Final Report of the Task Force on Kinship Families, 2010

Maine State Legislature
Office of Policy and Legal Analysis

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Final Report
of the
TASK FORCE ON KINSHIP FAMILIES

November 2010

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Rep. Patricia Jones, Chair
Sen. Richard W. Rosen
Rep. David C. Webster
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EXECUTIVE SUMMARY

The Task Force on Kinship Families was established by Resolve 2009, Chapter 136 and Public Law 2009, Chapter 571, Part EEEE (Appendix A). Pursuant to the resolve and the public law, 13 members were appointed to the task force, four of whom were appointed by the President of the Senate, seven of whom were appointed by the Speaker of the House of Representatives, one of whom serves by virtue of serving as Commissioner of Education and one of whom serves by virtue of serving as Commissioner of Health and Human Services. A list of task force members can be found in Appendix B. On June 29, 2010 the Executive Director of the Legislative Council provided notice that the Legislative Council had accepted contribution of outside funding sufficient for the work of the task force (Appendix C). Outside funding was provided by Families and Children Together, a state-wide nonprofit organization, and the University of Maine Center on Aging.

The duties of the task force are set forth in Resolve 2009, Chapter 136 and in Public Law 2009, Chapter 571, Part EEEE (Appendix A). The duties include the following:

- Conduct a study of issues pertaining to kinship families. Within the study the task force is directed to:
  - Examine the issues facing kinship families and how state policies and practices can be crafted to meet the special needs of kinship families;
  - Identify existing resources within the State for kinship families;
  - Determine the needs of kinship families and gaps in services;
  - Review legal and custody issues and concerns for kinship families; and
  - Create strategies for sustaining and maintaining resources for kinship families.

The task force is required to submit a report, with findings and recommendations including suggested legislation, to the Legislature by November 3, 2010.

The task force met four times and at the conclusion of its last meeting reached agreement on the following findings and recommendations to address the needs of kinship families.

1. Kinship families, particularly those in the informal system of kinship care, would be well served by free or reduced cost legal representation in the Probate Court and in the District Court.

Recommendation A. Explore expanded access to legal representation for kinship families in the informal system through the University of Maine School of Law, Volunteer Lawyers Project (VLP) and Cumberland Legal Aid Clinic (CLAC). (Appendix G)

- Send a letter requesting that the Maine Commission on Indigent Legal Services convene a stakeholders group to discuss expanding access to legal representation for informal kinship families, possibly through service learning outreach for Law School Family Law students. The stakeholders group should include the Law School, VLP and CLAC, and representatives of children, families, the Probate Courts and the
District Court and other interested parties. The stakeholders group will be asked to report back the results of their work to the Health and Human Services Committee and Judiciary Committee by February 1, 2011.

2. Kinship families would benefit from recognition by school districts of powers of attorney as sufficient for enrollment in school and participation in educational decisions. Kinship families would also benefit from lengthening the maximum time period of powers of attorney from the current 6 months to 12 months.

3. In uncontested cases, when enrollment is necessary for the child’s health and safety, kinship families would be well served if the school administrative units recognize the beginning of the guardianship process as sufficient for school enrollment and participation in educational decisions relating to the child.

4. Kinship families would be well served by guardianship orders that include transitional arrangements. Depending on the circumstances transitional arrangements may be in the best interest of the child when a guardianship is ordered, modified or terminated.

**Recommendation B. Change the length of a power of attorney, authorize transition arrangements in guardianships, and authorize school enrollment and participation in education decisions by certain persons holding a power of attorney and by certain applicants for guardianships.** Note: The recommendations regarding school enrollment and participation in education decisions are by majority vote, with abstentions from the Department of Education and the Department of Health and Human Services. (Appendix H)

- Amend the Probate Code to lengthen the maximum time period of a power of attorney from its current length of 6 months to 12 months.
- Amend the Probate Code to authorize the judge in an application to establish, modify or terminate a guardianship to issue an order providing for transition arrangements for the child that are in the best interest of the child and that will assist the child with the transition of custody.
- Amend the Probate Code and education statutes to specifically authorize school enrollment and participation in education decisions:
  1. By a person who holds a power of attorney, unless the school district determines that enrollment is not being done for reasons of the child’s health and safety. Provide an appeal process, with a decision by the Commissioner of Education and with enrollment and participation in education decisions pending decision on the appeal; and
  2. By a person who has filed a guardianship application if:
     - The application appears likely to proceed on an uncontested basis;
     - The child is living with the applicant;
     - The applicant has obtained a court date; and
5. Kinship families would be well served by guardianship orders that include terms of visitation for the child with the child’s parents or other persons.

6. Kinship families would be well served by guardianship orders that include findings or reasons for granting or modifying the guardianship.

7. Kinship families would be well served by the increased use of mediation prior to contested guardianship proceedings.

**Recommendation C. Request recommendations from the Probate and Trust Law Advisory Commission regarding ordering terms of visitation, including reasons or findings in guardianship orders and increasing the voluntary use of mediation. (Appendix I)**

- Send a letter to the Probate and Trust Law Advisory Commission asking for a report to the Health and Human Services Committee and Judiciary Committee by February 1, 2011 with recommendations on the following issues:
  1. Whether to include terms of visitation between the child and the child’s parents or other persons in guardianship orders;
  2. Whether to include reasons or findings for the imposition of the guardianship in guardianship orders; and
  3. With regard to contested guardianships of children in kinship families, consideration of ways that the Probate Court could increase the voluntary use of mediation without cost to the courts.

8. Kinship families would be well served by housing policies that are supportive of kinship families, and by landlord and housing project recognition of kinship care children as members of tenants’ families as opposed to, in some instances, considering the children to be guests in the housing unit.

**Recommendation D. Enlist Maine Housing to protect kinship families in rental housing. (Appendix J)**

- Send a letter to the Maine State Housing Authority (MSHA) asking that MSHA convene a working group that includes Maine Housing staff, a representative of the federal Department of Housing and Urban Development (HUD), the nonprofit organization Families and Children Together (FACT), public housing authorities, section-8 landlords, and associations that represent private landlords and other interested parties. The letter will ask for review of housing policies that require the kinship family to obtain guardianship in order to avoid eviction, particularly if the timeframe for action is only two weeks. The working group will be asked to review kinship family issues and to address the challenges facing kinship families in rental housing. The letter will convey the sentiment of the task force that the child is a family
family member and not a guest in the kinship home and that the issue is a human rights concern. The letter will ask for a report back to the Health and Human Services Committee and the Business Research and Economic Development Committee by March 1, 2011.

9. Kinship families would be well served by improved training, practice, procedures and reimbursement rules in the Department of Health and Human Services, including standardization of practices and procedures and improved family team meeting casework practice.

10. Kinship families would be well-served by expansion of the Parents as Partners program, which is a mentoring program for parents who have had a child removed from their home by the Department of Health and Humans Services. The program partners parents with other families who have had similar experiences to provide support, resources and education.

11. Kinship families would be well-served by the Department of Health and Human Services, Office of Child and Family Services adding to its website a link for information specifically relating to kinship families.

12. Kinship families would be well-served by the development by the Department of Health and Human Services of a “suitcase” program in Maine for children in transition out of their homes. Similar “suitcase” programs in other states provide children in foster care programs with luggage to transport their belongings when in transition, personal care items such as clothes and basic toiletries, and school supplies and backpacks.

**Recommendation E. Send a letter to Department of Health and Human Services (DHHS) memorializing that DHHS has agreed to do the following (without the need for legislation): (Appendix K)**

- Improve DHHS training, practice, procedures and reimbursement rules – adopt best practices training to standardize policies and procedures, and improve family team meeting casework practice;
- Expand Parents as Partners peer-to-peer program;
- Add to the Office of Child and Family Services website a link for information on kinship families; and
- Develop a “suitcase” program for children in transition out of their homes.
I. INTRODUCTION

The Task Force on Kinship Families was established by Resolve 2009, Chapter 136 and Public Law 2009, Chapter 571, Part EEEE (Appendix A). Pursuant to the resolve and the public law, 13 members were appointed to the task force, four of whom were appointed by the President of the Senate, seven of whom were appointed by the Speaker of the House of Representatives, one of whom serves by virtue of serving as Commissioner of Education and one of whom serves by virtue of serving as Commissioner of Health and Human Services. A list of task force members can be found in Appendix B. On June 29, 2010 the Executive Director of the Legislative Council provided notice that the Legislative Council had accepted contribution of outside funding sufficient for the work of the task force (Appendix C). Outside funding was provided by Families and Children Together, a state-wide nonprofit organization, and the University of Maine Center on Aging.

The duties of the task force are set forth in Resolve 2009, Chapter 136 and in Public Law 2009, Chapter 571, Part EEEE (Appendix A). The duties include the following:

• Conduct a study of issues pertaining to kinship families. Within the study, the task force is directed to:
  ▪ Examine the issues facing kinship families and how state policies and practices can be crafted to meet the special needs of kinship families;
  ▪ Identify existing resources within the State for kinship families;
  ▪ Determine the needs of kinship families and gaps in services;
  ▪ Review legal and custody issues and concerns for kinship families; and
  ▪ Create strategies for sustaining and maintaining resources for kinship families.

The task force is required to submit a report, with findings and recommendations including suggested legislation, to the Legislature by November 3, 2010.

II. TASK FORCE PROCESS

The Task Force on Kinship Families held meetings on August 3, September 7, September 28 and October 19. All meetings were open to the public and were broadcast by audio transmission over the Internet. Most of the meetings included opportunities for the public to address the task force. Agendas and summaries of task force meetings can be found in Appendix D of this report.

At the first meeting of the task force on August 3, 2010, the co-chairs invited task force members to make opening statements about their knowledge of kinship care and concerns regarding the needs of kinship families and children. Task force members mentioned the following issues as they related to kinship care:

• Achieving permanency for children and balancing parental, kin and children’s rights and interests (keeping children as the focus) and the timeline for permanency; concern about the effect of further disruption in the life of the child;
- Legal processes, legal expenses, finding a parent unfit and determining the best interest of the child;
- Balancing the benefits, requirements and restrictions of involvement by the State;
- Providing support and services to kinship families, including sorting out legal requirements for education, special educational services, and health care services;
- The range of legal status of families caring for non-biological children: (1) formal with Department of Health and Human Services (DHHS) involvement, (2) informal with a legal guardianship or parental rights and responsibilities court order, (3) informal with power of attorney and (4) informal with no written authority;
- Whether informal care should be formalized to more easily know children’s status and provide the support and services children and their families need;
- What are the special needs of children in kinship care;
- How to provide behavioral health services for children in kinship care; and
- Whether the State could provide guidance to schools regarding enrollment requirements, to families and health care providers regarding authority to consent to treatment and authority to treat, and to housing authorities regarding non-biological children being considered members of the family.

