STATE OF GRANDFAMILIES 2016

RAISING THE CHILDREN OF THE OPIOID EPIDEMIC:

SOLUTIONS AND SUPPORT FOR GRANDFAMILIES

generations united®

Because we're stronger together®

Executive Summary

More than 2.5 million children are raised by grandparents, aunts, uncles, siblings and other extended family and close family friends who step forward to care for them when parents are unable.

More than 2.5 million children are raised by grandparents, aunts, uncles, siblings, other extended family and close family friends who step forward to care for them when parents are unable.[1] Although data is limited, research shows parental substance use is the most common reason these grandfamilies come together to raise children who would otherwise go into foster care.[2] With the rise in heroin and other opioid use, more relatives are raising children because the parents have died, are incarcerated, are using drugs, are in treatment or are otherwise unable to take care of their children. The vast majority of children being raised by relatives live outside the formal foster care system. Yet the child welfare system relies heavily on relatives, so much so that 29 percent of all children in foster care are living with relatives.[3]

After years of decline in the overall numbers of children in foster care, the numbers are rising. Experts say the opioid epidemic is responsible for this trend.[4] Relatives are being asked to care for these children even more than before. In 2014, more than a third of all children who were removed from their homes because of parental alcohol and drug use [5] were placed with relatives.[6] Yet the impact of parental substance use disorders on grandfamilies is not a new challenge. For decades grandparents and other relatives have provided an essential safe haven for children whose parents have been unable to parent due to alcohol use and each new drug epidemic – from crack cocaine to methamphetamines to opioids.

Grandfamilies affected by substance use disorders face a range of unique social, financial, physical and mental health challenges. Despite challenges, the growing reliance on grandfamilies is best for children whose parents cannot raise them. Decades of research repeatedly confirms that children who cannot remain with their birth parents thrive when raised by relatives and close family friends.[7] They have more stable and safe childhoods than children raised by non-relatives.[8] Public policies should better support children and caregivers in grandfamilies inside or outside the formal foster care system while offering services to birth parents in order to keep children safely with their parents whenever possible.

KEY FINDINGS

- 2.5 million children are being raised in grandfamilies or kinship care with no birth parents in the home (3% of all children).[9]
- 29% (120,334) of children in foster care are being raised by relatives.[10]
- For every child in foster care with relatives, there are 20 children being raised by grandparents or other relatives outside of the foster care system.[11]
- The percentage of children in foster care with relatives has increased from 24% in 2008 to 29% in 2014. At the same time, placements in non-relative family foster homes and group settings have decreased.[12]
- More than 1/3 of all children placed in foster care because of parental alcohol or drug use, are placed with relatives.[13]
- More than 40% of children in foster care with relatives in 2014 were removed from their parents' care because of parental alcohol or drug use, up from 34% in 2008.[14]

RECOMMENDATIONS

- Reform federal child welfare financing to encourage a continuum of tailored services and supports for grandfamilies, including kinship navigator programs and other services for children, parents and caregivers to prevent children from entering or re-entering foster care.
- Ensure children in foster care are placed with families, prioritize placements with relatives when possible and provide the supports they need to care for the children.
- Promote services to children and caregivers in grandfamilies through the network of organizations serving older Americans by urging all states to maximize use of the National Family Caregiver Support Program.
- Ensure grandfamilies can access financial assistance needed to meet children's needs by improving access to Temporary Assistance for Needy Families and providing time-limited financial support for children who are candidates for foster care.
- Provide an array of legal options to grandfamilies by:
  - *Educating relatives on their full range of legal options and improving their access to legal assistance*
  - *Identifying and engaging relatives from the time children come to the attention of the child welfare system*
  - *Urging adoption of the Model Family Foster Home Licensing Standards so more relatives can be licensed foster parents*
- Elevate and promote best practices for serving children, parents and caregivers in grandfamilies by creating and supporting a National Technical Assistance Center on Grandfamilies.

Grandfamilies Provide Safe Homes for Children Affected by the Opioid Epidemic

"For my 50th birthday, I got a 2-year-old. My story isn't unique. This epidemic has devastated communities all over the country. It doesn't discriminate against age, race, gender or income. It affects all of us. But sometimes it feels like folks in Washington don't hear these stories." [15]

– Pamela Livengood, grandparent caregiver

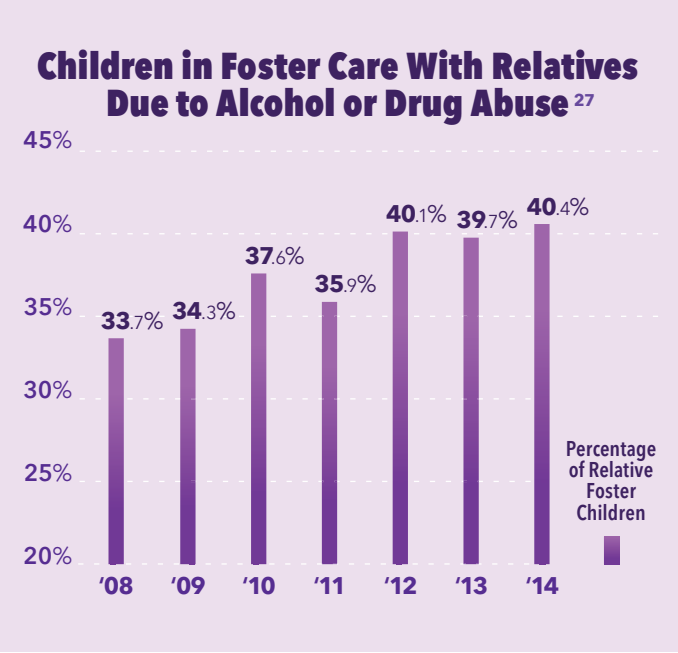
Like Pamela's grandchild, more than 2.5 million children are raised by grandparents, aunts, uncles, siblings, other extended family and close family friends who step forward to care for them when parents are unable.[16] Although data is limited, research shows parental substance use is the most common reason these grandfamilies come together to raise children who would otherwise go into foster care.[17] With the rise in heroin and other opioid use, more relatives are stepping up to raise children whose parents have died, are incarcerated, currently using drugs, in treatment or otherwise unable to take care of their children.

After years of decline in the overall numbers of children in foster care, the numbers are increasing. Experts say the opioid epidemic is responsible for this trend.[18] In 2014, there were more than 415,000 children in foster care, up from about 398,000 children in 2011.[19] The percentage of children entering foster care that had parental drug or alcohol use reported as a reason for removal increased from 22.1 percent in 2009 to 29.7 percent in 2014.[20] This is the largest increase of any reason for removal. More than 40% of children in foster care with relatives in 2014 were removed from their parents' care because of parental alcohol or drug use, up from 34% in 2008.[21] *(see chart)*

State-specific data further illustrate how rising heroin abuse is putting pressure on child welfare systems. For example, in Indiana, the Governor linked the increase in children moving through the foster care system to drug use, especially heroin, and hired 113 new caseworkers to help handle the increased load. In Vermont, parental substance use was cited in more than a third of phone calls to the state's child-protection hotline in 2014. The number of children in state custody there went up 33 percent in one year.[22]

Relatives are currently being asked to care for these children more often as the child welfare system seeks to reduce its reliance on institutions and group care settings for children. In fact, 29 percent of all children in foster care are living with relatives.[23] In 2014, about 120,000 of all children in foster care were living with relatives, an increase of over 5 percent since 2008.[24] Children are especially likely to end up in the care of relatives when parental alcohol or drug use is a reason for removal. In 2014, more than a third of all children who were removed from their homes because of parental alcohol and drug use were placed with relatives.[25]

Although the child welfare system has a large percentage of children living with relatives, it is still a very small percentage compared to the total number of children living with relatives. For every child being raised in foster care with a relative, there are 20 children living with relatives outside of the foster care system.[26]



Amount grand-parents and other relatives save taxpayers each year by raising children and keeping them out of foster care [28]

"After years of decline in the overall numbers of children in foster care, the numbers are rising. Experts say the opioid epidemic is responsible for this trend."

The percentage of children in foster care with relatives has increased from **24% in 2008** to **29% in 2014.** At the same time, placements in non-relative family foster homes and group settings have decreased.

Chris Mathews:
"Grandparents are doing whatever it takes to bring their grandchildren to safety"

A few years after Chris Mathews' daughter got pregnant with her second child, things began to fall apart. With histories of substance abuse, she and her boyfriend began using drugs again. "Soon they were abusing prescription medication and shooting up heroin and anything they could get their hands on," Chris explained. "I made a decision that I couldn't sit by and watch."

But Chris and her partner lived in Florida, a long way from her daughter and two grandchildren, Kenny and Katrina, in Oregon. As a grandparent living in a different state, she made unsuccessful attempts to intervene. Kenny and Katrina persevered through a series of events with Chris' daughter, including continued drug abuse, domestic violence, theft and eventually homelessness.

Finally, after years of instability, Chris' daughter called her for help one day, desperate and homeless. She allowed Chris to bring Katrina, age nine, to live with her and her partner in Florida. Her daughter soon joined them, along with a new boyfriend. Chris helped to stabilize them in a nearby apartment. Later, thanks to Chris' steadfast advocacy, Kenny, who had been left behind in Oregon with his abusive father, came to live with them in Florida as well. Chris did all this while recuperating from a stroke and three heart attacks she had recently suffered.

But Chris' daughter was also battling a bipolar condition that wouldn't be diagnosed for years. She returned to drugs, self-medicating her mental illness. In 2006 she attempted suicide. Soon after, she was arrested for drug possession and jumped her court-ordered probation.

At that point, Chris decided to pursue emergency custody of both grandchildren. She learned about the Kinship Program, part of The Children's Home in Pinellas County. The program helped her navigate the court process to get full custody of the children, secure Social Security funds for them, and connect to support groups.

