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The Maine Rural RAPP Outreach Project

This next generation RAPP project, funded from 2008-2010, will expand services to grandfamilies living in rural areas throughout the state of Maine and beyond. This initiative will incorporate the use of internet technology to reach families who may not be able to access traditional services or are in need of additional support. The comprehensive range of programming will target a broad range of stakeholders and includes:

A. Online Educational Support Groups for Grandfamily Caregivers

This component of the initiative will focus on the meeting the needs of rural caregivers throughout Maine and across the country that are not being fully met through existing support services, including:

- Offering **eight online educational support group sessions** to relative caregivers statewide and beyond.
- **Providing education on specific topics**, such as: mental health issues, caregiver self-care, child development, accessing resources, substance abuse, and family relationships.
- Providing the **opportunity for general discussion between caregivers and trained facilitators.**

B. Basic Internet Use Training for Grandfamily Caregivers

This training will be made available to all relative caregivers, with a particular focus on caregivers who may be interested in participating in an online educational support group. We will:

- Provide **basic internet training** at selected support group locations and public libraries across the state to grandparents and other caregivers.
- Provide a **foundation of skills** that will enable caregivers to use the internet to set up an e-mail account, register for an online program, and utilize the discussion forum to communicate via the internet.

C. Online Educational Training for Support Group Facilitators

This training will help rural support group facilitators address difficult issues raised by grandfamilies. We will:

- Offer a total of **four online educational programs** to new and experienced group facilitators.
- Offer **topics based upon concerns of group facilitators**
- **Provide resources** related to these sessions that will be available to participants and on our website.

D. Online Discussion Groups for Youth Living in Grandfamilies

This aspect of the Rural RAPP Outreach Project is designed to address the needs of the youth living in grandfamilies through:

- **Facilitating four age-appropriate online discussion groups for youth** living in grandfamilies.

E. Facilitation of the Statewide RAPP Task Force and Network

The RAPP Statewide Network and Task Force was established in 2002 through a grant received from Generations United. The UMCoA facilitates meetings of this diverse group of statewide professionals. Over the past six years, the UMCoA, in partnership with Families and Children Together, Health Access Network, Adoptive and Foster Families of Maine, and Casey Family Services, has been instrumental in establishing a unique framework for statewide collaboration among child welfare, aging, and other human service organizations and professionals to address the mental health and support issues for older adults who have assumed kinship roles. This diverse membership will allow the UMCoA to continue its current RAPP efforts and will provide input on the new project components being developed.

For more information: To learn about or join the task force or network, please contact Dr. Lenard Kaye at (207) 262-7922 or visit our website at www.umaine.edu/mainecenteronaging/mhrapp.htm

Supporting Maine's Families:
Recommendations from Maine's Relatives as Parents Project

A Policy White Paper

January 2005

Supported by a grant from Generations United

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The **UMaine Center on Aging** is an interdisciplinary research center located at the University of Maine in Orono. The mission of the Center is to facilitate activities on aging in the areas of research and evaluation, education and training, and community consultation and service to maximize the quality of life of older citizens and their families in Maine and beyond.

The UMaine Center on Aging's **Relatives as Parents Program (RAPP)** is a statewide planning and service project focusing on the significance of mental health disorders and substance abuse for Maine's rural families and their impact on older adults who have unexpectedly assumed parenting responsibilities. Our community partner in this project is **Families and Children Together (FACT)** and their **Family Connections** program. Funding for this project has been received from **Generations United**, the only national organization to focus solely on promoting intergenerational strategies, programs, and policies.

Executive Summary of Recommendations

Maine is experiencing an increasing rate of children being raised by their grandparents or other relatives. The common reasons these individuals have taken on the responsibility of surrogate parenting, when the biological parents are unwilling or unable to do so include drug and alcohol abuse, child abuse and neglect, mental health problems, illness and death, incarceration and family violence. Under the vast majority of circumstances, relatives take responsibility for these children instead of the State Child Protective Services; this saves the State money but can be very burdensome to the family. Though relatives welcome the children, they often face unexpected lifestyle changes. The challenges they face can be physically, emotionally, and financially overwhelming, compromising their capacity to provide unconditional love, build trust, and serve as strong adult role models.

It is in the interest of Maine's children and families to support relatives in assuming this responsibility. These caregivers—often called kinship caregivers—take on this responsibility because they want to keep their families together; they love their grandchildren and want to keep them healthy and safe. The availability of responsive policies and programs have the capacity to alleviate stress and improve health and also help reduce the sense of isolation often felt by older adults raising children.

During 2002-2003, the University of Maine Center on Aging, with a grant from Generations United, sponsored the Relatives as Parents Project Task Force to develop recommendations on how Maine can better support families in relative-headed households. Three subcommittees grew out of Maine's RAPP Task Force and the recommendations presented here reflect the work of those three groups. The foci of these subcommittees were: financial security, community resources, and mental health and substance abuse issues.