The second meeting of the task force was held on September 7, 2010. The meeting included the following:

- The meeting began with task force member David Stockford, from the Department of Education, who addressed the roles and responsibilities of the Department of Education relating to kinship care.
- Cliff McHatten, Consultant for Exceptional Children with the Department of Education, discussed the surrogate parent program.
- Nancy Connolly, from the Department of Education, presented information on residency requirements for school districts and the opportunities and challenges for Maine with regard to the federal Fostering Connections to Success and Increasing Adoptions Act of 2008. She explained the difficulties of establishing legal authority to enroll a child and to participate in decisions regarding special education.
- Susan Lieberman presented information on the Maine Children’s Cabinet initiative program entitled Keeping Maine’s Children Connected. This initiative establishes liaisons in school districts and children’s residential care facilities. The liaisons in consultation with the youth and family assist children in transition who live in kinship families and in foster families through placements by the Department of Health and Human Services.
- Virginia Marriner, from DHHS, and Barbara Kates, from the Maine Kids-Kin program, presented information regarding legal processes and kinship care in the formal system, when the DHHS child welfare system is involved with the child and family, and in the informal system, when DHHS child welfare system is not involved. Through Maine Kids-Kin and the award of a Family Connections Grant kinship navigations services, kinship focused family team meetings and family finding processes have begun across Maine.
• Nina Williams-Mbengue of the National Conference of State Legislatures (NCSL) presented information to the task force about initiatives and approaches to kinship care in other states. The task force requested additional information from NCSL and invited a kinship care expert to attend the September 28th meeting.

• Jennifer Crittenden, research associate at the University of Maine Center on Aging, presented information on kinship family initiatives and research in the formal and informal systems. The Center on Aging has been working with Families and Children Together, Health Access Network, Adoptive and Foster Families of Maine and Casey Family Services on the Maine Rural Relatives as Parents outreach project. This project provides resources for kinship families, conducts periodic meetings and trainings, publishes materials to assist kinship families and conducts electronic e-conversations. The Maine Rural Relatives as Parents outreach project has addressed issues identified by older adults providing kinship care, such as mental health; resource and support issues; and increasing cultural awareness. During their work, the task force reviewed and considered the January 2005 white paper “Supporting Maine’s Families: Recommendations from Maine’s Relatives as Parents Project.” (Appendix E)

• The task force also hosted a panel representing families who have provided kinship care to children. The panel of three grandparents made several specific recommendations, as follows:
  - Provide less time for rehabilitation of the unfit biological parent and reunification efforts;
  - Allow kinship parent to limit biological parent visitation with the children;
  - Limit the ability of biological parents to submit motions to amend court orders – this puts children at further risk; and
  - Provide more financial assistance for grand families – in both formal and informal systems.

• The task force completed the second meeting with a discussion of legal processes and case flow in the child welfare system with Janice Stuver, Assistant Attorney General, and Virginia Marriner, DHHS.

The third meeting of the task force was held on September 28, 2010. The meeting included the following:

• The meeting began with presentations of information that had been requested at prior meetings and a discussion of the on-site meeting in Pittsburgh, Pennsylvania hosted by the Annie E. Casey Foundation.

• Nancy Ives, Volunteers of America, Northern New England, and Mary O’Leary, from the Look Up and Hope program, presented information on a kinship care project that focuses on care for children whose parents are incarcerated. They provided information on the work of the program and research results to date. Nancy Markowitz, from Community and Agricultural Mediation, Volunteers of America, presented information on the use of mediation for kinship families.
• Following up on information provided by telephone on September 7th by Nina Williams-Mbengue, Kelly Crane of the NCSL provided information on initiatives and approaches to kinship care in other states. Josh Kroll, from the North American Council on Adoptable Children, provided information and answered questions by telephone.
• The task force began discussions of ideas for recommendations. Ms. Crane provided additional information and assisted the task force as an expert resource.

The fourth and final meeting of the task force was held on October 19, 2010.
• At this meeting task force members received information requested on September 28th. David Stockford, from the Department of Education, provided information on school enrollment issues for kinship families.
• Josh Kroll, from the North American Council on Adoptable Children, submitted information on adoption subsidies in different states.
• Kelly Crane, Policy Specialist with the Children and Families Program at NCSL, provided information on the use of powers of attorney forms for school enrollment, definitions of “best interest of the child” and “harm and neglect,” the threshold for petitioning for a change in custody or guardianship and other states’ use of child welfare policies and timelines in kinship care.
• Nancy Markowitz, from Community and Agricultural Mediation, Volunteers of America, provided additional information on mediation in Washington State.
• Peter Merrill, from Maine State Housing Authority, provided information on public housing and section-8 housing.
• Mary Ann Lynch, Director of Court Information, Maine Judicial Branch, discussed mediation through the court administered dispute resolution services.
• Following review of the new information, the task force reviewed and made final decisions on the proposals for recommendations identified at the September 28th meeting.

III. BACKGROUND

The Task Force on Kinship Families was established in Resolve 2009, Chapter 136 and Public Law 2009, Chapter 571, Part EEEE to study and make recommendations on the needs of Maine’s kinship families.

Although the authorizing legislation for the task force defines “kinship families” for the purposes of the study as “family members who care for a relative’s child,” the task force in their deliberations expanded the definition to include families that assume responsibility and care for children of all ages, including children who are related by birth, adoption or marriage and children who are not related but who have strong emotional ties to the adults who assume the kinship role or adults who are designated as kinship parents by the parents.

Some kinship families have legal authority through court orders of parental rights and responsibilities from the District Court or guardianships from the Probate Court, some have powers of attorney or written documents and instructions, and some have no paperwork and no legal authority but function as responsible families day in and day out for their children. Contributing further to the diversity of kinship family situations, some children cared for in
kinship families have been involved in their families of origin with DHHS child welfare services. In some of these families of origin, child protective orders have been entered in District Court and the child has been placed with kinship family or a foster family.

To distinguish among types of families, the task force referred to the families with District Court child welfare court orders as belonging to the formal system of kinship care. In other families of origin, DHHS has completed child welfare assessments and provided services but placement of the child in the kinship family has been accomplished without entry of child protective orders. In other families, the department has not been involved and is not providing services to the families. Kinship care has been arranged by default when the parent or parents separated from their children or by agreement between the parent or parents and the kinship family adults. To distinguish among types of families, the task force referred to these families, including those with Probate Court guardianships but without child welfare court orders, as belonging to the informal system of kinship care.

In the formal system of kinship care, DHHS reported 1,718 children in state foster care, of whom 463 live with relatives. But many kinship families have little or no formal contact with DHHS or with the District Court or Probate Court. The only published figures on kinship care are available from “GrandFacts, a State Fact Sheet for Grandparents and Other Relatives Raising Children,” published by the American Association of Retired Persons (AARP) Foundation, the Brookdale Foundation Group, Casey Family Programs, Child Welfare League of America, Children’s Defense Fund and Generations United (Appendix F). “GrandFacts Maine, January 2008” reports that 9,276 children in Maine live in grandparent-headed households and another 2,078 children live in households headed by other relatives. Of these families, 4,326 are living in households where neither parent is present, comprising the informal and formal systems of kinship care for children.

Several members of the task force have direct experience with kinship families and kinship care. Other members have worked in the field of children’s services or have served children and families in health care, legal or social services fields. Task force members drew on their own experiences, spoke frequently with kinship families and reached out for public testimony, comment and written submissions. Several grandparents who are providing primary childrearing for their grandchildren spoke to the task force. From this wealth of information the following common themes emerged about children in kinship care and their kinship families.

A. Information and resources issues

1. Kinship families would benefit from a single point of entry for social services and benefits programs.
2. Kinship families would benefit from increased access to low-barrier, peer provided, family centered services.
3. Kinship families would benefit from expanded information, resource and services, available statewide.
B. Health care and services issues
1. Kinship families would benefit from broader qualification for the permanency guardianship subsidy, qualifying families of children who were and were not in the child welfare foster care system.
2. Kinship families would benefit from expanded access to flexible funding to meet the essential needs of children coming into their care and to “suitcase” projects to provide children with needed items at times of transition.
3. Kinship families would benefit from expanded access to low-cost child care.
4. Kinship families would benefit from eligibility for health coverage for all members of the family.
5. Kinship families would benefit from expanded access to benefits under the Temporary Assistance for Needy Families (TANF), qualifying adult caregivers who are not related by blood or marriage.
6. Kinship families would benefit from policies and procedures that recognize their function and authority as families.
7. Kinship families would benefit from best practices training, standardization of policies and procedures and improved family team meeting casework practice.
8. Kinship families would benefit from expanded access to behavioral health services for children.
9. Kinship families would benefit from expanding the adoption subsidy to cover children who do not qualify as special needs children.
10. Kinship families would benefit from access to services on an equal basis with foster families in the child welfare system.

C. Educational issues
1. Kinship families would benefit from school administrative unit policies and procedures that recognize kinship families’ function and authority and allow enrollment in school and participation in special education decisions for kinship children based on families’ residency or prior residency of the children, as is in the best interest of the child.
2. Kinship families would benefit from acceptance by school districts of power of attorney forms in order to enroll students.

D. Legal issues
1. Kinship families would benefit from free or reduced price legal services to assist them with legal matters, including guardianships and family matters.
2. Kinship families would benefit from laws that recognize the value of stability and permanency for children and that minimize disruption in children’s lives.
3. Kinship families would benefit from standards for the guardian’s defense of a motion to terminate a guardianship that does not require the guardian to prove that the parent is unfit.
4. The Probate Court in a guardianship matter would benefit from a timetable for review and action.
5. The Probate Court in a guardianship matter would benefit from the ability to provide mediation services to the parties.
IV. FINDINGS AND RECOMMENDATIONS

1. Kinship families, particularly those in the informal system of kinship care, would be well served by free or reduced cost legal representation in the Probate Court and in the District Court.

**Recommendation A.** Explore expanded access to legal representation for kinship families in the informal system through the University of Maine School of Law, Volunteer Lawyers Project (VLP) and Cumberland Legal Aid Clinic (CLAC). (Appendix G)

- Send a letter requesting that the Maine Commission on Indigent Legal Services convene a stakeholders group to discuss expanding access to legal representation for informal kinship families, possibly through service learning outreach for Law School Family Law students. The stakeholders group should include the Law School, VLP and CLAC, and representatives of children, families, the Probate Courts and the District Court and other interested parties. The stakeholders group will be asked to report back the results of their work to the Health and Human Services Committee and Judiciary Committee by February 1, 2011.

2. Kinship families would benefit from recognition by school districts of powers of attorney as sufficient for enrollment in school and participation in educational decisions. Kinship families would also benefit from lengthening the maximum time period of powers of attorney from the current 6 months to 12 months.

