

Lessons Learned from 9/11:



Helping Children and Families

A Report on the
June 25, 2002 Hearing



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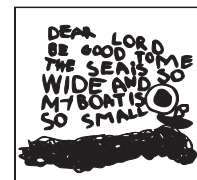
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With support from the
W.K. Kellogg Foundation



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Acknowledgements

We are deeply grateful to the W.K. Kellogg Foundation for its generous support to Citizens' Committee for Children of New York, Inc. (CCC) and the Children's Defense Fund-NY (CDF-NY) that has enabled us to create a series of opportunities where New Yorkers can come together and begin the process of recovery and rebuilding in the aftermath of the tragic events of September 11th. Our goal is to improve the conditions of New Yorkers' lives and lay the foundation for the urban revival planned for New York City.

We also want to thank the many New Yorkers who attended our June 25th, 2002 hearing – *Lessons Learned from 9/11: Helping Children and Families*, asked thought-provoking questions, shared their experiences and helped to chart a course to New York's recovery. They included two panels of policy experts, elected

and appointed officials, and over 130 participants – parents/ caregivers, youth, service providers, advocates, and concerned New Yorkers.

In addition, we would like to recognize the hard work and dedication of our staff in organizing and carrying out the hearing. Most commendably, the efforts of Candice Anderson, Rose Anello, Greg Klemens, Emily Popler, Tara Sher, and Maria Toro on behalf of CCC; and Sandra Trujillo, Kyle Good and Minerva Delgado on behalf of CDF-NY.

Finally, we extend a special thank you to Martha Siberio for writing the report, and John Shiumo of *New York 1 News* who moderated the hearing with great sensitivity and insight, to the station for broadcasting it on August 1, 2002 and September 1, 2002 and to the New York Law School for hosting the event.

Nancy Locker

Chairman

Citizens' Committee for
Children of New York, Inc.

David W. Hornbeck

Chair

Children's Defense Fund-NY

Gail B. Nayowith

Executive Director

Citizens' Committee for
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Executive Summary

BACKGROUND

Since September 11th, rebuilding and recovery discussions have focused almost exclusively on the physical rebuilding of the World Trade Center (WTC) site, on emergency services, and on management initiatives to retain businesses and jobs. Because New Yorkers who live, work and raise their children here have not had the opportunity to weigh-in on redirect the City's priorities for urban revival or on issues that affect their everyday lives, on June 25th, 2002, Citizens' Committee for Children of New York, Inc. (CCC) and the Children's Defense Fund-NY (CDF-NY) sponsored a hearing entitled *Lessons Learned from 9/11: Helping Children and Families*. At the hearing, New Yorkers gave and heard testimony to better understand how the City's non-profit, government and private sectors responded to the events of 9/11 and how the lessons learned from these experiences can be applied to improving the on-going organization and management of services needed by New York City children, youth and families. Most important, it provided an opportunity for New Yorkers to present community needs, personal concerns and perspectives to policymakers so that these experiences are considered in public and private efforts to plan and rebuild New York City.

This hearing is part of a comprehensive community involvement and education initiative undertaken by CCC and CDF-NY, with support from the W.K. Kellogg Foundation, that seeks to understand the needs of New York City children, youth and families who rely on the City's health and human services infrastructure. Recommendations for addressing their needs were suggested at the hearing, and will be fully addressed at a conference called *Lessons Learned from 9/11: Helping Children and Families, One Year Later* on September 27, 2002.

CHILDREN'S MENTAL HEALTH

Before September 11th, 9-13% of all children were estimated to have a mental illness that substantially impaired their functioning and 5-9% of children to have a mental illness that caused severe functional impairment. After September 11th, the prevalence of diagnosable mental health disorders in children in New York City climbed even higher. A survey commissioned by the New York City Board of Education estimated that 190,000 fourth through twelfth grade public school students in New York City had diagnosable trauma-related mental health problems six months after the attack on the World Trade Center and only one third of those meeting diagnostic criteria for Posttraumatic Stress Disorder had received any kind of mental health service.¹ Although federal funding supported the provision of crisis counseling for affected New Yorkers, the availability of longer-term mental health treatment services has not increased. Pre-existing gaps in the children's services infrastructure including over-subscribed outpatient treatment clinics and a reliance on traditional approaches to care, block the road to recovery for thousands of New York City children.

DISASTER RELIEF MEDICAID

Prior to September 11th, 1.7 million people in New York City did not have health insurance, and about half of these people were eligible for some kind of publicly supported health insurance program. As a result of computer shutdowns after 9/11, the City instituted Disaster Relief Medicaid (DRM) which streamlined the traditionally lengthy Medicaid application process and allowed eligible individuals to receive immediate coverage at, or within a day of, the time of application. The response to this facilitated enrollment process was enormous, with 340,000 people enrolling into DRM in just four and a half months, about ten times the regular rate of enrollment. Many of the new enrollees who received health care were treated for conditions that were in advanced stages because they had gone without treatment for so long. Despite the benefits of this new enrollment system policymakers have not agreed to make it permanent.

CHILD CARE

The demand for quality, affordable child care far exceeded the supply prior to the events of September 11th, and in its aftermath, the need for child care continues to present a challenge for families who live, work and raise their children in New York City. Over 100,000 eligible children age 0-5 years are without child care opportunities and the need for care continues to grow. After September 11th, the City and State recognized that families needed emergency child care and began an initiative to provide it in an expedited way to 1,500 families so they could get back to work. The State expanded child care capacity and eligibility in the “Liberty Zone” – for those affected by 9/11 and statewide, allocated funds to provide child care to 9,400 more children. The City also added \$24 million to its Fiscal Year 2003 budget for an additional 3,000 new child care opportunities for children. Despite this progress and the important recognition by policymakers that families need quality childcare in order to work, significant resources are still needed to ensure that all eligible families receive a child care subsidy. Additionally, 9/11 brought to light the importance of having qualified staff available to child care programs, in order to guide parents and young children through difficult financial and emotional periods.