Recommendations

Families need increased financial supports for on-going needs and to meet specific obligations.

Establish a subsidized guardianship program with broad eligibility standards to include kinship families whose children are not in foster care.

Provide additional flexible funding for kinship families to assist them in meeting the children's essential needs (for example when the child first comes to the family or to meet DHHS foster home licensing requirements).

Increase access to low cost childcare to support family stability and the relatives' ability to maintain employment.

Establish a mechanism that would provide relative parents with free or subsidized legal assistance to help them in obtaining guardianship.

Ensure that all family members have access to health care so that relatives do not need to choose between their own health and the children's needs.

Change the Child-only TANF eligibility to include people who are not related by blood or marriage but are caring for children in their extended family.

Families need assistance accessing existing resources.

Create a single point of entry through which kinship care families can be guided through the complex maze of health and human service agencies and programs.

Expand low-barrier, family-driven programs to increase supports to families as they link with other resources.

Continue RAPP to encourage agencies to share their resource information, establish "resource guides," and collaborate in providing accurate information to kinship families.

Families need quality and supportive mental health and child welfare services.

Develop philosophies and practices throughout the public and private helping systems that support rather than block the receipt of resources by kinship providers including those who may not have legal authority for the child.

Change MaineCare Section 65, (sections G [Child and Family Community Support Services] and H [Behavioral Specialist I and II] rewrite), to allow family therapy (so that clinicians can bill for meeting with family members without the child present) and family case records.

Provide training to staff of mental health services and individual providers to help ensure that mental health services are sensitive to the strengths and challenges of the children, parents and relatives when the relatives are raising the children.

Create standardized policy and procedure for kinship cases within the Bureau of Child and Family Services (BCFS). Continue or create contracted services when such services can reduce delays in making safe placements with kin.

Integrate kinship issues into already existing child welfare training including new employee orientation, foster parent introductory training, Family Team Meetings training/supervision, etc.

Improve BCFS' work with Family Team Meetings by implementing changes to casework practice to increase consistency with the model and accountability to the families.

The recommendations presented in this report are not exhaustive. We further recommend that Maine's laws and regulations be reviewed to identify other changes that will better support families headed by grandparents, aunts, uncles or other extended family members. Ultimately, supporting these families is the right thing to do. Not only will it save the State money over time, but it invests in the lives of our children, and thus our future.

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Introduction

Describing the Phenomenon

Similar to the rest of the country, Maine is experiencing an increasing number of children being raised by grandparents and other relatives. Nationally, more than six million children are living in households headed by grandparents or other relatives, according to the 2000 census. In Maine, approximately 11,000 children lived with relative parents in 2000 (CDF, 2002); this translates to about one in 27 children, given Maine's population of about 300,000 children under 18 years of age in that year (U.S. Census, 2004). More than 5,000 grandparents in Maine had primary responsibility for meeting the basic needs of their grandchildren in the year 2000 (CDF, 2002). These caregivers—often called kinship caregivers—take on this responsibility because they want to keep their families together; they love their grandchildren and want to keep them healthy and safe. At the same time, kinship caregivers often face unexpected lifestyle changes. The challenges they face can be physically, emotionally, and financially overwhelming, compromising their capacity to provide unconditional love, build trust, and serve as strong adult role models.

While not a new phenomenon in our country, the number of children raised by relatives has increased dramatically over the past 25 years; the vast majority of these children are raised by grandparents (Beltran, 2000; GU, 2002). There are many reasons why children might come under their grandparents' care. Some of the common reasons grandparents or other relatives have taken on the responsibility of surrogate parenting, when the biological parents are unwilling or unable to do so include drug and alcohol abuse, child abuse and neglect, mental health problems, illness (including HIV/AIDS) and death, incarceration, family violence, and other family and community crises (Beltran, 2000; CDF, 2002; GU, 2002).

Most of these grandparents take on the care of their children before the Department of Health and Human Services (DHHS) becomes involved, thereby saving the State the costs of child protection services and foster care. Some grandparents do obtain their grandchildren through the formal foster care system after the children have come into State care. According to the 1999 National Survey of American Families, just over one-fifth of kinship families were involved with the State foster care system ("public" or "formal" kinship care), while nearly four-fifths were not, but rather relatives were providing "private" or "informal" kinship care (Ehrle & Geen, 2002). Less than 10% of kinship families in Maine are involved in the State foster care system; this is a smaller proportion than is the case nationally. In the summer of 2004, fewer than 500 children in State custody were being cared for by kin; this is approximately one in six children served by the DHHS (personal communication with Sandra Hodge, Director of the Division of Policy and Practice/ Special Projects, July 12, 2004). Nationally, and in Maine, grandparents and other relatives are saving U.S. taxpayers money. It has been estimated that grandparents informally care for about 12 times as many children as the nation's foster care system and save the country more than 6.5 billion dollars a year (Devarics, 2004).