3. In uncontested cases, when enrollment is necessary for the child’s health and safety, kinship families would be well served if the school administrative units recognize the beginning of the guardianship process as sufficient for school enrollment and participation in educational decisions relating to the child.

4. Kinship families would be well served by guardianship orders that include transitional arrangements. Depending on the circumstances transitional arrangements may be in the best interest of the child when a guardianship is ordered, modified or terminated.

**Recommendation B.** Change the length of a power of attorney, authorize transition arrangements in guardianships, and authorize school enrollment and participation in education decisions by certain persons holding a power of attorney and by certain applicants for guardianships. Note: The recommendations regarding school enrollment and participation in education decisions are by majority vote, with abstentions from the Department of Education and the Department of Health and Human Services. (Appendix H)

- Amend the Probate Code to lengthen the maximum time period of a power of attorney from its current length of 6 months to 12 months.
- Amend the Probate Code to authorize the judge in an application to establish, modify or terminate a guardianship to issue an order providing for transition arrangements for the child that are in the best interest of the child and that will assist the child with the transition of custody.
• Amend the Probate Code and education statutes to specifically authorize school enrollment and participation in education decisions:

1. By a person who holds a power of attorney, unless the school district determines that enrollment is not being done for reasons of the child’s health and safety. Provide an appeal process, with a decision by the Commissioner of Education and with enrollment and participation in education decisions pending decision on the appeal; and

2. By a person who has filed a guardianship application if:
   - The application appears likely to proceed on an uncontested basis;
   - The child is living with the applicant;
   - The applicant has obtained a court date; and
   - The applicant has provided to the school district written certification from the Probate Court of the requirements of this recommendation.

5. Kinship families would be well served by guardianship orders that include terms of visitation for the child with the child’s parents or other persons.

6. Kinship families would be well served by guardianship orders that include findings or reasons for granting or modifying the guardianship.

7. Kinship families would be well served by the increased use of mediation prior to contested guardianship proceedings.

Recommendation C. Request recommendations from the Probate and Trust Law Advisory Commission regarding ordering terms of visitation, including reasons or findings in guardianship orders and increasing the voluntary use of mediation.

(Appendix I)
• Send a letter to the Probate and Trust Law Advisory Commission asking for a report to the Health and Human Services Committee and Judiciary Committee by February 1, 2011 with recommendations on the following issues:
   1. Whether to include terms of visitation between the child and the child’s parents or other persons in guardianship orders;
   2. Whether to include reasons or findings for the imposition of the guardianship in guardianship orders; and
   3. With regard to contested guardianships of children in kinship families, consideration of ways that the Probate Court could increase the voluntary use of mediation without cost to the courts.

8. Kinship families would be well served by housing policies that are supportive of kinship families, and by landlord and housing project recognition of kinship care children as members of tenants’ families as opposed to, in some instances, considering the children to be guests in the housing unit.
Recommendation D. Enlist Maine Housing to protect kinship families in rental housing. (Appendix J)

- Send a letter to the Maine State Housing Authority (MSHA) asking that MSHA convene a working group that includes Maine Housing staff, a representative of the federal Department of Housing and Urban Development (HUD), the nonprofit organization Families and Children Together (FACT), public housing authorities, section-8 landlords, and associations that represent private landlords and other interested parties. The letter will ask for review of housing policies that require the kinship family to obtain guardianship in order to avoid eviction, particularly if the timeframe for action is only two weeks. The working group will be asked to review kinship family issues and to address the challenges facing kinship families in rental housing. The letter will convey the sentiment of the task force that the child is a family member and not a guest in the kinship home and that the issue is a human rights concern. The letter will ask for a report back to the Health and Human Services Committee and the Business Research and Economic Development Committee by March 1, 2011.

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Recommendation E. Send a letter to Department of Health and Human Services (DHHS) memorializing that DHHS has agreed to do the following (without the need for legislation): (Appendix K)

- Improve DHHS training, practice, procedures and reimbursement rules – adopt best practices training to standardize policies and procedures, and improve family team meeting casework practice;
- Expand Parents as Partners peer-to-peer program;
• Add to the Office of Child and Family Services website a link for information on kinship families; and
• Develop a “suitcase” program for children in transition out of their homes.
APPENDIX A

Authorizing Legislation: Resolve 2009, Chapter 136 and
Public Law 2009, Chapter 571, Part EEEE
Resolve, Chapter 136, 124th Legislature, First Regular Session

Resolve
124th Legislature
First Regular Session

Chapter 136
H.P. 770 - L.D. 1115

Resolve, To Establish the Task Force on Kinship Families

Emergency preamble. Whereas, acts and resolves of the Legislature do not become effective until 90 days after adjournment unless enacted as emergencies; and

Whereas, the Task Force on Kinship Families is created in this resolve in order to study issues facing kinship families; and

Whereas, the task force must be initiated before the 90-day period expires in order that the study may be completed and a report submitted in time for submission to the next legislative session; and

Whereas, in the judgment of the Legislature, these facts create an emergency within the meaning of the Constitution of Maine and require the following legislation as immediately necessary for the preservation of the public peace, health and safety; now, therefore, be it

Sec. 1 Task force established. Resolved: That the Task Force on Kinship Families, referred to in this resolve as "the task force," is established; and be it further

Sec. 2 Task force membership. Resolved: That the task force consists of 13 members appointed as follows:

1. Four members appointed by the President of the Senate as follows:
   A. Two Senators; and
   B. One member representing a private nonprofit agency that provides services to kinship families and one member who is a state-licensed pediatrician;

2. Seven members appointed by the Speaker of the House as follows:
   A. Five Representatives; and
   B. One member who is currently providing primary care for a relative’s child and one member representing the Probate Court; and

3. The Commissioner of Health and Human Services or the commissioner’s designee; and

4. The Commissioner of Education or the commissioner’s designee; and be it further

Sec. 3 Chairs. Resolved: That the first-named Senate member is the Senate chair and the first-named House of Representatives member is the House chair of the task force; and be it further
Sec. 4 Appointments; convening of task force. Resolved: That all appointments must be made no later than 30 days following the effective date of this resolve. The appointing authorities shall notify the Executive Director of the Legislative Council once all appointments have been completed. Within 15 days after appointment of all members, the chairs shall call and convene the first meeting of the task force, which must be no later than August 1, 2009; and be it further

Sec. 5 Duties. Resolved: That the task force shall examine the issues facing kinship families, defined here as family members who care for a relative’s child, and how state policies and practices can be crafted to meet the special needs of kinship families. In examining this issue, the task force shall identify existing resources within the State for kinship families, determine the needs of kinship families and gaps in services, review legal and custody issues and concerns for kinship families and create strategies for sustaining and maintaining resources for kinship families; and be it further

Sec. 6 Staff assistance. Resolved: That the Legislative Council shall provide necessary staffing services to the task force; and be it further

Sec. 7 Report. Resolved: That, no later than December 2, 2009, the task force shall submit a report that includes its findings and recommendations, including suggested legislation, for presentation to the Second Regular Session of the 124th Legislature. The Joint Standing Committee on Health and Human Services is authorized to introduce a bill related to the subject matter of the report to the Second Regular Session upon receipt of the report; and be it further

Sec. 8 Funding. Resolved: That the operations of the task force are contingent upon receipt of outside funding to fund all costs of the task force. Private financial or in-kind contributions to support the work of the task force may not be accepted from any party having a pecuniary or other vested interest in the outcome of the study. Any person, other than a state agency, authorized and desiring to make a financial or in-kind contribution must certify to the Legislative Council that it has no pecuniary or other vested interest in the outcome of the study. All such contributions are subject to the approval of the Legislative Council. All accepted contributions must be forwarded to the Executive Director of the Legislative Council along with an accounting record that includes the amount of contributions, the date the contributions were received, from whom the contributions were received and the purpose of and any limitation on the use of those contributions. The Executive Director of the Legislative Council shall administer the contributions and shall notify the chairs of the task force when those contributions have been received. If funding has not been received within 30 days after the effective date of this resolve, then no meetings of the task force are authorized and no study-related expenses of any kind may be incurred or reimbursed; and be it further

Sec. 9 Appropriations and allocations. Resolved: That the following appropriations and allocations are made.

LEGISLATURE

Study Commissions - Funding 0444

Initiative: Allocates funds for the costs to the Legislature of the Task Force on Kinship Families in the event that outside funding is received.

<table>
<thead>
<tr>
<th>OTHER SPECIAL REVENUE FUNDS</th>
<th>2009-10</th>
<th>2010-11</th>
</tr>
</thead>
<tbody>
<tr>
<td>Personal Services</td>
<td>$1,540</td>
<td>$0</td>
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</table>
Emergency clause. In view of the emergency cited in the preamble, this legislation takes effect when approved.
PART EEEE

Sec. EEEE-1. Resolve 2009, c. 136, §4 is amended to read:

Sec. 4. Appointments; convening of task force. Resolved: That all appointments must be made no later than 30 days following the effective date of this resolve June 1, 2010. The appointing authorities shall notify the Executive Director of the Legislative Council once all appointments have been completed. Within 15 days after appointment of all members, the chairs shall call and convene the first meeting of the task force, which must be no later than August 1, 2009 July 1, 2010; and be it further

Sec. EEEE-2. Resolve 2009, c. 136, §7 is amended to read:

Sec. 7. Report. Resolved: That, no later than December 2, 2009 November 3, 2010, the task force shall submit a report that includes its findings and recommendations, including suggested legislation, for presentation to the Second First Regular Session of the 124th 125th Legislature. The Joint Standing Committee on Health and Human Services is authorized to introduce a bill related to the subject matter of the report to the Second Regular Session upon receipt of the report; and be it further

Sec. EEEE-3. Resolve 2009, c. 136, §8 is amended to read:

Sec. 8. Funding. Resolved: That the operations of the task force are contingent upon receipt of outside funding to fund all costs of the task force. Private financial or in-kind contributions to support the work of the task force may not be accepted from any party having a pecuniary or other vested interest in the outcome of the study. Any person, other than a state agency, authorized and desiring to make a financial or in-kind contribution must certify to the Legislative Council that it has no pecuniary or other vested interest in the outcome of the study. All such contributions are subject to the approval of the Legislative Council. All accepted contributions must be forwarded to the Executive Director of the Legislative Council along with an accounting record that includes the amount of contributions, the date the contributions were received, from whom the contributions were received and the purpose of and any limitation on the use of those contributions. The Executive Director of the Legislative Council shall administer the contributions and shall notify the chairs of the task force when those contributions have been received. If funding has not been received within 30 days after the effective date of this resolve by June 1, 2010, then no meetings of the task force are authorized and no study-related expenses of any kind may be incurred or reimbursed; and be it further

Sec. EEEE-4. Appropriations and allocations. The following appropriations and allocations are made.
LEGISLATURE

Study Commissions - Funding 0444

Initiative: Adjusts allocations between fiscal years to reflect the delay in the start of the task force on kinship families.