"I would have lost my mind without the Kinship Program," Chris said. "I have friendships to this day because of it." She also secured employment with the program – first working part-time as Kinship's support group assistant and now working full-time as their outreach coordinator.

Over time, Chris' granddaughter held steady, embraced by the love of the family Chris and her partner provided.

But Mathews' grandson, who was on track to become an Eagle Scout, struggled. "School bullying triggered the trauma and insecurity he endured at a young age," Chris explained, "and he reacted by putting a crude bomb, known as a Molotov cocktail, in the school bathroom." Chris knew he needed more help. With the support of the Kinship Program, Chris fought to keep her grandson out of a traditional juvenile justice facility and found a trauma-informed behavioral treatment program that he attended for several months. Throughout his time there Chris, her granddaughter and partner drove two and a half hours three times a week to visit him and attend family therapy. The combination of this specialized treatment and the stable family his grandmother provided was just what Chris' grandson needed.

"He's 18 now, working at Lowe's full-time," Chris said. "Just this past June, he graduated cum laude. The Army and the Navy are looking at him; we're not sure which he's going to do yet. He's such a good kid, and I'm so proud of him."

"I'm so proud of my granddaughter, too – a lovely young lady. She is 24 and married. We have a great-grandson – we babysit him – and another one due this month. She and her husband both work and support themselves."

Both grandchildren have learned from Chris' modeling how to be consistent and nurturing caregivers. Now they help care for Mathew's partner who has early-onset Alzheimer's disease.

Chris' daughter is also back at home – taking medicine for the bipolar disorder and helping with household chores.

Today, Chris continues to advocate. "I'm constantly telling people to get the kids into therapy; don't let their lives be destroyed by what their parents did and what they've been through. At Kinship, we help with counseling, applying for public benefits, legal services, access to medical care, mentoring, tutors, support groups, transportation, vocational services, substance abuse treatment and more.

"And we're still fighting for grandparents' rights. We can't leave these kids in the situations they're in. The courts are getting much better, but it's taking the legislature too long. Grandparents are doing whatever it takes to bring their grandchildren to safety. We spend all of our savings. We lose our friends. We lose our identity. Work with us to get the financial aid, the legal help, the counseling and everything else we need to do this."

An Overview of the Opioid Crisis

Between 2002 and 2013, rates of heroin overdose deaths have nearly quadrupled.[29]

Data from the National Survey on Drug Use and Health show that between 2007 and 2014, the numbers of persons who misuse prescription drugs, new users of heroin and people with heroin dependence increased significantly. Opioids are very addictive. They mimic and alter the brain's natural processes for seeking pleasure and removing pain. Significant numbers of heroin users began by abusing prescription opioids like OxyContin, Percocet and Vicodin. In fact about 10.3 million persons reported nonmedical use of prescription drugs in 2014.[30] Three out of every four new heroin users report having misused prescription painkillers before taking up the drug.[31] Rates of heroin use amoung ages 18 to 25 more than doubled between 2002 and 2013.[32]

The opioid epidemic is particularly prevalent among white, middle-class men and women living in non-urban areas.[33] Mental health and substance use disorder treatment, particularly medication-assisted treatment, is less available in rural areas than in large cities, as are doctors and other health care providers in general. Fewer providers mean less treatment for opioid use disorders and less availability of medications such as buprenorphine and Vivitrol, which are well-established, evidence-based treatment for opioids.[34] Funding and support may also be less available in rural areas to train police or other emergency personnel to carry naloxone, a nasal spray that reverses the effects of an opioid overdose. Data show naloxone is administered less in rural areas than in non-rural ones proportionate to overdose rates.[35]

In 2014, the overdose death rate for both prescription and illegal drugs for whites ages 25 to 34 was five times its level in 1999, and the rate for 35-to-44-year-old whites tripled during that period.[36] The death rate for drug overdoses among young African Americans, on the other hand, has edged up only slightly. Studies found that doctors are more reluctant to prescribe painkillers to minority patients, a bias that may account for some of the difference.[37] This contrasts with the crack cocaine epidemic of the 1980s/1990s, which disproportionately impacted African Americans.[38]

Some suggest that the difference in the demographics of those affected by the opioid crisis along with lessons from the past have influenced the response to the opioid crisis in a way that contrasts with that of the crack cocaine epidemic, citing greater efforts to educate the public about addiction as a disease, a less punitive approach from the criminal justice system, and more rapid community interventions – such as the use of naloxone to help reverse overdoses.[39]

All substance use – including opioids, crack cocaine, meth, and alcohol – has impacted grandfamilies across races, ethnicities and geographic areas for generations. The impact of each new drug epidemic on families points to the need to provide improved supports and services to the grandparents and other relatives who raise children with little to no formal training on substance use disorders and related challenges.

It is time to improve supports and services for all families impacted by substance use disorders, so that family-serving systems will be more poised to respond to the next epidemic.[40] While each new drug epidemic brings forth unique challenges, the underlying need for training and support in caring for children affected by parental substance use is ever present.

CRACK COCAINE

At the beginning of the crack cocaine epidemic of the 1980/1990s, the number of children in foster care had increased slightly. By the time the epidemic was ending, the numbers of children in the foster care system had gone up by almost 70 percent, from 276,000 children at the end of 1985 to 468,000 in 1994.[41]

Opioid and Other Substance Use Disorders Affect Each Generation in a Grandfamily

Many birth parents with opioid or other substance use disorders have a deep longing to parent. But their desire to be a good parent is severely impacted by their addiction, the effect of opioids on the brain, and the barriers they face finding treatment services and other supports to help them reunify with their children in a safe and stable home. Many parents in the child welfare system have undiagnosed mental health disorders, such as depression, or have experienced significant trauma or violence that, left untreated, may perpetuate substance use disorders.

The children of parents with substance use disorders also face their own complex issues. They may have health issues that directly relate to their parents' substance use disorder. They may have been prenatally exposed to alcohol or drugs, which can cause temporary or permanent health and developmental challenges.[42] They may also have experienced abuse or neglect associated with their parents' use. Early traumatic events, such as exposure to family violence and physical abuse can lead to a greater risk of developing PTSD and substance use disorders.[43] Once out of the home, the children may continue to face challenges associated with their trauma histories and uncertainty about their parents' welfare.

"We have friends who are retired who are always telling me about their next cruise to Hawaii. I tell them I go on cruises every day. I cruise to school, I cruise to the doctor's office, I cruise to the skateboarding park. Joey is my 'cruise to Hawaii' and you know what, I wouldn't trade my cruise for theirs."

– Adrian Charniak, grandparent caregiver

The caregivers in grandfamilies impacted by substance use disorders face unique challenges, too. Because the children may have physical or cognitive health challenges resulting from their parents' substance use, caregivers have to both navigate those challenges and access and pay for appropriate health care and developmental services.

Caregivers may suffer from their own mental health issues, stemming from feelings of shame, loss or guilt about their adult child's inability to parent due to their substance use disorder.[44] Relative caregivers may suffer social isolation and depression because they do not want their peers to know about their situation or because their peers are no longer parenting.[45] Caregiver stress may be exacerbated by trying to maintain or navigate an ongoing relationship between the child and parent, often unaware if the parents are currently using drugs or alcohol and how their behavior will impact the child.[46]

Culture Is Prevention:
Strengthening Protection From the Opioid Crisis in Native American Communities

Ray Krise feels blessed that he was raised by his grandparents, Steven and Naomi Johns, who took him in as a newborn when his parents couldn't care for him. They all credit their cultural identity for their well-being. In their earlier years, Steven and Naomi strayed far from their tribal roots. But the year before Ray was born they were swayed by the wise man's prophecy which guided them to give up alcohol and begin studying their ancestors' ancient ways so they could pass on their identity and culture. Eventually, young Ray's grandfather became a great spiritual and tribal leader and, from 1965 until his death in 1980, he was an elder in the Native American Shaker Church. His grandmother became known as one of the best fishermen among the Skokomish, a great honor in tribal tradition.

"If not for being raised by my grandparents, I would not have a cultural identity," Krise explains. "I wouldn't know my family lineage and my son would not bear the name Tcha-LQad–a name that is 17 generations old.

"My grandparents raised me in old, traditional ways–no running the streets or going to dances like other kids my age. Instead, I was involved in the spiritual side of life. My passion was going to drum circles and listening to old people talk and perform ceremonies. That helped me develop a real sense of pride and belonging."

The IAMNDN Drug Free Nations program headquartered in the Comanche Nation Prevention and Recovery Center in Lawton, Oklahoma, recognizes the protective effects that come from that sense of pride and belonging. "Culture is Prevention" is the mantra of the IAMNDN movement whose goal is to "bridge the generational communication gap between adults, young adults and teenagers, to inspire and initiate dialogue between younger tribal members and current tribal leaders." Among their efforts, they co-sponsor an annual Native American Summit along with the Substance Abuse and Mental Health Services Administration. The goal is to improve the self-esteem of local youth by building connections with their culture. In turn, the program seeks to strengthen protective factors in native youth against the impact of substance abuse on native communities.

Recent studies have begun to point to the devastating impact the opioid crisis is having on the Native American population. According to a 2015 report by the Center for Behavioral Health Statistics and Quality (CBHSQ), the rate of non-medical use of prescription pain relievers among Native Americans was 6.9%, which was significantly higher than that among Asian Americans (1.8%), African Americans (3.6%) and Caucasians (4.3%).[47] Similarly, the CDC's 2014 report on opioid overdose deaths by race shows that Native Americans fatally overdosed at a rate of 8.4%, which was over double and triple that of African Americans and Latinos, respectively.[48]

The adverse effects of historical trauma, discrimination and unresolved grief transmitted from one generation to the next have been shown to be strongly connected to substance use disorders in Native American communities.[49] At the same time, Indian health resource services are limited, making it difficult to seek quality medical treatment and rehabilitation. [50]

Programs like IAMNDN show promise. They engage community members and leaders and emphasize the importance of traditional culture in combating opioid abuse in Native American communities, an approach that matches particularly well with the strengths of grandfamilies.