Maine Statewide RAPP

Kinship families face many challenges and often need support from agencies, government programs, and society-at-large as they undertake to raise a second generation of children, often at the time they expected to be moving into retirement and a slower-paced life. The availability of responsive policies and programs have the capacity to alleviate stress and improve health and also help reduce the sense of isolation sometimes felt by older adults raising children.

This report represents the work of a Statewide task force—the Relatives as Parents Project (RAPP) Task Force—which began meeting in 2002 with the purpose of improving the situation for relative parents in Maine. The Statewide RAPP Initiative has been a collaborative project between the University of Maine Center on Aging (UMCoA) and the Family Connections project of the agency, Families and Children Together. Family Connections is a statewide project, partially funded by DHHS, offering kinship families support, information, and guidance in navigating social service systems.

Maine's Statewide RAPP Initiative was funded by Generations United through a grant from the Center for Mental Health Services, a component of the Substance Abuse and Mental Health Services Administration (SAMHSA) of the U.S. Department of Health and Human Services. The RAPP Initiative paid particular attention to the mental health and substance abuse issues faced by kinship families in the State. Three subcommittees grew out of Maine's RAPP Task Force and the recommendations presented here reflect the work of those three groups. The foci of these subcommittees were: financial security, community resources, and mental health and substance abuse issues.

Needs Assessment Survey

In 2002, independent of the RAPP Initiative, Family Connections and Eastern Agency on Aging collaborated on a statewide needs assessment survey of Maine's grandparents and other relatives raising children. Phone interviews were conducted with 72 relative parents throughout the State, resulting in important information about the situations and needs of this population (FACT, 2004). Findings from this survey will be used here to illustrate some of the specific situations faced by kinship families with regard to financial supports, accessing community resources, and mental health concerns.

Financial Security

Why Financial Security is Important for Kinship Families

Having enough money to meet basic living expenses can become a major challenge for families when they take in children unexpectedly. In 1999, while 14% of all families with children were living in poverty, 19% of grandparent caregivers were (U.S. Census, 2003). Moreover, nearly two-thirds of children in kinship care lived below 200% of the poverty line (Ehrle & Geen, 2002). Key

factors contributing to the financial challenges faced by kinship families include:

- Taking in children costs money—extra food, entertainment, clothes, school expenses, child care, transportation costs, etc.
- Kinship parents, often grandparents, do this unexpectedly and are often not prepared for these expenses; they may be on a fixed income or if they are working, they may need to reduce their hours of employment and/or pay for child care, both resulting in reduced income.
- Housing often becomes inadequate with the increased family size, thus families incur greater housing costs.
- Legal costs to obtain guardianship of children can be severe.

How Maine Financially Assists Kinship Families

While relatives caring for children may not always know exactly what they are eligible for, there are numerous programs which can assist particular kinship families depending on their circumstances. The following list summarizes the types of financial assistance that may be available to these families in Maine:

- Most children in kinship families are eligible for MaineCare.
- If kin parents are blood relatives, the children are probably eligible for child-only TANF grants ($138 in 2004 for one child). The relative parents may also be eligible for TANF if they are extremely low-income and without many assets. If kin parents are part of the TANF unit, they will probably be subject to work requirements.
- A minority (approximately 10%) of kin families are involved with the child welfare system of DHHS because the children they are caring for are in State care due to abuse or neglect by their parents. These kinship families may be eligible for foster care payments if they meet foster care guidelines. In Maine, a licensed foster parent receives approximately $500 per month for one child. They will also receive a clothing allowance. The benefits for therapeutic foster care are higher.
- Many kin families are eligible for food stamps, WIC, and Energy Assistance.
- Family members with disabilities may be eligible for SSI.
- Families may be eligible for subsidized housing, though waiting lists are long and grandparents in subsidized senior housing typically cannot maintain their housing if they have children join them.
- Emergency Assistance through DHHS and General Assistance through Maine's towns and cities may be available to provide emergency help in times of financial crisis, but don't have the capacity to provide ongoing assistance.

Findings from Maine's Needs Assessment Survey Regarding Financial Security

Despite these programs, kinship families in Maine have a hard time making ends meet. Many of the situations described by respondents of the Maine Relatives as Parents Needs Assessment Survey (hereafter referred to as the Needs Assessment Survey) illustrate the financial challenges these families face. For example:

> *D. is a 77-year-old grandmother in Washington County. She lives with her adult son and teenage grandson. She enjoys her grandson because "he is such a good kid." Her son has bi-polar disorder and her grandson has anxiety disorder. She says if someone could do something for her it would be to fill their heating oil tank, pay their back property taxes, and add a room onto her trailer so she could get her own bedroom. Currently, she sleeps in the living room. It has been difficult for her because her sister recently died and friends do not come to visit because of her children's behavior. She appreciates Eastern Agency on Aging which helped her get dentures. (FACT, 2004, p. 13) (note: the identities of all respondents cited in this report have been disguised to insure anonymity)*