<table>
<thead>
<tr>
<th>OTHER SPECIAL REVENUE FUNDS</th>
<th>2009-10</th>
<th>2010-11</th>
</tr>
</thead>
<tbody>
<tr>
<td>Personal Services</td>
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<tr>
<td>All Other</td>
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<td>$2,950</td>
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OTHER SPECIAL REVENUE FUNDS TOTAL $0       $4,490

Sec. EEEE-5. Retroactivity. This Part applies retroactively to June 17, 2009.
APPENDIX B

Membership List, Task Force on Kinship Families
TASK FORCE ON KINSHIP FAMILIES  
Resolves 2009, Ch. 136  
Membership List

Appoint(m(s) by the President (4): 
Sen. Margaret M. Craven, Chair  
Sen. Richard W. Rosen  
Dr. Joanna Dotts, State-licensed pediatrician  
Barbara Kates, Representing non-profit agency, Maine Kids-Kin

Appoint(m(s) by the Speaker (7): 
Rep. Patricia Jones, Chair  
Rep. David C. Webster  
Rep. Sara R. Stevens  
Rep. Donald J. Soctomah  
Rep. Joan M. Nass  
Honorable Joseph Mazziotti, Representing Probate Court  
Diane Loranger, Current Primary Care Provider of a Relative’s Child

David Stockford, Department of Education  
James Beougher, Department of Health and Human Services

STAFF: 
Jane Orbeton, Senior Analyst  
Karen Nadeau-Drillen, Legislative Analyst

Office of Policy and Legal Analysis  
Cross State Office Building  
2nd Floor, Room 215

(207) 287-1670

G:\Studies - 2010\Kinship study\Membership list.doc (10/6/2010 1:59:00 PM)
APPENDIX C

Legislative Council Letter dated June 29, 2010
To: Senator Margaret M. Craven, Senate Chair  
Rep. Patricia Jones, House Chair  
Task Force on Kinship Families

From: David E. Boulter, Executive Director  
Legislative Council

Date: June 29, 2010

Re: Task Force on Kinship Families

Please be advised that all appointments to the task force have been made and the membership is complete. In addition, all funds to fully support the task force have been received and accepted by the Legislative Council. Therefore, the task force is authorized and directed to convene.

OPLA staff members Karen Nadeau-Drillen and Jane Orbeton have been assigned as staff to the task force and will be contacting you both shortly to schedule the first meeting of the task force. The task force is authorized to hold up to 4 meetings and must conclude its work by November 3, 2010. Expenses for the task force may not exceed $4,490.

For your reference I have attached a list of the 13 members appointed to the task force. If you have any questions, please do not hesitate to contact either Karen or Jane at 287-1670.

Thank you.

Attachment

Cc: Hannah M. Pingree, Speaker  
Elizabeth H. Mitchell, Senate President  
Rep. Emily Ann Cain  
Patrick T. Norton, Director, OPLA
APPENDIX D

Agendas and Meeting Notes of the Task Force
STATE OF MAINE
TASK FORCE ON KINSHIP FAMILIES

AGENDA
Meeting #1, August 3, 2010
Room 209, Cross State Office Building, 10 am to 4 pm

10 am Welcome and introductions
   Senator Margaret Craven and Representative Patricia Jones

10:30 am Overview of Task Force duties
   Resolve 2009, chapter 136 and Public Law 2009, chapter 571, Part EEEE
   OPLA Staff

10:45 am Roundtable discussion of kinship family issues
   Task Force Members

12 noon Break for lunch
   Task Force member Barbara Kates will show the 25-minute film Maine
   Grandfamilies in Room 209 during the lunch break for persons who would like to
   view the film.

1 pm Public comment period

1:30 pm Discussion of next steps
   What are the issues facing children, birth, kinship and fictive kin families, providers of
   services, schools, Indian tribes and the Department of Health and Human Services?
     • Education
     • Services and resources for children and families
     • Financial support
     • Tribal issues
     • Multicultural issues
     • Legal process issues
     • Other issues

3 pm Task Force discussion
   Planning for meetings 2, 3 and 4
     • What information does the Task Force need?
     • Who might be able to provide the needed information?

Meeting #2, Tuesday, September 7
Meeting #3, Tuesday, September 28
Meeting #4, Tuesday, October 19
1. The first meeting of the Task Force on Kinship Families convened on Tuesday, August 3rd. Present were Senator Margaret Craven, Representative Patricia Jones, Representative David Webster, Representative Sara Stevens, Representative Joan Nass, Dr. Joanna Dotts, Diana Loranger, Barbara Kates, James Beougher, and David Stockford (by phone). Also present were staff Jane Orbeton and Karen Nadeau-Drillen from the Office of Policy and Legal Analysis, Dean Crocker and Carla Mowatt from the Maine Children’s Alliance, David Wihry from the University of Maine Center on Aging and Virginia Marriner from DHHS.

2. Senator Craven and Representative Jones greeted the task force members. Task Force members discussed the duties of the task force and the issue of “fictive kin,” who are persons who act as kin but who are not legally related to the child and family.

3. Task Force members introduced themselves and spoke of their interest and experience with kinship care issues. The challenges that they mentioned included the following:
   - achieving permanency for children and the balance of parental, kin and children’s rights and interests (keeping children as the focus) and the timeline for permanency; concern about the effect of further disruption in the life of the child;
   - legal processes, legal expenses, finding a parent unfit and determining the best interest of the child;
   - balancing the benefits, requirements and restrictions of involvement by the State;
   - providing support and services to kinship families, including what are the legal requirements for education, special educational services, health care services;
   - the range of legal status of families caring for non-biological children [(1) formal with DHHS involvement, (2) informal with a legal guardianship or parental rights and responsibilities court order, (3) informal with a power of attorney and (4) informal with no legal paperwork];
   - whether informal care should be formalized to more easily know children’s status and provide the support and services they and their families need;
   - what are the special needs of children in kinship care;
   - how to provide behavioral health services for children in kinship care; and
   - whether the State could provide guidance to schools regarding enrollment requirements, to families and health care providers regarding authority to consent to treatment and authority to
treat, and to housing authorities regarding non-biological children being considered members of the family.

4. Possible agenda items for meeting #2 include:
   • Department of Education issues regarding kinship care for children (enrollment, consent for special education, preventing disruptions in education) by David Stockford;
   • data and other information requests to the University of Maine Center on Aging by David Wihry;
   • information on initiatives and approaches in other states, particularly Maryland, Illinois and Washington, by a representative of the National Conference of State Legislators or a national advocacy group;
   • information on legal processes and legal issues in Maine for children and families in the formal and informal systems of care for children by non-biological parents by Virginia Marriner of DHHS and a representative of the Family Law Advisory Commission;
   • data on children in the formal and informal systems, including their being at risk of child abuse and neglect by Barbara Kates and Virginia Marriner; and
   • presentations by families and children in the formal and informal care systems, to be coordinated by Virginia Marriner and Barbara Kates.

5. The task force discussed briefly the possibility of using Department of Education distance learning technology. David Stockford will assist Karen and Jane with this. Mary Anne Lynch of the Judicial Department offered assistance from her department to the task force.

6. The next meeting of the task force is scheduled for Tuesday, September 11th at 10 a.m. in the Cross State Office Building in Augusta (room location to be determined).
STATE OF MAINE TASK FORCE ON KINSHIP FAMILIES

AGENDA
Meeting #2, September 7, 2010
Room 209, Cross State Office Building, 10 am to 4 pm

10:00 am Department of Education roles and responsibilities relating to kinship care
   ▪ Surrogate Parent Program
   ▪ Maine Children’s Cabinet Initiative “Keeping Maine’s Children Connected”
   ▪ Federal Fostering Connections to Success and Increasing Adoptions Act of 2008
   ➢ David Stockford, Policy Director and Team Leader, Special Services, Maine Department of Education

10:30 am Legal processes and issues – presentation and discussion
   ▪ For children in the child welfare system
   ▪ For children not in the child welfare system
   ➢ Virginia Marriner, Director of Child Welfare Policy and Practice, Maine Department of Health and Human Services
   ➢ Barbara Kates, Director of Maine Kids-Kin, Families and Children Together

11:30 am Initiatives and approaches in other states relating to kinship care
   ➢ Nina Williams-Mbengue, Children and Families Program, National Conference of State Legislatures

12:30 pm Break for lunch

1:30 pm Kinship family initiatives and research
   ➢ Jennifer Crittenden, Research Associate, University of Maine Center on Aging

2:00 pm Presentations by families in informal and formal kinship care systems

2:45 pm Work session – discussion of next steps

Meeting #3, Tuesday, September 28
Meeting #4, Tuesday, October 19
Final Report Due November 3

Staff:
Jane Orbeton, Legislative Analyst
Karen Nadeau-Drillen, Legislative Analyst
Office of Policy and Legal Analysis
(207) 287-1670
1. The second meeting of the Task Force on Kinship Families convened on Tuesday, September 7th. Present were Senator Margaret Craven, Senator Richard Rosen, Representative Patricia Jones, Representative David Webster, Representative Sara Stevens, Dr. Joanna Dotts, Diana Loranger, Barbara Kates, David Stockford, Judge Joseph Mazziotti, and Virginia Marriner represented the Department of Health and Human Services (DHHS) in James Beougher’s absence. Also present were staff Jane Orbeton and Karen Nadeau-Drillen from the Office of Policy and Legal Analysis.

2. Department of Education

David Stockford, Policy Director and Team Leader – Special Services, from the Department of Education (DOE) and task force member introduced DOE and Department of Health and Human Services staff who spoke about their roles and responsibilities relating to educational services for youth in kinship care.

**Surrogate Parent Program:**
Cliff McHatten, Consultant for Exceptional Children, and Debbie Violette, Office Associate, with DOE presented information about the department’s Surrogate Parent Program. The Surrogate Parent Program was established to provide surrogate parents to children with disabilities whenever the biological parents or guardian of a child with a disability cannot be identified or located, or when the child is in the custody of the State.

**Keeping Maine’s Children Connected initiative:**
Susan Lieberman, Director of Keeping Maine’s Children Connected (KMCC) – a Maine Children’s Cabinet Initiative, spoke about her work. The mission of her organization is to promote success for youth who experience a disruption in their educational program. KMCC is a collaboration of the Department of Corrections, the Department of Labor, the Department of Justice, DOE and DHHS. The program establishes and trains liaisons in each school district, state agency and in-patient psychiatric facility. The liaisons in consultation with the youth and family help decide who the most appropriate people are to assist in a plan to support a child in transition. There are currently 179 liaisons in Maine.

