **increased from 1,549 to 2,038**.

3. Kinship Children Placed in Private Kinship Care via Article Ten Conversions to Article Six

There is no data available from OCFS or the Office of Court Administration on the number of cases, but OCFS and local counties acknowledge its frequent use. Navigator case records as well as other service providers, and reporting from family court attorneys, indicate numerous instances of this practice.

Looking at OCFS data and listening to the kinship community, the NYS Kinship Navigator (KN) continues to see increasing numbers of “direct” placements with relatives, which refers ongoing Family Court Act Article Ten abuse/neglect proceedings where children are placed in the physical custody of kin who are not foster parents and who do not receive foster care supports. Outside of New York City, the increase in direct custody parallels the decrease in the number of children who are placed with relatives who are certified or approved as foster parents.

Five Year Trends in Foster Care Statewide

- The number of children who are in foster care decreased yearly, dropping by 3,801 over the 5 year span.
- Admissions to foster care also decreased, from 10,065 admissions into foster care in 2012 to 8,375 admissions in 2016.

Total # Children in Foster Care on Dec 31	2012	2013	2014	2015	2016
NEW YORK CITY	12,642	11,460	10,901	9,864	8,931
REST OF STATE	7,374	7,418	7,522	7,456	7,284
NEW YORK STATE	20,016	18,878	18,423	17,320	16,215

Five Year Trends in Relative Foster Care and “Direct” Placements

- Relative foster care makes up 30% of total foster care population.
- New York City has *continued to decrease the use of Direct Custody Placements* over the last 5 years.

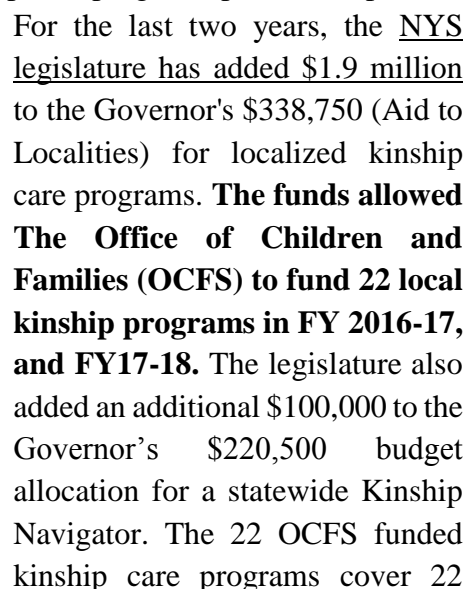
Rest of State (ROS)

- Rest of State is more than *3 times less likely to certify or approve kin* as foster parents than NYC.
- ROS is *4 times more likely to use Direct Custody placements* with relatives than certifying or approving relatives as foster parents. There has been a 76% increase in Direct Custody placements in ROS over the last five years.

OCFS Data on Relative Placements:

2015	# of Children Newly Admitted into Foster Care	# of Children Placed into Approved and Certified Kinship Foster Care	# Kin Placement (Direct Custody)
ROS Totals:	4866	429	2023
NYC Totals:	3905	1301	149
State Total:	8771	1730	2172
2016	# of Children Newly Admitted into Foster Care	# of Children Placed into Approved and Certified Kinship Foster Care	# Kin Placement (Direct Custody)
ROS Totals:	4625	492	2038
NYC Totals:	3750	1121	140
State Total:	8375	1613	2178

Kinship caregivers, outside of the foster care system, have little or no supports despite the fact that children live with their kin for many of the same reasons that children enter foster care. Many of these families need access to additional resources, especially when they first take on the responsibility of caring for children, and this is where kinship care programs provide help.



counties (see map), with the Navigator offering support in those counties and covering the remaining 40. The local programs and the Kinship Navigator are vital to the kinship community, enabling new kinship families to stabilize and flourish via case management, access to public agency services, specialized kinship supports, and assistance with local advocacy. The Governor's proposed FY2018-19 budget once again provides \$338,750 and \$220,500 (Aid to Localities pp. 269 & 269) for kinship care programs and the Kinship Navigator, respectively.

In order to maintain the progress the state has made in the last 4 years, it is important for the state to continue to maintain level funding for kinship programs and add \$280,000 for the Kinship Navigator to respond to the Opioid Crisis throughout rural New York.