AFTERSCHOOL AND YOUTH SERVICES

New York City’s 1,700 youth development programs are extremely important to the young people and families they serve. Because these community-based programs provide afterschool, leadership development and academic help to young people and are a trusted resource in the community, they became even more important during and after September 11th. A recent survey by the Partnership for After School Education (PASE) found that many youth programs became safe havens for young people, offering a place to creatively explore their emotions and reactions to the tragedy.² Youth also identified several areas where they would like additional support and services, including cultural diversity and conflict resolution training, opportunities to give back to their communities through service and employment programs.

INCOME SUPPORT

The World Trade Center attack exacerbated the City’s recession, resulting in over 110,000 jobs lost, attributable directly to the event. The response to the financial impact of 9/11 included rapid and unprecedented levels of public and private support, characterized by flexibility to meet pressing needs. Emergency Cash Assistance and federally-funded Disaster Food Stamps became vital measures for stabilizing economically affected persons and families. Community-based organizations played a critical role in assisting families to access these benefits and in brokering relationships between relief agencies and affected communities. These efforts demonstrated that it is possible to distribute benefits in an expedited manner and in a respectful and supportive environment. However, most of these initiatives were temporary, and the City and federal governments have returned to traditional eligibility and enrollment processes that leave the needs of many poor New Yorkers unmet as they attempt to rebuild their lives in an ailing economy.

CONCLUSIONS

On June 25th New Yorkers who live, work and raise their children here came together to articulate the needs of children, youth, families and communities post 9/11, to weigh-in on policy choices and to interact with policymakers. The hearing illuminated that New Yorkers’ needs increased dramatically after 9/11 and because of an outpouring of good intentions and support from government and philanthropic organizations, help got to many, expeditiously. However, for too many others, limited or no access to child care, need for health and mental health services, income support and youth services continues, unabated. For many, a return to former methods of service delivery has left them without access to essential services. It is against this backdrop of need juxtaposed to experiences and lessons learned in the wake of disaster that New Yorkers urged government leaders and policymakers to continue initiatives put in place after 9/11, to help children, youth and families.

Before the September 11th attack, the City's health and human services sector was taxed with more children and families waiting for the services they needed than actually receiving them. After 9/11, need dramatically increased. The disaster called on the City and the non-profit and philanthropic sectors to respond differently and with more urgency than ever before. Many important lessons were learned after 9/11 about ways to expedite and insure access to needed supports. Recognition increased among many policymakers that all

New Yorkers share common needs for services during the crisis and afterwards. With the eyes of the world watching and the lives of so many children and families in the balance, New York became a laboratory for innovation. The challenge now, one-year later, is to build on this innovation and address the many remaining gaps in health and human services. Implementing the recommendations in this report, will advance the creation of a truly responsive system of services for New York City's children, youth and families.



J. Lawrence Aber, Ph.D., Jane Barker and Elvira Gonzalez

Background

On June 25th, 2002, Citizens' Committee for Children of New York, Inc. (CCC) and the Children's Defense Fund-NY (CDF-NY) sponsored a hearing entitled *Lessons Learned from 9/11: Helping Children and Families*. Over 130 New Yorkers and elected and appointed officials committed to improving conditions for New York City children, youth and families and laying a solid foundation for urban revival came together to identify issues, articulate priorities and better understand how the City's non-profit, government, philanthropic and private sectors responded to events of September 11th and how lessons learned could be applied in the future to improving health and human services for children, youth and families.

The hearing focused on children's mental health, Disaster Relief Medicaid (DRM), income supports, child care and youth services. The hearing highlighted specific regulatory changes in eligibility, benefits access and administration of programs as well as new needs and emerging challenges. The forum provided an opportunity for New Yorkers to present the needs of children, youth, families and communities as well as their own needs and perspectives to policymakers, so that this vital information is considered in public and private efforts to plan and rebuild New York City.

Two panels of policy experts, elected and appointed officials, youth, parents, service providers and concerned New Yorkers testified at the hearing. The hearing was moderated by *New York 1 News* reporter John Schiumo and broadcast on the station August 1, 2002 and again on September 1, 2002.

PARTICIPATING ELECTED & APPOINTED OFFICIALS

Honorable Tracy Boyland

Chair of the Women's Issues Committee,
New York City Council

Honorable Bill de Blasio

Chair of the General Welfare Committee,
New York City Council

Ester Fuchs, Ph.D.

Special Advisor to the Mayor on Governance and
Strategic Planning

Honorable David Weprin

Chair of the Finance Committee,
New York City Council

PANEL: CHILDREN'S MENTAL HEALTH AND HEALTH INSURANCE (IN ORDER OF APPEARANCE)

Gail B. Nayowith

Executive Director, Citizens' Committee for
Children of New York, Inc.

J. Lawrence Aber, Ph.D.

Director, National Center for Children in Poverty

Jane Barker

Chief Program Officer, Safe Horizon

Elvira R. Gonzalez,

Associate Executive Director,
Puerto Rican Family Institute

Donna A. Lawrence

Executive Director, Children's Defense Fund-NY

Melinda Dutton

Senior Policy Associate,
Children's Defense Fund-NY

Monica Sweeney, M.D.

Vice President for Medical Affairs & Medical Director,
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PANEL: CHILD CARE, YOUTH SERVICES AND INCOME SUPPORT

(in order of appearance)

Gail B. Nayowitz

Executive Director, Citizens' Committee for Children of New York, Inc.

Suzy Edelstein

Deputy Director,
United Neighborhood Houses of New York, Inc.

Andrea Anthony

Executive Director,
Day Care Council of New York, Inc.

Janet Kelley

Executive Director,
Partnership for After School Education

Donna A. Lawrence

Executive Director,
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David Chen

Executive Director,
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Deborah R. Taylor

Deputy Director for Policy & Program,
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Carlos Rodriguez

Director of Food Force & Food Stamp Initiatives,
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Gretchen Buchenholz

Executive Director,
Association to Benefit Children



Gretchen Buchenholz and Carlos Rodriguez

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Laura Lerman

New Yorker



Gail Nayowitz, Suzy Edelstein, Andrea Anthony, Janet Kelley, and Gretchen Buchenholz.