Nancy Connolly with DOE spoke about recent legislation relating to general residency requirements for school districts. The legislation aligned State law with the educational stability provisions of the...
federal Fostering Connections to Success and Increasing Adoptions Act of 2008. Title 20-A of the Maine Revised Statutes Annotated (MRSA) section 5205, subsection 3-A provides that a student, placed by DHHS with an adult who is not the child’s parent or legal guardian in accordance with the educational stability provisions of the federal Fostering Connections Act (FCA) is considered a resident of either school administrative unit (SAU) where the student resides during the placement or the SAU where the unit resided prior to the placement based on the best interest of the student. DHHS shall determine which of the two units is appropriate and notify the unit in writing of its determination.

Possible task force recommendation and legislation proposal:
Suggestions for amending Title 20-A, section 5205, subsection 3-A (new law on school enrollment for children placed by DHHS in foster care) to extend it to children placed with kin in order to protect the child’s safety and well-being. (Nancy Connolly, DOE and Ginny Marriner, DHHS and Karen and Jane, OPLA) - Number 4 on Information Requests document

David Stockford of DOE talked about a family’s ability to appeal a decision of a school district superintendent – appeal is often related to enrollment or special education. The family submits an appeal to the Commissioner of DOE. Currently, approximately one-third of the appeals are submitted by grandparents.

Information requests:
Information on education decisions regarding children in kinship care made by superintendents and are may be appealed to the Commissioner of Education:
   A. What types of decisions are these?
   B. Can the law be changed to provide clearer or firmer standards for the superintendents in order to decrease the number of appeals to the Commissioner?
(David Stockford, DOE)
Number 5 on Information Requests document

Suggestions for getting superintendents to recognize power of attorney forms for enrolling children in school. (David Stockford, DOE) - Number 6 on Information Requests document

3. National Conference of State Legislatures (NCSL)
Nina Williams-Mbengue with the Children and Families Program at NCSL presented via phone and spoke about initiatives and approaches in other states relating to kinship care. Background information presented included the types of kinship care, numbers of children in kinship care and outcomes for children in kinship care. She also provided a brief overview of the federal Fostering Connections Act (FCA) of 2008. She also presented information about federal Child and Family Services Reviews (CFSRs), which are congressionally authorized reviews of state performance in three areas of child welfare: safety, permanency, and child and family well-being.

Ms. Williams-Mbengue is available for an on-site visit at the third meeting of the task force on September 28th.

Information requests:
Have changes in adoption subsidy levels changed the rates of adoption in other states and in Maine? (Nina Williams-Mbengue, NCSL and Ginny Marriner, DHHS)
Number 2 on Information Requests document
How to balance the parents’ fundamental right to raise their child and the best interests of the child:
A. How do the best interests of the child interact with the parents’ wishes and rights?
B. What time should be allowed for rehabilitation and reunification?
C. When should the parents’ visitation with the child be limited?
D. Are there standards or benchmarks for the time periods for protective care, guardianship and adoption?
(Nina Williams-Mbengue, NCSL) - Number 3 on Information Requests document

4. University of Maine Center on Aging
Jennifer Crittenden, Research Association, University of Maine Center on Aging (UMCoA) provided an overview of her organization’s kinship family initiatives and research – particularly the Relatives as Parents Programming (RAPP) project, which was established through a grant in 2002. UMCoA, in partnership with Families and Children Together (FACT), Health Access Network, Adoptive and Foster Families of Maine and Casey Family Services, has been establishing a framework for statewide collaboration among child welfare, aging and other human service organizations and professionals to address mental health and support issues for older adults who have assumed kinship roles.

Ms. Crittenden also directed task force members to a policy white paper, “Supporting Maine’s Families: Recommendations from Maine’s Relatives as Parents Project.” Many of the recommendations in the January 2005 report have not been implemented; she encouraged the task force to review and consider these recommendations.

Ms. Crittenden said that grandfamilies in the informal system need more financial support. However, recognizing the current economic climate, she suggested that the task force look at legislative changes with little or no fiscal impact that would reduce barriers for grand families.

5. Presentations by grandparents raising grandchildren
A panel of three women talked about their experiences assuming the role as primary caregivers for their grandchildren. One of the caregivers, Diane Loranger, is a member of the task force.

The grandparent panel suggested the following:
• Less time for rehabilitation of the unfit biological parent and reunification efforts;
• Biological parent visitation with the children should be limited;
• Limit the ability of biological parents to submit motions to amend – this puts children at further risk; and
• More financial assistance for grand families – both in formal and informal systems.

One grandparent noted that it is very difficult to consider adoption as she does not want to take away parental rights and hope for her son, who is struggling with drug addiction. Senator Craven asked about the feasibility of establishing a timetable for the biological parents. Judge Mazziotti said that the standard is “what is in the best interest of the child” and it is not easy to develop an objective standard. One suggestion was to impose on the biological parents a showing prima facie evidence?

Information requests:
With regard to financial assistance or medical coverage for kinship families:
A. If the child qualifies for MaineCare does an adult in the household automatically qualify?
B. What is the “granny grant”? What is the child-only TANF grant?
C. Are there possibilities for financial assistance with General Fund and non-General Fund monies? For low-income families? For middle-income families?
D. How to provide more financial help for middle class kinship families?
E. Do staff in the Office of Integrated Access and Support need additional training regarding consideration of the adults’ assets and income?

(Ginny Marriner, DHHS and Jane, OPLA) – Number 7 on Information Requests document

With regard to information resources for kinship families in the informal system, how can we more widely disseminate information? (Ginny Marriner, DHHS, Barbara Kates) – Number 8 on Information Requests document

6. Legal processes and issues
Janice Stuver, Assistant Attorney General, was in attendance and asked to share some of her observations. She noted that DOE indicated that there is a decrease in enrollment in Maine’s schools yet there an increase in the numbers of students in the Surrogate Parent Program.

Ms. Stuver offered as an idea a potential project under the Office of the Attorney General legal advice for grandparents or relatives as caregivers. Ms. Stuver indicated that support for children in kinship care is best achieved in the formal system – not necessarily in State custody, but also in the court system.

Virginia Marriner of DHHS described the Child Protective Services case flow and legal process for children in the child welfare system (hand-out provided). Barbara Kates from Maine Kids-Kin described the various options for legal or custodial relationships (hand-out provided).

Information requests:
Once a guardianship has been ordered, suggestions for:
A. The legal standard for modifying a guardianship?
B. The legal standard for terminating a guardianship?
C. Requirements/limits on filing motions to amend or terminate a guardianship?
D. A recognized timeline that should be followed or considered by the Courts?
E. Mechanisms for decreasing the uncertainty in kinship care situations, increasing the likelihood of the child staying with the kinship care provider?

(Judge Mazziotti, Janice Stuver, AAG, Ginny Marriner, DHHS, Barbara Kates)
Number 11 on Information Requests document

12. How can Maine provide more legal representation for kinship families in the informal system?
A. Who qualifies for assistance now?
B. Who funds the assistance?
C. If legal representation were more uniformly provided would total costs decrease?
D. How would savings be calculated and recognized?

(Ginny Marriner, DHHS, Barbara Kates, Sen. Craven regarding Volunteers of America idea, Judge Mazziotti) – Number 12 on Information Requests document
Suggested legislation:
Suggestions for amending Title 22, section 4038-C and section 4038-D to remove the requirement that a child eligible for a guardianship subsidy have special needs, conforming Maine law to federal law? (Ginny Marriner, DHHS) – Number 9 on Information Requests document

Information request:
Suggestions for reducing the threshold for terminating parental rights, making it easier to terminate. (Ginny Marriner, DHHS, Janice Stuver, AAG, Judge Mazziotti) – Number 10 on Information Requests document

Information request/potential legislation:
Suggestions for legislation on reinstatement of parental rights. (Ginny Marriner, DHHS) – Number 13 on Information Requests document.

7. Possible agenda items for meeting #3 include:
   - Report back on various information requests;
   - Nina Williams-Mbengue of NCSL to come back with various information requests and to serve as resource for work session;
   - Report back on Annie E. Casey Foundation meeting in Pittsburg (Senator Craven and Virginia Marriner) - Number 1 on Information Requests document;
   - Work session – development of findings, recommendations and suggestions for legislation.

Possible recommendations:
The Chairs of the task force would like the task force members to review and consider recommendations made by the panel of grandparents who testified at the September 7th meeting and recommendations in the January 2005 policy white paper, “Supporting Maine’s Families: Recommendations from Maine’s Relatives as Parents Project” when developing their own recommendations for the final report of the Task Force on Kinship Families.

8. The next meeting of the task force is scheduled for Tuesday, September 28th at 10 a.m. in Room 209 of the Cross State Office Building in Augusta
STATE OF MAINE TASK FORCE ON KINSHIP FAMILIES

AGENDA
Meeting #3, September 28, 2010
Room 209, Cross State Office Building, 10 am to 4 pm

10:00 am Follow-up on information requests from September 7 meeting

10:30 am Kinship care as it relates to the children of incarcerated parents
   - Nancy Ives, LCSW, VP Program Operations, Volunteers of America, NNE
   - Mary O’Leary, Director, Look Up and Hope program

11:00 am National Conference of State Legislatures (NCSL)
   - Follow-up on information requests
   - Work session to identify possible findings and recommendations
   - Kelly Crane, Policy Specialist, Children and Families Program, NCSL
   - Josh Kroll, North American Council on Adoptable Children (via phone)

12 noon Break for lunch

1:00 pm Continue work session (with NCSL as a resource)

3:00 pm Discussion of next steps, further information requests and work plan for remaining meeting

4:00 pm Adjourn

Meeting #4, Tuesday, October 19
Final Report Due November 3

Staff:
Jane Orbeton, Legislative Analyst
Karen Nadeau-Drillen, Legislative Analyst
Office of Policy and Legal Analysis
(207) 287-1670
1. Present were Senator Margaret Craven, Representative Patricia Jones, Senator Richard Rosen, Representative Sarah Stevens, Representative Joan Nass, Representative David Webster, Jin Boeugher, David Stockford, Diane Loranger, Barbara Kates and staff Karen Nadeau-Drillen and Jane Orbeton.

2. Senator Craven and Representative Jones opened the meeting with introductions of task force members and greetings to the public. The task force received and reviewed a report from Lyn Grotke, an informal kinship care mother, and from Families and Children Together (FACT) as a result of input from kinship families at a meeting on September 15th of FACT, kinship family members and four members of the task force. The task force also received and reviewed information requested at prior meetings of the task force.