While nearly all the respondents of the Needs Assessment Survey reported some form of financial assistance for the children, approximately two-thirds (64%) of the relative parents indicated that they found it burdensome to support the children at least some of the time. Families found the legal expenses involved in obtaining guardianship of the children to be a particular strain on their already stressed circumstances. Paying attorney bills left families struggling to meet their other expenses. The consequences of these costs are reflected in the following respondent quotes:

- "It used up all our savings."
- "Now we are behind in paying our property tax."
- "We could not afford activities outside the home."
- "We can not afford to put gas in the car."
- "We went without food and clothing." (FACT, 2004, p.7)

Additionally, two-fifths (40%) of the kinship families responding to this survey indicated that they needed assistance with house repairs and nearly one third (31%) required financial help in order to expand their home. While nearly all the children had health care coverage through MaineCare, 12% of the relative parents had no health insurance. Furthermore, financial concerns impacted survey respondents' ability to obtain reliable, safe transportation. Respondents spoke of not being able to afford a better car or limiting their activities (including accessing health and social services) because of the price of gas (FACT, 2004).

Recommendations Regarding Financial Security for Kinship Families

Relative parents protect children and save the State money, but many of these families are stretched financially and often cannot even meet basic needs. Listed here are four recommendations for how Maine could further assist kinship families in the areas of health care, subsidized guardianship, child care, and legal fees.

Establish a subsidized guardianship program with broad eligibility standards to include kinship families whose children are not in foster care.

Maine is one of a minority of states (16 in 2003) that does not have a subsidized guardianship program for kinship families. Currently the Bureau of Child and Family Services (BCFS) is applying for a IVE waiver from the federal Department of Health and Human Services to implement a pilot program of subsidized guardianship for kinship families involved in Child Protective Services (CPS) in Maine. We applaud these efforts but recommend a broader definition of eligibility for kinship families. In Maine, as is true nationally, most relatives agree to care for children before the State becomes involved. These relatives—mostly grandparents—step in to prevent the types of abuse and neglect crises that would alert CPS. This saves the State considerable money and prevents unneeded trauma to the children. Unfortunately, when relatives care for children when there is no State involvement, they are not eligible for foster care payments (which are considerably higher than TANF benefits) nor would they be eligible for subsidized guardianship as it is currently being defined by BCFS. We recommend a subsidized guardianship program that would include all kinship families, whether the children have been in State care or not. Numerous states currently have subsidized guardianship programs, paid for through state revenues, that include children both in and out of state care (e.g., Kentucky, Louisiana, Minnesota, Missouri, Nevada and New Jersey) which Maine could look to for model programs (CDF/Cornerstone, 2003). If benefits for a subsidized guardianship program were equivalent to current benefit levels for foster care, the State would be making great strides in securing financial security for these families, and ultimately saving costs related to CPS.

Provide additional flexible funding for kinship families to assist them in meeting the children's essential needs.

Relatives caring for children may face specific one-time expenses that are difficult for them to cover. Such costs include home modifications to meet foster care home licensing requirements, security deposits for a larger apartment, additional beds or other furniture, or a more reliable car to get children to their appointments.

Increase access to low cost childcare to support family stability and the relatives' ability to maintain employment.

Like most families with children in Maine, kinship families that require childcare so that parents can work in employment outside of the home have a difficult time securing low-

cost childcare. While kinship families may be eligible for the State's voucher program for income-eligible parents needing childcare, some regions in the State have long waiting lists for these vouchers. Increasing access to low-cost childcare would greatly assist those relative parents who want and need to remain employed while caring for their children, thereby supporting family stability. In addition, non-working kin parents who care for high needs children or who have their own health challenges need part-time or occasional childcare for respite breaks from children so they can prepare for the challenges ahead.

Establish a mechanism that would provide relative parents with free or subsidized legal assistance to help them in obtaining guardianship.

One cost that is specific to kinship families and which can be a great financial burden to many relative parents involves the legal fees associated with establishing a legal relationship with the children for whom they are caring. These legal relationships are critical in allowing relative parents to enroll children in school, to make decisions concerning medical care, and to establish conditions for the children's parents' involvement in the children's lives. Currently, there are no programs to assist grandparents and other relatives with these legal fees. Establishing a mechanism that would provide relative parents with free or subsidized legal assistance would be of enormous benefit to many of these families.

Ensure that all family members have access to health care so that relatives do not need to choose between their own health and the children's needs.

Maine's commitment to provide health insurance coverage to children in kinship families is laudable. It is important that all kinship families be made aware of this benefit. The State's efforts to cover all its uninsured citizens through the Dirigo Health Plan is a promising step forward for kinship caregivers who do not have health insurance through work, are not old enough for Medicare, and do not qualify for MaineCare. Ensuring that all family members have access to health care will mean that relative parents will no longer have to choose between their own health and the children's needs.

Change the child-only TANF eligibility to include people who are not related by blood or marriage but are caring for children in their extended family.

