

**GRANDPARENTS TO THE RESCUE:
RAISING GRANDCHILDREN IN THE OPIOID
CRISIS AND BEYOND**

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TUESDAY, MARCH 21, 2017

U.S. SENATE,
SPECIAL COMMITTEE ON AGING,
Washington, DC.

The Committee met, pursuant to notice, at 2:30 p.m., in Room SD-562, Dirksen Senate Office Building, Hon. Susan M. Collins (Chairman of the Committee) presiding.

Present: Senators Collins, Fischer, Casey, Gillibrand, Donnelly, Warren, and Cortez Masto.

OPENING STATEMENT OF SENATOR SUSAN M. COLLINS, CHAIRMAN

The CHAIRMAN. The Committee will come to order.

Good afternoon and welcome. This hearing was originally scheduled for last week, as our witnesses know well, but winter does not always cooperate with our Senate schedules.

I am particularly pleased to welcome today one of the new members of our Committee, Senator Fischer from Nebraska. I was absolutely delighted when I learned she would be joining our Committee, so thank you, Senator, for being here.

This hearing focuses on an important topic, and I am very pleased that we have gathered here to discuss it today. Last year, nearly 1,000 babies in Maine—that is about 8 percent of all births—were born to women addicted to opioids and other drugs. This tragedy afflicts many other states as well as mine. In the United States, every 25 minutes a baby is born with an opioid addiction. In this crisis, as in past crises, grandparents are coming to the rescue. The Aging Committee is meeting today to recognize the grandparents raising grandkids and to explore what can be done to assist them as they take on this unanticipated challenge motivated by their love of their grandchildren.

One in five grandparents provides child care regularly to their grandchildren. In fact, grandparents who help raise grandkids together with the child's parents can support healthy aging and be a positive experience for all concerned. Today, however, we are focusing on grandparents who are raising their grandchildren alone. These "custodial grandparents" are called on to help for a number of reasons, including alcohol and drug addiction, physical abuse, incarceration, divorce, financial difficulties, military deployment, and even death. In Maine, the number of children being raised solely

by their grandparents increased by 24 percent between 2010 and 2015.

At a time in life when most seniors are looking forward to enjoying more leisure time, these grandparents have found themselves as parents once again. They are waking up in the middle of the night to feed babies and planning afternoons around soccer practice, rather than playing golf or volunteering.

Raising a second family also involves costs they had never anticipated as they budgeted for what was supposed to be their golden years. They are tapping into retirement savings, going back to work, or staying in the workforce longer just to make ends meet.

In addition to the financial toll, raising children later in life presents social, emotional, legal, and other challenges. It can be socially difficult to become a full time caregiver as an older adult, often isolated from friends. It can be emotionally difficult to go from being a grandmother who spoils the kids to becoming the disciplinarian who makes sure that homework is finished.

At the same time, it can often be emotionally difficult to navigate the relationship with the children's birth parents. The legal challenges are tough. The process of attaining custody is complex, lengthy, and costly. Without a proper legal arrangement, routine tasks such as enrolling kids in school or obtaining medical care can be difficult.

Becoming a full-time caregiver can also take a toll on the health of the grandparent. The new caregiver role challenges both the physical, mental, and emotional health of grandparents resulting in higher rates of diabetes, heart disease, and depression.

Despite all of these challenges, when asked if they regret taking on the caregiver role, a vast majority of these grandparents answer, "No." They know that they are making a difference. They are providing love, stability, and a home to children who might otherwise have to live with strangers.

WABI, the CBS television station in Bangor, Maine, recently featured stories of grandparents raising their grandchildren. What struck me the most in those stories was that the grandparents are not focused on the challenges; instead, they are focused on their love for their grandchild. As one put it, "In the end, it is worth it to know that they are happy and safe."

Throughout history, grandparents have stepped in to provide safe and secure homes to their grandchildren, replacing traumatic pasts with loving and hopeful futures. The opioid crisis has called upon grandparents in epic numbers. We are here today to focus on what is being done to help those grandparents who have stepped up to help ensure a better life for their children's children.

Senator Casey, it is delightful to have you here today, and I call upon you for your opening remarks.

**OPENING STATEMENT OF SENATOR ROBERT P. CASEY, JR.,
RANKING MEMBER**

Senator CASEY. Chairman Collins, thank you very much, and thanks for getting us started on this important issue.

I want to thank the Chairman for calling this hearing, and as she just indicated, today's topic is indeed challenging, and that is an understatement. It is one that we both see back home, and I

think that is true of every member of this Committee. And it is one that motivates us when we are here in Washington to try to focus on this issue and to tackle the problem.

Grandparents Ann Sinsheimer and Marvin Sirbu joined me at a hearing recently, at a gathering in Pittsburgh, on the opioid problem in the city of Pittsburgh. And as you will hear from them shortly, they are raising their grandchildren because their daughter is struggling with an opioid addiction. Ann and Marvin are here with us today. Where are they? Oh, I did not see you coming in. I am sorry. Ann and Marvin are with us, and, Ann and Marvin, we want to first of all express our gratitude to you for being here again after having appeared in Pittsburgh and for giving a voice to grandparents across the country who are caring for their grandchildren under the hardest of circumstances.

I also look forward to introducing Dr. Sharon McDaniel from Pittsburgh as part of our panel today. I will do that introduction a little later, but we are grateful that Dr. McDaniel is here.

And like the State of Maine, the State of Pennsylvania has been hit hard by the opioid epidemic. More than 3,200 Pennsylvanians died from drug overdoses just in 2015 alone. That is a 20-percent increase over the 2014 total.

As the Centers for Disease Control and Prevention tell us, the majority of these drug overdoses are caused by opioids. The reality is that opioid addiction is devastating the lives of individuals with addiction. It is also putting a strain on our health care system, law enforcement, and communities across the country as well.

It is also taking a toll on families. Too often, moms and dads are falling victim to the epidemic, and grandparents are stepping in to care for the children. That is one of the reasons why the number of children being raised by grandparents is on the rise. In Pennsylvania, 103,000 children—103,000 children—are in the care of their grandparents or other relatives. Experts point to opioids as the major driver of that growth, and any parent will tell you that raising a child is rewarding indeed, and it is fulfilling. But it is also a major challenge.

For grandparents, it can dramatically alter their life plans, as Senator Collins noted. They postpone retirement. They keep working longer to be able to afford clothes, child care, and food. Some deplete their nest eggs and retirement savings to finance these new costs. Many are isolated from their social networks.

Raising children of a parent struggling with addiction presents additional challenges for grandparents. Often, they spend time in court struggling to sort out custody. Frequently, they need to learn the special education system to get their grandchildren the supports that they need.

Children of addicted parents have often experienced trauma and have been exposed to violence and drug use, so grandparents must address a child's mental health needs. And they may need to help the child navigate their relationship with the parent who is still using opioids.

All of this can be overwhelming when you expected the next phase of your life to be retirement, and it takes a toll on the grandparents' physical and mental health. These are all significant challenges for the grandparents, but, of course, most grandparents say

that it is all worth it to have the peace of mind knowing that their grandchildren are safe. Grandparents stepping up to take on the role of primary caretaker of their grandchildren deserve our support. They should not feel isolated and unaware or unsure of where to turn for help.

There are supports like the National Family Caregiver Support Program, which is under the Older Americans Act. This program helps “grandfamilies”—a new term—by providing caregivers counseling and respite care. With grandfamilies on the rise, ensuring adequate federal funding is critical.

There is also the modest child-only TANF funding that families can access, Temporary Assistance for Needy Families. But there is not a go-to place for older Americans facing this situation, and with more and more seniors taking on this role, we need to be thinking about how to better serve them.

That is why I would like to work with Chairman Collins and others on legislation to create a one-stop shop for everyone trying to help grandparents raising their grandchildren to help make their job a little bit easier.

We also need to continue to expand access to treatment. I am pleased, like we all are, that we provided \$1 billion in funding to states over the next two years to combat the opioid epidemic as part of the 21st Century Cures bill at the end of the year. That is the good news.

The bad news? This funding and other funding like it will be undermined if the Affordable Care Act is repealed. Just that repeal alone would remove at least \$5.5 billion annually from the treatment of those with mental health and substance use disorders. So \$5.5 billion could be gone even though the \$1 billion was added at the end of last year. We cannot allow that to happen.

At the height of this epidemic, we cannot lose ground on health care coverage. It is too important to every generation—grandparent, parent, and child. So I am committed to fight to ensure that we maintain these vital programs that today help older Americans and grandparents who are raising their grandchildren.

Today’s hearing will help us learn from past experiences, including issues faced by grandparents affected by the crack cocaine epidemic in the 1980s and 1990s. We cannot arrest our way out of the opioid epidemic, and treatment matters, good treatment matters, so that grandparents can be grandparents, and grandchildren can once again be grandchildren.

I look forward to hearing from our witnesses about how we can do that important task. Thanks very much.

The CHAIRMAN. Thank you very much, Senator.

Now we will turn to our witnesses. First, we will hear, by video, from grandparents who are raising their grandchildren. As Senator Casey has already previewed, two members of our audience today are featured also in the video. Drs. Ann Sinsheimer and Marvin Sirbu from Pittsburgh, Pennsylvania, will tell their story. Mrs. Linda James will share her story from Rochester, New York. And, last, we will hear from Mrs. Belinda Howard, who is from Fort Walton, Florida.

Next we will hear from our panel that is right in front of us, and that includes Jaia Lent. Ms. Lent is the deputy executive director

of Generations United. She leads work for the National Center on Grandfamilies. That was a new phrase for me also.

We will then hear testimony from Dr. Megan Dolbin-MacNab, an associate professor of human development at Virginia Tech. She is also director of the Marriage and Family Therapy Doctoral Program.

We will next, I am delighted to say, hear from one of my constituents, Bette Hoxie. Mrs. Hoxie is the executive director of Adoptive and Foster Families of Maine and the Kinship Program. Adoptive and Foster Families of Maine provides important services to grandparents, including kinship training, licensing and legal support, material support, and respite care. Mrs. Hoxie does tremendous work to support grandfamilies in Maine. I would note that I recognized her with the Angels in Adoption Award in 2004, and I am delighted that she has joined us today. She has personally raised some 19 children, which is truly extraordinary, and she is still at it.

I will now turn to our Ranking Member to introduce our final witness on this panel, Dr. Sharon McDaniel.

Senator CASEY. Chairman Collins, thank you.

Dr. Sharon McDaniel is the founder, president, and chief executive officer of A Second Chance in Pittsburgh, Pennsylvania. Dr. McDaniel is an alumna of foster care herself and was raised by relatives. She founded A Second Chance, which is a nonprofit that provides services to 800 families a day through kinship care in both Pittsburgh and Philadelphia, our two largest cities in the State. A Second Chance's mission is to provide a safe and nurturing environment to children who are being cared for by their relatives. It also works to prevent the cycle of drug and alcohol abuse and provide children in need with kinship placement. Dr. McDaniel is also a member of the Casey Family Programs Board of Trustees. No relation to me, but a great organization, great foundation.

Clearly, Dr. McDaniel's work and that of A Second Chance is invaluable to the people of Pennsylvania, so I am glad she is here with us today, and I look forward to her testimony.

I mentioned Ann and Marvin, as the Chairman did. They will be in the video. They will not be giving testimony, but they are here. So they are here in more ways than one, both in the video and in person. We are grateful they drove from Pittsburgh to be here. And as I mentioned, they have taken on this task of raising two granddaughters as a result of their mom's struggle with drug addiction. So they have made great sacrifices not only to be here but, of course, the larger sacrifice they have taken on. So thanks very much.

The CHAIRMAN. Thank you, Senator.

I would now direct your attention to the screens where we will hear the testimony of individual grandparents.

VIDEOTAPE STATEMENT OF ANN SINSHEIMER AND MARVIN SIRBU, GRANDPARENTS, PITTSBURGH, PENNSYLVANIA; LINDA JAMES, GRANDPARENT, ROCHESTER, NEW YORK; AND BELINDA HOWARD, GRANDPARENT, FORT WALTON, FLORIDA

Ms. SINSHEIMER. Hi. We are Ann and Marvin, and we are caring for our two granddaughters, ages 8 and 5.

Mr. SIRBU. Well, I have a daughter who has been struggling with drug addiction for a dozen years. Well, I am 71. I had been thinking about when I would retire, but now I am thinking it is going to be later than I originally thought. I need health insurance for my oldest granddaughter, and I can get that through my employer if I continue working. And my expenditures are more than anticipated, and so it seems prudent to continue working a little longer.

I have colleagues with young kids, but they are much younger than I am, and the people who I have associated with all my career are now themselves empty nesters. They are talking about their grandchildren, but only for occasional visits. And so it is a little awkward. The people I would normally socialize with do not want to talk about young kids anymore. And the people with young kids are in a different stage of life than we are. So it is a bit awkward.

Ms. SINSHEIMER. Yeah. It is hard to go out. It is hard to make plans to travel, like we were thinking about, and I guess sometimes I feel like it is a little lonely. I feel a little—I mean, I know I should not, but I feel a little ashamed about our situation. It is not like something you want to bring up at dinner when you are actually going out with your friends. So we are in such a different world from our peers.

Ms. JAMES. I am Linda James, and I have raised two of my grandchildren. I became a primary caregiver of my grandchildren in 1987 when my granddaughter was born in a crack house. Two years later, I went to Baltimore, Maryland, to pick up my grandson. Well, I started a support group because I felt that the kinship caregivers needed that emotional support. And they also needed tools to help them in raising their grandkids, tools such as how to navigate the special education system because a lot of children whose parents have been affected by drugs have some learning disabilities. So these grandparents need to know how to navigate their special education system.

They also need to know how to take some of the old things that they have learned when they were growing up and applying some of the new things that we are now doing to really help their grandchild and to really understand their grandchild. Well, the skills that I found most helpful was really just good parenting skills and good common sense.

Ms. HOWARD. Hi. My name is Belinda Howard, and I am from Fort Walton Beach, Florida, and I am raising our grandson, Logan. He is seven years old. So we rescue the children from foster care, and they have been in our home ever since.

We are back in the public school system, and that is a big challenge. I thought I was done with that. So, financially, for my husband and me it is a challenge. You know, there is baseball equipment and basketball equipment and school lunches and just the time and, you know, not having that time frame where we feel like

we were going to be empty nesters, and we are not. So that is a huge challenge.

Being a part of an online support group through the Addict's Mom, called "Grandparent to Grandparent," I want to say we are at 2,900 members strong, and it is good to have online support. But if we could have people-to-people support, you know, something on the ground, groups that we could go to, people that we could touch and help and, you know, encourage each other, that would be huge, you know, to just be able to know that there are other grandparents out there, you know, for whatever reason, struggling to take care of their grandkids.

The most positive thing from this situation—because my husband and I have four children and three of them are addicts, we have eight grandchildren, and I want to say the most positive thing about everything is that our—our grandchildren think we're super heroes. They think that their Gammy and Pop-Pop can do everything.

[End of videotape.]

The CHAIRMAN. Well, I think the grandparents who are raising grandchildren are super heroes. I think she said it very, very well, and that is something all of us can admire.

We are now going to start with testimony from our panel, and, Ms. Lent, we will begin with you.

STATEMENT OF JAIA PETERSON LENT, DEPUTY EXECUTIVE DIRECTOR, GENERATIONS UNITED, WASHINGTON, DC

Ms. LENT. Thank you, Chairwoman Collins, Ranking Member Casey, and members of the Committee, for your leadership in holding this hearing on the important role of grandparents in providing safe and stable homes to children and the sharp increase in this trend attributed to the opioid crisis.

For almost 20 years, Generations United's National Center on Grandfamilies has been a leading voice for issues affecting families headed by grandparents and other relatives.

Today's grandparents provide a continuum of care from part- or full-time child care to raising a grandchild. My testimony will focus on grandparents and other relatives raising children, also known as "grandfamilies."

According to the U.S. census, more than 2.6 million grandparents report they are responsible for their grandchildren. And there are many kinds of grandfamilies. Some grandparents are raising children inside the formal foster care system as licensed or unlicensed kinship foster parents. Others have no involvement or support from the child welfare system. And while the challenges these families face are varied and complex, they are united by one common factor: they believe beyond a shadow of a doubt in the importance of family. They believe that children fare better when they are raised in a family, not a system, and they are right. Yet we cannot ignore the fact that they often step in at great personal sacrifice, impacting their own health, family relationships, and financial well-being.

My testimony focuses in four areas: the impact of the opioid epidemic on grandparents; the critical role grandfamilies play in helping the children thrive; the importance of supportive services to help grandfamilies succeed; and the valuable role that the National

Family Caregiver Support Program can play in responding to the crisis.

After years of decline, the overall numbers of children in foster care are on the rise. Child welfare systems are increasingly looking to grandparents and other relatives to care for children as they face shortages of foster parents to meet the growing need. And unlike parents or foster parents who plan for months or even years to care for a child, these grandparents usually step into their role unexpectedly. Some may have received a call in the middle of the night telling them to come and pick up their grandchildren or they will end up in foster care. Suddenly, they are forced to navigate complex systems to help meet the challenges of the children who come into their care, often after experiencing significant trauma.

Taking on the unexpected expense of a child can be especially devastating to caregivers living on fixed incomes. Countless grandfamilies report spending down their retirement savings to address the health, mental health, food and clothing needs of the children, or to pay expenses from seeking legal custody of the children.

And while grandparents have been called upon to raise children for many reasons over the years, the current opioid and heroin epidemic is overwhelming many families and child welfare systems.

One grandparent shined a light on the impact when she said, "For my 50th birthday, I got a two-year old. My story is not unique. The opioid epidemic has devastated communities all over the country. It does not discriminate against age, race, or gender. It affects all of us."