The proposed Kinship Navigator funding would expand its services to address identified needs, particularly in the 40 NYS counties without OCFS kinship services. Most of these counties are rural. Based upon its federal demonstration project (2012-16), the expansion incorporates best practices and includes hiring of three full time employees. *See Appendix B.*

Recommendation 2: Amend Social Services Law Section 392 to Strengthen the Requirement that Local Departments of Social Services Inform Caregivers about Benefits and Options for Care and to Require Referrals of Kinship Caregivers to Kinship Programs

Reforming child welfare agencies practices will take many years to accomplish. Even if achieved, there will still be need for most children to remain in private kinship families. While diversion practices may decline, kinship families will continue to be the State's largest resource for children. The main supports will be the OCFS administered kinship services programs. Given that most kinship families have contact with local departments of social services either through applications for benefits or through engagement with child welfare staff, local departments should ensure that kinship families have full access to kinship supports by connecting them to OCFS kinship services.

In the Kinship Navigator federal demonstration project, the most successful lesson was the collaboration with local departments of social services which led to a 600% increase in referrals to the Navigator. With the current upsurge in kinship families caused by opioid crisis, it is imperative that families receive specialized kinship services. Given the barriers to outreach (cost, rural isolation, reluctance of caregivers, etc.), implementing a requirement for referrals is a low cost solution which will cause many more kinship families to be connected to kinship services.

Social Services Law section 392 was enacted to require local departments to make available information about public benefits and kinship services. See Office of Temporary and Disability Assistance informational letter OTDA 12-ADM-01 (Requirement to Make Information Available to Non-Parent Caregivers Relating to Available Services and Assistance Programs). The statute reads:

§ 392. Services for relative caregivers. Notwithstanding any other provision of law to the contrary, local social services districts shall make available through the district's website or by other means information for relatives caring for children outside of the foster care system. Such information shall include but not necessarily be limited to:

1. information relating to child only grants, including but not limited to, how to apply for child only grants; and
2. information on department of family assistance or local department of social services funded resources for relative caregivers, including those that provide supportive services for relative caregivers.

Implementation is inconsistent and often does not include connecting caregivers to kinship services. Requiring local departments to make referrals to kinship services is a necessary step to ensure that no caregiver falls "between the cracks." We no longer want to hear, "CPS gave me my grandchild eight years ago, and this is the first time I've found out there's help for me."

Additionally, local district child welfare services contact kinship caregivers (See Diversion discussions). Child welfare workers are required by law to inform about foster care and other options for care (FCA 1017). A constant complaint from kinship services providers is that caregivers are uninformed or misinformed about their options. Amending Section 392 to require child welfare workers to inform about kinship programs will ensure caregivers are fully informed of their options.

Recommendation 3: Declare September as Kinship Care Month

Since 2014, both the Assembly and Senate have passed resolutions that declared September as Kinship Care Month. Governor Cuomo also issued declarations each of the last three years. Since New York issued this resolution in 2014, ten other states and multiple municipalities throughout the country have issued declarations. On September 30th, 2015, the U.S. Senate passed a resolution declaring September as Kinship Care Month. In other states and at the federal level, New York's resolution is being used as a model.

Kinship Care Month is both a celebration and an advocacy strategy. It is a well-deserved opportunity to hold events that acknowledge the tremendous contributions of kinship families and to provide outreach to the kinship community. It is also an opportunity to educate policy makers.

Action by state legislatures and state governors is a simple measure that costs no money nor requires complicated legislation. Supporting proclamations in honor of kinship families opens the door for the dialogue that must begin. A dialogue that begins with the premise that children raised in kinship care must be afforded the supports and services they require to live safe and fulfilling lives. A proclamation is a way for NYS legislators and the Governor to say they are listening and that the citizenry of their state appreciates and honors the commitment and sacrifices of kinship families. A simple voice vote in the legislatures can yield a proclamation or the stroke of a pen can create a gubernatorial executive proclamation. Currently, voice votes are scheduled in both NYS legislative chambers for February 13, 2018.