Currently people who are not related to the child by blood or marriage are not eligible for the child-only TANF grant. This can be a hardship when it is members of the extended family who step in to care for children. Changing this regulation would be of considerable help to a small number of kinship families.

Community Resources

Why Community Resources are Important for Kinship Families

Knowledge is the power that fosters self sufficiency. Maine's kinship care families devote a tremendous amount of time and energy to achieve and sustain self-sufficiency. However, Maine's "multi-entry point" information and referral systems create a challenge for families trying to navigate a complex, fragmented, social service system.

For one family, it may mean calling a dozen or more agencies in order to gather all the information needed to make informed decisions and determine a course of action.

Maine's rural geography also exacerbates the challenge of accessing services not to mention the availability of services.

Legal, financial, physical and emotional support is essential to the success of relative caregivers. While relative children are taken in with the best of intention, most kinship care families who are put in the position of raising children – often unexpectedly – are not very likely to be prepared for what lies ahead.

Many families do not get the benefits for which they are eligible because they do not know about them, do not want to accept assistance, or want to avoid having the government involved in their lives (Beltran, 2000; Ehrle & Geen, 2002).

Access to legal expertise is a specific area of concern for relative parents who eventually need to establish legal relationships with children for whom they are caring.

Respite is another critical service for kinship families. Paying for respite is often out of reach for many families. If respite can be obtained it may have to be in a specialized and child-sensitive environment due to the effects family dynamics have had on the child.

The problem-specific needs, as identified in this report, often influence how the family may access services. Often kinship families seek guidance based on the problem or issue that demands their immediate attention. This "issue of the moment" (i.e., a particular point of entry into the service system) may result in a family missing the opportunity to receive other services, if the provider is not aware of, or knowledgeable about, other kinship care-related resources.

The State of Maine's Current Community Resources for Kinship Families

Kinship caregivers often need to connect with more than one agency to receive the comprehensive assistance their situations require. Maine's fragmented "system" for gathering information and accessing services is often an obstacle to obtaining all the appropriate services a kinship family may need. Family Connections, a program of the agency Families and Children Together, was

created in 1998 specifically to address the needs of kinship families throughout the State. Family Connections provides information to relative parents on legal, educational and financial decisions; relative support groups throughout the State; low-barrier case management; and training to both relative parents and social service professional. While Family Connections has helped hundreds of kinship families with these services, they have not been able to reach all relative parents in the State, due to limited funds. Those relative parents who have not connected with Family Connections are often confused as to where to turn.

Regional information and referral (I&R) programs such as Ingraham, First Call and Info-Line help individuals on a local level; they operate differently depending on the needs of the regions they serve. Additionally there are organizations, National Alliance for the Mentally Ill (NAMI) - Maine Chapter, the Maine Area Agencies on Aging, State of Maine agencies, regional United Way offices and Community Action Programs (CAP agencies), which maintain and/or publish their own resource databases and/or guides targeted to specific populations and/or services. Recognizing the inefficiency of a fragmented information and referral system, a group of United Way agencies and other nonprofit organizations formed the Maine 211 task force in 2000. The task force has established standards for data content, service delivery and program accountability. All Maine residents will have access to information and assistance 24 hours a day, 7 days a week. Through the proposed Maine 211, "navigators" would be specifically trained to ask probing questions in order to determine all of the appropriate providers best equipped to answer the caller's questions and concerns.

Findings from Maine's Needs Assessment Survey Regarding Community Resources

Almost half of the relative parents responding to the Needs Assessment Survey did not think they had the information they needed regarding existing services. Respondents to the survey were asked how important it was to have help in finding and accessing services; 74% stated that this was important. Some of the specific resources for which survey respondents said they did not have enough information were financial resources (34%), legal resources (31%), and health resources (15%). Eleven percent of the kinship parents responded to a question about obstacles to receiving help by stating that they were not sure whom they should call, they were unable to find the right service, or they faced long delays in getting services (FACT, 2004).

Caring for children with behavioral and mental health issues can be very draining. Respite care was a service that many respondents said they needed. Access to respite care was the most common response (40%) to the question: "If a wonderful person said, 'I want to help,' what could they do?" (Fact, 2004).

Recommendations Regarding Community Resources for Kinship Families

Responsive, sensitive and comprehensive resources are critical to maintain the well-being of kinship family relationships and the ability of a kinship parent to continue in the caregiver role.

Kinship families often pose unique situations because they involve both child and adult services. When it comes to community resources, it is important to consider the overall needs of the kinship care family when determining appropriate referrals.

Therefore, RAPP recommends an all-inclusive system with a single point of entry in which kinship care families can be guided through the complex maze of health and human service agencies and programs. By making a single phone call, the family can more easily obtain the breadth and depth of information to maximize access to assistance across the spectrum of service options. Streamlining access to existing services can minimize, if not eliminate, the confusion and frustration experienced by kinship care families as they arduously plod their way through an archaic, disconnected system.