In 2014, more than a third of all children who were removed from their homes because of parental alcohol or drug use were placed with relatives. And although the child welfare system relies heavily on relatives, for every child being raised inside the foster care system with a relative, there are 20 children being raised in grandfamilies outside of the foster care system. And those that raise children outside of the system usually struggle with even less support.

Despite the challenges facing grandfamilies, children fare well in the care of relatives. Compared to children in non-relative care, they have more stability, are less likely to run away, are more likely to report feeling loved. When children cannot remain with their parents, research shows that placing children in grandfamilies reinforces stability, safety, well-being, and a child's sense of identity, reduces trauma, helps keep brothers and sisters together, honors family and cultural ties, and it increases the likelihood of having a permanent home.

A young person may age out of a system, but they never age out of a family.

Families face challenges that can be addressed through key supports such as information and referral services like Kinship Navigator Programs and support groups; physical and mental health care, including Medicaid; affordable legal services; lifespan respite care; financial supports such as Temporary Assistance for Needy Families and Social Security. And, finally, the National Family Caregiver Support Program can also play a valuable role in helping to respond to the crisis.

Current law gives states the option to use up to 10 percent of their National Family Caregiver Support Program dollars to serve grandfamilies, yet only seven states use the full 10 percent to serve the families; however, those who do, report a significant impact.

A full list of Generations United's recommendations are included in my written testimony, including the importance of quality health and mental health care, financial, legal, and social supports, and child welfare reform.

In closing, no matter the circumstances, every child deserves the roots and connection to the rich soil of family that nourish their growth and prosperity. Grandfamilies provide just that.

The CHAIRMAN. Thank you very much for your testimony, Ms. Lent. I was struck by your line when you said that you can age out of foster care, but that you cannot age out of a family. That really sums up why this hearing is so important, so thank you for being here.

Next we are going to hear from Dr. Dolbin-MacNab. Please proceed.

STATEMENT OF MEGAN L. DOLBIN-MacNAB, PH.D., LMFT, ASSOCIATE PROFESSOR, DEPARTMENT OF HUMAN DEVELOPMENT, DIRECTOR, MARRIAGE AND FAMILY THERAPY DOCTORAL PROGRAM, FACULTY AFFILIATE, CENTER FOR GERONTOLOGY, VIRGINIA TECH FACULTY OF HEALTH SCIENCES, VIRGINIA TECH, BLACKSBURG, VIRGINIA

Dr. DOLBIN-MACNAB. Good afternoon, Chairman Collins, Ranking Member Casey, and distinguished members of the Committee. Thank you for the opportunity to testify before you today on this very important issue. I am Dr. Megan Dolbin-MacNab. I am an associate professor in the Department of Human Development and director of the Marriage and Family Therapy Doctoral Program at Virginia Tech. I have been researching grandfamilies for approximately 20 years. Today, I will provide testimony regarding the findings from scientific research on grandfamilies. The testimony I provide today reflects my professional views and experiences and not those of Virginia Tech.

As Ms. Lent noted, in the United States, approximately 2.6 million grandparents are primarily responsible for the care of their grandchildren. These grandparents play key roles in ensuring the safety and stability of 2.5 million or three percent of all U.S. children.

The majority of grandparents raising their grandchildren are women, married, working, and younger than age 60. That said, census data suggest that grandparents raising grandchildren are disproportionately more likely to be divorced or widowed, less educated, and living in poverty. They are also disproportionately represented among racial and ethnic minority groups, though rates are increasing among white, non-Hispanic grandparents.

Grandparents assume responsibility for their grandchildren in response to a variety of intersecting parental difficulties, including abuse and neglect, incarceration, physical and mental illness, and adolescent pregnancy. Of particular relevance to today's hearing, parental substance abuse has long been noted as one of the most common reasons that grandparents raise their grandchildren. Be-

yond parental difficulties, however, grandfamilies also develop in response to economic instability, cultural traditions of grandparent involvement, and familism.

Raising a grandchild impacts all aspects of a grandparent's life. According to the research literature, commonly reported stressors include economic distress, legal difficulties, inadequate housing, strained family relationships, and social isolation. The demands of parenting may be particularly stressful for grandparents because their grandchildren often experience significant emotional, behavioral, and physical difficulties. These difficulties have been associated with grandchildren's histories of trauma and other adverse circumstances.

Research has documented that the collective stressors experienced by grandparents raising grandchildren can negatively impact both their physical and mental health.

In terms of mental health, studies consistently demonstrate that grandparents experience significant levels of depression, at rates that are higher than those within the general population.

With regard to physical health, early research suggested that grandparents experience compromised physical health, dissatisfaction with their health, and functional limitations. More recent research, however, suggests that grandparents' adverse health outcomes may have less to do with raising their grandchildren, per se, and are more likely to be reflective of risk factors such as poverty or preexisting health conditions. Still, studies consistently find that grandparents raising grandchildren experience a variety of serious chronic health conditions and often engage in a variety of risky health behaviors. This is particularly concerning given evidence that grandparents often forgo preventative health care as a result of putting their grandchildren's needs ahead of their own.

While the scientific research has illuminated the many stressors and adverse outcomes experienced by grandparents raising grandchildren, not all grandparents experience these negative outcomes, and many are resilient in the face of significant adversity. In fact, the experience of raising grandchildren is not entirely negative. The emotional connections that grandparents form with their grandchildren are highly rewarding, as is the chance to provide their grandchildren with better opportunities in life.

In light of this information, researchers are increasingly examining grandparent resilience or the ability to positively adapt in the face of adversity. Studies have found that resilient grandparents have social support and demonstrate optimism, active coping, resourcefulness, and a sense of empowerment. Increasingly, researchers are developing and testing promising interventions that promote grandparent resilience and reduce adverse outcomes. Improving the quality of the larger environments in which grandparents are embedded is also important for promoting resilience.

Support services play a critical role in reducing adverse outcomes and promoting resilience in grandparents raising grandchildren. Unfortunately, research findings suggest that grandparents underutilize these services due to ineligibility, difficulty navigating multiple agencies, and an inability to pay. Other barriers to accessing support include a lack of awareness of available services and even negative interactions with practitioners. Addressing these barriers

requires a truly ecological approach to intervention that attends to individual level factors as well as macro level factors, including increased availability of services and more flexible eligibility guidelines.

Grandparents raising grandchildren are important resources to their families and communities. Despite the challenges they experience, grandparents are highly resilient and deeply committed to giving their grandchildren the best lives possible. Supporting them means supporting some of our Nation's most vulnerable families.

Thank you for the opportunity to appear before you today. I look forward to responding to your questions.

The CHAIRMAN. Thank you so much for your excellent testimony. Ms. Hoxie.

STATEMENT OF BETTE HOXIE, EXECUTIVE DIRECTOR, ADOPTIVE AND FOSTER FAMILIES OF MAINE AND THE KINSHIP PROGRAM, ORONO, MAINE

Ms. HOXIE. Good afternoon, Chairman Collins, Ranking Member Casey, and members of the Special Committee on Aging. My name is Bette Hoxie, and I am honored to speak with you today regarding both my professional and personal experiences with this topic.

I am first and foremost a mother, grandmother, and great-grandmother. I raised my grandson since his infancy, and he will soon be 18 years old and graduating from high school and on to study conservation law enforcement. I have to add, a few months ago he originally said, "I think I will do social work," and I am thinking, "Oh, please, no." But I did not say that.

[Laughter.]

Ms. HOXIE. I just said, "Do whatever you want," and luckily he changed his mind.

I am also the executive director of Adoptive and Foster Families of Maine and the Kinship Program. It is comparable to what others were talking about with regard to the Navigator Program, although we serve all three components, both foster, adoptive, and kinship. The aspects of kinship care or grandfamilies are closely replicated to the Navigator Program.

Like so many other states, as you have already heard, Maine is severely affected by the opioid crisis that permeates our Nation and its vulnerable families. More and more infants are being born to mothers who are using opioids while pregnant. These births are taking a toll on a population of caring people who would, if they could, simply love their grandchildren, spoil them, and send them home to be raised and nurtured by their parents. However, obviously, for many families that is no longer an option. Instead, the grandparents are becoming the primary caretakers.

The organization that I work for, Adoptive and Foster Families of Maine, works with an amazing team of professionals throughout the state to support these grandparents, who, in most cases, were never expecting to parent again, at least not in this way. They may not have a spare bed at home or clothing. They may need a crib. There are a number of different material goods that they will not have access to. So one of the things that our organization does on a very easy level is to collect new and gently used items, including the beds and furniture and clothing and make them accessible to

the families. When we do not have them immediately at one of our offices, we put it on our list serve, and Maine's families are amazingly generous and kind, and they frequently fill that void within a few days.

We also help the families as they are going through and navigating the licensing process to become foster parents for their grandchildren. And depending on where they are in time and space, we may also be helping them to work through the probate court system where some will get guardianship because the Department of Health and Human Services is not involved.

For example, when they are going through the licensing process, as Senator Collins indicated, this is sometimes a very lengthy process, and it can be costly. Many of the homes in Maine are older homes and the windows are not egress, therefore, they will not pass the foster care licensing standard and that can be a barrier. One of the things our office has been able to do in some instances is to get donations of windows that are the right size or get volunteers who are willing to help install the windows, anything to try to bring some of these totally unexpected costs down.

The organization provides specific support groups, and this is huge for the families. Being able to talk with others who are walking the walk and talking the talk just helps to make you feel like you are more a part of things. It diminishes some of the isolation that the other two presenters have talked about. And also at those meetings, we have the children come as well, so we provide child care, and that also helps them to feel like, "Wow, I am not the only one being raised by my grandmother," or "my grandfather," whatever the case is, and they feel less isolated themselves.

Another benefit of those support groups is that although many people think of respite care as something that should last days or even weeks, for many of us—and I will include myself in this number—15 minutes to spend in the bathroom or go to the library to pick out a new book or even have time to read that book is huge. So at these support group meetings, for an hour and a half or two hours, they are engaging with other adults and feeling like that is a form of respite, and the children are in other rooms taking part in activities and sharing their own experiences.

Something else that we are able to do is we rely on—you know, it is not a one-stop shop. Adoptive and Foster Families of Maine is a very small organization. Even though we have an office in Orono and one in Saco, we only have a staff of seven throughout the state, and two of them—three, actually, if I count myself—are what we consider kinship specialists, but the others have a variety of other designated positions. So we try really hard to provide those families with training, and we do a statewide training conference annually. And for the first 20 families, kinship or grandparents, who are unlicensed, we provide them with the cost-free registration, and if they are traveling more than 60 or 70 miles, we may also pay for their overnight stay at the hotel because that is just so important for them to have those opportunities to both learn and to network.

I mentioned earlier that I raised my grandson. Well, today I am raising a 19-month-old little boy. He is not biologically related to me, but he is still part of my family. When I agreed to raise my

grandson nearly 18 years ago, I imagined, "Will I still be walking upright and be able to march with him as he marches down the aisle?" Just a few months away, I guess I will succeed in that. But now I am looking at being past 70 and at a little boy who is yet to be two years old, and my thinking is: Am I the right person? I love him, he loves me. We love his family. We are hoping for good things. But it is still a question. And, you know, his mom is struggling with this crisis, this world of the opioids, and, you know, I have no idea. I cannot see into the future what that will be for her. I know she loves her son, and that is huge. And I hope she loves herself enough to get the help she needs.

But that is part of why I really want to talk with all of you today, is to think about the ways that we can help this whole dynamic. We cannot do anything in isolation. It cannot be just the child. It cannot be just the parents. It cannot be just the grandparents. It has to be an active networking to provide supports to all concerned and not the least of which is mental health care.

Funds to meet the barriers for these families can be huge. Just traveling back and forth to the doctor with the children is an unexpected cost, never mind things like child care, which most of us need—clothing and diapers—all of these things are added to families who had expected to be retired by now.

So I would just look to all of you because I think that it is great that the families can rely on organizations like Adoptive and Foster Families of Maine and individuals like all of us here who care. But as a Nation, we also need to step forward and say yes, you can rely on individual organizations, but you can also rely on your country because you are doing extraordinary work, keeping your family together as a family and, moreover, keeping those children safe.

So I thank you for recognizing this important issue. I appreciate the opportunity to share just a little bit of what is happening in Maine, both in terms of what works—and there are some things that work—and what continues to be challenging. And I hope that I can respond to any questions and be useful as you work to support grandparents raising grandchildren who have been affected by the opioid crisis.

Thank you.

The CHAIRMAN. Thank you so much for your very compelling testimony. You truly are one of those super heroes that we have heard about.

And last but certainly not least, we will hear from Dr. McDaniel. Thank you for being here.

STATEMENT OF SHARON McDANIEL, MPA, ED.D., PRESIDENT AND CHIEF EXECUTIVE OFFICER, A SECOND CHANCE, INC., PITTSBURGH, PENNSYLVANIA

Ms. McDANIEL. Thank you. Chairman Collins, Ranking Member Casey, and members of the Committee, good afternoon. I greet you by saying "Kasserian Ingera." "Kasserian Ingera." "How are the children?" The Masai Warriors of Africa go from village to village asking, "How are the children?" And so today you are asking, "How are the grandfamilies and the children?" And I thank you.

I am Sharon McDaniel, President and CEO of A Second Chance, Incorporated, a leader in kinship foster care and support services

in Pennsylvania. I am also on the Board of Trustees of Casey Family Programs, the largest national foundation dedicated to the safety, permanency, and well-being of children in the foster care system.

Since 1994, A Second Chance has serviced over 21,000 children throughout the two largest counties—Philadelphia and Allegheny County—in Pennsylvania.

Each day the dedicated staff of A Second Chance services over 1,800 children. We have a mantra at A Second Chance that says, “Every child touched by A Second Chance has a right to be safe and must thrive.” We do not treat our children as if they are in foster care but, rather, simply with family.

So who are the children? They range from newborns to 21 years old. Fifty-six percent of the children in our Philadelphia office are under the age of five. This is an 11 percent increase in two years due to the opioid crisis. Forty-eight percent of the children in our Pittsburgh office are under the age of five. They are all enrolled in CHIP. They receive Medicaid support. They are from urban and rural communities and 82 percent of our kids have entered care because of neglect which is often associated with parental substance abuse.

Our caregivers, 65 percent of them are maternal grandparents. Forty percent of all of our caregivers are single, female heads of household. Sixty-seven percent are over the age of 55, and they are often low-income. Our parents are single moms (82 percent of them). They are low-income, and they have a GED.

It is critically important to know that kinship families are resilient and do not lose value in crisis. I am profoundly humbled and appreciative to be able to share with you a couple of stories where grandfamilies have stepped up and stepped in, and I will start with my own. You see me.

From the time that I was two years old, I was placed in the care of my fictive kin. They were not related by blood, but related by the heart. They were members of my father’s village. Following the tragic death of my mother, my father sunk into a deep depression and attempted to drink his way out of the problem. And he realized that he did not want this life for his young children.

I witnessed, and was central to, the personal sacrifices that my grandparents had to make for us. And in the book that I gave you all, I tell my entire story, so I hope you get a chance to read it.

Today, I am reminded of a grandmother who I met a year ago. She was 62 years old, and she had a successful career at Verizon when she was suddenly asked to care for her five grandchildren due to her daughter-in-law’s opioid addiction. The family made these arrangements outside of the child welfare system. Unfortunately, due to the lack of supports, this grandmother ended up losing her job, and she and her grandchildren had to rely on TANF child-only payments to support her financially. The provisions outlined in Families First could have helped this grandmom. Thankfully, her faith community stepped in. The grandmother said to me, “Though I may not have much, I have my grandchildren. They are with me and not in the system, and we are going to be all right.”

Grandfamilies inside and outside of the child welfare system need support. For those inside the system, they need to be seen as

an asset and not a problem. Grandfamilies already deal with feelings of isolation and guilt, but they must be treated with the dignity and respect that they deserve.

Grandfamilies outside the system need the same supports as those offered inside—navigator programs, support groups, financial support, and mental health counseling.

As a Nation, where would we be without grandfamilies? They make unparalleled sacrifices because they value keeping their families together.

In closing, my Grandma's Hands Support Group participants told me to tell you this: "We do what we do because we love our grandchildren and our families. We need your help and cannot do what we do without your love, support, and suspended judgment of those we interact with each day. Treat us as if we were your own grandchildren."

Thank you for the opportunity to present to you today.

The CHAIRMAN. Thank you so much for your terrific testimony.

Ms. Hoxie, I am going to start with you, not surprisingly. You told me earlier when we were talking about your grandson whom you raised from when he was just an infant, and he is now 18 and on the verge of graduating from high school, as you shared with us. And he is a handsome young man, too, I might add. You mentioned in your testimony that you are now approaching 70—

Ms. HOXIE. I am past 70.

The CHAIRMAN. Or past 70, and I know from our previous interactions that you have raised some 19 children over the years. Now you are taking on the role of mother once again of a toddler. Tell us what motivates you.

Ms. HOXIE. Well, I think it is what we have all talked about. It is about keeping family together. He thinks of me as his grandmother, and our family is his family. And so, you know, I have a real passion for making sure that that family stays as intact as it is possible. And I cannot see the—I do not know what the future brings, but I know definitely that we are his family.

The CHAIRMAN. Well, I think he is very lucky.

Ms. HOXIE. Well, when he is not wrecking my house, I think I am pretty lucky, too.

[Laughter.]

The CHAIRMAN. You talked about the services that the organization for which you work which helps not only kinship, it provides programs for adoptive and foster and kinship families, and you mentioned the importance of support groups and respite care and how critical that is. Maine is a large rural state where people often live in very small communities. How do you cope with the barriers of providing services in a state as large and rural as ours is?

Ms. HOXIE. For some things, you know, we have had a lot of support between different staff at the Department of Health and Human Services and other—you know, like where some of us from the staff is constantly on the road, so we have learned to rendezvous with folks who will say, "Okay. We are going to be at the Clinton exit in 20 minutes. Can we stop by and drop off what you have requested?" So sometimes it is as simple as that.