Recommendation 4: Resolve to Review Diversion Practices and Enact Reforms

Diversion in New York State has a long history. For years, the commentary to McKinney's Family Court Act Section 1017 referred to "ruses" committed by local departments to convince kin not to become foster parents. Year after year, we have testified to the Legislature about it. OCFS has acknowledged the issue, as has the New York State Bar, and numerous kinship advocates and reports.⁵

⁵ For summit reports, visit http://www.nysnavigator.org/?page_id=273

Yet, until recently little was done to develop new directions in policy and practice to reform current practices. While there are good reason why kinship families should care on their own, it is a fact that low foster care entry rates show that many children who need foster care services are not receiving them. The solutions are complex and can only be addressed by a focused effort on the part of the Legislature. In this effort, there are many advocates and agencies who understand the issues and the need for solutions and who would offer their assistance. For example, in September 2016, at the State University at Albany, a national kinship summit made recommendations for child welfare kinship reforms regarding diversion that were published by the Child Welfare League of America. With legislative leadership and the partnership of OCFS and the kinship community, it's time to set a new direction.

The Legislature should hold hearings on diversion and learn firsthand from caregivers and advocates the impact of this practice, and the Legislature should take action to review current child welfare practices and make recommendations for reform.

Appendix A

OCFS PLACEMENTS 2015 & 2016

County	Total Admission to Foster Care	Total Admission to Foster Care	Relative Foster Care	Relative Foster Care	Direct Custody	Direct Custody	KinGAP	KinGAP
	2015	2016	2015	2016	2015	2016	2015	2016
Albany	167	158	2	5	35	56	1	1
Allegany	38	22	7	11	16	0	10	5
Broome	105	136	4	3	2	0	3	0
Cattaraugus	58	45	5	3	43	38	3	6
Cayuga	47	40	4	0	27	21	5	0
Chautauqua	110	79	3	2	0	3	0	0
Chemung	63	47	7	0	3	33	1	0
Chenango	39	26	11	15	17	17	0	0
Clinton	50	37	2	2	22	23	0	0
Columbia	35	24	0	2	9	15	0	0
Cortland	45	28	4	6	28	32	0	0
Delaware	35	13	11	1	34	10	0	0
Dutchess	176	165	19	27	18	48	0	3
Erie	617	633	42	52	512	584	2	3
Essex	26	24	8	9	3	7	2	0
Franklin	41	66	21	20	17	11	3	11
Fulton	33	26	2	0	1	0	0	0
Genesee	51	30	5	1	2	2	0	0
Greene	51	40	24	16	6	6	0	0
Hamilton	2	1	1	0	0	0	0	0
Herkimer	48	62	2	2	3	30	0	0
Jefferson	60	87	1	5	57	44	0	0
Lewis	8	10	1	1	13	9	0	0
Livingston	39	33	1	8	29	21	0	0
Madison	27	18	3	2	0	0	0	0
Monroe	322	315	6	11	97	101	1	0
Montgomery	47	51	0	1	7	5	0	0
Nassau	149	116	4	8	11	0	2	5
Niagara	106	105	2	9	77	74	0	0
Oneida	213	200	22	26	0	0	1	7
Onondaga	264	265	7	16	129	99	1	1
Ontario	39	37	2	2	14	9	0	0
Orange	166	187	28	21	26	27	10	12

Orleans	28	30	0	0	24	15	0	0
Oswego	50	55	16	13	66	44	0	7
Otsego	20	12	0	0	12	15	0	0
Putnam	20	17	2	2	2	0	0	1
Rensselaer	74	51	1	0	5	0	0	0
Rockland	37	36	0	1	19	28	3	0
St Lawrence	102	91	9	14	55	58	1	7
Saratoga	27	26	0	4	7	0	0	0
Schenectady	167	128	15	20	35	38	4	0
Schoharie	13	27	2	2	15	28	0	0
Schuyler	17	12	0	0	0	0	0	0
Seneca	29	25	0	0	3	0	0	0
Steuben	57	68	1	3	37	19	0	0
Suffolk	419	361	66	48	290	288	13	11
Sullivan	43	44	0	0	0	0	0	0
Tioga	17	15	4	4	0	2	0	0
Tompkins	53	64	23	17	27	31	0	4
Ulster	71	96	5	31	31	38	0	6
Warren	29	17	0	0	6	1	0	0
Washington	24	49	0	8	0	11	0	0
Wayne	21	23	0	0	0	5	0	0
Westchester	230	222	22	36	107	71	3	4
Wyoming	27	20	0	0	13	14	0	0
Yates	12	7	0	0	11	7	0	0
St Regis	2	3	2	2	0	0	0	1
New York City	3905	3750	1301	1121	149	140	272	354
ROS Totals:	4866	4625	429	492	2023	2038	69	95
NYC Totals:	3905	3750	1301	1121	149	140	272	354
State Total:	8771	8375	1730	1613	2172	2178	341	449