Create a single point of entry through which kinship care families can be guided through the complex maze of health and human service agencies and programs.

Considering the time and resources invested to date by the Maine 211 task force, RAPP strongly recommends Maine's governmental leaders support this initiative by appropriating the financial resources necessary to roll out a Statewide "2-1-1" Information and Referral system. Implementation of Maine 211 would minimize duplication of regional I&R services, streamline access to the system, improve service coordination and ultimately save money. Connecticut and Georgia have successfully implemented 211 service systems. Several other states are working on it. Each of them is supported by federal, state and private funds. A 211 system could link to an expanded and fully funded information and referral program for kinship families such as already exists in the Kinship Navigation programs of Ohio and New Jersey. Regardless of the I&R model, we recommend that Maine fund and support the implementation of a Statewide Information and Referral system that is staffed by trained professionals who are equipped to respond to the myriad of questions and issues faced by Maine's kinship care families.

Expand low barrier, family driven programs to increase supports to families as they link with other resources.

DHHS needs to increase the funding to low-barrier programs such as Family Connections. These low-barrier services are less expensive to run, more flexible and more family friendly, as they are not constrained by multiple licensing and regulatory requirements. They can be purely family driven and service utilization can more easily ebb and flow with the needs of the family/child. These types of programs tend to be more readily accessed.

Continue RAPP to encourage agencies to share their resource information, establish "resource guides," and collaborate in providing accurate information to kinship families.

It is important for all agencies providing services to kinship families to share their resource information with other agencies and establish "resource guides." The Statewide RAPP Initiative has been a successful forum for bringing providers together for training and information sharing.

One outcome of the RAPP Initiative has been increased contact between elder services and children's services. This collaboration has resulted in more comprehensive training and enhanced service delivery.

As efforts progress towards a Statewide 211 system, it is important to ensure that providers are prepared to answer the questions that will be referred to them. For example, all of Maine's AAAs are involved in a collaborative effort with Family Connections to distribute posters which showcase resources available to kinship caregivers. This should help raise awareness among consumers, referrers, and providers about programs that are specifically geared to assist kinship families.

Mental Health and Child Welfare Services

Why Understanding Mental Health Issues is Important for Kinship Families

Implicit in kinship care is the fact that the family has gone through some form of crisis that has left the birthparents unable to care for their children: death, mental health issues, substance abuse problems, medical illnesses, etc. The issues can be severe and chronic or acute and sudden. Either way, the children and families are going through a major life changing adjustment. Despite the great challenges these families face, kinship placements can lead to healthier adjustments for the children, fewer disruptions than foster care and better assurance of permanency (Connealy & DeRoos, 2000; Dubowitz, Feigelman, Harrington, Starr, Zuuravin, & Sawyer, 1994). It is important for mental health providers to have a good understanding of the issues kinship families face and the treatment modalities most effective in their support.

The majority of children in kinship placement are dealing with the impact of mental health and substance abuse issues (Cox, 2000; Hirshorn, Van Meter, & Brown, 2000). Other families are experiencing stress and related mental health issues as a reaction to their circumstances (Giarrusso, Silverstein, Feng, 2000; Pruchno & McKenney, 2002). Proactive early intervention can help deter these problems from becoming chronic mental health issues. Having access to knowledgeable family therapists, who are able to work with kinship care providers and extended families in their adjustment to new roles, is vital to the short and long term well-being of the children. Mental health providers can help families understand and address the issues kinship children often face, such as feelings of grief, loss and/or post-traumatic stress disorder (PTSD), codependency, depression, attachment deficits, changes in family roles, and/or confusion.

How Maine Currently Addresses Mental Health Issues for Kinship Families

Currently, kinship families can often access therapy services through MaineCare, private insurance, or self-pay. Kinship families cannot receive medical services for the children without power-of-attorney or legal guardianship. Moreover, they cannot consent to the child's treatment without these legal relationships. These safeguards represent tremendous barriers for the majority of families who have made informal arrangements to care for their children.

Furthermore, relative parent families have a difficult time finding service providers who are knowledgeable about kinship issues. The Department of Health and Human Services has family friendly team models such as Family Team Meetings and Integrated Case Management, but case practice is often inconsistent with these family-driven, strengths-based models.

Finding from Maine's Needs Assessment Survey Regarding Mental Health Issues

> *B. is 69 and a single grandmother raising a 13-year-old granddaughter. Her granddaughter has suffered extreme abuse at the hands of a stepparent and was hospitalized when she attempted suicide. B. is proud of her granddaughter's progress and notes that she is now more trusting...B. feels raising a teenager is so different from years ago. (FACT, 2004, p.1)*

Nearly three-quarters (74%) of the relative parents responding to the Needs Assessment Survey said that their children have had a hard time and almost half (46%) were unsure how to manage the children at least some of the time. Respondents rated mental health counseling for children as the most important category of services, with over two-thirds (69%) saying it was important. Relative parents sought help for problem behaviors from counselors, community organizations, and schools. The major obstacle to receiving help was reported to be the unavailability of services and long waiting lists (FACT, 2004).