With regard to support groups, we have 26 around the state, and for a small state, that is a lot.

The CHAIRMAN. That is indeed.

Ms. HOXIE. But it still does not come close to meeting all the needs, so we have developed a mentor program so people can be on the phone and responding and helping them work through whatever the issues are. Again, it is not 100 percent, but it is a lot better than it could be.

The CHAIRMAN. And that must be particularly important when you are dealing with children who have special needs.

Ms. HOXIE. Absolutely. And then, you know, a lot of my staff have professional expertise in that topic, but we also take advantage of a program called Maine Parent Federation, which is another statewide organization that really provides support to all families that may have a child with special educational needs. And as you know, because so many of these children have been prenatally exposed to drugs and alcohol, a lot of them have a lot of issues educationally. Some would happen perhaps just because of the climate, the atmosphere that they were originally raised in. But many of them are prenatally exposed, and their brains are really compromised, unfortunately.

The CHAIRMAN. I really worry about those babies and what is going to happen to them later on as the effect of that prenatal exposure becomes evident, although I know we are doing a much better job and have developed expertise in helping those little children.

Ms. HOXIE. Exactly.

The CHAIRMAN. Ms. Lent, the Kinship Care Programs are a great example of what can happen when agencies collaborate effectively. When I considered the role of the Aging Network in helping grandparents, I was surprised to learn that some states are not expending the maximum allowable amount of their National Family Caregiver Support Program funds. In fact—and correct me if I am wrong—but I think you said only seven states were using the program fully. Why do you think that is?

Ms. LENT. Sure. So the National Family Caregiver Support Program allows ten percent of the dollars from that program to be used to serve grandfamilies. The program is designed for all types of family caregivers, but up to ten percent can be used for these families. And what we find is that states need to learn from each other about this issue and effective programs to serve the families. So when the program was first enacted, we put together some information to do some resource and information sharing between states about effective uses of the funds. It is not a lot of money, but we have seen some really creative and effective use of these dollars from putting together legal guides to operating support groups, to information and referral services, to money for bunk beds when there is an emergency.

So we really see a need to elevate those practices and share information about effective use of these funds so that the Area Agencies on Aging can understand the population better—it is not a population that they are traditionally thinking of serving—to educate them more on the special needs of the population and creative and effective ways to serve them.

The CHAIRMAN. Thank you.

Senator Casey?

Senator CASEY. Thank you very much, Madam Chair, and I want to, first of all, thank the panel for bringing your testimony here and your experience, your expertise, and even your passion. I will start with Dr. McDaniel.

We know that—we have some sense, I should say, not all of us know for sure, but even someone who is not living through this challenge knows the burden that folks are carrying. And one of the issues is can that grandparent or grandparents, can they access resources or information to help them, especially initially when they know they have to take on a significant new assignment? And I guess I would ask you, what can we do to be helpful in providing more opportunities to create what I called earlier a “one-stop shop” or one place for people to go? Is that simply aggregating existing services or opportunities? Or is that something where we have to create a new model or a new paradigm?

Ms. MCDANIEL. Thank you, Senator, for the question. I think Jaia talked earlier about how we can think differently about places like senior centers in a different way. There are many community resources, but it really is about the way in which communities operate are currently in categorical places, so senior funding does not cross over the child welfare funding. So how do we create an integrated approach where, if a grandma has a child that is inside the child welfare system or not, that if she shows up at a senior center that she is able to get all the supports that she needs for that young person. An integrated model is what’s needed in every community in America. I think that would go a long way.

We need to also normalize. We talk about grandfamilies living in isolation. Grandfamilies—and I am a grandmom—need to know they are not alone in this fight, in this crisis. We need to be able to think about public service announcements where families live, work, and play; about having flyers and information and letting them know that we are here with them.

Senator CASEY. One issue that has arisen is access to mental health services. Tell us about that, if you could, if there are any barriers. What do you know about that?

Ms. MCDANIEL. The young people I serve are all eligible. In fact, we enroll them in CHIP and Medicaid. But for grandfamilies who are outside of the child welfare system, it can be extremely difficult. They go to a TANF office. They are asked a host of questions that they may not even understand or know, and the process becomes very cumbersome.

We need to streamline the language and the process so that when grandfamilies show up at these offices, they know what they are being asked. I think if we do something like that will help grandfamilies know that there are supports available. There are kids who have had traumatic experiences. We need to address their trauma because, otherwise, we are going to continue to create another generation of young people who have gone untreated.

Senator CASEY. And I know that your work brings you in contact with the health care system on a regular basis, and I know that is not what you do most of your days making recommendations about how to improve health care. But do you have any suggestions that we should focus on, especially now where we have the atten-

tion of the Nation on the question of health care? Anything you would recommend there?

Ms. McDANIEL. Children need health care. I just want to share a story with you briefly. Two weeks ago, I had to work with a family to bury a two-year old child. That child was taken to the hospital, but did not receive appropriate treatment, and the child died of pneumonia.

If she did not have health care, what would have happened? She showed up with Medicaid. We need to make sure that families have the health care that they need and also that our systems are responsive to our children.

Senator CASEY. I appreciate that. I will wait for the second round.

The CHAIRMAN. Thank you.

Senator Cortez Masto, nice to see you.

Senator CORTEZ MASTO. Thank you, Madam Chair, and thank you for having this panel on this important topic.

I am the former Attorney General of Nevada and I bring that up because I spent eight years addressing this specific issue. I drafted legislation and worked to pass it through the legislature to form a substance abuse working group that I chaired. I additionally created a drug-endangered children's unit in my office to address this issue. Moreover, I have been very vocal about the opioid abuse occurring in the State of Nevada and across the country that we see has just taken control, unfortunately, of many of our lives.

And so I have a number of questions for you because I think many of them are topics that we still need to address but we are too afraid sometimes to bring forward. So let me just give you an example.

In the State of Nevada, to get substance abuse treatment, because there is very little of it, you have to commit a crime, and you get priority for that.

Now, with that said, the Affordable Care Act has brought additional resources for treatment—mental health treatment, substance abuse treatment—and there is talk about repealing it. I have concerns about how that is going to impact our communities. Particularly, I am concerned about those who are, unfortunately, going down the path of substance abuse and those who must take care of their children.

I am curious. Does anybody have any thoughts on the impact that taking away treatment, particularly for opioids, is going to have across this country on the individuals who need it, whether they are children or adults?

Ms. LENT. I am happy to speak to that. What I can say is that health care is critically important to these families. In particular, Sharon spoke to the fact that she works with many families inside the system. We are also familiar with the needs of families that are operating outside of the child welfare system, so they have no one place to go for information and support. However, when they do access some information about what they can qualify for, usually the one thing that they can access is Medicaid for the children, and that is critically important.

And you also have families that may be too proud to access any cash assistance or help, but they know that they cannot afford the medical care for children, so they find that critically important.

Actually, there was just a comment—Washington Post commentator Michelle Singletary just did a story last week talking about Big Mama, who she pulls a lot of her financial advice from, and she specifically—she was raised by her grandmother, Big Mama, and she said, “Big Mama was too proud to accept money, but she knew she did not make enough to get treatment and medicine that we all needed.” So she learned from her. This is a person who is very savvy with dollars, but she needed the medical support, and it was critical to her family.

So Medicaid in particular is a critical foundation for these families, and we would not want anything to tear away at that critical program.

Senator CORTEZ MASTO. And I appreciate that comment.

The other piece I see missing, and that we typically do not fund, is education awareness. To me, that is the first step in prevention, and it never gets funded. I had to fight for \$1 million out of my legislature just to engage in an education awareness piece on the threat of methamphetamine abuse, and that was the only time that we had ever put money into education awareness. I am concerned that we are still going down that path with opioids, and, Dr. McDaniel, you talked about it. It is about the education piece. It is about talking about it. It is about making sure there are dollars going to communities to teach them about what is happening with this opioid crisis.

I am interested also, Dr. McDaniel, on your thoughts on that, along with how we have an impact on our rural communities. In Nevada, we have rural communities that are challenged just to have resources or access to health care and mental health needs. I am curious about your thoughts on how we can work together to improve that at a federal level and provide the assistance that is necessary.

Ms. MCDANIEL. Right. I would think about us going back to funding the Kinship Navigator Programs. Those programs work in rural and urban communities, so we have to make them available.

And the other piece that I wanted to go back to is the education component. If we do not have the necessary treatment, we will also see children languishing in foster care because families will not be able to get the treatment to remediate the issues. We already have over 400,000 children in the foster care system. You will see that number go up if families do not receive treatment because they cannot go back home, they cannot be returned, if they have not addressed their drug and alcohol addiction.

We need to make sure that the educational content addresses treatment as well as what could happen in child welfare.

Senator CORTEZ MASTO. Thank you. And I know my time is up. I just want to say, though, about what you are doing with respect to caregivers, that both the stress level and support out there are crucial to our communities in helping address this issue. And if there is a way that we can, Madam Chair, figure out how we can provide additional support to the caregivers as well, I am sup-

portive of it, and I think it is something we should be looking to do. Thank you.

The CHAIRMAN. Thank you very much.

Senator Donnelly?

Senator DONNELLY. Thank you, Madam Chair.

Before I begin my questioning, I want to first share the story of a woman from Indianapolis named Theresa Short. Theresa is a grandmother who is currently raising her grandson because her son suffers from an opioid addiction. She faces many of the same challenges that have been highlighted in this hearing here today.

When describing the difficulties of raising a grandchild outside the formal foster system due to the opioid epidemic and the challenges of accessing necessary resources for her grandson, Theresa wrote, "I could not get his medical records because I had no legal guardianship. I had to buy him new school supplies, new clothes and everything else a boy might need. As a grandparent, I had to do this alone with no support. The odds were stacked against my grandson and against me as a grandparent. Without having legal guardianship of my grandson, it made it difficult to reach out for help and to provide services to our family. My grandson is hurting, and many times he feels like he is already an adult. His childhood was taken. The things he has gone through are not easy, and trying to regain those relationships with his parents has been a process. Our grandchildren need to have access to counseling, and grandparents need to help change the cycle, and they need help to do that."

Theresa's story is shared by too many families in my home State of Indiana and across our country. I want to thank all of you for the work you do to address this issue and for taking the time to testify here today.

Ms. Lent, I would like to ask you, as Theresa noted in her story, many children impacted by the opioid epidemic need access to counseling and mental health services. You mentioned in your testimony that Medicaid plays a critical role in providing health care to grandfamilies. In your view, how would grandfamilies be affected and impacted by the attempt to cut Medicaid spending by \$880 billion in the American Health Care Act?

Ms. LENT. Again, Medicaid is a critical source of support for these families. To some families, it is the only federal program or support that they do tap into, are aware of, and get access to. So it is important for the children. Children that are impacted by the opioid epidemic, if their parents are struggling with addiction and they have trauma in their history, they certainly need to get some support early on to make sure that they do not fall prey to a similar path. And having access to health care and stable support of a loving caregiver are two critical factors in ensuring that they, contribute and grow up to be healthy, thriving adults. And Medicaid in so many of these families is a critical part of that picture.

Senator DONNELLY. Thank you.

Dr. McDaniel, you shared your organization immediately seeks to enroll children in CHIP in order to assess their medical needs. In your experience, are there sufficient counseling services available to children? And how essential is CHIP in connecting children to the counseling services that are available?

Ms. MCDANIEL. Thank you for the questions, and let me answer the first one. In terms of the services available for children relative to trauma-informed care, absolutely no. There are not enough providers to address their needs because it is a specific way in which children need to be engaged when it is trauma-informed. There are not enough providers in that space.

But in terms of CHIP, absolutely. Every child needs Medicaid. They need to be enrolled, even in the interim of finding that trauma-informed therapist or counselor. There needs to be someone who can support that young person. So, absolutely, CHIP is necessary.

Senator DONNELLY. Thank you.

Thank you, Madam Chair.

The CHAIRMAN. Thank you, Senator.

Dr. Dolbin-MacNab, research findings suggest that being a custodial grandparent is particularly taxing on those grandparents who are raising children without the presence of any parent. I was interested and heartened to learn from you that some of the negative outcomes that you mentioned can be avoided or turned around by those grandparents who are more resilient. But my question to you is this: Is resilience an innate quality that people have? Or is it something that can be learned?

Dr. DOLBIN-MACNAB. Thank you for that question. Your question underscores a significant point of discussion and debate among those who study resilience. What we think is that characteristics associated with resilience, including coping skills, benefit finding, and seeing the good things in a challenging situation—those are skills that can be trained and developed. I have a colleague at Case Western Reserve University, Dr. Carol Musil, who does wonderful work. Dr. Musil and her colleagues provide resourcefulness training to grandparents raising grandchildren, and this training has shown very promising results related to reducing grandparents' depression and stress, and improving their quality of life.

There may be people who are more resilient than others, but many aspects of resilience are skills that can be taught. Also, we can improve grandparents' resilience by improving the quality of the environments in which grandparents are living. Providing grandparents with some of the supports that we have all been talking about today can help promote resilience as well.

The CHAIRMAN. Thank you.

Dr. McDaniel, we have also talked about the financial strain that many grandparents experience when they assume this unexpected role later in life. As you mentioned, these grandparents often spend their own money on housing and school supplies and food—expenses that they had no reason to include when they were doing their budgets for their older years.

How often do you see grandparents drawing on their retirement savings or even returning back to work in order to have sufficient funds to care for their grandchildren?

Ms. MCDANIEL. It happens every day for the 7.6 million children that we talked about, caregivers are caring for those young people outside of the child welfare system, and are doing whatever it takes to make it. As you heard earlier, we know that grandparents are often on limited incomes or poor. So what are they tapping into

if they are already poor? So we see them going back into the workforce. We see them staying longer.

So I think one of the recommendations that I would make, we need to do something in the industry in terms of looking at employers. What are employers doing when it comes to grandfamilies who are staying longer in the workforce? Are we being sympathetic? Are we ensuring that child care is available? The very same things we did when the Family and Medical Leave Act first took place. We need to think about how that is transferred and how that is translated to grandfamilies who are working longer.

In the child welfare system, however, grandfamilies who go through the process of foster care, they receive the same dollars and support that a foster parent would receive. But, again, those families outside of the system need that same support.

The CHAIRMAN. You anticipated my next question which I was going to ask Ms. Lent about. But, actually, I will ask all of you just to go across, and that is, it seems to me we have an unusual situation here. Obviously, it often is best for the child to be with the grandparent or be with another family member. And yet unless they go through the legal process, in most states they are not going to get the financial assistance they would receive if they were "just foster parents."

Now, I know many foster parents in Maine, and they do an extraordinary job. They do get some assistance financially that many of these grandfamilies do not get. So is that correct? Is my understanding correct? And if so, do you have suggestions for what we might be able to do? Ms. Lent.

Ms. LENT. Sure. So there is a continuum of arrangements that we see with grandparents raising grandchildren. On the one side, there would be those that go through the full licensing process, get the windows up to the exact requirements, have the right number of bedrooms, and go through that extensive process. And when they go through that process, the vast majority of those families would get the licensing rate that a traditional foster parent would be. But that is a small portion of all of the families.

There are also those that can be in unlicensed foster care, so it is sort of an interim role where they may or may not get some amount of money, but it is not going to be the same amount as the fully licensed family.

And then on the other end of the spectrum, there are those that just step in and keep the children from even making contact with the child welfare system. And by stepping in, in advance, and making sure that the child is safe and never even needs to make contact with the child welfare system, in a sense they are penalized, and they get almost no support. So that is the challenge that we have.

Of course, we believe that we should be supporting families with what they need, not based on what circumstances ultimately brought the children into the relative's care. So we need to find a way that we present them with their full range of options, talk about the advantages and disadvantages of each, and make sure they get the support that they need.

The CHAIRMAN. Thank you.

Dr. DOLBIN-MACNAB. One of the things that I have heard is that many grandparents are afraid of the child welfare system. They are afraid that their grandchildren will be taken away from them. They are afraid that siblings will be separated. Whether or not that is the case, that is a fear that they have, and they often experience a sense of stigma related to being involved in the child welfare system. Some of the grandparents that I have worked with were involved with the child welfare system when they were parents with their own children.

One of the things to consider is how can we raise awareness among child welfare professionals and educate grandparents so that these systems can better support grandparents and so that these systems are not perceived by grandparents as being an adversarial environment and experience.

The CHAIRMAN. Ms. Hoxie?

Ms. HOXIE. Well, I would like to share just a quick story. I have been working with a grandmother who has a very medically fragile baby that was placed with her because of her daughter's use of opioids, and she travels 240 miles twice a week to get the baby medical treatment, and at least once from Maine, Downeast Maine, to Boston once every 4 to 6 weeks.

When she took the baby, it was with the fact that it was a safety plan. The Department of Health and Human Services had intervened, but they opted not to take the child into custody and left her with her grandmother. The grandmother was working. She had a reasonably good job. But because of the baby's incredible medical needs, she took family leave in the beginning. She went on to take leave without pay. During that time she really fell behind, and she was in danger of losing her vehicle.

Now, imagine what it would be like to know that is the only way that you can get access to medical treatment for that child, and there she was about to lose it. We were able to get some help for her and get her payments caught up, and she has since gone back to work, and she is in the foster care licensing process now, and the Department has taken custody. So, eventually, until she is licensed, she will get \$10 a day. But in the meantime, there is this huge gap. And, interestingly enough—and part of this is—what I am getting to is that part of it is creating that awareness throughout the state and within the systems, including the Department of Health and Human Services, of how important it is, if you are going to take custody, to do it quickly so that the family has just even that minimal support.

In Maine—and I do not know if it is across the country, but in Maine, for babies that are medically fragile, that could actually succumb to these effects of that fragility, they actually—once they are licensed, they are eligible for \$60 a day. But here 10 months have gone by without them getting anything just because of gaps in the system and people not being aware.