Ray Krise understands the power of that culture. Now he is a spiritual leader, speaker and heredity chief, passing the protective traditions on to his children and grandchildren.

For more information on the IAMNDN Drug Free Nations Program visit *www.iamndn.org*. For more information on additional policy and program efforts to address the impact of the opioid crisis on Native American communities visit *https://www.whitehouse.gov/ondcp/native-americans-and-alaskan-indians.*

"If not for being raised by my grandparents, I would not have a cultural identity. I wouldn't know my family lineage and my son would not bear the name Tcha-LQad- a name that is 17 generations old… [They] helped me develop a real sense of pride and belonging."

– Ray Krise, raised in a grandfamily

Children Thrive in Grandfamilies

Despite challenges, decades of research repeatedly confirms that children who cannot remain with their parents thrive when raised by relatives and close family friends. Children in foster care with relatives have more stable and safe childhoods than children in foster care with non-relatives, with greater likelihood of having a permanent home.[51] They experience fewer school changes,[52] have better behavioral and mental health outcomes,[53] and report that they "always felt loved."[54] They are more likely to keep their connections to brothers and sisters, family and community, and their cultural identity.[55] Moreover, children in foster care with relatives are less likely to re-enter the foster care system after returning to birth parents.[56] If returning to parents is not possible, relatives are willing to adopt or become permanent guardians.[57] In fact, 32 percent of all children adopted from foster care are adopted by relatives.[58]

In addition to the many benefits to children, relative caregivers report benefiting from providing this care, often citing an increased sense of purpose.[59] Birth parents may also value that their children remain connected to family and friends.

"I feel blessed to have this boy in my life. He is a treasure, and most likely, I would not be here without him. He gave me something positive to focus on, rather than the heart-aches and sadness and grief. I have a renewed sense of hope, that I'm doing something worthwhile."[60]

– Bonnie Martin, grandparent caregiver

Shaheed Morris:
"If not for her, who knows how my life might have unfolded"

Drug and alcohol abuse makes people do tragic things. For Shaheed Morris, 28, his mother's addiction to crack cocaine drove her to walk out of a Trenton, N.J., hospital a couple of days after giving birth to him, never looking back. His incarcerated father was not there either.

Shaheed was born with fetal distress related to his mother's drug and alcohol use while she was pregnant. He had no ability to move his neck and head and not much hope for survival. "I'm thankful that my grandmother took the initiative to go to the hospital and claim me," Shaheed said. "Otherwise, I was en route to foster care. If not for her, who knows how my life might have unfolded."

Fast-forward to May 2016, when Shaheed graduated with a journalism degree from South Dakota State University – the first in his family to complete college – and is looking for a job that can build on his freelance reporting experience, as well as his internship with *The Salt Lake Tribune*.

"The impressive thing about my grandmother is that she had already raised my cousin. Now she was raising another grandson," Shaheed said. "Because of the drugs in my system when I was born, I needed a lot of therapy. She had no car so she used public transportation to get me to therapy every day for almost a year. She worked part-time as a custodian at the public schools, but that income was not enough to keep up with the expenses of a baby with special medical needs. So, with only a 5th grade education, she found a way to piece together the support she needed.

She secured critical help from what was then the AFDC program, Food Stamps, the WIC (Women, Infants, and Children) program and public housing.

"It was not easy for my grandmother to raise a child with serious needs while she was in her early 60s with little support," Shaheed said. "We need more support for grandparents like her who step up to care for us.

"I was fortunate. Along with my grandmother, I had a lot of mentors who helped me navigate. Somehow, I managed to graduate from high school. I realized, when I started reading a lot of books, that many people had higher levels of education. I got tired of working low-paying jobs – couldn't afford a car or go on trips or move up the social ladder. So, I researched and found South Dakota State where I could accrue less than $30,000 in debt. "

Today, Shaheed is still close with his 89-year-old grandmother and the mentors who helped guide him to move beyond his circumstances.

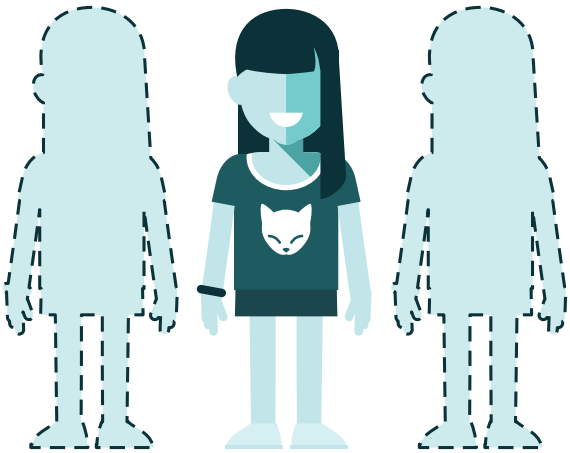
"Now I tell kids to seek mentors in various forms and fashions, as well as various ethnicities. Find something you want to do in life – be passionate and work hard at it. And to grandfamilies who step up in challenging times, I will continue to advocate for you."

Shaheed is also in the process of writing his first book. He is an active member of the National Association of Black Journalists.

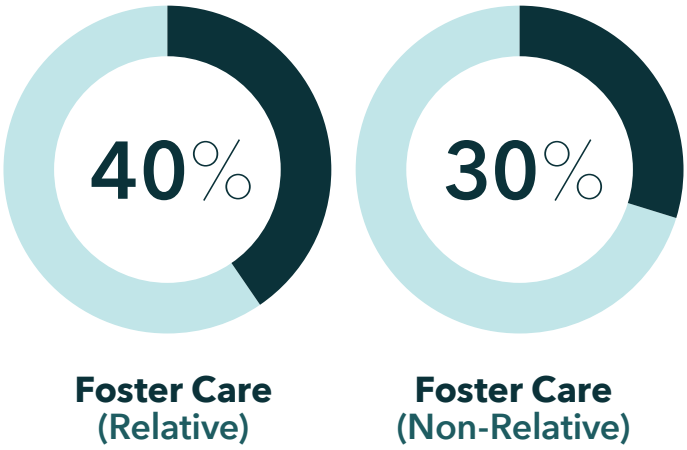
"It was not easy for my grandmother to raise a child with serious needs while she was in her early 60s with little support. We need more support for grandparents like her who step up to care for us."

– Shaheed Morris, raised in a grandfamily

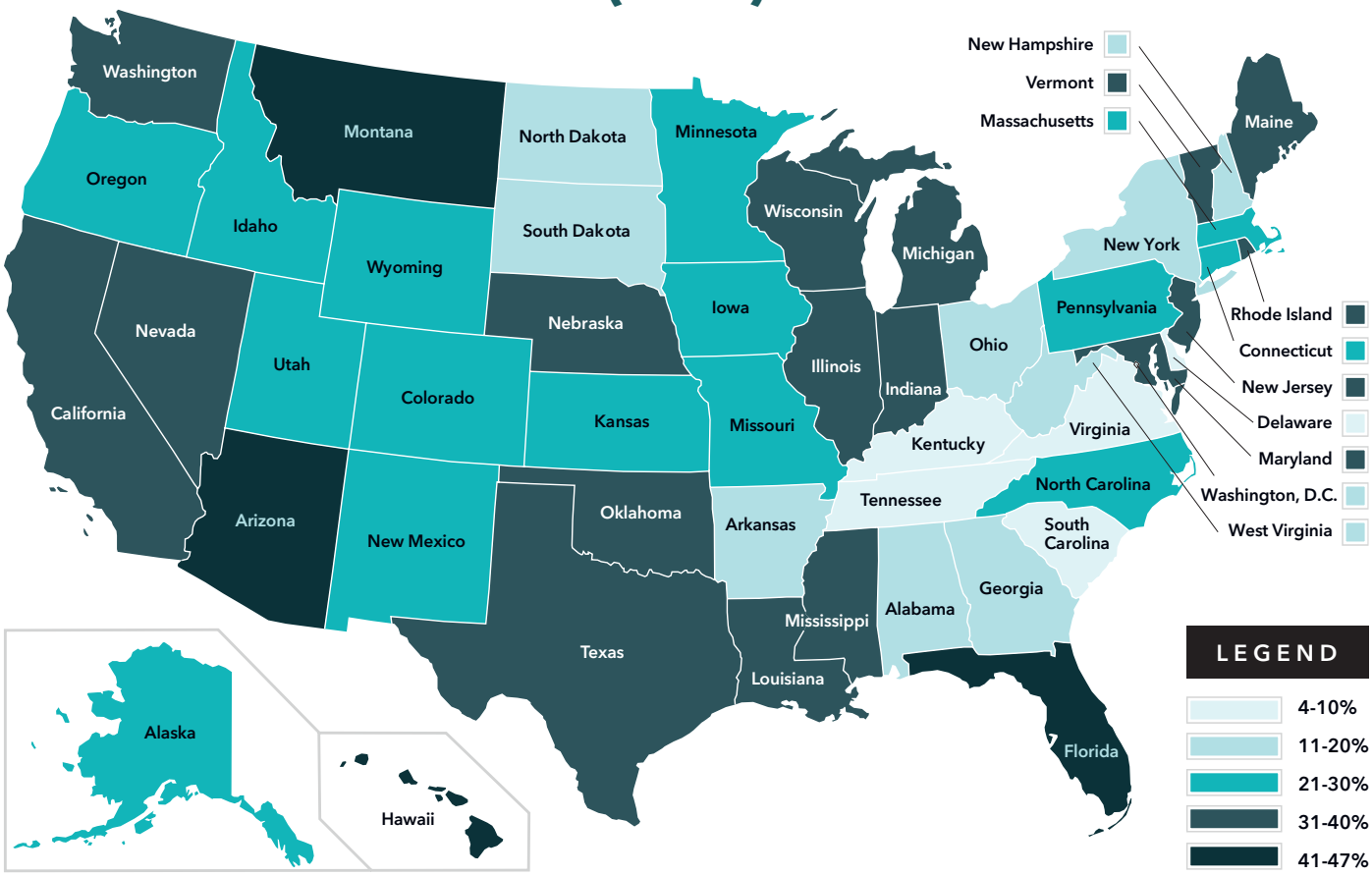
More than 1/3 of all children placed in foster care because of parental substance abuse are **placed with relatives.**