This report contains the background and findings generated by panelists and audience participants at the hearing, as well as recommendations for future action. The hearing is one part of a comprehensive community involvement and education initiative undertaken by CCC and CDF-NY with support from the W.K. Kellogg Foundation that seeks to understand the needs of New York City children, youth and families that resulted from the September 11th attack. One of the important goals of the project is to gather input from a wide range of New Yorkers. In addition to the hearing, this will be accomplished through the polling of 900 parents living throughout the City's five boroughs, (over-sampling the communities hardest hit by the disaster and after-shocks). A video entitled: *The Bridge Back: New York's Children After 9/11* will also capture on film, the emotional devastation experienced by children, their courage, resilience and hope. And while some initial recommendations for addressing needs were suggested at the hearing, more focused attention will be dedicated to this at *Lessons Learned from 9/11: Helping Children and Families, One Year Later Conference* on September 27, 2002.

Taken together, these activities will shed light on the health and human services infrastructure in New York City post-9/11 and its ability to meet the unique needs that emerged from the tragedy, as well as, the continuing needs of a City with many residents who struggle with the challenges of poverty and maintaining healthy, stable families. The events of September 11th have brought New Yorkers together in many ways, including increasing the numbers of residents who need to rely on different aspects of the City's health and human service systems. The June 25th hearing underscored the need to treat all New Yorkers with the efficacy and responsiveness that was displayed by much of the health and human service system in response to the crisis. As one panelist at the hearing movingly noted, "The lesson? Yes, the one lesson learned is the pier undivided, the one lesson learned is that we are people, all of us and that there's only one child in the world and that that child really is all children." *Gretchen Buchenholz, Executive Director, Association to Benefit Children*

Aber, Ph.D., Director, National Center for Children in Poverty). This is of particular concern given that “the impact of trauma on the functioning of children can be pervasive, and [its effects on] the still developing body and mind are significant.”⁴

A lot of what we see are typical things you’ll see in a junior high school. You know we see things like truancy, kids fighting... However, we’re seeing this among kids who never presented with this before. So we have to ask ourselves, clinically, have problems exacerbated, have they gotten worse? One of the advantages for us, of being in a school, is that a lot of the symptoms that we’ve seen aren’t necessarily things that would bring kids to an outpatient mental health clinic. They’re more subtle. So being in the school environment has really enabled us to kind of find the kids who are presenting with things which look like other things and really start talking to them about trauma. *Participant*

The City’s mental health service infrastructure for children had many limitations before September 11th. Severe capacity shortages of community-based emergency/crisis services, outpatient treatment services, respite services, residential services and support services created an over-reliance on hospitalization and office-based clinic treatment and very long waits for access to appropriate levels of mental health services. Due to a scarcity of resources, funding was generally directed toward meeting the needs of children with serious emotional disturbance and only minimal investments were made in early intervention, prevention, and psycho-education. In addition, weak links existed between children’s mental health programs and schools, community-based youth programs, social service agencies, child welfare agencies, juvenile justice agencies, and the Family Court.

The consequences of failing to treat childhood mental health problems are clear with many of our youth experiencing: school failure, school dropout and special education placement; family break-up and risk of out-of-home placements; juvenile justice system or court involvement; substance abuse and other predictable poor outcomes.

The lessons derived from the mental health response to September 11th are clear. The City placed a premium on outreach and access to mental health services, but regulatory reform and an increased investment of

Children’s Mental Health

BACKGROUND AND FINDINGS

Before September 11th, 9-13% of all children were estimated to have a mental illness that substantially impaired their functioning and 5-9% of children to have a mental illness that caused severe functional impairment. After September 11th, the prevalence of diagnosable mental health disorders in children in New York City climbed even higher and the increased demand for children’s mental health treatment services threatens an already fragile children’s mental health infrastructure.

Shortly after September 11th, the New York State Office of Mental Health estimated that over 700,000 children were psychologically affected by the disaster and would need mental health services. The New York City Board of Education subsequently commissioned a study to examine the mental health status of public school children post-September 11th.³ The first of its kind conducted, this study showed that the magnitude of the psychological impact of September 11th on New York City children is profound. Based on survey data collected from over 8,000 fourth through twelfth grade public school students, the authors of the study estimated that six months after September 11th “over 25% of New York City’s [fourth through twelfth graders] suffer from a diagnosable, trauma-related mental health problem, like post-traumatic stress disorder, agoraphobia, separation disorder, panic disorder, depression, conduct disorder and alcohol abuse. Only a third of those children who reported a trauma-related mental health problem said they were receiving services either within the schools or from outside professionals. Those two numbers together lead to the projection that about 190,000 fourth-twelfth grade students in New York City public schools have diagnosable trauma-related mental health problems that aren’t currently receiving any help. “That is a huge unmet mental health need” (*J. Lawrence*

resources that strengthen the children's mental health treatment infrastructure are needed to meet the unprecedented demand for services. With funding from the Federal Emergency Management Administration, New York State and New York City contracted with licensed mental health programs through Project Liberty to provide outreach and crisis counseling and debriefing services, services that were largely unavailable before September 11th. These services were easily accessible to families first in the armories, then in the community where children and families naturally find themselves (schools and community centers, clinics with extended hours). In addition, crisis training for school personnel and for other personnel who work with children was offered and a mental health curriculum was developed for students and teachers.

Project Liberty should be seen as both a preventive model and a case finding model, but it needs to be paired with a mental health treatment system that shares the philosophy of being creative and flexible and has the capacity to reach as many people as needed. Unfortunately, New York City's children's mental health treatment system was stretched beyond capacity prior to September 11th and it still is. It still needs to serve thousands of seriously emotionally disturbed children who still need care. And it is primarily a clinic-based model, constrained by funding limitations from being as flexible and creative as we now need it to be. *Jane Barker, Chief Program Officer, Safe Horizon*

The severity of the children's mental health crisis has attracted the attention of City policymakers who have begun to recognize the need to strengthen and expand children's mental health services.

The Mayor...has really made a commitment to address the issues of children's mental health post-9/11. The Commissioner of the Department of Health and Mental Hygiene in particular is prepared to take a leadership role in coordinating both government agencies as well as provider networks ...using federal funds and not for profit foundation funds as well as ...developing a holistic approach to both mental health and health at the community level. It is obviously not an easy task, but it is something that I think we are all committed to. *Ester Fuchs, Ph.D., Special Advisor to the Mayor for Governance and Strategic Planning*

However, the scale of what remains to be done is significant. "You know, the events of the Fall pointed out some serious fractures in the mental health services system for children. And one of the things that we do understand now, finally, is that we need to shore-up the infrastructure, to rebuild the foundation of services that either never existed or existed in insufficient quantity." *Gail B. Nayowith, Executive Director, Citizens' Committee for Children of New York, Inc.*



John Shiumo and Dr. Marc Gurtman

Other critical needs of the City's children's mental health system that must be met, include:

- Expansion of culturally competent community-based children's mental health services

.....

