

Written Testimony of:
Sharon McDaniel, MPA, Ed.D.
President and CEO, A Second Chance, Inc.

Before the United States Senate
Special Committee on Aging

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

Wednesday, March 15, 2017
562 Dirksen Senate Office Building

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% are single female heads of household.

Each day, the dedicated staff of A Second Chance service over 1800 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 90s. 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 two 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 5.

In Philadelphia, from 2014 to 2016, there was an 11% increase in this age group. It is now at a staggering 56%. In Pittsburgh, the percentage of children under 5 has been steadier at around 48%. 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% 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 PA 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, PA, 62% of all of their children in out of home care are

placed in Kinship Care, and Philadelphia county, Kinship care accounts for 47% of its out of home 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.