3. Nancy Ives, Mary O’Leary and Nancy Markowitz presented information on the Volunteers of America (VOA), a national nonprofit organization which focuses on human service programs. The presenters spoke about VOA initiatives currently underway in Maine in particular: the Look Up and Hope program and community mediation services.

Look Up and Hope is a national initiative to support the long-term success of both incarcerated individuals and their families. Through VOA’s local offices, Look Up and Hope offer prisoners, their children and the children’s caregivers, an array of support services, including, but not limited to, educational programming and support for all family members, mental health and substance abuse treatment, and family group decision making.

In Maine, Look Up and Hope has established a two-year pilot project that serves families, kinship families and fictive kin families. They provide resources and referrals for caregivers, who have limited funding for purchases for such as heating oil, bicycles, recreation, beds and laptop computers. They also provide family case management services and family mediation. A common theme is the need for planning for the transition that occurs when the incarcerated parent is released from incarceration. Because arrest and incarceration often occur suddenly, the parent often leaves the home without having made a plan for care of the children or signed papers to confer authority to make decisions for the children.
4. Kelly Crane, Policy Specialist with the Children and Families Program at the National Conference of State Legislatures, presented information in response to the questions posed by the task force on September 7th. Kelly covered the following topics: the best interests of the child, time for reunification and rehabilitation, the Adoption and Safe Families Act, Child and Family Service reviews and parental visitation. Kelly introduced Josh Kroll from the North American Council on Adoptable Children who participated in the meeting by telephone. Josh discussed adoption subsidies and the scarcity of data on adoption subsidy rates and the frequency of adoptions.

Josh agreed to provide written information on adoption subsidies to the task force.

Kelly was asked to provide information on the use of powers of attorney for the purposes of enrolling children in school in jurisdictions in which school funding is based on residency in the school district. She was also asked for information on other states’ definitions of the “best interests of the child” and “harm and neglect,” the threshold for petitioning for a change in custody or guardianship and whether other states have applied policies or timelines from the child welfare system to informal kinship care.

5. Ginny Marriner, Department of Health and Human Services (DHHS), presented information on adoption subsidies in Maine, including that the 12.5% cut in subsidies did not negatively impact the frequency of adoptions. Adoption subsidies can vary from $0 to $26.25 per day – the latter being the highest rate for regular foster care. Treatment foster care rates may exceed the regular foster care and adoption subsidy rate. Ginny joined Senator Craven in providing information on their child welfare conference in Pittsburgh and the idea of providing representation for guardianship families through volunteer attorney services and law school student internships, perhaps with some interest or support from the Annie E. Casey Foundation.

6. Tracie Adamson, Family Division Manager with the Administrative Office of the Courts, addresses the task force regarding the standard timeline for child welfare cases and distributed a timeline graphic.

7. The task force then moved into work session to begin decision-making on recommendations. The ideas for recommendation from prior meetings were reviewed and additions were noted from the work at this meeting.

Recommendations relating to education were set aside to await further review by the Department of Education and will be discussed at the October 19th meeting of the task force. Secondly, ideas relating to DHHS conformity to federal law were set aside for separate legislation, with the support of task force members outside the scope of task force recommendations. Finally, a number of ideas not requiring legislation to be implemented were set aside, but will be supported by a letter from the Chairs of the task force to the Department of Health and Human Services. Several ideas were combined and task force members voted, each person indicating his or her top three ideas. The list of ideas for recommendations, as voted with the highest number of votes at the meeting, follows.
8. List of ideas for recommendations from the Task Force

Probate Court and District Court procedures

A. With regard to Probate Court (guardianship matters) and District Court (parental rights and responsibilities and child welfare matters):

   (1) Establish a required or advisory timeline for rehabilitation and reunification efforts in informal kinship care situations.
   (Will ask Probate Court and FLAC to comment on this.)

   (2) Provide legal representation for kinship families in the informal system through no cost cooperation of University of Maine School of Law, Volunteer Lawyers Project and/or Cumberland Legal Aid Clinic.

   (3) Change the Probate Court procedure and standard for modification or termination of an order of guardianship and change the law to recognize the value of stability in the kinship family. (GP Panel)
   (Will ask Probate Court and FLAC to comment on this.)

Other

A. Enlist assistance of Maine Housing to protect kinship families in rental apartments and homes from eviction when a child joins the family. (Perhaps applies to city housing authorities also.)

   B. Enact unallocated law directing Family Law Advisory Council to make recommendations on issues “Probate Court A (1) and (3)” above by 11/1/11 and ask for consideration this winter.

Ideas from September 28

A. Provide or require mediation prior to a contested court hearing for kinship families for guardianship and educational issues (funding from variety of sources and parties).

   G. Ask Probate Court judges for input on recommendations on “Probate Court A (1) and (3)” above.

DHHS can do without legislation

B. Improve DHHS training, practice, procedures and reimbursement rules:
   (1) Adopt best practices training, standardize policies and procedures, and improve family team meeting casework practice.

   C. Expand Parents as Partners peer-to-peer program.

   F. Develop a “suitcase” program for children in transition out of their homes
Set aside as DHHS legislation

B. Remove the requirement that a child have special needs to qualify for a guardianship subsidy, conforming Maine law to federal law. (Amend Title 22, section 4038-C and section 4038-D)

D. Legislation on reinstatement of parental rights.

Department of Education will report on October 19

A. Amend law to give authority to kinship family for children placed with kin in order to protect the child’s safety and well-being. (Title 20-A, section 5205, subsection 3-A; new law on school enrollment for children placed by DHHS in foster care)

B. Require school superintendents to recognize power of attorney forms for enrolling children in school or establish new form for educational purposes.

9. At the October 19th meeting of the Task Force members will receive information requested at this meeting, review the list of ideas for recommendations and make final decisions regarding their final recommendations and report.
STATE OF MAINE TASK FORCE ON KINSHIP FAMILIES

DRAFT AGENDA
Meeting #4, October 19, 2010
Room 209, Cross State Office Building, 10 am

10:00 am   Follow-up on information requests from September 28 meeting

10:30 am   Review draft legislation
            • Department of Education
            • Department of Health and Human Services

11:00 am   Review preliminary recommendations

12 noon    Break for lunch

1:00 pm    Continue work session

2:00 pm    Discussion of next steps

Final Report Due November 3

Staff:
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APPENDIX E

The University of Maine Center on Aging Policy White Paper, “Supporting Maine’s Families: Recommendations from Maine’s Relatives as Parents Project”
Supporting Maine’s Families:  
Recommendations from Maine’s Relatives as Parents Project

A Policy White Paper

January 2005

Supported by a grant from Generations United

Sandra S. Butler, Ph.D.

With
Barbara Kates, Bonny Dodson, L.C.S.W., Deb Chapman,
Lenard W. Kaye, D.S.W., and the Maine RAPP Task Force

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

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

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

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

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

Recommendations

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

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

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

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

Establish a mechanism that would provide relative parents with free or subsidized legal assistance to help them in obtaining guardianship.
Ensure that all family members have access to health care so that relatives do not need to choose between their own health and the children’s needs.

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

**Families need assistance accessing existing resources.**

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

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

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

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

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

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

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

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

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

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

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

Describing the Phenomenon

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

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

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

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

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

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

Needs Assessment Survey

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

Financial Security

Why Financial Security is Important for Kinship Families

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

- Taking in children costs money—extra food, entertainment, clothes, school expenses, child care, transportation costs, etc.

- Kinship parents, often grandparents, do this unexpectedly and are often not prepared for these expenses; they may be on a fixed income or if they are working, they may need to reduce their hours of employment and/or pay for child care, both resulting in reduced income.

- Housing often becomes inadequate with the increased family size, thus families incur greater housing costs.

- Legal costs to obtain guardianship of children can be severe.

**How Maine Financially Assists Kinship Families**

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

- Most children in kinship families are eligible for MaineCare.

- If kin parents are blood relatives, the children are probably eligible for child-only TANF grants ($138 in 2004 for one child). The relative parents may also be eligible for TANF if they are extremely low-income and without many assets. If kin parents are part of the TANF unit, they will probably be subject to work requirements.

- A minority (approximately 10%) of kin families are involved with the child welfare system of DHHS because the children they are caring for are in State care due to abuse or neglect by their parents. These kinship families may be eligible for foster care payments if they meet foster care guidelines. In Maine, a licensed foster parent receives approximately $500 per month for one child. They will also receive a clothing allowance. The benefits for therapeutic foster care are higher.

- Many kin families are eligible for food stamps, WIC, and Energy Assistance.

- Family members with disabilities may be eligible for SSI.

- Families may be eligible for subsidized housing, though waiting lists are long and grandparents in subsidized senior housing typically cannot maintain their housing if they have children join them.

- Emergency Assistance through DHHS and General Assistance through Maine’s towns and cities may be available to provide emergency help in times of financial crisis, but don’t have the capacity to provide ongoing assistance.
Findings from Maine’s Needs Assessment Survey Regarding Financial Security

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Why Community Resources are Important for Kinship Families

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

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

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

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

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

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

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

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

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

Kinship caregivers often need to connect with more than one agency to receive the comprehensive assistance their situations require. Maine’s fragmented “system” for gathering information and accessing services is often an obstacle to obtaining all the appropriate services a kinship family may need. Family Connections, a program of the agency Families and Children Together, was
created in 1998 specifically to address the needs of kinship families throughout the State. Family Connections provides information to relative parents on legal, educational and financial decisions; relative support groups throughout the State; low-barrier case management; and training to both relative parents and social service professional. While Family Connections has helped hundreds of kinship families with these services, they have not been able to reach all relative parents in the State, due to limited funds. Those relative parents who have not connected with Family Connections are often confused as to where to turn.

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

**Findings from Maine’s Needs Assessment Survey Regarding Community Resources**

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

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

**Recommendations Regarding Community Resources for Kinship Families**

Responsive, sensitive and comprehensive resources are critical to maintain the well-being of kinship family relationships and the ability of a kinship parent to continue in the caregiver role.
Kinship families often pose unique situations because they involve both child and adult services. When it comes to community resources, it is important to consider the overall needs of the kinship care family when determining appropriate referrals.

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

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

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

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

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

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

It is important for all agencies providing services to kinship families to share their resource information with other agencies and establish “resource guides.” The Statewide RAPP Initiative has been a successful forum for bringing providers together for training and information sharing.
One outcome of the RAPP Initiative has been increased contact between elder services and children’s services. This collaboration has resulted in more comprehensive training and enhanced service delivery.