Not surprisingly, many respondents stated that mental health services would also be helpful for the adults in the kinship family. About two-thirds of the respondents said they wished they had someone to talk to about raising children. Some of these respondents said contact with other kinship families would provide the support they needed, but about half of the respondents stated that therapy for adults in the family would be helpful in dealing with complex family issues, including issues related to the children's parents (FACT, 2004).

> *P. is a 65-year-old grandfather. He and his wife are foster parents of the granddaughter, 13 years old. She came to them when she was a toddler. P. has enjoyed the child and re-reading great children's literature with her. He says he is up to date on contemporary music and too busy to think about his own problems. The girl has a mental illness. They have to travel long distances for services and have had to advocate strongly getting treatment for her. Their biggest need is respite. They have found that they get isolated because their friends do not want the girl to come along. P. says the grandparent support group members have become their friends. (FACT, 2004, p. 10)*

Recommendations Regarding Addressing Mental Health and Child Welfare Services for Kinship Families

The recommendations that follow revolve around ways that both formal and informal kinship families can be more effectively supported in the planning and care for their children. These proposed recommendations are simple, doable and in the context of reforms already initiated or being discussed.

Develop philosophies and practices throughout the public and private helping systems that support rather than block resources to kinship providers including those who may not have legal authority for the child.

Maine's mental health, child welfare, education and family independence systems need to develop philosophies and practices to assist informal kinship providers who do not have legal authority of the child. This includes kinship providers who have informal arrangements within the family, those who are not blood relatives, and those with power-of-attorney.

Change MaineCare Section 65, (sections G [Child and Family Community Support Services] and H [Behavioral Specialist I and II] rewrite), to allow family therapy (so that clinicians can bill for meeting with family members without the child present) and family case records.

Kinship families come to treatment with complex histories. They typically present an immediate need for assistance in adjusting to their new roles with each other and creating a plan to meet the needs of the child(ren). In order to provide systemic interventions in these cases, clinicians are forced to open multiple cases since Medicaid requires "the client" to be present in order to bill. This creates unnecessary costs. A family case record system would be less expensive and would allow the clinician to focus on treatment and intervention rather than completing multiple assessments and maintaining the paper work on multiple cases. Proposed changes in MaineCare Section 65, such as family case records and clinicians having an increased role in the new service (sections G [Child and Family Community Support Services] and H [Behavioral Specialist I and II] rewrite), would ameliorate the current situation.

DHHS could change the Medicaid regulations to allow clinicians to bill family therapy without the child present. This would allow the clinician to do the family therapy with parents, relative caregivers and other supports. Again, the proposed expansion of a clinician's role in MaineCare section 65: G and H partially addresses this problem. The health and stability of the relative parents profoundly impact the children. This is often the "make or break" issue in the stability of the child's placement and the child's mental health adjustment.

Provide training to staff of mental health services and individual providers to help ensure that mental health services are sensitive to the strengths and challenges of the children, parents and relatives when the relatives are raising the children.

Currently few professionals attend training specific to kinship care (voluntarily). Common reasons include resistance to kinship care in general, kinship care not being seen as a priority-training topic compared to other training needs, and the presumption that staff know all they need to know. Kinship care can no longer be ignored. Child welfare and mental health practitioners need to gain the knowledge and skills to work more effectively with these families.

Create standardized policy and procedure for kinship cases within the Bureau of Child and Family Services (BCFS). Continue or create contracted services when such services can reduce delays in making safe placements with kin.

DHHS should standardize policy and procedure in kinship cases to achieve more effective and consistent decision-making across the State. For instance, when is a foster parent license required? DHHS should contract with agencies for kinship assessments. This would reduce the waiting time for studies and thus prevent delays of placement and/or permanency for children.

Integrate kinship issues into already existing child welfare training including new employee orientation, foster parent introductory training, Family Team Meetings training/supervision, etc.

The Child Welfare Training Institute should work towards integrating kinship issues into already existing trainings workers attend: new employee orientation, foster parent introductory training, Family Team Meetings training/supervision, etc. People will benefit from brief but ongoing exposure to the issues of kinship and better practice methods over time. Trainings should also include integrative content about diversity, cultural differences and effective practice.

Improve BCFS' work with Family Team Meetings (FTM) by implementing changes to casework practice to increase consistency with the model and accountability to the families.

Family Team Meetings represent an important step in the direction towards family driven/empowerment practice. Implementation could be improved in the following ways:

- FTM should consistently occur at the point the Department opens a case. FTM provides an opportunity to use family/community resources to prevent removal or prevent entry into foster care.
- Community members and providers need training in FTM in order to become full participants.
- There needs to be increased congruency between the caseworkers' and professionals' expectations of families and the families' perspectives of what is helpful and realistic.