So when we are educating people, we just need to do a better job of emphasizing the possibilities and to encourage that those safety plans, if you will, do not go longer than the designated 35 days, or whatever it is in whatever state, because that will make a huge difference for some families. I mean, obviously, there are many other

issues, but that one comes to mind quickly because, you know, I felt so badly for this family.

The CHAIRMAN. Thank you.

Dr. McDaniel—I know I am way over my time—did you have anything you wanted to add?

Ms. MCDANIEL. I just offer that if we would consider federal child welfare finance reform, that initiative would allow us to look at how we fund child welfare. In the current system, the child has to be abused or neglected in order to receive resources. That should not happen.

The CHAIRMAN. Thank you.

Senator Casey?

Senator CASEY. Thank you very much.

Ms. Lent, I wanted to go back to your written testimony. Despite all the challenges that we have outlined or articulated here today, it is remarkable when you put on paper that list of positive outcomes that come from relative care, where you say on page 4 of your testimony, “reinforces safety, stability and well-being, reduces trauma, reinforces child’s sense of identity, helps keep brothers and sisters together, honors family and cultural ties, and increases the likelihood of having a permanent home.” Really powerful outcomes for that child and that family.

I guess that leads me to one question. You made reference to a foster care savings of about \$4 billion. Can you tell us about that?

Ms. LENT. Sure. We know that the vast majority of children being raised by grandparents are being raised outside of the foster care system, so I talked about those on this end of the continuum that step in and keep children out of foster care, so never entering the foster care system.

Well, when you look at the savings from that foster care payment, it is conservatively \$4.5 billion a year per year. So there are savings that come from that.

But there are also long-term savings, I would also suggest, because the children fare so well, so much better in the care of relatives, the children have fewer behavioral and mental health issues in the long run, so they are more likely to end up being contributing to our communities and our economy in positive ways.

Senator CASEY. I appreciate that, and it is important for us to know that number.

Dr. McDaniel, you had shared in your testimony the story of the grandmother who—let me get your exact words. You said that she was a 62-year-old grandmother who “had a successful career at Verizon when she was suddenly asked to care for her five grandchildren due to her daughter-in-law’s opioid addiction.” You go on to say that she had real trouble and her faith community saved her.

Ms. MCDANIEL. Yes.

Senator CASEY. Tell me about that example and the reason you raise that example in your testimony. What is the point that we should take away from that?

Ms. MCDANIEL. Right. I raise that because she was quite isolated. She did not know about the community resources that were available. She had gone to the child welfare system, and they told

her, "Well, because your family made those arrangements first, you are not eligible for any support from us."

So she went to the TANF office, and they said, "We are going to give you TANF and Medicaid and pretty much that is about it". If she was trying to get child care, she could not get child care, so she ended up losing her job. And what I did not add was that she was living in a one-bedroom apartment. If she was in the child welfare system, they would have said that was not adequate—"We need to move you to a larger place." But she should not have had to go to a child welfare office to get that support for the children that come in care.

So Navigator Programs, support programs, programs that are associated with senior centers are the kinds of resources she should have been able to go and get the support that she needed, not lose her job. She was almost retirement age, but she had to give up all those years because she did not have the adequate supports.

Senator CASEY. I appreciate that. Thank you.

Ms. MCDANIEL. You are welcome.

The CHAIRMAN. Senator Warren.

Senator WARREN. Thank you, Madam Chair, and thank you very much for holding this hearing, and thank you, Ranking Member.

Last week, I was at the Manet Community Health Center in Quincy, Massachusetts, and the week before that, I was at Lynn Community Health in Lynn, Massachusetts, and talking to physicians and first responders and patients and local officials about how this public health care crisis has devastated communities and families across our Commonwealth.

According to the Massachusetts Department of Public Health, an estimated 2,000 people in our state died for opiate overdoses just last year. And as the Chair and the Ranking Member have noted, thousands of children are affected, and many are left in the care of their grandparents. And I have seen the data on this that children whose parents struggle with substance abuse disorder are about twice as likely to develop the disorder themselves.

So where I wanted to start this was a variation on the question that Senator Casey just asked Dr. McDaniel, and that is about resources and connections. But this one is about when you suspect a substance abuse problem.

Ms. Lent, can I ask you, if grandparents become concerned about a grandchild's substance use, are there good options for them to access treatment or counseling in their own communities, maybe through a pediatrician, that grandparents are readily familiar with?

Ms. LENT. So, again, those that are already connected to the child welfare system would probably turn to the social worker at the child welfare system for that information. But the vast majority do not have that resource available to them, so best-case scenario they live in a community that has a kinship navigator, where they would have a one-stop-shop answer to those questions. But those are also not available in most communities right now. We would like to see them.

So I would say the vast majority of families in that case are going to look to the physician that they are connected with, probably their child's pediatrician, so it would be very important that

the physician is familiar with issues of substance use and how it affects children when they are exposed and when their families are dealing with that crisis and to coordinate those services.

Those that may not even be comfortable talking to their physician are going to look to their peer network, and that is why support groups and other types of services of some of the agencies represented here are really important because that peer-to-peer communication and where to go for support is really critical as well.

Senator WARREN. I understand that, and I think that is really important.

Did you want to add to that?

Dr. DOLBIN-MACNAB. Yes, thank you. Related to your question, there are some really exciting intervention models. One of those approaches is nicknamed SBIRT, which refers to Screening, Brief Intervention, and Referral to Treatment. This approach involves training a variety of practitioners, everyone from nurses to physicians, to screen people where they are and to make referrals in their communities for substance abuse treatment. I am in a rural community, and I think those types of resources are so important because people will go to their doctor to talk about what is going on, but they may not necessarily access a substance abuse treatment facility.

Senator WARREN. Right. And, you know, your point gives me a chance to talk about one in Boston, but it is the reminder, how many different kinds of services may be needed when it is time to intervene. The adolescent substance abuse program at Boston Children's Hospital brings together whole teams of pediatricians, social workers, child psychiatrists. They work on screening, they work on diagnosis, and they work on treatment for adolescents who have substance abuse disorder. And the idea is to do this hopefully at a time when they can keep children both at home and in school and try to work through these problems. And the program partners with pediatric practices throughout the region so that local doctors can get engaged in this.

I take it from your comments, and from everyone nodding their heads about this, that this is an important thing for us to expand, that this is the kind of thing that we should try to make available throughout the country, so someone has got to weigh into this.

I want to ask another part about this, and that is, when grandparents are trying to get substance use disorder diagnoses and treatment, both for their children and for their grandchildren, or for either, how important is health care coverage to providing access to preventive screening and to specialty care? Ms. Lent, could I ask you about that?

Ms. LENT. Again, I would say it is critically important. I conveyed earlier that often when they do not have access to other services, they still have access to Medicaid for the children, and so that is a critical resource to them, again. But they need to be aware of it, so things like Kinship Navigator Programs and resources that can connect them to those services are important. But the health care is foundational.

Senator WARREN. Right. And if the cost of health care goes up or if Medicaid is sharply cut, what will be the impact? Ms. Hoxie, maybe would you like to speak to that?

Ms. HOXIE. Well, I can certainly speak on a personal note.

Senator WARREN. Yes.

Ms. HOXIE. If I did not have medical coverage for my children, I cannot even imagine, you know, what it would be like, and certainly for the families that I work with.

I can give you one example of a family that lived in a rural area in Maine, and the grandmother was caring for her son who was addicted—his child—I do not know where the mother was in all of this—and her husband was ill. The son eventually overdosed and died, leaving grandmother with, “Oh, my gosh,” you know, “how do I meet the needs, the mental health needs now of this grieving child?”

Two weeks later, her husband passed away, so she was, you know, looking everywhere to find grief counseling, and in the area that she lived in, there was not anything that was going to be available for 16 weeks.

So I do not know if that answers your question, but going without it, you know, was devastating. And they did eventually find somebody that would work with them individually. She wanted someone that would work with them as a grieving family and with a child with some significant mental illness himself at this point.

Senator WARREN. I appreciate that, and I see you all nodding on this. You know, the Affordable Care Act made it possible for many families that are struggling with substance abuse to get access to the care that they need. And if the mental health and substance abuse disorder protections of the ACA are cut out, the estimate is that there would be \$5 billion in resources taken out of this area, which would make it a lot harder for families to get their lives back on track.

So this is something that I appreciate your talking about and a reminder of how much we need to do to make sure that we are trying to support families that are struggling with this terrible epidemic. Thank you.

Thank you, Madam Chair.

The CHAIRMAN. Thank you.

I want to thank all of our witnesses for testifying today. Your testimony was so compelling and educational, not only to the members of this panel, but to those who are watching on C-SPAN and to others who will learn about this hearing.

One of the motivations for holding this hearing was to raise public awareness about the growing prevalence of grandparents raising grandchildren, something that has always occurred in society, as Dr. McDaniel has made clear, but we are seeing a huge increase as a result of the terrible opioid epidemic that is devastating so many families in so many communities across our country.

Through your programs, your advocacy, your research, your service, and your testimony today, you are truly making a difference, and I thank each and every one of you for that.

I thought that I would conclude my comments, before turning to my colleague, by quoting on the plus side of what happens when a grandparent takes in a grandchild, and this was from an interview of a grandmother who was interviewed on Maine television recently. She put it best when she said, “When your grandchild looks at you and says, ‘I love you more than 500 peanut butter sand-

wiches,' then you think to yourself, in the end it is worth it to know they are happy and safe. You know, just normal little boys. Maybe a little overactive, but a normal little boy." And that really does sum it up, and that is the benefit of kinship care.

Federal policies such as the National Family Caregiver Support Program continue to serve as a critical resource, but I agree with Ms. Lent in that a lot of states do not think of that program as a way to help grandparents that are raising grandchildren. There, again, I hope that we are raising the awareness of area Agencies on Aging, which do such fabulous work, that this is another possible use of the funding. We are going to continue to work together to look at what else we can do.

In the meantime, I think we have an enormous debt of gratitude to those grandparents who are opening their homes and their hearts to their children's children.

Senator Casey?

Senator CASEY. Madam Chair, thank you, and thank you for having this hearing and convening us. We hope we do not have to have future hearings on this topic, but I am afraid we may.

I did want to reiterate what many of us have been thinking and I think some of us have tried to articulate one way or the other, and that is the heroic nature of what these individuals, these families are doing. We live in a society which, for not just recently but over, unfortunately, many generations, the people that we tend to point to as heroes really are not heroes. They are movie stars, athletes or people like that—really are not heroic. Soldiers are heroes, of course. People who protect us every day are heroes. And people who provide this kind of care and security for their family and in a sense our extended family are really heroic.

To use an old expression, they lead quietly triumphant lives. Their names are not in the paper. They are not the subject of a claim of notoriety, but they get up every day and take on a more difficult task of raising children when they were looking forward to a tranquil and restful retirement.

I do believe that we can come together and do more. I do not think the Federal Government is always the place to turn to for a new program or a new strategy to deal with the problem. But there has to be a way that the Federal Government can be a constructive partner in helping states and communities to aggregate services to come together. And we had some examples of that and some recommendations today.

I think we have to make the right decisions the next couple of weeks and months on a range of policy matters, especially those relating to ACA and Medicaid especially, and I will be talking more about that. But we are grateful that you brought your own stories, your own expertise, and your own passion about these issues before us today.

As a Pennsylvanian, I am especially grateful to Dr. McDaniel here, and also, Ann and Marvin, we are grateful that you made the trip to be with us today.

But to all of our witnesses, I thank you for doing this, and thanks for bringing this information and heightening awareness of this challenge.

The CHAIRMAN. Thank you, Senator Casey.

Committee members will have until Friday, March 31st, to submit questions for the record. If we receive some, we will forward them on to you. Again, my thank you to all of you for your participation today.

This hearing is now adjourned.

[Whereupon, at 4:07 p.m., the Committee was adjourned.]

APPENDIX

**Prepared Witness Statements and Questions
for the Record**

**Prepared Statement of Jaia Peterson Lent, Deputy Executive Director,
Generations United, Washington, DC**

Generations United is pleased to provide testimony to the Senate Special Committee on Aging. We applaud Chairwoman Collins, Ranking Member Casey, and members of the committee for your leadership in holding this hearing on the important role of grandparents and other relatives in providing safe and stable homes to children who cannot remain in the care of their parents, and the sharp increase in this trend attributed to the opioid crisis.

Today's grandparents provide a continuum of care from part- or full-time child care to raising a grandchild due to the parent's death, disability, addiction or military deployment. This testimony will focus on grandparents and other relatives raising children, also known as grandfamilies.

According to the U.S. Census, more than 2.6 million grandparents report they are responsible for their grandchildren.¹ About 7.8 million children live in households headed by kin—a grandparent, uncle, aunt or other relatives.² About 2.5 million children are living with grandparents, relatives or close family friends without either of their parents in the home.³

There are many kinds of grandfamilies. In some grandparents are raising children inside the formal foster care system as licensed or unlicensed kinship foster parents. Some have legal custody but no connection or support from the child welfare system. Still others are raising the children informally without legal custody or guardianship. While the challenges these families face are varied and complex, they are united by one common factor: they believe beyond a shadow of a doubt in the importance of family. They believe children fare better when they are raised in a family, not a system, and they are right. Yet we cannot ignore the fact that they often step in at great personal sacrifice, impacting their own health, family relationships, retirement plans and financial well-being. These caregivers, and the children they are protecting and nurturing, deserve our respect and support.

My testimony today will focus on four key points:

- One, the impact of the opioid epidemic on grandparents and other relatives;
- Two, the critical role of grandparents and other relative caregivers in helping children thrive when their parents are no longer able to care for them;
- Three, the importance of supportive services to help grandfamilies succeed; and
- Four, the valuable role that the National Family Caregiver Support Program and Area Agencies on Aging can play in helping respond to the crisis.

First, a little about Generations United. Generations United is the only national membership organization focused solely on improving the lives of children, youth and older people through intergenerational strategies, programs and public policies. Since 1986, Generations United has been the catalyst for policies and practices stimulating cooperation and collaboration among generations. We believe that we can only be successful in the face of our complex future if generational diversity is regarded as a national asset and fully leveraged. For almost twenty years, Generations United's National Center on Grandfamilies has been a leading voice for issues affecting families headed by grandparents or other relatives and the need for evidence-based practices to support them.

Impact of the Opioid Epidemic on Grandparents and Other Relatives

Who are the grandparent caregivers? They are diverse in terms of race, culture, income and geography. Thirty-nine percent are over the age of 60 and approximately 58 percent are currently in the workforce. They are more likely to live below the poverty line than their peers—21 percent—and 26 percent have a disability. They face unique challenges that impact their well-being and their ability to fully support and parent their grandchildren.

Unlike parents or foster parents who plan for months or years to care for a child, these grandparents or other relatives usually step into their role unexpectedly. Some may have received a call in the middle of the night telling them to come and pick up their grandchildren or they will end up in foster care. Suddenly, they are forced to navigate complex systems to help meet the physical and cognitive health challenges of the children who come into their care, often after experiencing significant trauma.

Caregivers may struggle with their own mental health issues stemming from feelings of shame, loss or guilt about their adult child's inability to parent. They may

¹ U.S. Census Bureau, 2015 American Community Survey.

² U.S. Census Bureau, 2010 Census.

³ Annie E. Casey Foundation Kids Count Data Center. 2013–2015 Current Population Survey Annual Social and Economic Supplement.

suffer from social isolation and depression because they do not want their peers to know about their situation or because their peers are no longer parenting. Caregivers of children whose parents are using drugs may have their stress exacerbated by trying to maintain or navigate an ongoing relationship between the child and parent, often unaware if the parents are currently using drugs or alcohol and how their behavior will impact the child. Relative caregivers are often grieving a host of losses, including that of the treasured traditional grandparent role, control over their future, financial security or even the ability to go on vacation.

Taking on the unexpected expense of a child can be especially devastating to caregivers living on fixed incomes. Countless grandfamilies report spending down their retirement savings to address the health, mental health, food and clothing needs of the children, or to pay legal expenses from seeking legal custody of the children. Others turn their retirement savings into college tuition payments. Many older caregivers live in one bedroom apartments or senior housing where children are not welcomed and need to move to larger, more expensive housing.

While grandparents have been called upon to raise children for many reasons over the years, the current opioid and heroin epidemic is overwhelming many families and child welfare systems.

Grandparent Pamela Livengood shined a light on impact when she said, “For my 50th birthday, I got a two-year-old. My story isn’t unique. The [opioid] epidemic has devastated communities all over the country. It doesn’t discriminate against age, race or gender. It affects all of us.”

After years of decline, the overall numbers of children in foster care are on the rise. From state to state, experts say the current opioid and heroin epidemic is the number one reason for this increase.⁴ Recent data show the percentage of children entering foster care due to parental drug and alcohol use rose from 22 percent to nearly 30 percent in just five years.⁵ This was the largest increase in any reason for removal. Some pockets of the country report as high as a 33 percent increase in the numbers of children in state custody.⁶

The current epidemic is hurting our country’s families and stressing many state’s child welfare systems. Child welfare systems are increasingly looking to grandparents and other relatives to care for the children as they face shortages of foster parents to meet the growing need. In 2014, more than a third of all children who were removed from their homes because of parental alcohol and drug use were placed with relatives.⁷

This is not just a child welfare system issue. As one grandmother said, “Grandparents are doing whatever it takes to bring their grandchildren to safety.”

Although the child welfare system relies heavily on relatives, the number of grandparents, uncles, aunts and others who step in to care for children and keep them out of foster care far exceeds those raising children inside the system. In fact, for every child being raised in foster care (often referred to as “formal care”) with a relative, there are 20 children living with grandparents or other relatives outside of the foster care system, in “informal care.” Often thrown into this caregiving role with little or no warning, caregivers frequently do not know about supports and services for which they may be eligible. Those raising children outside the system usually struggle with even less support. They save our country’s taxpayers more than \$4 billion a year by raising and keeping children out of foster care. These families deserve our respect and support.