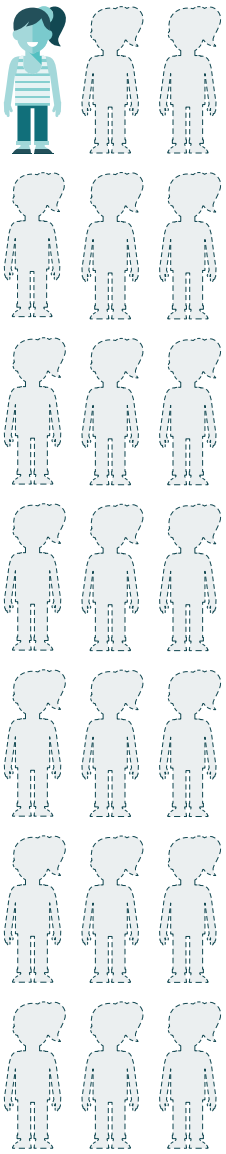
Children in Out of Home Care With Alcohol or Drugs as a Reason for Removal[61]

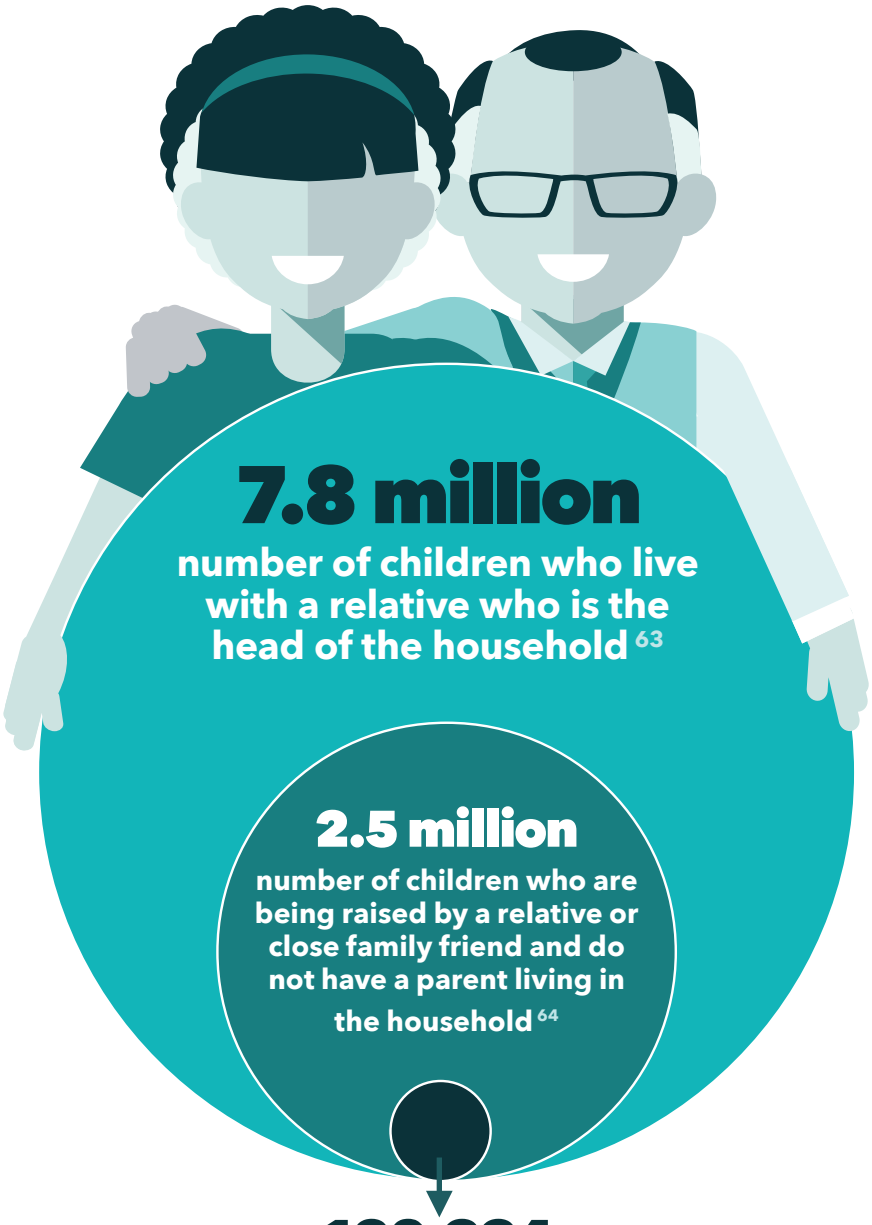


Percent of Children in Foster Care With Relatives[62] (2014)



For every 1 child in foster care with relatives there are 20 children being raised by grand-parents or other relatives outside of the foster care system.





7.8 million

number of children who live with a relative who is the head of the household [63]

2.5 million

number of children who are being raised by a relative or close family friend and do not have a parent living in the household [64]

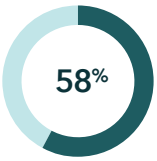
120,334

number of children being raised by relatives who are also foster parents [65]

GRANDPARENTS RESPONSIBLE FOR GRANDCHILDREN (2015)

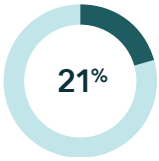
2,631,546 Grandparents are responsible for grandchildren [66]

58% of them are in the workforce [67]



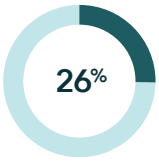
1,527,151

21% of them live below the poverty line [68]



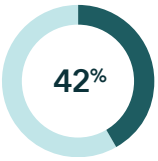
547,722

26% of them have a disability [69]



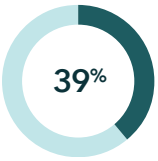
671,119

42% of them have provided care for 5 years or more [70]



1,101,127

39% of them are over 60 [71]

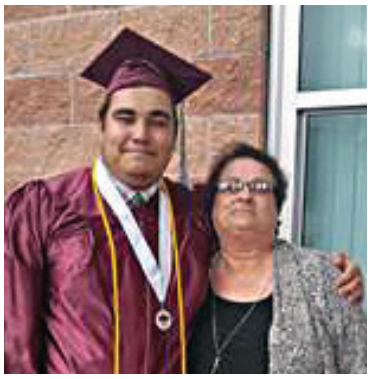


1,023,862

Supporting Grandfamilies Helps Children Thrive

"I would have lost my mind without the Kinship Program. They helped me navigate the court process, secure Social Security for the children, and connect to support groups. When my grandson got in trouble they helped me fight to keep him out of a juvenile justice facility and get him the treatment he needed. Now he is working full time and recently graduated cum laude."

– Chris Mathews, grandparent caregiver



Whether inside or outside the child welfare system, grandfamilies are in need of support. Many of the caregivers are over 60, retired or living on a fixed income. Nearly one in five lives below the poverty line.[72] Thrown into their caregiving role with little or no warning, caregivers are often not even aware of supports and services for which their families may be eligible, such as housing or child care assistance, Temporary Assistance to Needy Families or SNAP (formerly known as the Food Stamp Program).[73] At the same time parents of the children both inside and outside the foster care system often face challenges accessing substance use disorder treatment, mental health and other services to help them safely parent again or to prevent the need for the children to be removed and placed with relatives in the first place.

Grandparents and other relatives raising children outside of foster care are often struggling with even less support than those in the formal system. They do not have access to the same level of monthly financial support or other support services. Moreover, many caregivers outside the system may have serious challenges enrolling the children in school, consenting to health care or accessing health records if they lack a legal relationship to the children.[74]

Both within and outside the system, there is a dearth of trauma-informed services to help children heal from the experience of living with a parent with a substance use disorder and the trauma of separation from their parents. Moreover, training for dealing with this trauma and other caregiving needs is typically only available to relatives involved in the child welfare system. Yet it is usually not designed with grandfamilies in mind and does not take into consideration the unique circumstances and loyalty issues facing these families.

Research shows that when caregivers in grandfamilies receive services and support, children have significantly better social and mental health outcomes than children of caregivers who do not receive services and support.[75] Examples of services and supports that demonstrate improved outcomes include support groups, mental health services, case management, and kinship navigator programs. Navigators provide a single point of entry for learning about housing, household resources, physical and mental health services, and financial and legal assistance. Research also shows that families receiving support from such programs experienced increased permanency and stability, improved safety, lower rates of foster care re-entry, reduced behavioral problems in children and youth and increased caregiver strengths.[76]

Through the Ups and Downs: Utah Grandfamilies Program

Seven years ago, Ron and Felecia got the call. Their daughter, suffering from heroin addiction, was going to jail for drug possession. Their struggles were twofold. They had a grieving 3-year-old granddaughter, Harper, to raise and comfort. They were also grieving for their daughter and a new situation they hadn't planned on. Harper is among the more than 17,000 children in Utah whose relatives are raising them.

Ron and Felecia's story resonates with many of the 800 grandfamilies, 40 percent of whom are affected by opioid misuse, that the Children's Service Society (CSS) of Utah helps annually. Their Grandfamilies program – operating in Salt Lake, Davis, Weber and Cache counties – helps these families access grants and helps relative caregivers become legal guardians.

Besides crisis prevention services, the program provides services such as Grandfamilies First Class, Friend 2 Friend and Children's Groups. Grandfamilies First Class is a 10-week series for grandparents and other relatives raising children that meets weekly throughout the year. "We talk about the legal issues and establishing boundaries with their adult children," said Bacall Hincks, program coordinator with Grandfamilies. "We discuss what substance abuse is and how it's a disease."