We're looking at the mental health model of care for children, that was in need before, to respond to the children that are directly affected now. But the response...the clinic treatment model doesn't allow us to go to the community...the model needs to be able to put the services where the child is, where the family is. But we're dealing with families that, independent of September 11th, were at risk and were vulnerable. And they have housing issues and substance abuse issues, and the children have learning issues and we're labeling them with a mental health diagnosis and not with a systemic impact... We have to be responsive to the needs of children in this city and if the events of September 11th give us a heightened awareness of what we need to do, which ultimately benefits all of us, then that's what we need to do. *Elvira Gonzalez, Associate Executive Director, Puerto Rican Family Institute.*

.....

- Utilization of scientifically validated tools to identify and assess children's mental health needs and to determine what works to meet those needs

.....

One of the most important things we've had reinforced is how much need there is but we've learned that there are proven effective treatments and interventions that make a difference – that produce positive results for children. And, if we can figure out how to get the services and the treatment to kids, we're going to end up dealing with problems earlier and in ways that prevent significant problems in our city and our social fabric for years to come. We learned what works. Now we need to figure out how to make a relationship between children's needs and the delivery of treatment and figure out how to pay for it. It's a job for all of us. *Gail B. Nayowitz, Executive Director, Citizens' Committee for Children of New York, Inc.*

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RECOMMENDATIONS

- Enhance the continuum of children's mental health services to include crisis and respite services and expand community-based mental health treatment and support services for children and families in schools, youth centers, day care centers and other settings.
- Train current mental health professionals in trauma interventions and grief counseling.
- Use FEMA funding to expand the array of crisis and trauma related services to children, youth and families and to support long-term mental health treatment.
- Continue funding for research studies to evaluate the best treatments for children, and support dissemination and practice diffusion.
- Implement a citywide planning process to address gaps in the current mental health system in advance of the next crisis.
- Build on the NYC Board of Education needs assessment with screenings and monitoring of children and youth now and in the future.
- Fund long-term comprehensive mental health insurance coverage.

Health Insurance

BACKGROUND AND FINDINGS

Approximately 1.7 million New York City residents, 300,000 of them children, are without health insurance coverage.⁵ Yet almost half of uninsured New Yorkers, and over three-quarters of uninsured children, are eligible for free or low cost health insurance coverage through Medicaid, Child Health Plus or Family Health Plus, but simply are not enrolled.

In the aftermath of the September 11th tragedy, the computer system used to manage the New York City Medicaid program suffered extensive damage, adversely affecting NYC's ability to enroll new Medicaid beneficiaries or to implement the new Family Health Plus (FHPlus) program for uninsured adults.⁶ In order to help ensure ongoing access to health care coverage for low-income individuals and families in New York City and to provide assistance to the thousands of New Yorkers affected by the tragedy, Disaster Relief Medicaid (DRM) was implemented. Authorized and implemented virtually overnight, DRM was designed to be a temporary mechanism to replace regular Medicaid, and to substitute for FHPlus, for most new applicants in New York City.

DRM provided the exact same set of health insurance benefits to the same group of people who were eligible for health insurance coverage prior to 9/11 but did two things significantly differently. The first was that the system for enrolling into health insurance was greatly simplified. Under DRM, [there were] fewer documentation requirements, fewer visits to become insured, less obstacles facing families to get the health insurance they needed. The other thing that happened was that families and children were provided with coverage the same day that they were found to be eligible for DRM. And the response was enormous: 340,000 people enrolled into DRM in just four and a half months, which is about ten times the regular rate of enrollment. *Donna A. Lawrence, Executive Director, Children's Defense Fund-NY*

Before the creation of DRM New York State had a complex system of public health coverage programs that were undergoing drastic changes with a major new program being added and implementing a court decision effecting coverage of immigrants. The mosaic of programs includes Medicaid, Family Health Plus (FHPlus), Child Health Plus A⁷ (CHPlus A), Child Health Plus B⁷ (CHPlus B) and the Prenatal Care Assistance Program⁸ (PCAP). This fragmented system adds layers of complexity to the enrollment process and makes it harder to put out a clear message to the public about the availability of coverage, as these programs have widely divergent rules and requirements. Programs vary with respect to the age, immigration status,⁹ and income eligibility levels of participants, as well as the amount of documentation needed to qualify.

Enrollment into DRM offered several advantages over the regular Medicaid enrollment process.¹⁰ New York State's existing Medicaid application for adults is four pages long, and requires a number of supporting documents to prove things like identity, address, income, and resources. These requirements are burdensome to applicants and workers alike, and have been clearly shown to deter otherwise eligible individuals and families from applying and/or completing the process. Applying for Medicaid has traditionally been a time consuming process, requiring multiple trips to a Medicaid office, and anywhere from 2 to 4 months to complete the process from beginning through actual enrollment in a health plan to access needed medical care. The documentation requirements, combined with the time delays to actual health care, operate to discourage working individuals and people with immediate health problems from even applying.

The Disaster Relief Medicaid program turned the traditional approach (long delays in getting care, burdensome paperwork) on its head. DRM streamlined the application process by offering a one-page application,¹¹ no resource test, minimal documentation requirements, and perhaps most importantly: the ability to receive immediate coverage at, or within a day of, the time of application. The process was designed so that an individual could complete the application, provide proof of identification, have a brief meeting with an enroller on

the spot, and leave with an authorization form allowing the applicant and eligible family members to access services at any Medicaid provider that same day.¹²

The beauty of DRM was that we were finally speaking to people simply and clearly about healthcare. We weren't asking them why the middle initial on the social security card was different from the one on their utility bill. We were talking about ... where they were going to get care. And that made it revolutionary. *Participant/Provider*

This major simplification of the enrollment process allowed the program to provide hundreds of thousands of eligible individuals with insurance, and with access to health care, within a highly compressed timeframe. New Yorkers responded to DRM with an outpouring of demand, with lines forming at 5:00 AM and 6:00 AM to sign up. Most significantly, total DRM enrollment figures exceeded enrollment under the far more cumbersome regular Medicaid process by a factor of more than 10.¹³

Almost without exception the problem for which [a DRM recipient] came in was in an advanced stage. People who'd known for five years that they had high blood pressure had not had it treated, or treated it with garlic and vinegar at home. *Monica Sweeney, M.D., Vice President for Medical Affairs and Medical Director, Bedford Stuyvesant Family Health Center, Inc.*

The impact of DRM on health utilization has been significant. Many DRM beneficiaries were treated for conditions that were in advanced stages because they had gone without treatment for so long. Initial visits often lead to multiple referrals because of the complexity of the pent up needs that had placed patients' health in danger and resulted in a need for more advanced care. Many new enrollees presented with conditions that could and should have been treated with routine preventive care to alleviate suffering and avoid higher cost interventions.