There also needs to be more involvement of the extended family and informal support system in the FTM process, particularly the paternal side of the family.

With the restructuring of the Department of Behavioral and Development Services (BDS) and the Department of Human Services (DHS) into a single department (DHHS), kinship offers opportunities to bring the former departments together. Children and families will need the resources and support of both BDS (Mental Health) and DHS (Child Welfare).

Conclusion

The recommendations presented in this report are not exhaustive. They represent the work of three committees of the RAPP Task Force, which focused on the domains of financial security, community resources, and mental health issues. We further recommend that Maine's laws and regulations be reviewed to identify other changes that will better support families headed by grandparents, aunts, uncles or other extended family members. Ultimately, supporting these families is the right thing to do. Not only will it save the State money over time, but it invests in the lives of our children, and thus our future.

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Applying for TANF:

Ten Tips for Relative Caregivers

TANF provides financial assistance to help with basic living expenses for children and families living in Maine.

Relatives as Parents Program

1. When in doubt, apply!
2. Many children being cared for by relatives who are residents of Maine can receive TANF, as long as the relative plans to care for the child for at least one month.
3. Almost anyone related to a child by blood, adoption, or marriage can receive TANF on behalf of an eligible child, when the child is living with them. This includes spouses and former spouses of relatives, even if the child's relative is not in the home.
4. You do not need to have legal custody or guardianship of the child to receive TANF on behalf of the child.
5. You will be asked to provide the names and contact information of the birth parents so that DHHS can collect child support.
6. If you are a relative applying just for a child living with you, *only the child's* income and needs are considered. You do not need to provide information about your income and assets. If a DHHS worker asks you for this information, you may need to specify that you are applying for *Child-only TANF*.
7. You have the **option** of applying for yourself as well as the child. In this case, you will need to provide information about your income and assets. Many assets and some income is not counted, and certain expenses are deducted from your total income. If you qualify, you will get more assistance, but you may need to fulfill certain work requirements. If you currently work, volunteer, or go to school, this may satisfy the requirements.
8. A DHHS worker can send you an application and help you figure out how to get assistance for as many people in your household as possible. You can call DHHS at 1-877-543-7669 statewide or contact your local DHHS office directly.
9. When you fill out the application form for TANF, you can also check off to apply for MaineCare and food stamps at the same time. If you are having trouble with any part of the application, you can ask for help or have a DHHS worker to fill out the form for you.
10. If you believe you may not be able to meet some of the requirements, you can still apply. You can ask for DHHS to make an exception for you if you have a good reason. This is called having a *Good Cause* exception. You can get more information about TANF from the Maine Equal Justice Partners website at www.mejp.org/tanf/index_html .

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Applying for MaineCare:

Ten Tips for Relative Caregivers

MaineCare provides free or low-cost comprehensive healthcare benefits to children and families living in Maine.

UMaine Center on Aging

Relatives as Parents Program

1. When in doubt, apply!
2. Almost all children being cared for by relatives who are residents of Maine are eligible for MaineCare coverage. You do not need to have legal custody of the child.
3. Even if you or the child have other health insurance, you can still receive MaineCare. MaineCare may pay for services not covered by other insurance. DHHS may contact the child's parents to find out if they have insurance that could cover the child.
4. You will be asked to provide a certified copy of the child's birth certificate. If you need help obtaining the birth certificate or want to find out about using other documents instead, you can call the Citizenship and Identity Hotline at 1-800-701-1887.
5. You will also be asked for the Social Security Number of the child. If you do not know it, you can have a DHHS MaineCare worker contact the Social Security Administration to get it.
6. If you are a relative applying just for a child living with you, only *the child's* income is considered. You do not need to provide information about your income and assets.
7. You have the option of applying for yourself as well as the child. In this case, you will need to provide information about your income and assets. However, a family of three, for example, can have a monthly income of about $2100 and everyone in the household may be able to get free MaineCare coverage. A family of three with an income around $2800 may be able to get low-cost coverage. Many assets and some income is not counted.
8. A DHHS worker can send you an application and help you figure out how to get coverage for as many people in your household as possible. You can call them at 1-877-543-7669 statewide or contact your local DHHS office directly. If you are only going to apply for MaineCare, ask to fill out the shorter form that is for MaineCare only. If you would like to apply for Food Stamps or TANF also, fill out the longer form which can be used for all three programs.
9. Fill out as much as you can on the form and send it in. Coverage for MaineCare is based upon the date DHHS *first receives* your application. DHHS will contact you for any additional information or documentation. In some cases, you can get coverage for medical expenses incurred up to three months prior to your application date.
10. If you need help or have questions about your personal situation, you can call the Consumers for Affordable Health Care Helpline at 1-800-965-7476. It is free and any information you provide is confidential and will not be shared with DHHS without your permission. You can also look online at www.mejp.org/medicaid.htm for more information and MaineCare income guidelines.

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