In the Children's Groups, held at the same time as Grandfamilies First, children ages 4 through 11 engage in psycho-social classes led by trained professionals."We also do age-appropriate substance abuse discussions with them," Bacall explained. "We discuss emotions, coping strategies and how to manage their anger because a lot of them are angry. They've seen abuse and have been neglected."

Once those families complete the group sessions, they join Friend 2 Friend, an activity and support group that hosts events like Easter egg hunts and parties for Christmas and Halloween. Families in this group get free tickets to sporting events and other community activities. This group especially helps grandparents whose retired friends can't relate to their living situation. Bacall said, "This is an opportunity for these families to create a peer network and support one another."

That support can be a family saying, "My daughter messed up and relapsed again," and another family saying, "So did mine, and it's OK. We'll get through this together."

It's that support that helps sustain Ron and Felecia, Harper's grandparents who took her in when she was three years old. She's now 10. Her mother was recently arrested again on drug possession. Harper wants her mom to get better, especially after watching her schoolmates whose parents are in their lives.

Bacall said elected officials should know that even though they work with grandfamilies, it's important not to exclude the parent who's suffering from addiction.

"That parent is still a parent to their children," she explained. "We have to do our best to try to reunify them with these kids so that grandma and grandpa can go on being grandma and grandpa, and mom and dad can become mom and dad again."

But not every grandparent goes back to being grandma or grandpa. For them, Bacall said, it's important for the Senate to pass the Family First Prevention Services Act, which supports grandfamilies. Funding for grandfamilies will not only help families access community resources, it will also provide specific therapeutic supports and other preventative services designed to keep families together.

"These families don't just deal with the drug abuse once and then it's over," she explained. "That's what's so important about our program. We have that on-going support for families. We're able to be there for them when these ups and downs occur."

**Names were changed to protect the family's privacy.*

Grandfamilies Programs Report Service Needs in Response to Opioid Use

A survey of programs across the U.S. that primarily serve grandfamilies raising children outside of the foster care system revealed that the opioid crisis is having a significant impact on the children and families. Almost all of the responding programs reported serving families impacted by parental alcohol or drug use. More than 70 percent identified opioids, including heroin, as one of the most common types of drugs impacting the families. The services most frequently requested and used by grandfamilies impacted by substance use were: kinship navigation services, mental health services and financial assistance / counseling, pointing to a strong need to further develop and expand these services. Families also made frequent use of support groups and often requested legal assistance and respite care. Reported barriers to accessing services included: transportation and scarce availability of services in rural areas, limited eligibility criteria, issues with the children's birth parents, reading and comprehension issues, and poor relationships with child welfare agencies.[77]

Policy and Program Recommendations

While the impact of the opioid epidemic is still being uncovered, the effect of parental substance use disorders on children and caregivers in grandfamilies is not a new challenge. Each new drug epidemic points to the need to provide improved supports and services to the children and to the caregivers who often step in to care for the children with little to no formal help. The following are recommendations for policymakers, advocates and professionals serving children, caregivers and parents in grandfamilies affected by substance use disorders:

Reform Federal Child Welfare Financing to Encourage a Continuum of Tailored Services and Supports for Children, Parents and Caregivers in Grandfamilies:

- ***Prevention and Post Permanency Services*** *- Allow states to use federal child welfare funds for trauma-informed prevention services for families of eligible children in grandfamilies. Eligible children should include children who are candidates for foster care, identified by the state as being at imminent risk of entering or re-entering foster care, but who can safely remain at home or with a relative caregiver if provided services. Relative caregivers and parents of the children should also be eligible for relevant services. Such trauma-informed services should be shown to improve outcomes for children and include: mental health treatment, substance abuse prevention and treatment, and in-home parent skill-based supports as proposed in the Family First Prevention Services Act.* [78]
- **Kinship Navigator Programs** *- Research shows kinship navigator programs successfully link grandfamilies – including those impacted by parental substance use – to services and supports they would not otherwise receive.*[79] *Generations United recommends reauthorizing Family Connection Grants under the Fostering Connections to Success and Increasing Adoptions Act of 2008 and allowing states to receive reimbursement from federal child welfare funding for state kinship navigator services provided to grandfamilies as included in the Family First Prevention Services Act.*

Ensure Children in Foster Care Are Placed With Families, Prioritize Placement With Relatives and Give Them Support to Care for Children With High Level Needs:

Consistent with the principle that children do best in families, enact the Family First Prevention Services Act, which encourages the placement of children in foster care in the least restrictive, most family-like settings appropriate to their needs. Moreover, in line with current federal law, first look for relatives who can serve as the best possible family homes for children whose parents are unable to raise them due to a substance use disorder or other child welfare issues. Families should be given the services and supports they need to care for the children who often come with high-level emotional, behavioral and/or physical health challenges.

Promote Services to Grandfamilies Through the Network of Organizations Serving Older Americans:

Urge all states to maximize use of the National Family Caregiver Support Program (NFCSP). NFCSP funds may be used to provide supportive services to children and caregivers in grandfamilies where the caregiver is age 55 or older, regardless of child welfare involvement or if the child is a candidate for foster care. Among the services are those that are helpful to grandfamilies impacted by substance use including support groups, counseling, respite care, training, and even direct legal services. Although up to ten percent of the program's funds can be used for grandfamilies, most states do not make full use of this program to help support these families.

Ensure Grandfamilies Can Access Financial Assistance to Meet Children's Needs:

Access to Temporary Assistance for Needy Families (TANF) must be improved through a number of concrete policy and program steps including allowing for each child on a TANF child-only grant in a family to receive the same amount of assistance, eliminating asset tests for caregivers over age 60 so they can have savings for retirement, and streamlining the application process. To prevent entry into foster care, time-limited financial support should also be made available through federal child welfare funding.

Provide an Array of Legal Options to Grandfamilies by:

- ***Educating Relatives on the Full Range of Legal Options and Improving Their Access to Legal Assistance -*** *Ensure that all grandfamilies impacted by parental substance use disorders, whether inside or outside the foster care system, have access to a continuum of legal relationship options and that they understand the differences – both legal and practical – of adoption, guardianship and legal custody. As part of this effort, grandfamilies' access to legal representation and assistance must be improved and expanded. Furthermore, all states should enact educational and health care consent laws so that children outside the foster care system and without a legal relationship to their caregivers can access educational and health care services.*
- ***Identifying and Engaging Relatives From the Beginning -*** *Involve relatives as soon as children come to the attention of the child welfare system, starting with their identification and notification and continuing to engage them throughout. Ensure that relatives know they have options that range from becoming licensed foster parents for the children to offering homes the children can visit and that they understand the benefits and challenges of each option. Child welfare agencies should inform relatives that if they become licensed foster parents and if the children cannot return to their parents, the children may be eligible to exit foster care to adoption or permanent guardianship with them and receive adoption subsidies or Guardianship Assistance Payments (GAP) if their jurisdiction offers GAP. States that do not offer GAP should adopt the program.*
- ***Addressing Barriers to Foster Family Home Licensure -*** *Adopt the Model Family Foster Home Licensing Standards, which Generations United developed with the National Association for Regulatory Administration and the American Bar Association Center on Children and the Law, with support from the Annie E. Casey Foundation, to eliminate unnecessary barriers that prevent suitable relatives and non-relatives from becoming licensed foster parents.*

Elevate and Promote Best Practices Through a National Technical Assistance Center on Grandfamilies:

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

RESEARCH CONFIRMS POSITIVE OUTCOMES OF KINSHIP NAVIGATOR PROGRAMS

Two rounds of Family Connection Grants, authorized by the Fostering Connections to Success and Improving Adoptions Act of 2008 (Fostering Connections Act), have funded several kinship navigator programs, which have resulted in many positive outcomes for grandfamilies. According to a report [80] about these programs by the Children's Bureau of the U.S. Department of Health and Human Services, positive outcomes for those receiving kinship navigator services included:

- **SAFETY :** Relative caregivers receiving navigator services achieved identified safety goals for their families.
- **PERMANENCY :** Children in the care of relative caregivers receiving navigation services had higher rates of permanency through legal guardianship and reunification with parents.
- **WELL-BEING :** Results showed that kinship navigator programs were successful at ameliorating the needs of grandfamilies.

The five year evaluation of Florida's 2012 kinship navigator grant was recently published [81] and shows further compelling results for its nearly 3000 participants:

- **LOW RATES OF RE-ENTRY :** 99 percent of participants' children did not enter the child welfare system at the 12 month follow-up, showing placement stability and child safety.
- **COST-SAVINGS :** Cost of the program is less than half the costs associated with adjudicating a child dependent. Non-relative foster care is 6 times and residential group care is more than 21 times as expensive as the navigator program.

Generations United's National Center on Grandfamilies is a leading voice for issues affecting families headed by grandparents and other relatives. Through the Center, Generations United leads an advisory group of organizations, caregivers and youth that sets the national agenda to advance public will in support of these families. Center staff conduct federal advocacy, provide technical assistance to state-level practitioners and advocates, and train grandfamilies to advocate for themselves. The Center raises awareness about the strengths and needs of the families through media outreach, weekly communications and awareness-raising events. It offers a broad range of guides, fact sheets and tools for grandfamilies, which cover issues from educational and health care access to financial and legal supports and can be found at **www.gu.org.**

Acknowledgments

Generations United gratefully acknowledges the following dedicated individuals and organizations whose work and support made this report possible:

- ***Chris Mathews, Shaheed Morris, Ray Krise and the Grandfamilies Program of the Children's Services Society of Utah for sharing their stories;***
- ***Generations United's Ana Beltran, Jaia Peterson Lent and Adam Otto for authoring and contributing to this report, Carolyn Walsh and Sydney Franklin for compiling research, Cathy Jenkins and Alan King for conducting interviews and writing personal stories and program profiles, and Donna Butts and Sheri Steinig for their review;***
- ***Children & Family Futures for providing data and a detailed review of the report;***
- ***The Brookdale Foundation Group for sending a survey on substance use out to their RAPP network;***
- ***Rebecca Robuck and Jennifer Miller of ChildFocus, Heidi Epstein of the American Bar Association Center on Children and the Law, and Generations United GrAND members Joan Callander Dingle, Sharon Olson, Dolores Bryant and Sarah Smalls for their review and feedback.***

Finally, we extend our gratitude to The Brookdale Foundation Group, Dave Thomas Foundation for Adoption and Verizon Foundation whose support made this project possible.