Impact of Grandparent and Other Relative Caregiving on Child Well-being

Grandparents and other relative caregivers play a critical role in helping children thrive when their parents are no longer able to care for them.

Despite the challenges facing grandparents and other relatives raising children, children fare well in the care of relatives. Compared to children in non-relative care,

⁴Examining the Opioid Epidemic: Challenges and Opportunities: Hearing before the Committee on Finance, Senate, 114th Cong. (2016) (statement of Nancy Young, Ph.D., Director, Children and Family Futures, Inc., Lake Forest, CA). | Kamp, J. & Campo-Flores, A. (2016, January 11). Parents’ drug abuse strains child-welfare agencies: Growing epidemic puts more children into foster care.

⁵National Data Archive on Child Abuse and Neglect. (2009–2015). Adoption and Foster Care Analysis and Reporting System, Foster Care Files 2008–2014. Retrieved from <http://www.ndacan.cornell.edu/datasets/datasets-list-afcars.cfm>.

⁶Quinton, S. (2015, October 9). How heroin is hitting the foster care system. Pew Charitable Trusts, Stateline. Retrieved from <http://www.pewtrusts.org/en/research-and-analysis/blogs/stateline/2015/10/09/how-heroin-is-hitting-the-foster-care-system>.

⁷Analysis conducted by Children and Family Futures (CFF) on the public use 2014 Adoption and Foster Care Analysis and Reporting System dataset. Estimates based on all children in out of home care at some point during Fiscal Year 2014.

they have more stability, are less likely to run away and are more likely to report feeling loved. When children cannot remain with their parents, research shows placing children with grandparents or other relatives:

- Reinforces safety, stability and well-being
- Reduces trauma
- Reinforces child's sense of identity
- Helps keep brothers and sisters together
- Honors family and cultural ties
- Increases the likelihood of having a permanent home⁸

When explaining why it was so important that he had been raised by his grandparents, Ray Krise, a member of the Skokomish Tribe near Shelton, Washington, said, "If not for being raised by my grandparents, I would not have a cultural identity. I wouldn't know my family lineage and my son would not bear the name Tcha-LQad—a name that is 17 generations old ... [They] helped me develop a real sense of pride and belonging."

Grandfamilies are also more likely to continue to provide a safe haven for a child long after they have turned 18 or transitioned out of the foster care system. A young person may age out of a system—they never age out of a family.

Importance of Supportive Services to Help Grandfamilies Succeed

While many strengths, challenges and needs are shared by these diverse families, the level, length and type of supports they need vary. Unfortunately, the degree to which these families receive supports and services from the child welfare system is often tied largely to the way in which they happen to come into their grandparent, aunt, uncle, or other relative's care, not the needs of the family.

Grandparents who are able to step in to protect and care for their grandchildren and keep them out of the child welfare system are, in a sense, punished for this critical and loving act. While services are often still inadequate for caregivers who become licensed as foster parents, they are far more likely to receive crucial supports and benefits than those raising children outside foster care. Child welfare programs should do more to prioritize supports for caregivers who keep children out of foster care and address barriers to licensing relatives as foster parents when it is the best option for the family. Networks of aging services agencies and other community supports can play a critical role in helping these families by coordinating with child welfare agencies to provide seamless supportive services to families with older caregivers of children who are not getting the full range of supports and services they need from the child welfare system.

Families commonly face challenges that can be addressed through the provision of key supports and services such as:

Information and Referral Services such as kinship navigator programs that provide a single point of entry for learning about housing, household resources, physical and mental health services and financial and legal assistance.

Physical and Mental Health Care and Services for older caregivers and children including Medicaid and Medicare, which have proven to be critical resources to grandfamilies. Quality counseling and trauma-informed mental health services have been shown to improve outcomes for the caregivers and children.

Affordable Legal Services so grandfamilies impacted by parental substance use disorders, whether inside or outside the foster care system, can access a continuum of legal relationship options and understand the differences—both legal and practical—of adoption, guardianship and legal custody.

Lifespan Respite provides coordinated, community-based respite for family caregivers caring for individuals with special needs of all ages.

Financial Supports including access to Temporary Assistance for Needy Families (TANF)—one of the three primary purposes of which is to support children in the care of relatives, Social Security retirement, disability and survivor benefits for both the caregivers and for the children, and Supplemental Security Income for low-income caregivers and children who are disabled.

Valuable Role That the National Family Caregiver Support Program and Area Agencies on Aging Can Play in Helping Respond to the Crisis

When the National Family Caregiver Support Program (NFCSP) was signed into law as part of the Older Americans Act in 2000, Generations United successfully advocated that grandparents and other relatives raising children be included to support older Americans not only as those receiving care but also as those giving care. Current law gives states the option to use up to 10 percent of state NFCSP dollars

⁸Generations United. (2016). Children thrive in grandfamilies.

to serve grandfamilies in which the caregiver is age 55 or older. According to the Administration for Community Living's Aging Integrated Database (AGID), only seven states use nearly the full 10 percent of funds to serve the families.

Those who do use the funds to serve grandfamilies report significant impact. But they are stretching scarce resources elevating the urgency for additional investments to adequately meet the needs of grandfamilies. Examples of successful uses of funds range from information and referral services to support groups to legal guides and clinics. Families benefiting from services through the aging network report positive experiences and outcomes. They are often more receptive to services provided through the aging network, because they have a higher level of comfort with those agencies than the child welfare system, which many may fear or distrust.

Policy Recommendations

- *Protect the Social Services Block Grant (SSBG):* SSBG provides critical support to states to serve children and older adults in communities, many of whom are in grandfamilies, through a range of community-based supportive services such as home-based meals, child care and child protective services. This flexible resource allows states to use the funds to meet local needs where they are greatest.
- *Ensure Access to Quality Health and Medical Care:* Ensure that health care reform efforts recognize the critical role that Medicaid plays in providing health care coverage to grandfamilies. Health care reform efforts should not prevent the children and caregivers in grandfamilies from having access to quality health and mental health care, or the ability of parents to access substance abuse treatment and prevention services.
- *Promote Services to Grandfamilies Through the Network of Organizations Serving Older Americans:* Urge states to maximize use of the National Family Caregiver Support Program (NFCSP) to serve grandfamilies. NFCSP funds may be used to provide supportive services to caregivers and children in grandfamilies regardless of whether they are involved with the child welfare system or have legal custody of the child. Although up to 10 percent of the program's funds can be used for grandfamilies, most states do not make full use of the program to help support these families. Policy should support national experts and other resources to help educate the aging network about grandfamilies and the most effective services to support them.
- *Address Barriers to Licensing Grandparents and Other Relatives as Foster Parents:* Adopt the *Model Family Foster Home Licensing Standards*, which Generations United developed in partnership with the National Association for Regulatory Administration and the American Bar Association Center on Children and the Law and with support from the Annie E. Casey Foundation, to eliminate unnecessary barriers that prevent suitable relatives and non-relatives from becoming licensed foster parents.
- *Reform Federal Child Welfare Financing to Encourage a Continuum of Tailored Services and Supports for Children, Parents and Caregivers in Grandfamilies:* Allow states to use federal child welfare funds for prevention services for caregivers, parents and children, such as kinship navigator programs, substance abuse treatment and prevention services, mental health services and in-home supports.
- *Encourage Coordination of Services and Supports Among Temporary Assistance for Needy Families (TANF), Child Welfare and Aging Services Agencies:* Through coordination, leveraging and braiding dollars among these agencies, more children and caregivers can be served.
- *Ensure Grandfamilies Can Access Financial Resources to Help Them Meet the Children's Needs Such as TANF, Social Security, and Tax Relief:* Access to TANF must be improved through a number of concrete policy and program steps including eliminating asset tests for caregivers over age 60 so that they can have savings for retirement; Social Security retirement, disability and survivor benefits and Supplemental Security Income must be protected and strengthened; and tax reform efforts should preserve the ability of grandfamilies to qualify for the Earned Income Tax Credit.
- *Provide an Array of Legal Options to Grandfamilies:* Ensure that grandfamilies have access to a continuum of legal relationship options and understand the differences—both legal and practical—of adoption, guardianship and legal custody. As part of this effort, grandfamilies' access to legal representation and assistance should be improved and expanded. Furthermore, all states should enact educational and health care consent laws so that children outside the foster care system and without a legal relationship to their caregivers can access education and health care services.

- *Elevate and Promote Best Practices Through a National Technical Assistance Center on Grandfamilies*: Create a National Technical Assistance Center on Grandfamilies that engages experienced experts to provide a clearinghouse of best or promising practices and programs for serving children, parents and caregivers in grandfamilies. This includes guidelines for states to encourage best practices to support grandfamilies impacted by parental substance use, including ways to help caregivers meet the children's needs and support birth parents' access, engagement and success in treatment. The Center can facilitate learning across states and provide technical assistance and resources to those who directly work with all three generations in grandfamilies.

Conclusion

Stacey Walker, who along with his sister was raised by his grandmother, said, "My grandmother already lived in a government housing project, and although her salary was enough to keep her afloat, she now had all sorts of expenses ... any young child's needs, multiplied by two." Stacey's grandmother sacrificed, scrounged and succeeded in raising her grandchildren. Stacey is what we at Generations United call a "grand success." This past November, Stacey was elected the first African American supervisor of the Linn County Iowa Board of Supervisors. After his election, Stacey said, "It's an honor to be an example of the value of being raised in an intergenerational home!"

No matter the circumstances, every child deserves the roots and connection to the rich soil of family that nourish their growth and prosperity.

Thank you for this opportunity to speak.

Jaia Peterson Lent **Response to Questions for the Record**

Senator Elizabeth Warren

Opioid Epidemic and Partial Fill Policies

Older patients are frequently prescribed painkillers for chronic pain, or after surgery or other procedures.¹ The Center for Medicare and Medicaid Services (CMS) reported that generic Vicodin was prescribed to more Medicare beneficiaries than any other drug in 2013.² In 2015, almost 30 percent of Medicare Part D enrollees used an opioid prescription.³ If older adults don't use their entire prescription, these pills can remain in the home—and the National Institute on Drug Abuse has estimated that over 70 percent of adults who misuse prescription opioids get the medication from friends or relative.⁴

As a consequence, efforts to reduce the amount of unused medications in the home can be a powerful tool to tackle prescription drug abuse.⁵ Grandparents raising grandchildren as a result of the opioid epidemic may want to keep unused medications out of reach of their adult children still struggling with substance use disorder, as well as their grandchildren, who are also at a higher risk of developing substance use disorder themselves.⁶ The Comprehensive Addiction and Recovery Act, passed in July 2016, empowers patients to talk to their physicians and pharmacists about partially filling their prescription medications in order to reduce the amount of unused opioids available for misuse.⁷ Instead of picking up their entire prescription all at once, patients would be able to take home a few days' worth of medicine at a time, without having to get a new prescription from their physician each time.

¹ Ibid.

² Centers for Medicare & Medicaid Services, "CMS Releases Prescriber-Level Medicare Data for First Time" (April 30, 2016) (online at <https://www.cms.gov/Newsroom/MediaReleaseDatabase/Fact-sheets/2015-Fact-sheets-items/2015-04-30.html>).

³ Paula Span, "New Opioid Limits Challenge the Most Pain-Prone," New York Times (June 6, 2016) (online at: <https://www.nytimes.com/2016/06/07/health/opioid-limits-older-patients-pain.html>).

⁴ National Institute on Drug Abuse fact sheet (online at: <https://www.drugabuse.gov/sites/default/files/poppingpills-nida.pdf>).

⁵ National Institute on Drug Abuse fact sheet (online at: <https://www.drugabuse.gov/sites/default/files/poppingpills-nida.pdf>).

⁶ "Drugs, Brains, and Behavior: The Science of Addiction," National Institute of Drug Abuse (July 2014) (online at: <https://www.drugabuse.gov/publications/drugs-brains-behavior-science-addiction/drug-abuse-addiction>).

⁷ See S. 524: Comprehensive Addiction and Recovery Act of 2016 (online at <https://www.Congress.gov/bill/114th-congress/senate-bill/524/text>).

Question: Do the grandparents you work with express concern about having unused prescriptions in their home?

Response:

Anecdotaly we find grandparents raising grandchildren are conservative in their own use of opioid and other pain killers. Most are well aware of the genetic and life experiences that their grandchildren face and are thoughtful about keeping their medications out of reach of children/youth in their care.

However, some caregivers report they need to hide their prescriptions particularly when family members at risk of or struggling with substance use disorders are visiting. When the prescription is stolen by adult children, teenage grandchildren or neighbors, for example, they cannot get more of their needed medication until the next month which negatively impacts their own health and comfort.

Question: Would empowering grandparents to work with their physicians and pharmacists to partially fill their prescriptions—while also ensuring patients needing pain medicine receive it—help grandparents keep unused medications out of the hands of those struggling with substance use disorder, or those at a high risk of developing it?

Response:

An option to partially fill prescriptions could be beneficial for grandparents raising grandchildren who have concerns that the medication may be stolen or taken by family members struggling with substance use disorders. Furthermore, in the event the medication was taken, caregivers would not have to wait a full month to refill their needed prescription. It could also help low-income grandparents who are unable to cover the cost of the entire medication at one time by breaking down the cost throughout the month.

However, one of the major barriers to health care for grandparent caregivers is transportation. Securing transportation to the pharmacy once a month is often a hardship. Requiring them to go twice a month would be twice as difficult. Any partial fill policy should be optional and should include strategies to help address barriers related to transportation to secure the medication.

Question: Are kinship navigator and support groups well-informed about new federal partial-fill policies?

Response:

Within our extended network of caregivers and those serving them, the majority reported that they were unfamiliar with partial-fill policies.

Question: What sort of actions can be taken by states, physicians, pharmacists, and patient and kinship groups to increase awareness of the new federal partial-fill policy so that grandparents and other kinship caregivers can take advantage of these options?

Response:

Our network of support groups, caregivers and practitioners have expressed an interest and willingness to share information about partial-fill policies through their support groups, informational seminars, newsletters, community partner meetings, and through their health and wellness programs.

Question: What other approaches do you think can be taken by states, physicians, pharmacists, and patient and kinship groups to reduce the amount of unused prescription medication in circulation?

Response:

Recommendations from our grandfamilies networks include:

- Making available and easily accessible drop off and disposal sites for unused medication.
- For new prescriptions, providing samples to make sure the caregiver can take the medicine without side effects or issues before even fully or even partially filling a prescription.
- Prescribing and including insurance coverage of alternative pain management approaches such as acupuncture.
- Providing education literature to support groups and service networks about the availability of partial-fill policies, alternative pain management approaches, and safe and accessible drop off and disposal options.

Testimony of

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Before the

United States Senate Special Committee on Aging

"Grandparents to the Rescue: Raising Grandchildren in the Opioid Crisis and Beyond"

March 21, 2017

Good afternoon, Chairman Collins, Ranking Member Casey, and distinguished members of the Committee. Thank you for the opportunity to testify before you today about the academic research associated with grandparents raising grandchildren. I am Dr. Megan Dolbin-MacNab, Associate Professor of Human Development and Director of the Marriage and Family Therapy Doctoral Program at Virginia Tech. I have been researching and providing services to grandparents raising grandchildren for approximately 20 years. The testimony I provide today reflects my professional views, and not those of Virginia Tech.

Historically and around the world, grandparents have been important sources of emotional and instrumental support to younger generations (Uhlenberg & Cheuk, 2010). There is wide variation in how grandparents enact their roles and the degree of involvement they have with their grandchildren (Uhlenberg & Cheuk, 2010); grandparents raising grandchildren have the most intensive level of involvement. These grandparents hold primary responsibility for all aspects of their grandchildren's care and many live in "skipped generation" households, or homes where the grandchildren's parents are not present¹ (Dolbin-MacNab & Hayslip, 2014). While some grandparents raise their grandchildren within the context of the child welfare system (e.g., 29% of children in foster care live with relatives), the vast majority of grandparents raising grandchildren are outside the child welfare system or raising their grandchildren informally² (Generations United, 2016).

A DEMOGRAPHIC PROFILE OF GRANDPARENTS RAISING GRANDCHILDREN

In the United States, approximately 2.6 million grandparents are primarily responsible for the care of their grandchildren (Ellis & Simmons, 2014). These grandparents play key roles in ensuring the safety and stability of 2.5 million or 3% of all U.S. children³ (Annie E. Casey Foundation Kids Count Data Center, 2016). Data from the United States Census reveal that grandparents raising grandchildren are a heterogeneous population, representing diverse racial and ethnic groups, and cutting across all income levels and geographic regions. Key demographic characteristics of grandparents raising grandchildren include the following (Ellis & Simmons, 2014; Generations United, 2015, 2016):

- 58% are employed and in the workforce

¹ Data from the United States Census suggests that approximately one-third of grandparents raising grandchildren are doing so with no parents present in the home (Ellis & Simmons, 2014). The remaining grandparents raising grandchildren coreside with their grandchildren and at least one of the grandchildren's parents. In these multigenerational households, grandparents still have significant caregiving and financial responsibilities for their grandchildren (Baker & Mutchler, 2008).

² Raising grandchildren informally implies that the grandchild is not involved in the child welfare system and/or that the grandparent does not have a legal relationship to the grandchild. Informal arrangements may appeal to grandparents for financial or relational reasons (e.g., avoiding a contentious custody battle with their adult child), but these arrangements may make it difficult for grandparents to access supportive services (Generations United, 2015), and may offer less security to the grandchild.

³ Data obtained from the Current Population Survey Annual Social and Economic Supplement (CPS ASEC). Estimates reflect a three-year (2013-2015) average. Statistics reflect "skipped generation" homes that do not include the grandchild's parents.