The traditional enrollment system for publicly funded health insurance programs carry baggage from a time when they were linked with cash assistance, and when the primary emphasis was on discouraging program participation. Policymakers have since recognized the importance of health insurance to maintaining the health and economic prosperity of our communities, and some improvements have been made. For example, community based enrollment in health insurance programs now allows children and adults to apply for public health insurance programs in a range of culturally, linguistically and geographically diverse settings within the community. It is no longer required that applicants go to a welfare office to sign up for health insurance benefits. While this initiative has been extremely successful, it is unnecessarily hampered by the remaining burdensome application requirements.

The system that we have for Medicaid enrollment ... is a City and State creation. It doesn't have to be that way. We can do what we did under DRM with some very slight tweaking under federal law. We're allowed to do that. We haven't made the decision yet that we're going to do that. *Melinda Dutton, Senior Policy Associate, Children's Defense Fund -NY*

The Mayor's representative expressed the City's commitment to developing a streamlined process for Medicaid applications, but noted that State and federal permission would be necessary to change the existing process. She anticipated difficulty in particular with the issue of income documentation, but found promising a system that allows temporary coverage until the City is able to confirm eligibility.

The City viewed this as a terrific opportunity ... it's certainly beneficial, not just to children and families but to the City's fiscal situation to have people signed up in Medicaid and Child Health Plus. It's just a no brainer. *Ester Fuchs, Ph.D., Special Advisor to the Mayor for Governance and Strategic Planning*



Elvira Gonzalez, Monica Sweeney, M.D., Melinda Dutton, and Donna A. Lawrence

RECOMMENDATIONS

- Streamline enrollment in publicly funded health insurance programs in the image of the DRM program by eliminating documentation requirements, simplifying the application and providing immediate access to care.
- Streamline and coordinate the renewal process for public programs so that, once enrolled, people do not lose coverage because of an inability to maneuver the bureaucracy or because their changing circumstances render them eligible for different programs.
- Create alternative mechanisms that rely on existing state and city data sources to ensure program integrity without creating barriers for eligible families.
- Invest resources saved by a streamlined system into promoting access to and utilization of appropriate care for a healthier and more productive New York.

Child Care

BACKGROUND AND FINDINGS

In the aftermath of September 11th, many families directly and indirectly affected by the tragedy have a new need for child care as they tend to the emotional impact of the event and adjust to new work and living arrangements. With the City reeling from an economic recession and massive debt, child care is key to enabling families to find employment, return to work and to the City's economic recovery. Unfortunately, the demand for affordable, quality child care has historically exceeded the supply. Over 100,000 children between the ages of 0-5 are income eligible for a child care subsidy, but do not receive one due to the short supply.¹⁴

After September 11th, the City recognized that families needed emergency child care and began to provide child care in an expedited way to families so they could get back to work and deal with the emotional fallout and other issues related to 9/11. Over 1,500 parents were provided with emergency child care for their children in a very short period of time. *Gail Nayowitz, Executive Director, Citizens' Committee for Children of New York, Inc.*

I think the lesson that was underscored by September 11th was that getting safe and affordable child care is a universal concern shared by everyone along the income spectrum and never more so than when you're an individual who's looking for a job and hopefully getting that job and keeping that job. *Suzy Edelstein, Deputy Director, United Neighborhood Houses of New York*

In response to the immediate need for child care, the Governor and the State Legislature developed The Liberty Zone Demonstration Project. This initiative seeks to increase the supply of child care to families impacted by 9/11 by allocating \$10 million to provide child care to working families with incomes between 200%-275% of poverty.

The events of September 11th also highlight the importance of the quality of child care. Families benefited from having their children placed in programs with well-trained staff that were positioned to ensure that children in the vicinity of the World Trade Center were quickly and safely evacuated, and that staff at programs around the City were able to make contact with concerned parents. As the weeks passed, staff familiar with the children in their care were able to identify their emotional responses to the events, alert parents and make referrals to support services when necessary.

"Mommy why did they do that? Why did the buildings blow up?" For a long time I couldn't answer my son, because I couldn't come up with the answer. With the help of the staff at the child care center he attends, I was able to explain to him – slowly. *Participant/Parent*

Hearing the comments of the parents, I'm so proud of what we've been able to accomplish in the child care centers – we have used TANF surplus funding to provide social work staff to programs serving TANF eligible families. Having social workers on site to address staff concerns and issues, to help child care workers deal with children who are having behavioral problems and provide parenting skills workshops has been crucial. This service should be available for all child care programs. *Andrea Anthony, Executive Director, Day Care Council of New York, Inc.*

At the State level, the need to expand and improve quality child care was addressed in the State FY 2003 Budget which added funding to serve 9,400 more children in quality child care programs statewide. The budget also re-appropriated funds for recruitment and retention grants for child care center staff and family child care providers, and greatly increased the amount of the annual awards. These funds are an important step toward reducing the 30% annual turnover among child care workers, and developing a well-trained, experienced early childhood workforce.

Although the economic recession placed budgets for programs serving children and families in jeopardy, the tremendous momentum generated around the needs of working families resulted in the restoration of \$24 million in child care funds to the City FY 2003 Budget, which will allow the City to proceed with an expansion of child care programs to serve 3,000 more children.