Design and Layout

Theodore Topolewski / orchardpath.com / OrchardPath Creative LLC Printed September 2016

Photo Credits

All photos included in the publication without credit are licensed stock photos.

Disclaimers

This report was funded in part by The Brookdale Foundation Group, Dave Thomas Foundation for Adoption and Verizon Foundation. We thank them for their support but acknowledge that the ideas, findings, and conclusions presented in this report are those of Generations United alone and do not necessarily reflect the opinions of these organizations.

COLOPHON

Typography: *Abril Titling Italic*, Avenir Next & Avenir Next Condensed set in 10.875 point :
Ultra Light, Medium, *Medium Italic*, Demi Bold, *Demi Bold Italic*, **Bold**, ***Bold Italic***, and **Heavy.**

State	(%) Children in Foster Care Raised in Grandfamiles or Kinship Care[82] 2014	(#) Children in Foster Care Raised in Grandfamiles or Kinship Care 2014	(%) Children in Kinship Care[83] 2013-2015	(#) Children in Kinship Care 2013-2015
United States	**29%**	**120,334**	**3%**	**2,517,000**
Alabama	12%	546	5%	60,000
Alaska	22%	485	4%	7,000
Arizona	46%	7335	4%	63,000
Arkansas	16%	591	5%	37,000
California	33%	18532	3%	272,000
Colorado	23%	1321	3%	42,000
Connecticut	29%	1137	3%	21,000
Delaware	7%	46	6%	12,000
District of Columbia	18%	172	4%	4,000
Florida	43%	8526	4%	159,000
Georgia	19%	1695	4%	99,000
Hawaii	47%	577	5%	14,000
Idaho	29%	356	2%	9,000
Illinois	36%	6172	2%	63,000
Indiana	35%	4985	4%	57,000
Iowa	28%	1695	2%	17,000
Kansas	28%	1915	3%	19,000
Kentucky	4%	284	5%	53,000
Louisiana	35%	1507	5%	59,000
Maine	31%	572	2%	6,000
Maryland	38%	1525	3%	39,000
Massachusetts	26%	2540	3%	45,000
Michigan	31%	4097	2%	44,000
Minnesota	26%	1623	2%	28,000
Mississippi	34%	1443	5%	38,000
Missouri	27%	3237	3%	41,000
Montana	41%	964	4%	10,000
Nebraska	32%	1234	2%	9,000
Nevada	33%	1497	4%	25,000
New Hampshire	12%	104	3%	8,000
New Jersey	36%	2590	2%	43,000
New Mexico	21%	494	6%	31,000
New York	18%	4012	3%	128,000
North Carolina	26%	2573	4%	90,000
North Dakota	13%	177	3%	5,000
Ohio	16%	2055	4%	119,000
Oklahoma	35%	3987	5%	45,000
Oregon	29%	2189	2%	19,000
Pennsylvania	29%	4337	4%	103,000
Rhode Island	35%	636	3%	7,000
South Carolina	5%	172	5%	51,000
South Dakota	19%	228	4%	8,000
Tennessee	10%	782	4%	53,000
Texas	33%	10085	4%	270,000
Utah	22%	656	2%	17,000
Vermont	33%	372	3%	3,000
Virginia	5%	238	3%	55,000
Washington	34%	3612	3%	41,000
West Virginia	15%	698	7%	28,000
Wisconsin	34%	2335	2%	31,000
Wyoming	26%	256	4%	5,000

References

1. Annie E. Casey Foundation Kids Count Data Center. 2013-2015 Current Population Survey Annual Social and Economic Supplement (CPS ASEC). Estimates represent a three-year average. Accessed July 21, 2016. Retrieved from http://datacenter.kidscount.org/data/tables/7172-children-in-kinship-care?loc=1&loct=1#detailed/1/any/false/1491/any/14207,14208
2. National Abandoned Infants Assistance Resource Center. (2004). Kinship care fact sheet. Berkeley: University of California, Berkeley. Accessed July 20, 2016. Retrieved from http://aia.berkeley.edu/media/pdf/kinship_care_factsheet_2004.pdf
3. U.S. Department of Health and Human Services, Administration for Children and Families, Administration on Children, Youth and Families, Children's Bureau. (2015). The AFCARS report: Preliminary FY 2014 estimates as of July 2015 (No. 22). Retrieved from http://www.acf.hhs.gov/sites/default/files/cb/afcarsreport22.pdf
4. Examining the Opioid Epidemic: Challenges and Opportunities: Hearing before the Committee on Finance, Senate, 114th Cong. (2016) (statement of Nancy Young, Ph.D., Director, Children and Family Futures, Inc., Lake Forest, CA) | Kamp, J. & Campo-Flores, A. (2016, January 11). Parents' drug abuse strains child-welfare agencies: Growing epidemic puts more children into foster care. The Wall Street Journal. Retrieved from http://www.wsj.com/articles/parents-drug-abuse-strains-child-welfare-agencies-1452538476
5. Alcohol or drug abuse, as defined by the AFCARS code book, is at least one of the reasons for removal from the home.
6. Analysis conducted by Children and Family Futures (CFF) on the public use 2014 Adoption and Foster Care Analysis and Reporting System (AFCARS) dataset. Estimates based on all children in out of home care at some point during Fiscal Year 2014.
7. Generations United. (2016). Children thrive in grandfamilies. Retrieved from http://grandfamilies.org/Portals/0/16-Children-Thrive-in-Grandfamilies.pdf
8. Helton, J. (2011). Children with behavioral, non–behavioral, and multiple disabilities, and the risk of out–of–home placement disruption. Child Abuse & Neglect 35, 956–964. | Testa M., Bruhn C., & Helton J. (2010). Comparative safety, stability, and continuity of children's placements in formal and informal substitute care. In M.B. Webb, K. Dowd, B.J. Harden, J. Landsverk, & M.F. Testa (Eds.). Child welfare and child well-being: New perspectives from the National Survey of Child and Adolescent Well-Being (pp. 159-191). New York: Oxford University Press. | Zinn, A., DeCoursey, J., Goerge, R.M., & Courtney, M.E. (2006). A study of placement stability in Illinois. Chapin Hall. Retrieved from https://www.chapinhall.org/sites/default/files/old_reports/280.pdf | Chamberlain, P., et al. (2006). Who disrupts from placement in foster and kinship care? Child Abuse & Neglect 30, 409–424. Retrieved from http://www.mtfc.com/2006_chamberlain_et%20al_a_Who_Disrupts.pdf | Testa, M. (2001). Kinship care and permanency. Journal of Social Service Research 28(1), 25–43. | Public Children Services Association of Ohio. (2012). Ohio's fostering connection grant: Enhanced kinship navigator project- Final progress report. Retrieved from http://www.kinshipohio.org/Resources/2012/OhioKinshipFinalProgressReport.pdf | Winokur, M., Crawford, G., Longobardi, R., & Valentine, D. (2008). Matched comparison of children in kinship care and foster care on child welfare outcomes. Families in Society 89(3), 338-46. | Johnson, K. (2005). A retrospective support assessment study of foster and relative care providers. Madison, WI: Children's Research Center. Retrieved from http://www.nccdglobal.org/sites/default/files/publication_pdf/fcrp_support_assmnt_sept05.pdf
9. Annie E. Casey Foundation Kids Count Data Center. 2013-2015 CPS ASEC.
10. Annie E. Casey Foundation Kids Count Data Center. Child Trends analysis of data from the Adoption and Foster Care Analysis and Reporting System (AFCARS), made available through the National Data Archive on Child Abuse and Neglect (NDACAN). Accessed July 21, 2016. Retrieved from http://datacenter.kidscount.org/data/tables/6247-children-in-foster-care-by-placement-type
11. Generations United calculated this figure based on the following two data sources: Annie E. Casey Foundation Kids Count Data Center. 2013-2015 CPS ASEC. | Annie E. Casey Foundation Kids Count Data Center. Child Trends analysis of data from AFCARS, made available through NDACAN.
12. Annie E. Casey Foundation Kids Count Data Center. Child Trends analysis of data from AFCARS.
13. Analysis conducted by CFF on the public use 2014 AFCARS dataset. Estimates based on all children in out of home care at some point during Fiscal Year 2014.
14. Analysis conducted by CFF on the public use 2008-2014 AFCARS dataset. Estimates based on all children in out of home care at some point during Fiscal Years 2008-2014.
15. Zezima, K. (2016, July 26). The nation's opioid crisis garners attention at party conventions. The Washington Post. Retrieved from https://www.washingtonpost.com/politics/the-nations-opioid-crisis-garners-attention-at-party-conventions/2016/07/26/49b33554-5339-11e6-bbf5-957ad17b4385_story.html
16. Annie E. Casey Foundation Kids Count Data Center. 2013-2015 CPS ASEC.
17. National Abandoned Infants Assistance Resource Center. (2004). Kinship care fact sheet.
18. Examining the Opioid Epidemic: Challenges and Opportunities: Hearing before the Committee on Finance, Senate, 114th Cong. (2016) (statement of Nancy Young, Ph.D., Director, Children and Family Futures, Inc., Lake Forest, CA). | Kamp, J. & Campo-Flores, A. (2016, January 11). Parents' drug abuse strains child-welfare agencies: Growing epidemic puts more children into foster care.
19. National Data Archive on Child Abuse and Neglect. (2009-2015). Adoption and Foster Care Analysis and Reporting System (AFCARS), Foster Care Files 2008-2014. Retrieved from http://www.ndacan.cornell.edu/datasets/datasets-list-afcars.cfm.
20. Ibid.
21. Ibid.
22. Quinton, S. (2015, October 9). How heroin is hitting the foster care system. Pew Charitable Trusts, Stateline. Retrieved from http://www.pewtrusts.org/en/research-and-analysis/blogs/stateline/2015/10/09/how-heroin-is-hitting-the-foster-care-system
23. Annie E. Casey Foundation Kids Count Data Center. Child Trends analysis of data from AFCARS.
24. Ibid.