- 26% report having a disability
- 42% have been raising a grandchild for at least 5 years⁴
- 62% are grandmothers raising grandchildren⁵
- 66% are married
- 39% are over the age of 60
- 21% (approximately 1 in 5) have incomes that fall below the poverty line

Although there is great diversity within the population of grandparents raising grandchildren, some grandparents are more likely to be raising their grandchildren than others. According to Ellis and Simmons (2014), “grandparents who live with grandchildren are younger, less educated, and more likely to be divorced or widowed than grandparents who do not live with a grandchild ... Coresident grandparents are also more likely to be in poverty and more likely to be unable to work due to illness or disability compared with grandparents who did not live with grandchildren.” (p. 2)⁶.

Additionally, grandparents raising grandchildren are disproportionately represented among racial and ethnic minority groups, though rates of raising grandchildren have increased among White, non-Hispanic grandparents (Ellis & Simmons, 2014; Livingston & Parker, 2010). Of those grandparents who coreside with their grandchildren, “Grandparents who were Asian (15%), Native Hawaiian and Pacific Islander (30%), or Hispanic (31%) were less likely to be responsible for grandchildren than Black (48%) or American Indian and other Alaskan Native grandparents (54%). Forty-three percent of White, non-Hispanic grandparents were responsible for their coresident grandchildren.” (Ellis & Simmons, 2014, p. 16).

FACTORS CONTRIBUTING TO GRANDPARENTS RAISING GRANDCHILDREN

Grandparents assume responsibility for the care of their grandchildren in response to a variety of intersecting *parental difficulties* and stigmatizing family events including abuse and neglect, incarceration, physical and mental illness, death, military deployment, deportation, adolescent pregnancy, divorce, and abandonment (Hayslip & Kaminski, 2005). *Parental substance abuse*, whether as a result of the crack cocaine epidemic of the 1980s and 1990s or today’s opioid epidemic, has long been cited as one of the most common reasons that grandparents raise their grandchildren (Generations United, 2016; Minkler & Roe, 1993). *Economic instability* has also been associated with growth in multigenerational households, including those households in which grandparents are raising grandchildren (Livingston & Parker, 2010). Other relevant contributing factors include norms of grandmother involvement in family life and cultural traditions of familism (Goodman & Silverstein, 2002).

⁴ Thus, raising grandchildren may be best conceived of as a long-term caregiving arrangement.

⁵ The number of families in which grandfathers are raising grandchildren continues to be small, relative to the number of grandmothers raising grandchildren (Ellis & Simmons, 2014). Grandfathers raising grandchildren also receive relatively limited research attention. For two exceptions, see Bullock (2006) and Whitley and Fuller-Thomson (2015).

⁶ Ellis and Simmons (2014) do not distinguish grandparents raising grandchildren from grandparents who coreside with their grandchildren, but may not have primary responsibility for their care.

CHALLENGES, STRESSORS, AND IMPACTS ON GRANDPARENT PHYSICAL AND MENTAL HEALTH

Challenges and Stressors

Raising a grandchild impacts all aspects of a grandparent's life. Researchers have consistently documented that grandparents experience numerous challenges and that these challenges are often sources of stress that contribute to adverse physical and mental health outcomes⁷. Commonly reported challenges (stressors) include *poverty* or economic distress (Baker & Mutchler, 2010), the *lack of a legal relationship* to the grandchild⁸ (Generations United, 2015), *inadequate housing*⁹ (Fuller-Thomson & Minkler, 2003), and *social isolation* (Gerard, Landry-Meyer, & Roe, 2006; Jendrek, 1993). *Strained family relationships* may be another source of stress, and include marital distress (Smith & Hancock, 2010) and conflict with the grandchildren's biological parents over the nature and extent of their involvement with the grandchildren¹⁰ (Dolbin-MacNab & Keiley, 2009; Goodman, 2003; Musil, Warner, McNamara, Rokoff & Turek, 2008).

Parenting is central to the role of grandparents raising grandchildren. Parenting stress merits special attention because it has been consistently and specifically linked to grandparents' psychological distress (e.g., depression) and negative physical health outcomes (Goodman, Tan, Philip, Ernades & Silverstein, 2008; Hayslip, Shore, Henderson & Lambert, 1998; Sands & Goldberg-Glen, 2000; Smith, Cichy & Montoro-Rodriguez, 2015; Smith, Palmieri, Hancock, & Richardson, 2008; Sprang, Choi, Eslinger & Whitt-Woosley, 2015; Young & Dawson, 2003). Parenting grandchildren may be particularly stressful for grandparents, and result in adverse outcomes, for the following reasons:

- Grandparents with *age-related health and energy limitations* may find it difficult to manage the physical demands of parenting and keep up with their grandchildren's activity level (Dolbin-MacNab, 2006).
- Grandparents who *use of ineffective parenting practices* (e.g., harsh and inconsistent discipline; Kaminski, Hayslip, Wilson & Casto, 2008; Smith & Richardson, 2008) may find themselves dealing with challenging family interactions and difficult-to-manage grandchild behavioral issues.

⁷ The negative consequences associated with stressors may worsen as the number and severity of the stressors accumulates. Furthermore, challenges/stressors interact with grandparents' multiple social locations (e.g., gender, class, race, ethnicity, etc.) in ways that may leave some grandparents more vulnerable to negative outcomes (Collins, 2000).

⁸ When grandparents do not have a legal relationship (e.g., custody, guardianship) to their grandchildren, unless states have health care and education consent laws, it can be difficult for grandparents to obtain health care services for their grandchildren and/or enroll them in school (Generations United, 2015).

⁹ Grandparents may experience occupancy restrictions, overcrowding, or reside in homes that are not appropriate for children. It may also be difficult for grandparents to afford housing for themselves and their grandchildren (Fuller-Thomson & Minkler, 2003; Generations United, 2005).

¹⁰ Grandchildren's parents, especially those parents struggling with substance abuse, may be inconsistent, unpredictable, or experiencing behavioral issues that make contact with grandchildren dangerous or otherwise ill-advised (Dolbin-MacNab & Keiley, 2009).

- The *generation gap* (e.g., related to leisure activities, dating, friends, etc.) between grandparents and their grandchildren can be a source of family conflict and erode the emotional closeness within the grandparent-grandchild relationship (Dolbin-MacNab & Keiley, 2006).
- Children being raised by grandparents often have *significant emotional, behavioral, and physical difficulties*¹¹ stemming from their histories of trauma (e.g., abuse/neglect, exposure to violence) and other adverse circumstances (e.g., prenatal exposure to substances, chronic poverty). Grandparents may find these difficulties to be challenging to manage (Gleeson, Wesley, Ellis, Seryak, Talley & Robinson, 2009).

Impacts on Physical and Mental Health

Collectively, the challenges and stressors experienced by grandparents raising grandchildren are thought to adversely impact their physical and mental health. In terms of grandparents' *mental health*, there is consistent and substantial research evidence, spanning two decades, that grandparents raising grandchildren experience significant levels of depression (e.g., Hayslip et al., 1998; Minkler, Fuller-Thomson, Miller & Driver, 1997; Musil, Warner, Zauszniewski, Wykle & Standing, 2009; Whitley & Fuller-Thomson, 2017; Whitley, Fuller-Thomson & Brennenstuhl, 2015). These rates of depression have been shown to be higher than those of single parents and those of the general population (Whitley & Fuller-Thomson, 2017; Whitley et al., 2015). In addition, Baker and Silverstein (2008a) found that grandparents' depression is often exacerbated by transitions in and out of raising their grandchildren, while Hughes and colleagues (2007) suggest that, due to chronic stress and other sources of adversity and disadvantage, some grandparents raising grandchildren may be predisposed to depression prior to assuming responsibility for their grandchildren's care.

With regard to grandparents' *physical health*, the research literature paints a more complex picture. Early research suggested that grandparents raising grandchildren experienced compromised physical health, dissatisfaction with their health, and functional limitations (Minkler & Fuller-Thomson, 1999). In a more recent study, using nationally representative data from the Health and Retirement Study, Hughes et al. (2007) "found no evidence to suggest that caring for grandchildren has dramatic and widespread negative effects on grandparents' health and health behavior" (p. 108). That said, the grandparents living in skipped-generations households within this particular study did experience health declines. The authors argue that grandparents' health declines may have less to do with raising grandchildren per se, but are more likely reflective of other risk factors such as poverty, age-related health declines, racial/ethnic minority status, and preexisting health conditions (Hughes et al., 2007; Whitley & Fuller-Thomson, 2017). Additionally, in a longitudinal study comparing grandmothers raising grandchildren to traditional grandmothers and grandparents living in multigenerational

¹¹ Research suggests that children being raised by grandparents fare worse than children from normative samples and children living in other family constellations. Specifically, grandchildren have higher rates of internalizing and externalizing behavior problems and more problems with academic performance (Billing, Ehrle & Kortemkamp, 2002; Pilkauskas & Dunifon, 2016; Smith & Palmieri, 2007).

households, Musil and colleagues (2010) found that grandmothers raising grandchildren reported more initial physical health problems and that the grandmothers' physical health worsened over time, particularly when they moved to higher levels of caregiving (e.g., assuming responsibility for another grandchild). As the findings from these studies collectively suggest, grandparents' physical health is complex and must be understood within its larger personal, relational, and environmental contexts.

While a significant amount of research has focused on grandparents' general ratings of their physical health, some studies have delved into grandparents' health in a more detailed manner. These studies reveal that grandparents raising grandchildren experience a variety of chronic health conditions including obesity, heart disease, hypertension, chronic obstructive pulmonary disease, arthritis, diabetes, and asthma (Whitley & Fuller-Thomson, 2015; Whitley & Fuller-Thomson, 2017). Grandparents may also engage in risky health behaviors including smoking, excessive alcohol consumption, and physical inactivity (Hughes et al., 2007; Whitley et al., 2015; Whitley & Fuller-Thomson, 2017). The presence of these chronic health conditions and risky health behaviors is particularly problematic given evidence that grandmothers may forgo preventative health care (e.g., influenza vaccinations, cholesterol screenings; Baker & Silverstein, 2008b), particularly when they first assume responsibility for their grandchildren. Grandparents may also fail to obtain preventative health care for themselves due to an inability to pay for medical care or because they are prioritizing their grandchildren's needs over their own.

A RESILIENCE PERSPECTIVE ON GRANDPARENTS RAISING GRANDCHILDREN

Although the academic research highlights the many challenges, stressors, and adverse outcomes experienced by grandparents raising grandchildren, the experience of raising grandchildren is not entirely negative. The emotional connections that grandparents form with their grandchildren are highly rewarding, as is the opportunity to have a second chance at parenting (Dolbin-MacNab, 2006; Waldrop & Weber, 2001). In addition, grandparents may experience a sense of purpose related to knowing that they are providing their grandchildren with better opportunities (e.g., education, values, stable and safe home life) for a successful and productive life. There are also significant benefits of the caregiving arrangement for grandchildren¹².

Because not all grandparents experience adverse outcomes and many are able to thrive in the face of significant challenges, researchers are increasingly examining resilience among grandparents raising grandchildren. Resilience can be defined as a "pattern of positive (or the avoidance of negative) adaptation in the context of past or present adversity or risk that poses a substantial threat to healthy adjustment" (Hayslip & Smith, 2013, p. 252; Rutter, 2007; Wright

¹² Benefits to grandchildren include a sense of stability and safety, perceptions of a better life trajectory, continuity in relationships with siblings and extend family members, and maintenance of cultural identity and community ties (Dolbin-MacNab & Keiley, 2009; Generations United, 2016). Children raised by grandparents also have better behavioral and mental health outcomes than children raised by nonrelatives (Generations United, 2016).

& Masten, 2005)¹³. According to a resilience perspective, as risk factors (e.g., poverty, health problems, social isolation) accumulate, grandparents become more vulnerable to experiencing adverse outcomes (e.g., depression, health problems). However, interactions of resilient personal attributes (e.g., finding benefits in challenging situations), adaptive processes (e.g., coping or problem-solving skills), and other protective factors (e.g., social support, spirituality) can mitigate the negative impacts of risk factors and reduce grandparents' vulnerability to adverse outcomes (Cohler, Stott & Music, 1995; Hayslip & Smith, 2013; Vanderbilt-Adrianne & Shaw, 2008; Wright & Masten, 2005).

Researchers have identified a variety of personal attributes associated with grandparent resilience. These include optimism (Castillo, Henderson & North, 2013), a sense of empowerment (Cox & Cheseck, 2012), positive perceptions of available social support and family resources (Musil & Ahmad, 2002; Whitley, Lamis & Kelley, 2016), benefit finding (Hayslip & Smith, 2013), resourcefulness (Musil, Warner, Zauszniewski, Jeanblanc, & Kercher, 2006; Musil et al., 2010), and an ability to positively appraise the caregiving arrangement (Smith & Dolbin-MacNab, 2013). Additionally, adaptive processes such as engaging in active coping or problem-solving (Castillo et al., 2013; Smith et al., 2015) and accessing informal and formal supports (Gerard et al., 2006) have also been associated with resilience and positive outcomes (e.g., reduced depression, enhanced psychological well-being) for grandparents.

Resilient personal attributes and adaptive processes, such as those outlined above, represent promising avenues for intervention, such that practitioners can offer skill training and other interventions aimed at promoting grandparents' resilience.¹⁴ In doing so, practitioners can develop grandparents' resources and build protective factors, with a goal of reducing risk factors and vulnerabilities to adverse outcomes (Dolbin-MacNab & Hayslip, 2014; Hayslip & Smith, 2013). Improving the quality of the larger environments (e.g., neighborhoods, schools, etc.) in which grandparents are raising their grandchildren can also be useful in promoting resilience.

DELIVERING SUPPORTIVE SERVICES: OVERCOMING BARRIERS

Given the many challenges they face, grandparents raising grandchildren are in need of and can benefit from a variety of support services. Support services play a central role in 1) promoting resilience, 2) decreasing grandparents' feelings of social isolation, 3) meeting grandparents' instrumental needs, 4) offering grandparents emotional support, and 5) helping grandparents develop new skills and knowledge (Dannison & Smith, 2003; Gladstone, Brown & Fitzgerald, 2009; Hayslip, 2003; Kolomer, McCallion & Janicki, 2002). Despite these benefits, there is evidence that grandparents raising grandchildren underutilize formal supports (Carr, Gray &

¹³ Resilience can be conceptualized as existing on a continuum (i.e., grandparents can be more or less resilient) and as being dynamic (i.e., resilience can vary with time and in response to changes in the quality of a grandparent's environment) (Baltes, Reese & Nesselroade, 1988; Dolbin-MacNab & Hayslip, 2014; Hayslip & Smith, 2013; Smith, Dannison & James, 2013).

¹⁴ For examples of promising interventions focused on promoting resilience among grandparents raising grandchildren, see Hayslip and Smith (2013).

Hayslip, 2012; Coleman & Wu, 2016; Yancura, 2013). This is likely due to a number of well-established barriers to service utilization, some of which are related to characteristics of the services provided and others of which are specific to the grandparents themselves:

Service-Related Barriers:

- Financial or legal *ineligibility* for services (Burnette, 1999; Fruhauf, Pevney & Bundy-Fazioli, 2015; Smith & Beltran 2003)
- Difficulties *navigating multiple agencies* and services, including difficulties with logistics such as paperwork and documentation (Smith & Beltran, 2003; Yancura, 2013)
- Negative interactions with *professionals who lack an understanding* of the needs and experiences of grandparents raising grandchildren, or who are culturally insensitive (Burnette, 1999; Smith & Dannison, 2003)
- Feeling *judged by professionals* for having failed in raising their own children (Gibson, 2002; Gladstone et al., 2009)

Grandparent-Related Barriers:

- *Lack of trust* in social service agencies, and fear of removal of the grandchild from the grandparent's care (Gladstone et al., 2009)
- Sense of *stigma* or embarrassment related to asking for assistance (Cox, 2009; Glass & Honeycutt, 2002)
- *Lack of awareness* of available services (Fruhauf et al., 2015)
- *Inability to pay* for services due to a lack of income or a lack of public assistance (Burnette, 1999; Yancura, 2013)
- *Difficulty accessing* existing services due to lack of transportation, child care, and/or inconvenient hours and locations (Gibson, 2002)
- Excessive levels of *stress*, which can make accessing services feel overwhelming or impossible (Burnette, 1999; Sands & Goldberg-Glen, 2000)

Although these barriers have been documented in diverse populations of grandparents raising grandchildren, as a result of the increase in the number of grandparents raising grandchildren in rural areas (Crowther, Ford & Peterson, 2014), the service needs of rural grandparents requires special comment. Unique barriers to service utilization for grandparents in rural areas include 1) higher rates of poverty, 2) limited service options and other community resources, 3) geographic isolation, and 4) loss of grandparents' informal and formal support networks due to economic distress and urban/suburban migration (Bigbee, Musil & Kenski, 2011; Crowther et al., 2014; Robinson, Kropf & Myers, 2000).

Practitioners and policy makers interested in meeting the needs of grandparents raising grandchildren would do well to adopt an ecological approach (Bronfenbrenner, 1979) to conceptualizing policies and programming (Dolbin-MacNab, Roberto & Finney, 2013). This way, it becomes possible to prevent (or mitigate) many of the aforementioned barriers to service utilization. An ecological approach to conceptualizing program and policy development and

implementation entails intentionally addressing each of the following domains, as well as their interconnections and interrelationships¹⁵:

- *Reducing grandparent-specific barriers* (e.g., building service awareness, addressing negative helping-seeking attitudes, and building trust in formal support systems)
- *Improving program accessibility* (e.g., providing transportation and child care, offering incentives for participation, providing home-based services, and offering flexibility in service hours, locations, etc.)
- *Educating and training program staff* (e.g., providing education about grandparents raising grandchildren, challenging staff biases and stereotypes, and developing staff rapport- and trust-building skills)
- *Tailoring services to grandparents raising grandchildren* (e.g., developing population-specific services, improving eligibility of existing services, and coordinating grandparents' multiple service needs)

CONCLUSION

Grandparents raising grandchildren are important resources to their families and communities. Despite the many challenges they experience, the grandparents that I have had the privilege of working with have been highly resilient and deeply committed to giving their grandchildren the best lives possible. I continue to be inspired by their efforts, and the children they are raising. Finding ways to support grandparents raising grandchildren means providing a lifeline to some of our nation's most vulnerable families.