This new City Council has heard the cries of the City and understands that a mother or family cannot go to work in good conscience knowing that their children are not well taken care of. We were able to hold onto \$24 million to expand child care in the new City budget. That is the equivalent of about 3,000 slots for children in New York City. Is that enough? No. *Honorable Tracy Boyland, Chair of the Women's Issues Committee, New York City Council.*

And what I was struck by is, despite, the immense economic difficulties that we're confronting, I saw more activism than ever before. It would have been natural to expect that emotionally and socially there might have been a reduction in activism, there might have been a turning inward, there might have been more of a sense of protecting whatever each organization or person had gained and just staying with that. What I saw was a much more expansive vision. In years and years of watching local government, I never saw more parental activism around the schools issue, I never saw anything like the kind of activism we had around child care. It was astounding. *Honorable Bill de Blasio, Chair of the General Welfare Committee, New York City Council*

While certainly a victory in the current fiscal climate, this expansion is far less than the original 10,000 slot expansion proposal New York City officials had approved and planned for this year and leaves much future work for committed members of City Council, child care advocates, providers and parents whose activism made the current expansion possible.

The emergency expedited child care has already been fully utilized. The expansions to be reaped from the Liberty Zone Demonstration Project are small and limited to discrete geographic areas. Meanwhile, "...parents are still looking for jobs and they still need stable child care to take jobs that do become available now and to move from welfare to work and young people, children still need to be prepared for school and need to be supported in their educational endeavors. And this is just as true for families who are affected by 9/11 as it is for all families in New York City." *Gail B. Nayowith, Executive Director, Citizens' Committee for Children of New York, Inc.*

RECOMMENDATIONS

- Allocate additional State and City funds to ensure that all eligible families receive a child care subsidy and that no family pays more than 10% of their income on child care.
- Develop a state market rate schedule that ensures that providers who care for low and middle income working families receive payments that enable them to provide high quality child care and earn a decent living.
- Expand federal child care allocation by \$20 billion over 5 years to provide 187,000 more NYS children with child care.
- Provide child care centers and family day care networks with funds to enable them to hire social workers who can identify families in need of intervention, make referrals and link to family support services.
- Allocate State and City funds to ensure quality by providing the NYC Department of Health and Mental Hygiene with the resources necessary to offer comprehensive assistance to child care center staff and family child care providers who need help interpreting and meeting State and City safety and health regulations.

Afterschool and Youth Services

BACKGROUND AND FINDINGS

New York City's more than 1,700 afterschool and youth-serving programs are extremely important in the lives of youth and families, and they became even more important during and after September 11th. The Partnership for After School Education (PASE) took a leadership role in determining what was being done by youth agencies and what needs could be addressed.¹⁵ PASE surveyed their members and found that programs were accomplishing a great deal but also needed support to address new concerns affecting young people after the attack. They discovered that agencies were working overtime and that they had many discussions with young people and with their families to ease their fears. They dealt with the issues of security and safety. Afterschool and youth programs became safe havens for young people.

I grew up going to the Center for Family Life. The place where I work at now... Currently in our program, we use our teenagers to be a kind of a support system to the children that we service... everybody just wants to go right back to the way things used to be before and our program provides that for them through group sessions and we sit down with kids. We have a conversation with each other and we're trying to figure out, you know, where we're at, what our fears are and how we can overcome them. *Participant/Youth*

The school that I attend is just a block away from the World Trade Center- was from the World Trade Center. And I also attend the Educational Alliance's After 3 Club. A lot of people tell you to forget what happened or just to move on. It's not easy to just do that, especially when you go to school and see it every single day – you relive it. The After 3 Club has staff to help you. We have different projects that help us to move on. History Makers did a video where a lot of students got to say their opinions about it. The Club came to the school after September 11th because our school didn't have an afterschool program – which I think is necessary in any school whether students go through this or not- even in normal schools. *Participant/Youth*

Youth programs were very creative in how they responded to September 11th. For example, arts groups did self-portraits, videos, and a “peace book” that gathered writings and drawings from young people to allow them to express their feelings and their thoughts. They had many cross-cultural discussions. Young people were confused, what's happening in the world. The bias that they felt before, they felt even more so now... They wanted to meet and understand people of other cultures and religions. They wanted to support each other, peer to peer, and what they most wanted was more youth agencies and more safe havens. *Janet Kelley, Executive Director, Partnership for After School Education*

In the PASE study, young people and staff at youth agencies identified three broad program areas as priorities after September 11th:

- **Cultural diversity and conflict resolution:** A need for cultural diversity training to counteract discrimination and racial bias was identified by young people, particularly because of an increase of incidents targeting Middle Eastern and South Asian communities. This as well as training on how to better deal with conflict would be most effective if delivered by peers according to a majority of youth.
- **Community building and service:** Youth expressed a desire to do borough-wide and citywide community services including projects like murals, clean up/beautification projects and block parties. Meaningful and practical activities were felt to contribute to the healing process and to strengthen connections in the youth's local communities.



Scarlet Taveras and John Schiumo

- **Social-emotional health and resiliency:** Youth explicitly identified the need for more counseling supports, and the opportunity to speak with someone whom they knew and trusted. Providers identified the need to enhance their own skills to more effectively support young people and better recognize the signs when a young person requires help from a mental health professional.

.....
 I hooked up with the Henry Street Settlement and they hooked me up with a children's advocacy organization. I felt better because I was helping kids that were going through the same thing I was – they were helping me. *Participant/Youth*

In addition to these concerns, youth identified a need for more programs in their communities offering safe harbors with opportunities for both structured and unstructured activities. An equally important priority for young people is the availability of “meaningful” work experiences, such as the City and State-funded program Summer Youth Employment Program (SYEP) to help prepare them for life outside of school, and more opportunities to be heard by policymakers.

RECOMMENDATIONS

- Expand the availability of afterschool programs for young people as a support for parents, as a support during a crisis (to be there for youth, to address a range of emotions from them) and for youth that need to build a community for themselves.
- Expand opportunities for cultural diversity and conflict resolution training, community service programs, and social-emotional health and resiliency supports for youth.
- Expand the availability of Summer Youth Employment Programs so youth can experience work and believe that New York City holds a future of opportunities for them; and to augment family income lost post September 11th.