Appendix B

The NYS Kinship Navigator Proposal for Expanded Funding:

1. Educational Outreach:

One of the Kinship Navigator's (KN) primary function is to educate kinship caregivers and professionals about benefit eligibility and to assist in connecting caregivers to those benefits. Most kinship families are eligible for special benefits, but many do not know it. In particular, many children are placed with kin via contacts with Child Protective Services, and yet do not know of their financial options. KN, in its federal demonstration project, increased referrals by 600% from local departments of social services. KN seeks to implement this procedure across the state.

A barrier to this activity is the lack of resources currently available for outreach activities. Research in NYS shows that about 15% of all eligible families are actually receiving financial benefits, and about 40% of eligible families are receiving SNAP benefits. A strategic outreach plan for the NYS KN would include ensuring caregivers are being connected to benefits through the use of our Permission to Contact procedure, a tested and proved effective method of connecting caregivers to KN through referrals from local agencies and programs. Training has been developed around this procedure and hiring a full time staff member whose primary responsibility would be to grow the number of counties regularly using this mechanism would significantly increase the number of families being connected to benefits.

Critical to the use of the Permission to Contact procedure is outreach to local departments of social services and other local agencies/organizations, including Area Offices on Aging, Schools, Courts, Office of Mental Health, Head Starts, and medical providers. A full time Outreach Coordinator would singularly focus on connections and trainings. Target areas would be counties without Office of Children and Family Services kinship programs, currently 40 counties, most in rural New York State.

Cost Breakdown:

Salary \$50,000, plus fringe, Travel \$4,000, \$850 phone, \$300 supplies, \$600 internet, \$900 liability = **\$77,000.**

2. Legal Assistance:

KN has established a network of family court attorneys and legal service providers who can help caregivers gain access to pro-bono and low-bono legal services. However, this resource is insufficient to handle the numerous legal calls to KN. Every month, KN talks to caregivers who have advocacy on matters related to custodial actions and benefit, where KN has no local legal resource. KN currently cannot provide legal advice. Enhancing KN services to include a legal consultant who would provide phone legal consultations would allow KN to offer these

otherwise unavailable services to caregivers around the state, free of charge, and would be the only agency on a statewide level to offer such services.

Additionally, KN's kinship lawyer would assist in promoting outreach to the legal community and participating in specialized kinship law trainings for attorneys and educational activities regarding policy development supportive of kinship families. This task would require amendment to KN's line item to expressly include legal assistance.

Cost Breakdown:

Attorney Salary - \$72,800, plus fringe, Westlaw \$2,000, travel \$1,200, phone \$850, supplies \$300, \$600 internet, \$900 liability = **\$107,000.**

3. Support Online Services and Data Collection/Database:

A primary function of KN is delivery of information via its website regarding kinship benefits, local agency services, and legal fact sheets. A growing online education function regarding applications and self-advocacy has also proven immensely helpful to the kinship community.

The hiring of a Marketing Content and Online Outreach Coordinator would allow further development of KN's online resources. Development and improvement of online video guides would allow quick access to information for professionals and caregivers alike. Strategic maintenance of our social media accounts (Twitter/Facebook) would allow for increased access to resources, offer potential for additional support services (online caregiver groups), and increase dissemination of relevant kinship information. The Marketing Content and Outreach Coordinator would also be responsible for enhancing our website and improving user-friendly features, as well as maintenance and improvements to the KN Microsoft Access database that is critical to identifying new issues and targeting localities for outreach.

Cost Breakdown:

Salary \$60,000, plus fringe, \$850 phone, \$300 supplies, \$600 internet, \$900 liability, Database software \$5,000 = **\$98,000.**