Thank you for the opportunity to appear before you today. I look forward to responding to your questions.

¹⁵ For more detailed information about this approach to conceptualizing support services for grandparents raising grandchildren, see Dolbin-MacNab et al. (2013).

References

- Annie E. Casey Foundation Kids Count Data Center (2016). *Children in Kinship Care (2013-2015)*. Retrieved from <http://datacenter.kidscount.org/data/tables/7172-children-in-kinship-care?loc=1&loct=1#detailed/1/any/false/1491,1443/any/14207,14208>.
- Baker, L. A., & Mutchler, J. E. (2010). Poverty and material hardship in grandparent-headed households. *Journal of Marriage and Family*, 72, 947-962.
- Baker, L. A., & Silverstein, M. (2008a). Depressive symptoms among grandparents raising grandchildren: The impact of participation in multiple roles. *Journal of Intergenerational Relationships*, 6, 285-304.
- Baker, L. A., & Silverstein, M. (2008b). Preventive health behaviors among grandmothers raising grandchildren. *The Journals of Gerontology, Series B: Psychological Sciences and Social Sciences*, 63, 304-311.
- Baltes, P., Reese, H., & Nesselroade, J. (1988). *Life span developmental psychology: Introduction to research methods*. Hillsdale, NJ: Erlbaum.
- Bigbee, J. L., Musil, C., & Kenski, D. (2011). The health of caregiving grandmothers: A rural-urban comparison. *Journal of Rural Health*, 27, 289-296.
- Billing, A., Ehrle, J., & Kortenkamp, K. (2002). Children cared for by relatives: What do we know about their well-being? *New Federalism* (Policy Brief B-46). Washington DC: The Urban Institute.
- Bronfenbrenner, U. (1979). *The ecology of human development: Experiments by nature and design*. Cambridge, MA: Harvard University Press.
- Bullock, K. (2006). Grandfathers raising grandchildren: An exploration of African-American kinship networks. *Journal of Health and Social Policy*, 22, 181-197.
- Burnette, D. (1999). Physical and emotional well-being of custodial grandparents in Latino families. *American Journal of Orthopsychiatry*, 69, 305-317.
- Carr, G. F., Gray, J., & Hayslip, B. (2012). Needs for information about supportive resources: A predictor of needs for service and service use in African American grandmother caregivers. *Journal of Intergenerational Relationships*, 10, 48-63.
- Castillo, K., Henderson, C., & North, L. (2013). The relation between caregiving style, coping, benefit finding, grandchild symptoms, and caregiver adjustment among custodial grandparents. In B. Hayslip & G. Smith (Eds). *Resilient grandparent caregivers: A strengths-based perspective* (pp. 25-37). New York, NY: Routledge.

- Cohler, B. J., Stott, F. M., & Musick, J. S. (1995). Adversity, vulnerability, and resilience: Cultural and developmental perspectives. In D. Cicchetti & D. J. Cohen (Eds.), *Developmental psychopathology: Volume 2, Risk, disorder, and adaptation* (pp. 753-800). New York, NY: Wiley.
- Coleman, K. L., & Wu, Q. (2016). Kinship care and service utilization: A review of predisposing, enabling and need factors. *Children and Youth Services Review*, 61, 201-210.
- Collins, P. H. (2000). *Black feminist thought: Knowledge, consciousness, and the politics of empowerment* (2nd ed.). New York, NY: Routledge.
- Cox, C. B. (2009). Custodial grandparents: Policies affecting care. *Journal of Intergenerational Relationships*, 7, 177-190.
- Cox, C., & Cheseck, E. (2012). Taking grandparent empowerment to Tanzania: A pilot project. *Journal of Intergenerational Relationships*, 10, 160-172.
- Crowther, M. R., Ford, C. D., & Peterson, T. (2015). A qualitative examination of barriers for urban and rural custodial grandparents. *Journal of Intergenerational Relationships*, 12, 207-226.
- Dannison, L. L., & Smith, A. B. (2003). Custodial grandparents community support program: Lessons learned. *Children and Schools*, 25(2), 87-95.
- Dolbin-MacNab, M. L. (2006). Just like raising your own? Grandmothers' perceptions of parenting a second time around. *Family Relations*, 55, 564-575.
- Dolbin-MacNab, M. L., & Hayslip, B. (2014). Grandparents raising grandchildren. In J. A. Arditti (Ed.), *Family problems: Stress, risk, and resilience* (pp. 133-149). New York, NY: Wiley.
- Dolbin-MacNab, M. L., & Keiley, M. K. (2006). A systemic examination of grandparents' emotional closeness with their custodial grandchildren. *Research in Human Development*, 3, 59-71.
- Dolbin-MacNab, M. L., & Keiley, M. K. (2009). Navigating interdependence: How adolescents raised solely by their grandparents experience their family relationships. *Family Relations*, 58, 162-175.
- Dolbin-MacNab, M. L., Roberto, K. A., & Finney, J. W. (2013). Formal social support: Promoting resilience in grandparents parenting grandchildren. In B. Hayslip Jr. & G. C. Smith (Eds.), *Resilient grandparent caregivers: A strengths-based perspective* (pp. 134-151). New York, NY: Routledge.

- Ellis, R. R., & Simmons, T. (2014). *Coresident grandparents and their grandchildren*: 2012. Retrieved from <https://www.census.gov/content/dam/Census/library/publications/2014/demo/p20-576.pdf>.
- Fruhauf, C. A., Pevney, B., & Bundy-Fazioli, K. (2015). The needs and use of programs by service providers working with grandparents raising grandchildren. *Journal of Applied Gerontology*, 34, 138-157.
- Fuller-Thomson, E., & Minkler, M. (2003). Housing issues and realities facing grandparent caregivers who are renters. *The Gerontologist*, 43, 92-98.
- Generations United (2005). *Grandparents and other relatives raising children: An action agenda to create affordable housing options*. Retrieved from <http://www.gu.org/LinkClick.aspx?fileticket=CuMyu3jLOAQ%3d&tabid=157&mid=606>
- Generations United (2015). *The state of grandfamilies in America*. Retrieved from <http://www.gu.org/LinkClick.aspx?fileticket=nv03BXVIGAI%3d&tabid=157&mid=606>
- Generations United (2016). *Raising the children of the opioid epidemic: Solutions and support for grandfamilies*. Retrieved from http://www.gu.org/Portals/0/documents/Reports/16-Report-State_of_Grandfamilies.pdf
- Gerard, J. M., Landry-Meyer, L., & Roe, J. G. (2006). Grandparents raising grandchildren: The role of social support in coping with caregiving challenges. *International Journal of Aging and Human Development*, 62, 359-383.
- Gibson, P. (2002). Barriers, lessons learned, and helpful hints: Grandmother caregivers talk about service utilization. *Journal of Gerontological Social Work*, 39(4), 55-74.
- Gladstone, J. W., Brown, R. A., & Fitzgerald, K. J. (2009). Grandparents raising grandchildren: Tensions, service needs and involvement with child welfare agencies. *International Journal of Aging and Human Development*, 69, 55-78.
- Glass, J. C., & Huneycutt, T. L. (2002). Grandparents raising grandchildren: The courts, custody, and educational implications. *Educational Gerontology*, 28, 237-251.
- Gleeson, J. P., Wesley, J., Ellis, R., Seryak, C., Talley, G. W., & Robinson, J. (2009). Becoming involved in raising a relative's child: Reasons, caregiver motivations and pathways to informal kinship care. *Child and Family Social Work*, 14, 300-310.
- Goodman, C. C. (2003). Intergenerational triads in grandparent families. *The Journals of Gerontology, Series B: Psychological Sciences and Social Sciences*, 54, 281-296.

- Goodman, C., & Silverstein, M., (2002). Grandparents raising grandchildren: Family structure and well-being in culturally diverse families. *The Gerontologist*, 42, 676-689.
- Goodman, C. C., Tan, P. P., Ernandes, P., & Silverstein, M. (2008). The health of grandmothers raising grandchildren: Does the quality of family relationships matter? *Families, Systems, and Health*, 26, 417-430.
- Hayslip, B. (2003). The impact of a psychosocial intervention on parental efficacy, grandchild relationship quality, and well being among grandparents raising grandchildren. In B. Hayslip, Jr. & J. Patrick (Eds.), *Working with custodial grandparents* (pp. 163-178). New York, NY: Springer.
- Hayslip, B., & Kaminski, P. L. (2005). Grandparents raising their grandchildren: A review of the literature and suggestions for practice. *The Gerontologist*, 45, 262-269.
- Hayslip, B., & Smith, G. C. (2013). Epilogue. In B. Hayslip & G. Smith (Eds.), *Resilient grandparent caregivers: A strengths-based perspective* (pp. 251-257). New York, NY: Routledge.
- Hayslip, B., Shore, R. J., Henderson, C. E., & Lambert, P. L. (1998). Custodial grandparenting and the impact of grandchildren with problems on role satisfaction and role meaning. *The Journals of Gerontology, Series B: Psychological Sciences and Social Sciences*, 53, 164-173.
- Hughes, M. E., Waite, L. J., LaPierre, T. A., & Luo, Y. (2007). All in the family: The impact of caring for grandchildren on grandparents' health. *The Journals of Gerontology, Series B: Psychological Sciences and Social Sciences*, 62, 108-119.
- Jendrek, M. P. (1993). Grandparents who parent their grandchildren: Effects on lifestyle. *Journal of Marriage and the Family*, 55, 609-621.
- Kaminski, P. L., Hayslip, B., Wilson, J. L., & Casto, L. N. (2008). Parenting attitudes and adjustment among custodial grandparents. *Journal of Intergenerational Relationships*, 6, 263-284.
- Kolomer, S., McCallion, P., & Janicki, M. (2002). African-American grandmother carers of children with disabilities: Predictors of depressive symptoms. *Journal of Gerontological Social Work*, 37(3/4), 45-64.
- Livingston, G., & Parker, K. (2010). *Since the start of the great recession, more children raised by grandparents*. Retrieved from <http://www.pewsocialtrends.org/2010/09/09/since-the-start-of-the-great-recession-more-children-raised-by-grandparents/>

- Minkler, M., & Fuller-Thomson, E. (1999). The health of grandparents raising grandchildren: Results of a national study. *American Journal of Public Health, 89*, 1384-1389.
- Minkler, M., Fuller-Thomson, E., Miller, D., & Driver, D. (1997). Depression in grandparents raising grandchildren: Results of a national longitudinal study. *Archives of Family Medicine, 6*, 445-452.
- Minkler, M., & Roe, K. M. (1993). *Grandmothers as caregivers: Raising children of the crack cocaine epidemic*. Newbury Park, CA: Sage.
- Musil, C. M., & Ahmad, M. (2002). Health of grandmothers: A comparison by caregiver status. *Journal of Aging and Health, 14*, 96-121.
- Musil, C. M., Gordon, N. L., Warner, C. B., Zauszniewski, J. A., Standing, T., & Wykle, M. (2010). Grandmothers and caregiving to grandchildren: Continuity, change, and outcomes over 24 months. *The Gerontologist, 51*, 86-100.
- Musil, C. M., Warner, C. B., McNamara, M., Rokoff, S., & Turek, D. (2008). Parenting concerns of grandparents raising grandchildren: An insider's picture. In B. Hayslip & P. Kaminski (Eds.), *Parenting the custodial grandchild: Implications for clinical practice* (pp. 101-114). New York, NY: Springer.
- Musil, C. M., Warner, C. B., Zauszniewski, J. A., Jeanblanc, A. B., & Kercher, K. (2006). Grandmothers, caregiving, and family functioning. *The Journals of Gerontology, Series B: Psychological Sciences and Social Sciences, 61*, 89-98.
- Musil, C. M., Warner, C., Zauszniewski, J., Wykle, M., & Standing, T. (2009). Grandmother caregiving, family stress and strain and depressive symptoms. *Western Journal of Nursing Research, 31*, 389-408.
- Pilkaukas, N. V., & Dunifon, R. E. (2016). Understanding grandfamilies: Characteristics, nonresident parents, and children. *Journal of Marriage and Family, 78*, 623-633.
- Robinson, M. M., Kropf, N. P., & Myers, L. L. (2000). Grandparents raising grandchildren in rural communities. *Journal of Mental Health and Aging, 6*, 353 - 365.
- Rutter, M. (2007). Resilience, competence, and coping. *Child Abuse and Neglect, 31*, 205-209.
- Sands, R. G., & Goldberg-Glen, R. S. (2000). Factors associated with stress among grandparents raising their grandchildren. *Family Relations, 49*, 97-105.
- Smith, C. J., & Beltran, A. (2003). The role of federal policies in supporting grandparents raising grandchildren families: The case of the U.S. *Journal of Intergenerational Relationships, 1*, 5-20.

- Smith, G. C., Cichy, K. E., & Montoro-Rodriguez, J. (2015). Impact of coping resources on the well-being of custodial grandmothers and grandchildren. *Family Relations, 64*, 378-392.
- Smith, A. B., & Dannison, L. (2003). Grandparent-headed families in the United States: Programming to meet unique needs. *Journal of Intergenerational Relationships, 1*, 35-47.
- Smith, A., Dannison, L., & James, M. (2013). Resiliency and custodial grandparents: Recognizing and supporting strengths. In B. Hayslip & G. Smith (Eds.), *Resilient grandparent caregivers: A strengths-based perspective* (pp. 222-234). New York, NY: Routledge.
- Smith, G. C., & Dolbin-MacNab, M. L. (2013). The role of negative and positive caregiving appraisals in key outcomes for custodial grandmothers and grandchildren. In B. Hayslip & G. Smith (Eds.), *Resilient grandparent caregivers: A strengths-based perspective* (pp. 3-24). New York, NY: Routledge.
- Smith, G. C., & Hancock, G. R. (2010). Custodial grandmother-grandfather dyads: Pathways among marital distress, grandparent dysphoria, parenting practice, and grandchild adjustment. *Family Relations, 59*, 45-59.
- Smith, G. C., & Palmieri, P. A. (2007). Risk of psychological difficulties among children raised by custodial grandparents. *Psychiatric Services, 58*, 1303-1310.
- Smith, G. C., Palmieri, P. A., Hancock, G. R., & Richardson, R. A. (2008). Custodial grandmothers' psychological distress, dysfunctional parenting, and grandchildren's adjustment. *International Journal of Aging and Human Development, 67*, 327-357.
- Smith, G. C., & Richardson, R. A. (2008). Understanding the parenting practices of custodial grandmothers: Overcompensating, underserving, or overwhelmed? In B. Hayslip & P. Kaminski (Eds.), *Parenting the custodial grandchild: Implications for clinical practice* (pp. 131-147). New York, NY: Springer.
- Sprang, G., Choi, M., Eslinger, J. G., Whitt-Woosley, A. L. (2015). The pathway to grandparenting stress: Trauma, relational conflict, and emotional well-being. *Aging & Mental Health, 19*, 315-324.
- Uhlenberg, P., & Cheuk, M. (2010). The significance of grandparents to grandchildren: An international perspective. In D. Dannefer & C. Phillipson (Eds.), *The Sage handbook of social gerontology* (pp. 457-448). Thousand Oaks, CA: Sage.
- Vanderbilt-Adriance, E., & Shaw, D. S. (2008). Conceptualizing and re-evaluating resilience across levels of risk, time, and domains of competence. *Clinical Child and Family Review, 11*, 30-58.

- Waldrop, D. P., & Weber, J. A. (2001). From grandparent to caregiver: The stress and satisfaction of raising grandchildren. *Families in Society, 82*, 461-472.
- Whitley, D. M., & Fuller-Thomson, E. (2015). The health of the nation's custodial grandfathers and older single fathers: Findings from the Behavior Risk Factor Surveillance Survey. *American Journal of Men's Health*. Retrieved from <http://journals.sagepub.com/doi/pdf/10.1177/1557988315621604>
- Whitley, D. M., & Fuller-Thomson, E. (2017). African-American solo grandparents raising grandchildren: A representative profile of their health status. *Journal of Community Health, 42*, 312-323.
- Whitley, D. M., Fuller-Thomson, E., & Brennenstuhl, S. (2015). Health characteristics of solo grandparent caregivers and single parents: A comparative profile using the Behavior Risk Factor Surveillance Survey. *Current Gerontology and Geriatrics Research, 2015*, 630717.
- Whitley, D. M., Lamis, D. A., & Kelley, S. J. (2016). Mental health stress, family resources and psychological distress: A longitudinal mediation analysis in African American grandmothers raising grandchildren. *Journal of Clinical Psychology, 72*, 563-579.
- Wright, M. O., & Masten, A. S. (2005). Resilience processes in development: Fostering positive adaptation in the context of adversity. In S. Goldstein & R. B. Brooks (Eds.), *Handbook of resilience in children* (pp. 17-37). New York, NY: Springer.
- Yancura, L. A. (2013). Service use and unmet service needs in grandparents raising grandchildren. *Journal of Gerontological Social Work, 56*, 473-486.
- Young, M., & Dawson, T. (2003). Perception of child difficulty and levels of depression in caregiving grandmothers. *Journal of Mental Health and Aging, 9*, 111-122.

Prepared Statement of Bette Hoxie, Executive Director, Adoptive and Foster Families of Maine and the Kinship Program, Orono, ME

Good afternoon Chairman Collins, Ranking Member Casey and members of the Special Senate Committee on Aging.