References

25. Analysis conducted by CFF on the public use 2014 AFCARS dataset. Estimates based on all children in out of home care at some point during Fiscal Year 2014.

26. Generations United calculated this figure based on the following two data sources: Annie E. Casey Foundation Kids Count Data Center. 2013-2015 CPS ASEC; Annie E. Casey Foundation Kids Count Data Center. Child Trends analysis of data from AFCARS, made available through NDACAN.

27. Analysis conducted by CFF on the public use 2014 AFCARS dataset. Estimates based on all children in out of home care at some point during Fiscal Year 2014.

28. Generations United calculated this figure based on the federal share of the 2011 national average minimum monthly foster care maintenance payment ($301) for 1.1 million children. The number of children is approximately one-half of the children being raised in grandfamilies outside of the formal foster care system. We use this number in our calculation due to a conservative estimate that the other half already receives some type of governmental financial assistance, such as a Temporary Assistance for Needy Families (TANF) child-only grant. We also know that a number of children in grandfamilies have special needs that would warrant higher monthly foster care maintenance payments. The cost of 1.1 million children entering the system would represent all new financial outlays for taxpayers.

29. Center for Disease Control. (2015). Today's heroin epidemic. Accessed August 17, 2016. Retrieved from *http://www.cdc.gov/vitalsigns/heroin/index.html*

30. Substance Abuse and Mental Health Services Administration. (2014). Results from the 2013 National Survey on Drug Use and Health: Summary of national findings, NSDUH Series H-48, HHS Publication No. (SMA) 14-4863. Rockville, MD: Substance Abuse and Mental Health Services Administration. Retrieved from *http://www.samhsa.gov/data/sites/default/files/NSDUHresultsPDFWHTML2013/Web/NSDUHresults2013.pdf*

31. Muhuri, P., Gfroerer, J., & Davies, M. (2013). Associations of nonmedical pain reliever use and initiation of heroin use in the United States. Center for Behavioral Health Statistics and Quality, Data Review, August 2013. Retrieved from *http://www.samhsa.gov/data/sites/default/files/DR006/DR006/nonmedical-pain-reliever-use-2013.htm.*

32. Center for Disease Control. (2015). Today's heroin epidemic.

33. Cicero, T. J., Ellis, M. S., Surratt, H. L., & Kurtz, S. P. (2014). The changing face of heroin use in the United States: a retrospective analysis of the past 50 years. JAMA Psychiatry, 71(7), 821-826. | Singh, M. (2014, May 28). Today's heroin addict is young, white and suburban. NPR. Retrieved from *http://www.npr.org/sections/health-shots/2014/05/28/316673753/todays-heroin-addict-is-young-white-and-suburban* | Toliver, Z. (2016, May 18). The opioid epidemic: Testing the limits of rural healthcare. The Rural Monitor. Retrieved from https://www.ruralhealthinfo.org/rural-monitor/opioid-epidemic/

34. Khazan, O. (2014, October 30). The new heroin epidemic. The Atlantic. Retrieved from *http://www.theatlantic.com/health/archive/2014/10/the-new-heroin-epidemic/382020/* | Gale, J.A., et al. (2016). Rural communities in crisis: Strategies to address the opioid crisis. Leawood, KS: National Rural Health Association. Retrieved from *http://www.ruralhealthweb.org/index.cfm?objectid=DB1783C2-DB37-0073-AE5A339A5336A09E*

35. Faul, M., Dailey, M. W., Sugerman, D. E., Sasser, S. M., Levy, B., & Paulozzi, L. J. (2015). Disparity in naloxone administration by emergency medical service providers and the burden of drug overdose in US rural communities. American Journal of Public Health, 105(S3), 26-32. | Khazan, O. (2014, October 30). The new heroin epidemic. | Gale, J.A., et al. (2016). Rural communities in crisis: Strategies to address the opioid crisis.

36. Kolata, G. & Cohen, S. (2016, January 16). Drug overdoses propel rise in mortality rates of young whites. The New York Times. Retrieved from *http://www.nytimes.com/2016/01/17/science/drug-overdoses-propel-rise-in-mortality-rates-of-young-whites.html*

37. Ibid.

38. Hendricks, L., & Wilson, A. (2013). The impact of crack cocaine on black America. National Forum Journal of Counseling and Addiction 2(1), 1-6. Retrieved from *http://www.nationalforum.com/Electronic%20Journal%20Volumes/Hendricks,%20LaVelle%20The%20Impact%20of%20Crack%20Cocaine%20on%20Black%20America%20NFJCA%20V2%20N1%202013.pdf* | Fryer, R. G., Heaton, P. S., Levitt, S. D., & Murphy, K. M. (2013). Measuring crack cocaine and its impact. Economic Inquiry, 51(3), 1651-1681. Retrieved from *http://scholar.harvard.edu/files/fryer/files/fhlm_crack_cocaine_0.pdf*

39. Seelye, K.Q. (2015, October 30). In heroin crisis, white families seek gentler war on drugs. The New York Times. Retrieved from *http://www.nytimes.com/2015/10/31/us/heroin-war-on-drugs-parents.html* | Lerner, S. & Stamp, N. (2014, May 16). When heroin use hit the suburbs, everything changed. The Washington Post. Retrieved from *https://www.washingtonpost.com/opinions/when-heroin-use-hit-the-suburbs-everything-changed/2014/05/16/187dcce2-d79e-11e3-95d3-3bcd77cd4e11_story.html?utm_term=.7fc61d-b38c02* | Cohen, A. (2015, August 12). How white users made heroin a public-health problem. The Atlantic. Retrieved from *http://www.theatlantic.com/politics/archive/2015/08/crack-heroin-and-race/401015/* | Holloway, K. (2016, January 12). The massive discrepancies between media coverage of mythical crack babies and opiate-dependent babies. AlterNet. Retrieved from *http://www.alternet.org/drugs/massive-discrepancies-between-media-coverage-mythical-crack-babies-and-opiate-dependent-babies*

40. Center for Behavioral Health Statistics and Quality. (2015). Behavioral health trends in the United States: Results from the 2014 National Survey on Drug Use and Health, NSDUH Series H-50, HHS Publication No. (SMA) 15-4927. Rockville, MD: Substance Abuse and Mental Health Services Administration. Retrieved from *http://www.samhsa.gov/data/sites/default/files/NSDUH-FRR1-2014/NSDUH-FRR1-2014.pdf*

41. U.S. Congress. House Committee on Ways and Means. (1996). Background material and data on programs within the jurisdiction of the Committee on Ways and Means (Green Book). Washington, DC: House Committee on Ways and Means (pp. 691-767).

42. Patrick, S. W., Davis, M. M., Lehmann, C. U. & Cooper, W. O. (2015). Increasing incidence and geographic distribution of neonatal abstinence syndrome: United States 2009 to 2012. Journal of Perinatology 35 (8): 650-655.

43. Staiger, P.K., Melville, F., Hides, L., Kambouropoulos, N., & Lubman, D.I. (2009). Can emotion-focused coping help explain the link between posttraumatic stress disorder severity and triggers for substance use in young adults? Journal of Substance Abuse Treatment 36, 220-226.

44. Hayslip, B., & Kaminski, P. L. (2005). Grandparents raising their grandchildren: A review of the literature and suggestions for practice. The Gerontologist 45(2), 262-269. | Miltenberger, P. B., Hayslip, B., Harris, B., & Kaminski, P. L. (2004). Perceptions of the losses experienced by custodial grandmothers. OMEGA-Journal of Death and Dying 48(3), 245-261.

References

45. Kelley, S. J. (1993). Caregiver stress in grandparents raising grandchildren. Image: the Journal of Nursing Scholarship 25(4), 331-337. | Jendrek, M. P. (1994). Grandparents who parent their grandchildren: Circumstances and decisions. The Gerontologist 34(2), 206-216.

46. Gibson, P. A. (2002). Caregiving role affects family relationships of African American grandmothers as new mothers again: A phenomenological perspective. Journal of Marital and Family Therapy 28(3), 341-353. | Kropf, N. P., & Robinson, M. M. (2004). Pathways into caregiving for rural custodial grandparents. Journal of Intergenerational Relationships 2(1), 63-77.

47. Substance Abuse and Mental Health Services Administration. (2015). Nonmedical use of prescription pain relievers varies by race and ethnicity. Retrieved from *http://www.samhsa.gov/data/sites/default/files/report_1972/Spotlight-1972.pdf*

48. Nolan, D. & Amico, C. (2016, February 23). How bad is the opioid epidemic? PBS Frontline. Retrieved from *http://www.pbs.org/wgbh/frontline/article/how-bad-is-the-opioid-epidemic/*

49. BigFoot, D.S. (2007). Cultural issues in historical trauma and implications for youth at risk [PowerPoint slides]. Retrieved from *http://wwws.isu.edu/irh/projects/ysp/downloads/CulturalIssuesinHistoricalTrauma.pdf*

50. Krogstad, J.M. (2014, June 13). One-in-four Native Americans and Alaska Natives are living in poverty. Pew Research Center. Retrieved from *http://www.pewresearch.org/fact-tank/2014/06/13/1-in-4-native-americans-and-alaska-natives-are-living-in-poverty/* | Peralta, K. (2014, November 27). Native Americans left behind in the economic recovery. U.S. News & World Report. Retrieved from *http://www.usnews.com/news/articles/2014/11/27/native-americans-left-behind-in-the-economic-recovery*

51. Helton. (2011). | Testa, Bruhn, & Helton. (2010). | Zinn, DeCoursey, Goerge, & Courtney. (2006). | Chamberlain, et al. (2006). | Testa. (2001). | Public Children Services Association of Ohio. (2012). | Winokur, Crawford, Longobardi, & Valentine. (2008). | Johnson. (2005).