Income Support

BACKGROUND AND FINDINGS

Before September 11th, New York City's economy was already weakening and unemployment was on the rise. The World Trade Center attack further plunged the City into a recession. From December 2000 to December 2001, the City lost approximately 150,000 jobs.¹⁶ 110,000 of the jobs lost can be attributed to 9/11. According to a Fiscal Policy Institute report, 85% of workers displaced by 9/11 are New York City residents and job loss was highly concentrated in the low wage work force.¹⁷ While not easily quantifiable, tens of thousands of workers have been affected by reduced hours and earnings rather than lay-offs.

A case study of Chinatown, 10 blocks from ground zero, reveals the neighborhood's economy was devastated as a direct result of the September 11th attack.¹⁸ The infrastructure was severely affected since the area was included in the "frozen zone," and subway stations were closed, telephone service was disrupted, and public parking was eliminated. Businesses suffered severe losses primarily in the garment, restaurant, retail and tourist industries. While the losses were greatest right after September 11th, with revenue declines from 60% to 100%, several months later most businesses are still suffering. Chinatown workers experienced unprecedented levels of unemployment. Of the 33,658 workers in Chinatown, 24,500 were temporarily dislocated in the two weeks following the attacks and total lost wages are estimated at \$114 million. Underemployment is also a serious problem. Over five months later, over 70% of garment workers and 35% of restaurant workers were still working reduced hours.

Unprecedented levels of support, both public and private, followed after the September 11th attack, and a rapid response to emergency needs was implemented.

The main feature of these programs was flexibility to meet pressing needs. They demonstrated that it is possible to distribute benefits in an expedited manner and in a respectful and supportive environment.

We recognize that when families are in a crisis they need services that they might not need otherwise. We have not recognized that for families prior to 9/11. And we're probably not recognizing it for families post 9/11 that weren't... "directly affected" by the trauma of 9/11.

Donna A. Lawrence, Executive Director, Children's Defense Fund-NY

Emergency Cash Assistance and Disaster Food Stamps were critical means of stabilizing economically affected persons and families. Safe Horizon alone provided approximately 26,000 people with \$1500 cash grants. Quick implementation of the disaster food stamp program helped thousands of households meet their food needs. By the end of the program, approximately 12,000 households received more than \$3.8 million in food stamp benefits and an additional 3,430 households received nearly \$276,000 in replacement and supplemental benefits.¹⁹

But one thing we really learned from the Disaster Food Stamp Benefit Program, similar to what we heard earlier regarding Medicaid is that we can implement a more streamlined, a simpler program with easier access, with an application that's not eight pages front and back but rather just two pages with enhanced benefits and in a manner that is compassionate, let's say. *Carlos Rodriguez, Director of Food Force and Food Stamp Initiatives, Community Food Resource Center*

Community-based organizations played an important role in the delivery of services and providing access to community members. Emergency cash was distributed through networks of community based organizations. Anti-hunger groups provided a vital service in notifying community members of disaster food stamps and assisting families through the application process. Community based organizations in Chinatown and elsewhere provided language and culturally appropriate services and were overwhelmed by demands on their services, as well as demands from relief organizations to assist them in reaching community residents.

We tried to get resources to community based organizations that were close to the people that were affected. So what we also think is that the services and the systems need to be decentralized and that the workers that work with people in the community need to be very language and culturally sensitive. That was an important lesson that we learned and we think it had implications for serving families and children. *Deborah R. Taylor, Deputy Director for Policy and Program, Federation of Protestant Welfare Agencies*

The needs of many poor New Yorkers remain unmet as they attempt to rebuild their lives in this ailing economy. As economic indicators worsen, significant numbers of families continue to live in poverty and are in dire need of financial stability. The New York City Independent Budget Office predicts that the level of employment in New York City may not fully recover to the June 2001 level until the first quarter of 2004.²⁰

[Donna mentioned] the 150,000 unemployed. 25,000 came from Chinatown alone. And to this day, about half of them are still unemployed, still displaced. It's coming back. People are showing up, restaurants are being filled, but certain aspects of the community continue to be very depressed like the garment industry. *David Chen, Executive Director Chinese American Planning Council*

As the job market slowly stabilizes, it is critical that the existing safety net of income support programs continues to protect vulnerable families as it did after September 11th. However, now that the City has gone back to "business as usual" this is not the case. The focus of cash assistance programs on reducing the number of program participants, rather than reducing poverty has left many poor New Yorkers without a vital source of support. In addition, families faced difficulties when transitioning from a disaster food stamp benefit program to regular food stamps, leaving thousands of families without nutrition assistance.

I did many days of food stamp outreach at a center that was set up for the workers of Windows on the World and the Marriott. And, although many of them benefited from the Disaster Food Stamp program, so many of them were shocked and dismayed when they were asked to go apply for regular food stamps and were met with obstaclesWell, I think that just the fact that so many thousands of people participated in the Disaster Food Stamp program should give us an indication that if we made that process easier people would use it and we want to welcome the people who are eligible for that benefit to use it, not put obstacles for them to be able to access it.

Participant/Provider

RECOMMENDATIONS

- Reform federal, State and City welfare programs to address poverty reduction and family self-sufficiency by ensuring that benefit levels are adequate to raise families out of poverty; counting education and training towards meeting federal, welfare work requirements; and allowing income eligible parents to receive partial cash assistance to supplement their earnings regardless of a five-year limit on federal assistance.
- Increase access to the Food Stamp program to reach the maximum number of eligible families by simplifying the application process and taking advantage of opportunities to expand eligibility.
- Protect vulnerable immigrant communities from hardship by expanding eligibility for all federal welfare programs to legal immigrants regardless of how long they have resided in the United States; and supporting over-burdened community-based organizations that provide linguistically and culturally appropriate services.
- Amend eligibility requirements for New York State's Unemployment Insurance (UI) Program so that eligibility is based on hours worked rather than the amount of money earned. These changes would expand UI to low income workers.

Conclusions

Before the September 11th attack, many human service systems lacked sufficient capacity and did not offer the full range of services needed by the diverse communities they exist to serve. Access to most services was characterized by inflexible, complex eligibility requirements and bureaucratic enrollment procedures.

In some cases, the response to September 11th changed these procedures, at least temporarily such as with the application process for Disaster Relief Medicaid and Disaster Food Stamps and Emergency Cash Assistance. In the case of child care, youth development and mental health services, programs were implemented in response to the emergency, although overall unmet needs remain.