I am honored to speak with you today regarding both my professional and personal experiences with this topic. My name is Bette Hoxie. I am first and foremost a mother, grandmother, and great grandmother. I raised my grandson since his infancy. Today he is 17 years old, and he will graduate from high school in June. He plans to go into conservation law enforcement after college.

I am also the executive director of Adoptive and Foster Families of Maine Inc. and the Kinship Program.

Like so many other states, Maine is severely affected by the opioid crisis that permeates our nation and its vulnerable families. More and more infants are being born to mothers who are using opioids while pregnant. These births are taking a toll on a population of caring people who would—if they could—simply love their grandchildren, spoil them, and send them home to be raised and nurtured by their parents. But for an all too growing number of families, this is no longer an option. Instead, the grandparents have become the primary caretakers.

Adoptive and Foster Families of Maine and the Kinship Program have a great team of professionals working daily to support these grandparents—who, in most cases, were never expecting to parent again. They may not have a spare bed at home or clothing for the children. In these instances, we are there to help. We collect new and gently used items including beds, furniture, clothing, bedding and other material goods, and provide them free to grandparents. If we do not have what a grandparent needs in stock, we send out a request to the list serve, and usually receive it within a few days. This office works with over 3,100 kinship families statewide—85 percent of the families are grand or great grandparents. One-third of the total is licensed as the foster parent to the child/children.

We also provide licensing and legal education. We guide grandparents on how to work through Maine's Health and Human Services system or gain guardianship through the Probate Court system depending on where things are in time and space. We walk grandparents through the licensing process, which can be lengthy, complicated, and costly. To attain the license, grandparents must be mentally and physical fit to care for children. We guide grandparents to medical providers in their localities to attain physical and mental health assessments. In some situations we are able to use donated funds to support grandparents with the financial costs for filing paperwork and or finger printing if they cannot afford it. Their home must also be licensed. It must meet certain safety standards, including bedroom space and windows that meet fire codes. Many of the older homes in Maine have small windows and do not qualify. We try to work with the grandparents to come up with solutions.

Our organization provides specific support groups so families can share their stories and get emotional support from others like them who are walking the walk and talking the talk! Childcare is provided for children during the meetings so, like their caretakers, they are less isolated and can learn that they are not the only child being raised by grandparents. These support groups also serve as a mini respite for the grandparents for that evening. In rural areas of Maine, where transportation is difficult and families are unable to attend the groups, mentors with similar life experiences are invited to assist the families by phone. Respite is still a much-needed requirement for the families served and it is very difficult to attain. Frequently at the support meetings, families will develop their own respite amongst other members.

We also provide kinship training. The training explains how DHHS works and where to go for support. Relative caregivers participate and share what they needed the most when they first started. We provide referrals to appropriate legal guidance and mental health services, as well as other resources as needed. For instance, we find that many of the grandchildren have special needs, suffer from trauma, or may be living with the effects of pre-natal substance abuse. We connect the grandparents with resources to help, such as the Maine Autism Society or the Maine Drug Awareness Program.

One of the most powerful sources of support for grandparents is to meet others who are also raising their grandchildren. We organize a statewide conference, which brings together grandparents all across the state for education, training, and networking. We provide complimentary registration to the first 20 new grandparents to participate and we cover hotel accommodations for those who are coming from far away. When the grandparents come together, they feel a sense of solidarity in knowing that they are not alone, and they leave with a new set of tools to support themselves and their grandchildren on their second parenting journeys.

I mentioned earlier that I raised my grandson. Well, today—I am also raising a 19-month-old boy. He is the nephew of one of my adopted sons. The baby's biological mother is addicted to opioids. When I agreed to raise my grandson nearly 18 years ago, I wondered if I'd be able to walk down the aisle at his graduation. Now I find myself at 70 plus years of age wondering, "Am I the right person to take on this little boy?" I am no stranger to caring for my children. I'm the parent to 19 children and 40 grandchildren and 2 great grandchildren.

I work with families on a daily basis that resembles mine. Helping the families understand that our small office is here really helps—despite the fact that they know what they are struggling with includes a long tough road ahead. Grandparents need to know that this country supports them as well. Funds to meet the basic needs of families taking on a relative's child needs to be a priority. There are barriers in the foster care system but they are small compared to the needs in kinship/grandparent care!

Many of the grandparents raising grandchildren had planned to be retired. Others are younger and still raising children of their own in addition to their grandchildren. Trying to make small or fixed-incomes cover the costs of such things as diapers and childcare are often insurmountable obstacles for the families who are giving their all to keep our nation's children within their families of origin and above all else safe!

Thank you for recognizing this important issue. I appreciate the opportunity to share just a bit of what is happening in Maine both in terms of what works and what continues to be challenging. I hope I can respond to any questions and be useful as you work to support grandparents raising their grandchildren who have been affected by the opioid crisis.

Prepared Statement of Sharon McDaniel, MPA, Ed.D., President and Chief Executive Officer, A Second Chance, Inc., Pittsburgh, Pennsylvania

Chairman Collins, Ranking Member Casey, and Members of the Committee, good afternoon and thank you for holding this hearing on the effects of the opioid crisis on grandfamilies. As those who place the well-being of children first and foremost, I first say to you, "Kasserian Ingera", meaning "and how are the children?" It is the greeting of the Masai Warriors of Africa as they move from village to village asking about the children, as they know it's their responsibility to care for their young. I share in that same responsibility with all my heart.

I am Sharon McDaniel, President and CEO of A Second Chance, Inc., a leader in the provision of kinship care and support services in Pennsylvania. I am also on the Board of Trustees of Casey Family Programs, the largest national foundation dedicated exclusively to the safety, permanency, and well-being of children in the child welfare system.

Since 1994, A Second Chance has answered the call in meeting the needs of over 21,000 children throughout the two largest counties in Pennsylvania (i.e., Philadelphia and Allegheny). From time-to-time, we have also serviced a few of the smaller counties. Many of these children and youth were placed in the care of their maternal grandmothers. In fact, over 65 percent of our current children and youth are placed in the care of their maternal grandparents; where 40 percent are single female heads of household.

Each day, the dedicated staff of A Second Chance service over 1,800 children, their caregivers, and their birth parents. This does not include the many uncounted grandfamilies who are outside of the system and receiving very few supports.

My eyes have seen a lot throughout my 30-year career in child welfare. I worked alongside families through the heartbreak of the crack epidemic in the 90's. Today, the opioid epidemic is bringing children into the system at earlier ages. Through crisis and heartbreak, however, families can still triumph. Families do not lose value in crisis. Thus, I am profoundly humbled and appreciative to be able to share with you a couple of stories that elevate this conversation from the pages of my notes to the imprinted visuals in your heads about the importance of grandfamilies and the children that they care for on a daily basis.

I will start with my own story ... you see me! From the time that I was 2 years old, I was placed in the care of my fictive grandparents; they were not related by blood, but related by the heart. They were members of my father's village. Following the tragic death of my mother, my father sunk into a deep depression—which he attempted to drink his way out of, and realized that this was not the life that he wanted for his young children. Because the system had no real mechanism for kinship care back then, we were placed with my grandparents as foster children.

I witnessed, and was central to, all of the personal sacrifices that my grandparents had to make for us, from child care to family support. When we were school age, my grandmother used her foster care payments to pay for those extra things that would support our educational, cultural and social needs. She only wanted the best for us.

Like my grandparents then, many grandparents want the best for their grandchildren. Today, I am reminded of a grandmother I met last year. She was 62 years old and had a successful career at Verizon when she was suddenly asked to care for her five grandchildren due to her daughter-in-law's opioid addiction. The family made these arrangements outside of the child welfare system. Today, more than 2.5 million children are in a similar situation due to their parent's inability to care for them for a variety of reasons. Unfortunately, this grandmother ended up losing her job. She and her grandchildren lived in a one-bedroom apartment, had limited financial means and relied on TANF child-only payments. She was unaware of any support that could help with her overcrowded living conditions, including any support that the Department of Aging could offer her or her grandchildren. Thankfully, it was her faith community that stepped in and partnered with her to fill in the gaps when and where needed. The grandmother said to me, "Though I may not have much, my grandchildren are with me and not in the system and we're gonna be all right!" Her story is shared by many other grandmothers across the country.

In Pennsylvania, I have seen a rise in the number of cases referred to us by the public child welfare agencies in Philadelphia and, to a lesser extent, Pittsburgh. In three years, the caseload in our Philadelphia office has grown from 180 youth to over 900 children, many under the age of five.

In Philadelphia, from 2014 to 2016, there was an 11 percent increase in this age group. It is now at a staggering 56 percent. In Pittsburgh, the percentage of children under five has been steadier at around 48 percent. Because of the ages of these children and their unknown medical histories, we immediately enroll them in CHIP, as we must assess and follow up on their medical needs. It should be noted that over 90 percent of the children we service are eligible and receive Medicaid support.

Why the difference between the two largest counties in Pennsylvania? Contributing to this difference is, in part, due to the size of each county. Philadelphia is larger and hovers borders with New York and New Jersey. There is a more diverse population as well. In Allegheny County, we see an older population. We do, however, know that trends traverse the state. We typically see what happens in the eastern part of the state, slowly creep to western Pennsylvania three or so years later, as we did with the crack and gang issues.

Consistent with national trends, the majority of these cases involved parental neglect, which is often associated with drug dependency issues. The opioid epidemic is reflected in the national data on children in foster care. After years of declines, the number of children in care grew from 378,912 at the end of FFY 2012 to 412,647 at the end of FFY 2015. State and local child welfare officials attribute this increase to the opioid epidemic. Many of these children are being cared for by relatives. Of all children in foster care nationally, 29 percent are living with relatives.

In Allegheny County, 62 percent of children not living with relatives are placed in kinship care, and in Philadelphia County, 47 percent are placed in kinship care.

Grandfamilies, both within and outside the child welfare system, often lack the supports and services they need. Unlicensed relative foster parents are typically denied the financial support provided to licensed foster parents. Moreover, the vast majority of relative-headed households have no involvement with the child welfare system and are often unaware of the services and supports available to them.

In many areas of the country, particularly rural areas hit hard by the opioid epidemic, those services are few and far between. Grandfamilies affected by the opioid epidemic will tell you that they need navigator programs which assist them with identifying and accessing available services including mental health services, financial assistance, counseling, support groups, legal assistance, and respite care—all of which are essential. Furthermore, these services must be available in urban, as well as, rural settings. Too often, transportation, access to services, and child care have been cited as barriers to grandfamilies.

Despite the challenges faced by relative caregivers, research has shown that children experience better outcomes with kin than with non-relative caregivers. These outcomes include fewer placement changes, fewer school changes, increased likelihood of achieving permanency, better behavioral health outcomes, increased likelihood of placement with siblings and greater connections to community and culture.

The best place to touch grandfamilies is where they are isolated. This isolation can come physically by way of their neighborhood or lack of transportation. It can also come in the form of financial burden. But perhaps the most critical isolation comes via the racial and cultural prejudice grandfamilies experience. It is in the

ageism they face as caregivers. It is the unrecognized sacrifice they freely give because they value keeping their families together—the families that make up our Nation. What would we do as a Nation right now without grandfamilies? Where would those 2.5 million children go? We must not and cannot keep grandfamilies isolated any longer. What can be done to support grandparents raising children in the midst of this unprecedented crisis? Here are a few of my ideas:

1. Create a funding mechanism that blends federal child welfare and aging dollars to prevent the need for children to come into care. Let's get on the front end of this issue. Grandfamilies should not have had to lose their jobs to support their grandchildren.
2. Create more community support centers like the KARE Center in Arizona which is supported by Casey Family Programs in partnership with Arizona Children's Association. Additionally, create more holistic community-based kinship care programs like A Second Chance where families and their children can go for support services that are needed before removal of children becomes necessary.
3. Ensure that Senior Centers are equipped to support grandparents raising grandchildren with housing vouchers, support groups, counseling and in-home services, financial support and respite care.
4. Create more effective and readily available Drug Treatment Centers that treat the entire family. Grandfamilies need to understand how to negotiate the complexities associated with drug addiction and the impact on the children for whom they provide care for on a daily basis.
5. Re-examine the core tenets of the former Families First draft legislation. In order for grandfamilies and their grandchildren to receive services without the need to enter the child welfare system, flexible finance reform in child welfare is necessary and essential.

As I was preparing my remarks for you today, I decided to consult the real experts and asked grandmothers who were attending a recent Grandma's Hands Support Group sessions at my organization what they would say to Members of Congress about what they needed. They told me this:

"We do what we do because we love our grandchildren and our families. We need your help and cannot do what we do without the love, support, and suspended judgment of those we interact with each day. Treat us as if we were caring for your own grandchildren."

Thank you Ms. Chairman and Members of the Committee for the opportunity to share my thoughts with you today.

Dr. Sharon McDaniel
Response to Questions for the Record

Senator Elizabeth Warren

Opioid Epidemic and Partial Fill Policies

Older patients are frequently prescribed painkillers for chronic pain, or after surgery or other procedures.¹ The Center for Medicare and Medicaid Services (CMS) reported that generic Vicodin was prescribed to more Medicare beneficiaries than any other drug in 2013.² In 2015, almost 30 percent of Medicare Part D enrollees used an opioid prescription.³ If older adults don't use their entire prescription, these pills can remain in the home—and the National Institute on Drug Abuse has estimated that over 70 percent of adults who misuse prescription opioids get the medication from friends or relative.⁴

As a consequence, efforts to reduce the amount of unused medications in the home can be a powerful tool to tackle prescription drug abuse.⁵ Grandparents raising

¹ Ibid.

² Centers for Medicare & Medicaid Services, "CMS Releases Prescriber-Level Medicare Data for First Time" (April 30, 2016) (online at <https://www.cms.gov/Newsroom/MediaReleaseDatabase/Fact-sheets/2015-Fact-sheets-items/2015-04-30.html>).

³ Paula Span, "New Opioid Limits Challenge the Most Pain-Prone," New York Times (June 6, 2016) (online at: <https://www.nytimes.com/2016/06/07/health/opioid-limits-older-patients-pain.html>).

⁴ National Institute on Drug Abuse fact sheet (online at: <https://www.drugabuse.gov/sites/default/files/poppingpills-nida.pdf>).

⁵ National Institute on Drug Abuse fact sheet (online at: <https://www.drugabuse.gov/sites/default/files/poppingpills-nida.pdf>).

grandchildren as a result of the opioid epidemic may want to keep unused medications out of reach of their adult children still struggling with substance use disorder, as well as their grandchildren, who are also at a higher risk of developing substance use disorder themselves.⁶ The Comprehensive Addiction and Recovery Act, passed in July 2016, empowers patients to talk to their physicians and pharmacists about partially filling their prescription medications in order to reduce the amount of unused opioids available for misuse.⁷ Instead of picking up their entire prescription all at once, patients would be able to take home a few days' worth of medicine at a time, without having to get a new prescription from their physician each time.

Question: Do the grandparents you work with express concern about having unused prescriptions in their home?

Response:

At a Second Chance, Inc., we have not heard this directly from our grandparents, but I believe that they are so overwhelmed with other issues, that have not had time to consider this concern. Grandparents need to deal first with the basics including a safe and appropriate sleeping space, getting the child to their original school or registering them in a new school and dealing with the trauma of removal. Grandparents are also dealing with their own emotions.

It would be good to have information available in the cases where it could be an issue in the household.

Question: Would empowering grandparents to work with their physicians and pharmacists to partially fill their prescriptions—while also ensuring patients needing pain medicine receive it—help grandparents keep unused medications out of the hands of those struggling with substance use disorder, or those at a high risk of developing it?

Response:

This needs to be determined on a case by case basis. Among grandparents who are responsible for their grandchildren:

- 58 percent are still in the workforce
- 21 percent live below the poverty line
- 26 percent of them are disabled

Given these statistics, requiring grandparents to make multiple trips to a pharmacy could add an additional and unnecessary burden to the family route. It would depend on ease of access to transportation to the pharmacy, the hours of the pharmacy in relation to the grandparents work schedule and a range of factors. Advising grandparents of all their options and helping support their decisions would be the best approach.

Question: Are kinship navigator and support groups well-informed about new federal partial-fill policies?

Response:

To my knowledge, kinship navigator programs are not focused on this option because of the wide range of unique issues that must be otherwise addressed.

Question: What sort of actions can be taken by states, physicians, pharmacists, and patient and kinship groups to increase awareness of the new federal partial-fill policy so that grandparents and other kinship caregivers can take advantage of these options?

Response:

Public awareness campaigns and information provided by physicians and pharmacists could be an effective way to provide options for grandparents. Supporting and expanding kinship navigators to allow them to provide broader support would also help.

Question: What other approaches do you think can be taken by states, physicians, pharmacists, and patient and kinship groups to reduce the amount of unused prescription medication in circulation?

⁶“Drugs, Brains, and Behavior: The Science of Addiction,” National Institute of Drug Abuse (July 2014) (online at: <https://www.drugabuse.gov/publications/drugs-brains-behavior-science-addiction/drug-abuse-addiction>).

⁷See S. 524: Comprehensive Addiction and Recovery Act of 2016 (online at <https://www.Congress.gov/bill/114th-congress/senate-bill/524/text>).

Response:

Grandparents raising their grandchildren have enormous demands on their time and their energy, and 39 percent of them are over 60 years old. It is very important to have supports that are convenient and accessible. Transportation to pharmacies or other prescription drug drop off programs can be a challenge. Allowing grandparents to return unused prescription needs to be convenient and part of their existing routine to be the most effective.

Another important approach is professional training. We know that research demonstrates the unconscious nature of bias against older caregivers. Given the current opioid epidemic and its impact on grandfamilies, we must consider implicit bias measures and training because they can illuminate hidden ageism with older caregivers. For instance, we cannot make assumptions that grandparents are not conscious of leaving drugs out in the open due to their age or that there is an automatic need for partial-refills regarding seniors.