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

Mental Health and Child Welfare Services

Why Understanding Mental Health Issues is Important for Kinship Families

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

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

How Maine Currently Addresses Mental Health Issues for Kinship Families

Currently, kinship families can often access therapy services through MaineCare, private insurance, or self-pay. Kinship families cannot receive medical services for the children without power-of-attorney or legal guardianship. Moreover, they cannot consent to the child’s treatment without these legal relationships. These safeguards represent tremendous barriers for the majority of families who have made informal arrangements to care for their children.
Furthermore, relative parent families have a difficult time finding service providers who are knowledgeable about kinship issues. The Department of Health and Human Services has family friendly team models such as Family Team Meetings and Integrated Case Management, but case practice is often inconsistent with these family-driven, strengths-based models.

**Finding from Maine’s Needs Assessment Survey Regarding Mental Health Issues**

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

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

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

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

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

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

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

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

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

DHHS could change the Medicaid regulations to allow clinicians to bill family therapy without the child present. This would allow the clinician to do the family therapy with parents, relative caregivers and other supports. Again, the proposed expansion of a clinician’s role in MaineCare section 65: G and H partially addresses this problem. The health and stability of the relative parents profoundly impact the children. This is often the “make or break” issue in the stability of the child’s placement and the child’s mental health adjustment.
Provide training to staff of mental health services and individual providers to help ensure that mental health services are sensitive to the strengths and challenges of the children, parents and relatives when the relatives are raising the children.

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

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

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

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

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

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

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

- FTM should consistently occur at the point the Department opens a case. FTM provides an opportunity to use family/community resources to prevent removal or prevent entry into foster care.

- Community members and providers need training in FTM in order to become full participants.

- There needs to be increased congruency between the caseworkers’ and professionals’ expectations of families and the families’ perspectives of what is helpful and realistic.
There also needs to be more involvement of the extended family and informal support system in the FTM process, particularly the paternal side of the family.

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

Conclusion

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


Cox, C.B. (2000). Why grandchildren are going to and staying at grandmother’s house and what happens when they get there. In C.B. Cox (Ed.) *To grandmother’s house we go and stay: Perspectives on custodial grandparents* (pp. 3-19). New York: Springer.


APPENDIX F

"GrandFacts, a State Fact Sheet for Grandparents and Other Relatives Raising Children"
The AARP Foundation, The Brookdale Foundation Group, Casey Family Programs, Child Welfare League of America, Children's Defense Fund, and Generations United have partnered to produce fact sheets for grandparents and other relatives raising children that include state-specific data, programs, and public policies. Fact sheets are updated annually. Updates can be sent to gic@aarp.org. This and other state fact sheets can be viewed and printed from www.grandfactsheets.org. Please write "State Fact Sheets" on your e-mail subject line.

In Maine...

- 9,276 children live in grandparent-headed households (3.1% of all the children in the state). There are another 2,078 children living in households headed by other relatives (.7% of all the children in the state). Of the children living in households headed by grandparents or other relatives in Maine, 4,326 are living there without either parent present.

- 5,074 grandparents report they are responsible for their grandchildren living with them (257 in Portland): 1% of these grandparents are African American; 1% are Hispanic/Latino; 2% are American Indian or Alaskan Native; 2% are Asian; and 93% are White. 51% of these grandparents live in households without the children's parents present. 71% are under the age of 60; 15% live in poverty.


Programs That Can Help

Kinship Families Support Group

Sponsoring Organization: Families CAN! Midcoast Maine Community Action
Contact: Marie T. Arnold, Program Coordinator
Phone: 207-442-7963 x 213
Email: marie.t.arnold@maine.gov
Service area: Bath and surrounding area

Services offered:
- Information/referral
- In-person support
- Group meetings (child care provided with theme-based activities)
Maine Area Agencies on Aging & the Bureau of Elder and Adult Services

Contact: Bureau of Elder and Adult Services
Phone: 800-262-2232
Web: http://www.maine.gov/dhhs/beas/resource/aaa.htm
Service area: Statewide (area offices listed online)
Services offered:
• Information and resources for adults 60 and older

Maine Association of Child Abuse and Neglect Councils

Contact: Staci Fortunato, Executive Director
Phone: 207-626-3428
Email: augusta@familiesfirstcan.org
Service area: Kennebec County
Services offered:
• Information to all parents and caregivers

Maine Kids-Kin

Sponsoring Organization: Families and Children Together
Contact: Janelle Wuoristo
Phone: 866-298-0896
Email: jwuoristo@mainekids-kin.org
Web: www.mainekids-kin.org
Service area: Statewide
Services offered:
• Information/referral
• Individual case management
• Assistance managing legal, financial, family, mental health, child care, respite issues
• Extensive lending library
• Funds for respite care
• Clothing exchange
• Support and activity groups throughout the state

Relatives as Parent Program Task Force

Sponsoring Organization: University of Maine Center on Aging and School of Social Work
Contact: Dr. Lenard W. Kaye
Phone: 207-262-7920
Email: len.kaye@umit.maine.edu
Web: www.umaine.edu/mainecenteronaging
Service area: Statewide
Services offered:
• Facilitates collaboration among child welfare, aging and other human service organizations to address mental health and support needs of older adults in kinship care roles
• Supporting Maine Families: Recommendations from Maine’s Relatives as Parents Project available at www.umaine.edu/mainecenteronaging (see “Publications” on left)
State child welfare agencies sometimes place children in foster care with grandparents or other relatives. Most state agencies call these placements “kinship care.”

**Numbers – January 2008**

- 2,176 children in out-of-home placements under the supervision of the Maine Department of Health and Human Services, Bureau of Child and Family Services

**Preferences**

- State law and policy require that kinship care be considered first when an out-of-home placement is sought for a child under the Department’s care.

**Kinship care licensing and training**

- No separate licensing for kinship foster parents.
- Same licensing standards and training requirements as non-kin foster parents. While kin are strongly encouraged to participate in fundamental training, the training requirement may be waived for kin who will be providing care for a child with whom the kin has an already established relationship.
- Same foster care payment rate. Eligible kin may be reimbursed for caring for children under the Department’s custody prior to becoming formally licensed, as long as basic health and safety standards are met.
- In-house kinship care specialists in all offices of the Maine Bureau of Child and Family Services provide support to children in kinship placements.
  - Contact: Linda Brissette
  - Phone: 207-624-7964
  - Email: Linda.Brissette@maine.gov
  - Contact: Barbara Kates, Families and Children Together
  - Address: 304 Hancock St, Suite 2B, Bangor, Maine 04401
  - Phone: 207-941-2347
  - Email: info@familiesandchildren.org
  - Web: http://www.maine.gov/dhhs/bcfs/kinship.htm
- Department of Health and Human Services provides foster care and adoption training through the Maine Child Welfare Training Institute.
  - Phone: 207-626-5200
  - Web: www.cwti.org

**Subsidized guardianship**

- Maine recently received approval for a waiver (or special exception) from the federal government to implement a subsidized guardianship program for eligible children for whom adoption or reunification is not appropriate.
Public Benefits

Children are often eligible for state and federal benefits even if their caregivers do not have legal guardianship or custody.

Financial Assistance

- Cash assistance may be available to children and their relative caregivers through the Temporary Assistance for Needy Families (TANF) Program
  - Phone: 207-287-2826
  - Web: [www.state.me.us/dhhs/OIAS/](http://www.state.me.us/dhhs/OIAS/)

Food Stamps

- Kinship care families may be eligible for food stamps.
  - Phone: 207-287-2826
  - Web: [www.state.me.us/dhhs/OIAS/](http://www.state.me.us/dhhs/OIAS/)

Health Insurance

- Relative caregivers may apply for free or low-cost health insurance through MaineCare
  - Phone: 1-800-321-5557

Benefits QuickLINK

- Screens you and/or the children you are raising for 15 major public benefits for older adults and families with children
  - Web: [www.aarp.org/quicklink](http://www.aarp.org/quicklink)

Other Benefits – child care, disabilities, special education, older adult benefits, etc.

- Children’s Defense Fund benefit guides for grandparents and other relatives for information about state and federal benefits
  - Phone: 202-662-3568
  - Web: [www.childrensdefense.org](http://www.childrensdefense.org) (Kinship Care Resource Kit)
- National Council on Aging – Benefits CheckUp [www.benefitscheckup.org](http://www.benefitscheckup.org)

State Laws

_Laws change and are subject to different interpretations. These general descriptions are not intended as legal advice in any particular situation._

Limited Guardianship

ME REV. STAT. ANN. Tit. 18-A, § 5-105

- Allows courts to grand limited guardianship whereby guardian takes custody of the child but does not have full range of authority; court determines exact nature of guardianship relationship.

Maine GrandFacts - 4


De Facto Guardianship

ME REV. STAT. ANN. tit. 18-A, § 5, Parts One and Two

- Allows caregivers to be considered a “de facto” legal guardian if child has lived with the caregiver for a certain period of time. Court may appoint caregiver as guardian in certain circumstances.

Disclaimer:

None of the organizations whose logos appear on this fact sheet (AARP Foundation, Brookdale Foundation Group, Casey Family Programs, Child Welfare League of America, Children’s Defense Fund, or Generations United) recommends or endorses any of the groups, agencies or services listed within the fact sheet. Neither the sponsoring organizations nor any of their employees make any warranty, expressed or implied, or assume any legal liability or responsibility for the accuracy, completeness, or usefulness of any information. None of the sponsoring organizations shall have liability to any fact sheet user or to any third party, for any loss expense, or damage, including consequential, incidental, special or punitive damages. A user’s sole and exclusive remedy for dissatisfaction with this fact sheet is to cease using the fact sheet. Please be advised that there may be other similar services available that are not listed on this fact sheet. The sponsoring organizations are not obligated to include any specific groups, agencies or services and may choose not to include some that submit their information. The sponsoring organizations are not responsible for consumer interactions with groups, agencies or services listed on these fact sheets.
APPENDIX G

Task Force Letter to the Maine Commission on Indigent Legal Services
State of Maine

Task Force on Kinship Families

November 3, 2010

John D. Pelletier, Esq.
Executive Director
Maine Commission on Indigent Legal Services
154 State House Station
Augusta, ME 04333

Dear Mr. Pelletier,

We are writing on behalf of the Task Force on Kinship Families, created by the Maine Legislature through Resolve 2009, Chapter 136 and Public Law 2009, Chapter 571, Part EEEE. The primary duty of the task force was to conduct a study and make recommendations relating to Maine’s kinship families.

Although the authorizing legislation defines “kinship families” as “family members who care for a relative’s child,” the task force expanded the definition to include not only families that assume responsibility and care for children related by birth, adoption or marriage, but also those who care for children not related but who have a strong emotional ties to the adults who assume the kinship role. For purposes of the study, the task force referred to families without child welfare court orders as belonging to the informal system of kinship care. Some informal kinship families have Probate Court guardianship orders while others have no paperwork and no legal authority, but function as responsible families on a daily basis for their children.

We have concluded our deliberations and one of the primary recommendations of the task force is to explore expanded access to legal representation for kinship families in the informal system.