The events of September 11th have increased recognition by many policymakers that all New Yorkers share common needs for services during a crisis and afterwards.

It will be necessary to build on this new perspective to address the many remaining gaps in health and human services. Implementing the recommendations in this report, will advance the creation of a truly responsive system of services for New York City's children, youth and families.

We restored about \$475 million in cuts proposed by the Mayor for Fiscal Year 2003.quite a bit of that went in the mental health area and to some of the services we've heard about today which really go directly to the aftermath of September 11th and some of the needs that resulted from 9/11. *Honorable David Weprin, Chair of the Finance Committee, New York City Council*

I think that this year will be remembered as a time that parents and people concerned about children really established a new concept of what our role needs to be in winning resources and rights for children. *Honorable Bill de Blasio, Chair of the General Welfare Committee, New York City Council*



Deborah Taylor, David Chen, and Donna A. Lawrence

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immigrants were also barred from Medicaid for up to five years after their arrival in this country. After Aliessa, most low-income immigrants, except for undocumented individuals, could potentially qualify for Medicaid or FHPlus, regardless of their arrival date.

Footnotes

1. *Effects of the World Trade Center Attack on NYC Public School Students: Initial Report to the New York City Board of Education*, Applied Research and Consulting, LLC, Columbia University Mailman School of Public Health and New York State Psychiatric Institute, May 6, 2002.
2. *Building the Capacity of Community-Based Youth Serving Organizations to Respond to Trauma*, The Partnership for After School Education, May 2002.
3. *Effects of the World Trade Center Attack on NYC Public School Students: Initial Report to the New York City Board of Education*, Applied Research and Consulting, LLC, Columbia University Mailman School of Public Health and New York State Psychiatric Institute, May 6, 2002.
4. *Testimony of Charles G. Currie, Administrator of SAMHSA*, before the Committee on Health, Education, Labor and Pensions, June 2002.
5. *Coverage Trends Among New Yorkers*, United Hospital Fund (2001).
6. FHPlus is a Medicaid expansion program which offers managed care coverage for adults earning up to 133% of poverty if they are parents or 100% FPL if they are childless. In NYC enrollment into the program began September 1, 2001.
7. CHPlus B, New York's State Children's Health Insurance Program (S-CHIP), provides low cost managed care coverage for all children under 19, regardless of their immigration status, up to 250% FPL.
8. PCAP is a Medicaid program covering prenatal care delivery, and postpartum care, available to all pregnant women up to 200% FPL regardless of their immigration status; women must show proof of identity, state residency, income and pregnancy.
9. The rules and procedures with respect to the categories of immigrants who are eligible for particular programs, and for proving immigration status, have changed considerably since the major overhaul of the welfare laws in 1996. These rules became even more complex in New York last year, with the June, 2001 court decision in *Aliessa v Novello*. Prior to *Aliessa*, only citizens and certain limited categories of "qualified" immigrants were potentially eligible for Medicaid, FHPlus and CHPlus A. Legal immigrants were also barred from Medicaid for up to five years after their arrival in this country. After *Aliessa*, most low-income immigrants, except for undocumented individuals, could potentially qualify for Medicaid or FHPlus, regardless of their arrival date.
10. Research has shown that the documentation requirements present a formidable barrier for otherwise eligible children and adults. See Perry M, Kannel S, Valdez R, Chang C *Medicaid and Children: Overcoming Barriers to Enrollment: Findings from a National Survey*. Kaiser Commission on Medicaid and the Uninsured, 2000; Thorpe K and Florence C, *Medicaid Eligible but Uninsured: The New York State Experience*. United Hospital Fund, October, 2000.
11. The application itself asked for the name, birth date, sex, and social security number of all applying household members; whether any of the applicants were pregnant, parenting, disabled or already covered by health insurance; for the family's address, contact information and total household income; and for the number of people in the household not applying.
12. Program rules on the forms of identification needed to apply for DRM underwent several changes during the early days of the program. The final rules required the individual applying on behalf of his or her family to show a valid picture identification or two forms of other identification to apply for DRM. MAP Procedure 01-14 (R2), October 12, 2001.
13. Medicaid enrollment in NYC increased by an average of 6,885 cases per month between 1/2001 and 8/2001. Medicaid enrollment under DRM jumped to a monthly average of 81,300 cases between 9/01 and 12/01 – a more than ten-fold increase.
14. *Child Care: the Family Life Issue in New York City*, Citizens' Committee for Children of New York, Inc. 2000.
15. *Building the Capacity of Community-Based Youth Serving Organizations to respond to Trauma*, The Partnership for After School Education, May 2002.
16. *Beyond Ground Zero: Challenges and Implications for Human Services in New York City Post September 11*, United Way of New York City, March 2002.
17. *The Employment Impact of the September 11 World Trade Center Attacks: Updated Estimates Based on the Benchmarked Employment Data*, Fiscal Policy Institute, March 8, 2002.
18. *Chinatown After September 11th: An Economic Impact Study*, Asian American Federation of New York.
19. *An Assessment of New York State's Disaster Food Stamp Benefits Program*, Nutrition Consortium of NYS.
20. *Fiscal Outlook Key Variables*, New York City Independent Budget Office, December 2001.

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ABOUT CHILDREN'S DEFENSE FUND-NEW YORK

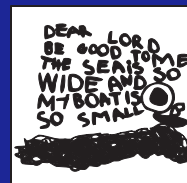
The mission of the Children's Defense Fund is to *Leave No Child Behind*® and to ensure every child a Healthy Start, a Head Start, a Fair Start, a Safe Start and a Moral Start in life and successful passage to adulthood with the help of caring families and communities. We are dedicated to providing a strong and effective voice for *all* children who cannot vote, lobby or speak for themselves. We pay particular attention to the needs of poor and minority children and those with disabilities.

Since opening our doors ten years ago, the Children's Defense Fund-New York has lead a successful statewide campaign to increase access to health care and insurance for New York's children and families. Our outreach and education efforts have succeeded in mobilizing key partners including public agencies, labor, private corporations, and health and human service providers. Our research and policy analysis have helped define the debate around publicly funded health insurance programs and brought to the fore both best practices and necessary improvements.



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