In light of this, the Task Force on Kinship Families seeks your expertise and respectfully requests that the Maine Commission on Indigent Legal Services convene a stakeholders group to discuss legal representation of informal kinship families. We ask that the stakeholders group explore whether the University of Maine Law School could offer a service learning outreach program for Family Law students that provides representation to kinship families and whether the Cumberland Legal Aid Clinic and Volunteer Lawyers Project could serve as job sites for service learning students. The working group should include the University of Maine School of
Law; the Volunteer Lawyers Project; the Cumberland Legal Aid Clinic; representatives of children, families, the Probate Courts and District Courts; and other interested parties. We ask that the stakeholders group report back findings and recommendations to the Health and Human Services Committee and Judiciary Committee by February 1, 2011.

Thank you for your attention to this important policy matter.

Sincerely,

Senator Margaret M. Craven, Co-Chair
Representative Patricia Jones, Co-Chair

CC: Members of the Task Force on Kinship Families
APPENDIX H

Draft Legislation
Suggested Legislation – Kinship Task Force

1. **Extend maximum time period for powers of attorney for minors and incapacitated persons**

Amend Title 18-A, section 5-104, subsection 1 to read:

   (a). A parent or guardian of a minor or incapacitated person, by a properly executed power of attorney, may delegate to another person, for a period not exceeding 12 months, any of that parent's or guardian's powers regarding care, custody or property of the minor child or ward, except the power to consent to marriage or adoption of a minor ward. A delegation by a court appointed guardian becomes effective only when the power of attorney is filed with the court.

2. **Authorize Probate Court judge in ordering, modifying or terminating a guardianship to include transition arrangements in the order.**

Enact Title 18-A, section 5-213 to read:

**§5-213. Transitional arrangements for minors**

In issuing, modifying or terminating an order of guardianship for a minor the court may enter an order providing for transitional arrangements for the minor if the court determines that such arrangements will assist the child with any transition of custody and are in the best interest of the child.

3. **Authorize school enrollment and participation in educational decisions by a kinship parent who:**

   A. Holds a power of attorney for the child unless the school district determines that enrollment is not being done for the health and safety of the child. Authorize enrollment and participation pending appeal if a school district denies enrollment and participation, with appeal process to and final decision by the Commissioner of Education; and

   B. Has applied for guardianship if the guardianship appears to be uncontested, the child is living with the applicant, the applicant has obtained a court date from the Probate Court and the applicant has provided to the school district written certification from the Probate Court.

Enact Title 20-A, section 5207 to read:

**§5207. Residency for a kinship family child and participation in educational decisions for kinship parents**
In addition to other provisions of the law, the following provisions apply to school administrative units and kinship families.

1. Definitions. As used in this section, unless the context otherwise indicates, the following terms have the following meanings:

A. “Kinship family” means a kinship family child and kinship parent or parents and such other children as are in the family;

B. “Kinship family child” or “child” means a child for whom a kinship parent cares and assumes responsibility; and

C. “Kinship parent” means an adult who cares for and assumes responsibility for a kinship family child but who is not the parent of the child. “Kinship parent” means an adult who is related to the child by birth, adoption or marriage or an adult who assumes a kinship parent role because the child has strong emotional ties to the adult or because the parent has designated the adult as the kinship parent.

3. School enrollment and participation in educational decisions. A kinship family child is considered a resident of the school administrative unit where the child resides with the kinship family and a kinship parent may participate in educational decisions for the child if:

A. Except as provided in this paragraph, the kinship parent has applied for enrollment of the kinship family child or requested participation in educational decisions for the child and the kinship parent is named in a properly executed power of attorney by the parent or legal guardian of the child under Title 18-A, section 5-104. The kinship family child is not considered a resident of the school administrative unit if:

(1) The superintendent has determined that enrollment is not being done for the health and safety of the child and the kinship parent has not appealed that decision or, if the kinship parent has appealed to the commissioner, the commissioner has affirmed the decision of the school administrative unit. A decision of the commissioner under this paragraph is not appealable; or

(2) The child is continuing to attend school where the child previously resided and the kinship family is providing all necessary transportation; or

B. The kinship parent has provided to the school administrative unit written certification of the Probate Court that the kinship parent has applied for guardianship of the child, that a court date has been set for a hearing on the application and that the guardianship case appears to be uncontested.

SUMMARY

This bill does the following:

A. Extends the maximum time period for a power of attorney for a minor or incapacitated person from 6 to 12 months;
B. Authorizes the Probate Court, in issuing, modifying or terminating a guardianship of a minor to include in the order transition arrangements as determined to be in the best interest of the child; and

C. Authorizes school enrollment and participation in educational decisions by certain kinship parents who hold powers of attorney for their kinship family children and certain kinship parents who have applied for guardianships for their kinship family children.
APPENDIX I

Task Force Letter to the Probate and Trust Law Advisory Commission
STATE OF MAINE

TASK FORCE ON KINSHIP FAMILIES

November 3, 2010

David J. Backer, Esq., Chair
Probate and Trust Law Advisory Commission
Drummond Woodsum
84 Marginal Way, Suite 600
Portland, ME 04101-2480

Dear David Backer,

We are writing to the Probate and Trust Law Advisory Commission on behalf of the Task Force on Kinship Families, created by the Maine Legislature through Resolve 2009, Chapter 136 and Public Law 2009, Chapter 571, Part EEEE. The primary duty of the task force was to conduct a study and make recommendations relating to Maine’s kinship families.

Although the authorizing legislation defines “kinship families” as “family members who care for a relative’s child,” the task force expanded the definition to include not only families that assume responsibility and care for children related by birth, adoption or marriage, but also those who care for children not related but who have a strong emotional ties to the adults who assume the kinship role. For purposes of the study, the task force referred to families with child welfare court orders as belonging to the formal system of kinship care and to families without child welfare court orders as belonging to the informal system of kinship care. Some informal kinship families have Probate Court guardianship orders while others have no paperwork and no legal authority, but function as responsible families on a daily basis for their children.

We have concluded our deliberations and one of the primary recommendations of the task force is to request recommendations from the Probate and Trust Law Advisory Commission regarding orders of visitation, including reasons or findings in guardianship orders and increasing the use of voluntary mediation. Specifically the task force was interested in getting advice from the commission on the following questions:

1. Whether to include terms of visitation between the child and the child’s parents or other persons in guardianship orders;
2. Whether to include reasons or findings for the imposition of the guardianship in guardianship orders and modification orders; and
3. With regard to contested guardianships of children in kinship families, consideration of ways that the Probate Court could increase the voluntary use of mediation without cost to the courts.

We ask that the Probate and Trust Law Advisory Commission review the questions listed above and report back findings and recommendations to the Health and Human Services Committee and Judiciary Committee by February 1, 2011.

Thank you for your attention to this important policy matter.

Sincerely,

Senator Margaret M. Craven, Co-Chair
Representative Patricia Jones, Co-Chair

CC: Members of the Task Force on Kinship Families
    Members, Probate and Trust Law Advisory Commission
APPENDIX J

Task Force Letter to the Maine State Housing Authority
Dear Ms. McCormick,

We are writing on behalf of the Task Force on Kinship Families, created by the Maine Legislature through Resolve 2009, Chapter 136 and Public Law 2009, Chapter 571, Part EEEE. The primary duty of the task force was to conduct a study and make recommendations relating to Maine’s kinship families. We have concluded our deliberations and one of the primary recommendations of the task force is to enlist the help of the Maine State Housing Authority (MSHA) to address the challenges facing kinship families in rental housing.

Although the authorizing legislation for the study defines “kinship families” as “family members who care for a relative’s child,” the task force expanded the definition to include not only families that assume responsibility and care for children related by birth, adoption or marriage, but also those who care for children not related but who have a strong emotional ties to the adults who assume the kinship role. Kinship family situations are diverse. Some kinship families have legal authority through court orders of parental rights and responsibilities from the District Court or guardianships from the Probate Court; some have powers of attorney or written documents and instructions; and some have no paperwork and no legal authority, but function as families on a daily basis for their children. Other kinship families have been involved in some capacity with the Department of Health and Human Services.

In light of this, the Task Force on Kinship Families seeks your expertise and respectfully requests that MSHA convene a working group to review housing policies and their impact on kinship families. In addition to MSHA staff, the working group should include a representative of the federal Department of Housing and Urban Development (HUD), the nonprofit organization Families and Children Together (FACT), public housing authorities, section-8 landlords and associations that represent private landlords, and other interested parties.
Specifically, we ask that the working group review housing policies that require the kinship family to obtain guardianship in order to avoid eviction and the timeframe implemented by these policies. The task force encourages housing policies that are supportive of kinship families, and landlord and housing project recognition of kinship care children as members of tenants’ families instead of, in some cases, as guests in the housing unit. This is a human rights issue of concern to the task force.

We ask that the working group report back findings and recommendations to the Health and Human Services Committee and the Business Research and Economic Development Committee by March 1, 2011.

Thank you for your attention to this important policy matter.

Sincerely,

Senator Margaret M. Craven, Co-Chair
Representative Patricia Jones, Co-Chair

CC: Member of the Task Force on Kinship Families
Peter Merrill, Communications and Planning Director, Maine State Housing Authority
APPENDIX K

Task Force Letter to the Department of Health and Human Services
Dear Ms. Harvey,

We are writing on behalf of the Task Force on Kinship Families, created by the Maine Legislature through Resolve 2009, Chapter 136 and Public Law 2009, Chapter 571, Part EEEE. The primary duty of the task force was to conduct a study and make recommendations relating to Maine’s kinship families.

As you already know, James Beougher, Director of the Office of Child and Family Services, served on the task force on behalf of the Department of Health and Human Services (DHHS) as your designee. Virginia Marriner, Director of Child Welfare Policy and Practice at DHHS, also participated in task force meetings and was an invaluable resource. Thank you for making Jim and Ginny available to the task force.

During deliberations, the task force and DHHS staff identified the following four recommendations that could be implemented without the need for legislation:

- Improve training, practice, procedures and reimbursement rules in DHHS, including standardization of practices and procedures and improved family team meeting casework practice;
- Expand the mentoring program, Parents as Partners, for parents who have had a child removed from their home by DHHS;
- Add a link to the Office of Child and Family Services webpage for information specifically relating to kinship families; and
- Develop a “suitcase” program for children in transition out of their homes.
The purpose of this letter is to memorialize this agreement.

We appreciate your continue efforts and cooperation in these important policy matters.

Sincerely,

Senator Margaret M. Craven, Co-Chair
Representative Patricia Jones, Co-Chair

CC: Member of the Task Force on Kinship Families
Virginia Marriner, Director of Child Welfare Policy and Practice, DHHS