52. U.S. Department of Health & Human Services, Administration for Children & Families. (2005). National Survey of Child and Adolescent Well-Being (NSCAW) CPS ample component wave 1 data analysis report, April 2005. Washington, D.C.: U.S. Department of Health & Human Services, Administration for Children & Families. Retrieved from *http://www.acf.hhs.gov/sites/default/files/opre/cps_report_revised_090105.pdf*

53. Garcia, A., et al. (2014). The influence of caregiver depression on children in non–relative foster care versus kinship care placements. Maternal and Child Health Journal 19 (3), 459-467. Cheung, C., Goodman, D., Leckie, G., & Jenkins, J.M. (2011). Understanding contextual effects on externalizing behaviors in children in out–of–home care: Influence of workers and foster families. Children and Youth Services Review 33, 2050–2060. Fechter–Leggett, M.O., & O'Brien, K. (2010). The effects of kinship care on adult mental health outcomes of alumni of foster care. Children and Youth Services Review 32, 206–213. Winokur, M., Holtan, A., & Valentine, D. (2009). Kinship care for the safety, permanency, and well-being of children removed from the home for maltreatment. Campbell Systematic Reviews 1. Retrieved from *http://www.campbellcollaboration.org/lib/project/51/* Rubin, D.M., et al. (2008). Impact of kinship care on behavioral well–being for children in out–of–home care. Archives of Pediatric and Adolescent Medicine 162 (6), 550–556. Administration for Children & Families. (2005). NSCAW.

54. Garcia, A., et al. (2014). The influence of caregiver depression on children in non–relative foster care versus kinship care placements. Maternal and Child Health Journal 19(3), 459-467. | Cheung, C., Goodman, D., Leckie, G., & Jenkins, J.M. (2011). Understanding contextual effects on externalizing behaviors in children in out–of–home care: Influence of workers and foster families. Children and Youth Services Review 33, 2050–2060. | Fechter–Leggett, M.O., & O'Brien, K. (2010). The effects of kinship care on adult mental health outcomes of alumni of foster care. Children and Youth Services Review 32, 206–213. | Winokur, M., Holtan, A., & Valentine, D. (2009). Kinship care for the safety, permanency, and well-being of children removed from the home for maltreatment. Campbell Systematic Reviews 1. Retrieved from *http://www.campbellcollaboration.org/lib/project/51/* | Rubin, D.M., et al. (2008). Impact of kinship care on behavioral well–being for children in out–of–home care. Archives of Pediatric and Adolescent Medicine 162(6), 550–556. | Administration for Children & Families. (2005). NSCAW.

55. Rolock, N. & Testa, M. (2006). Conditions of children in or at risk of foster care in Illinois. Urbana, IL: Children and Family Research Center. Retrieved from *http://cfrc.illinois.edu/pubs/rp_20150101_ConditionsOfChildrenInOrAtRiskOfFosterCareInIllinois2013MonitoringReportOfTheB.H.ConsentDecree.pdf* Wulczyn, F. & Zimmerman, E. (2005). Sibling placements in longitudinal perspective. Children and Youth Services Review 27, 741-763. Shlonsky, A., Webster, D., & Needell, B. (2003). The ties that bind: A cross-sectional analysis of siblings in foster care. Journal of Social Service Research 29 (3), 27-52. Broskoff, A., Harder-Mehl, C., Johnson, S., Munsterman, L., & Wojciak, L. (2006). Minnesota safety, permanency and well-being performance update. Minnesota Department of Human Services. Retrieved from *http://www.dhs.state.mn.us/main/groups/county_access/documents/pub/dhs16_137114.pdf* Casey Family Programs. (2004) Commitment to kin: elements of a support and service system for kinship care. Seattle, WA: Casey Family Programs.

56. Rolock, N. & Testa, M. (2006). Conditions of children in or at risk of foster care in Illinois. Urbana, IL: Children and Family Research Center. Retrieved from *http://cfrc.illinois.edu/pubs/rp_20150101_ConditionsOfChildrenInOrAtRiskOfFosterCareInIllinois2013MonitoringReportOfTheB.H.ConsentDecree.pdf* | Wulczyn, F. & Zimmerman, E. (2005). Sibling placements in longitudinal perspective. Children and Youth Services Review 27, 741-763. | Shlonsky, A., Webster, D., & Needell, B. (2003). The ties that bind: A cross-sectional analysis of siblings in foster care. Journal of Social Service Research 29(3), 27-52. | Broskoff, A., Harder-Mehl, C., Johnson, S., Munsterman, L., & Wojciak, L. (2006). Minnesota safety, permanency and well-being performance update. Minnesota Department of Human Services. Retrieved from *http://www.dhs.state.mn.us/main/groups/county_access/documents/pub/dhs16_137114.pdf* | Casey Family Programs. (2004) Commitment to kin: elements of a support and service system for kinship care. Seattle, WA: Casey Family Programs.

57. Testa, M. & Shook, K., Cohen, L., & Woods, M. (1996). Permanency planning options for children in formal kinship care. Child Welfare 75 (5).

58. U.S. Department of Health and Human Services, Administration for Children and Families, Administration on Children, Youth and Families, Children's Bureau. (2015). The AFCARS report: Preliminary FY 2014 estimates as of July 2015 (No. 22). Retrieved from *http://www.acf.hhs.gov/sites/default/files/cb/afcarsreport22.pdf*

59. Sands, R. G., Goldberg-Glen, R., & Thornton, P. L. (2005). Factors associated with the positive well-being of grandparents caring for their grandchildren. Journal of Gerontological Social Work, 45 (4), 65-82.

References

60. Seelye, K.Q. (2016, May 21). Children of heroin crisis find refuge in grandparents' arms. The New York Times. Retrieved from *http://www.nytimes.com/interactive/2016/05/05/us/grandparents-heroin-impact-kids.html?_r=0*

61. Analysis conducted by CFF on the public use 2014 AFCARS dataset. Estimates based on all children in out of home care at some point during Fiscal Year 2014.

62. Annie E. Casey Foundation Kids Count Data Center. Child Trends analysis of data from AFCARS.

63. Lofquist, D., Lugaila, T., O'Connell, M., & Feliz, S. (2012). Households and families 2010: U.S., 2010 Census Briefs C2010BR-14. Washington, DC: U.S. Census Bureau. Retrieved from *http://www.census.gov/prod/cen2010/briefs/c2010br-14.pdf*

64. Annie E. Casey Foundation Kids Count Data Center. 2013-2015 CPS ASEC.

65. Annie E. Casey Foundation Kids Count Data Center. Child Trends analysis of data from AFCARS.

66. U.S. Census Bureau, 2014 American Community Survey 1-Year Estimates. Retrieved from *http://factfinder.census.gov/bkmk/table/1.0/en/ACS/14_1YR/S1002*

67. U.S. Census Bureau, 2014 American Community Survey 1-Year Estimates. Retrieved from *http://factfinder.census.gov/faces/tableservices/jsf/pages/productview.xhtml?pid=ACS_14_1YR_B10058&prodType=table*

68. U.S. Census Bureau, 2014 American Community Survey 1-Year Estimates. Retrieved from *http://factfinder.census.gov/faces/tableservices/jsf/pages/productview.xhtml?pid=ACS_14_1YR_B10059&prodType=table*

69. U.S. Census Bureau, 2014 American Community Survey 1-Year Estimates. Retrieved from *http://factfinder.census.gov/faces/tableservices/jsf/pages/productview.xhtml?pid=ACS_14_1YR_B10052&prodType=table*

70. U.S. Census Bureau, 2014 American Community Survey 1-Year Estimates. Retrieved from *http://factfinder.census.gov/faces/tableservices/jsf/pages/productview.xhtml?pid=ACS_14_1YR_B10050&prodType=table*

71. U.S. Census Bureau, 2014 American Community Survey 1-Year Estimates. Retrieved from *http://factfinder.census.gov/bkmk/table/1.0/en/ACS/14_1YR/S1002*

72. U.S. Census Bureau, 2014 American Community Survey 1-Year Estimates. Retrieved from h*ttp://factfinder.census.gov/faces/tableservices/jsf/pages/productview.xhtml?pid=ACS_14_1YR_B10059&prodType=table*

73. Annie E. Casey Foundation. (2012). Stepping up for kids: what government and communities should do to support kinship families. Retrieved from www.aecf.org/Steppingup-for-kids/

74. Generations United. (2014). Policy brief: State educational and health care consent laws. Retrieved from *http://www.grandfamilies.org/Portals/0/GU%20Policy%20Brief%20February%202014.pdf*

75. Garcia, A., O'Reilly, A., Matone, M., Kim, M., Long, J., & Rubin, D. M. (2015). The influence of caregiver depression on children in non-relative foster care versus kinship care placements. Maternal and Child Health Journal, 19(3), 459-467. Retrieved from *http://link.springer.com/article/10.1007/s10995-014-1525-9* | Sakai, C., et al. (2014). Mental health beliefs and barriers to accessing mental health services in youth aging out of foster care. Academic Pediatrics 14(6), 565–573. | U.S. Department of Health and Human Services, Administration for Children and Families, Administration on Children, Youth and Families, Children's Bureau. (2013). Family connection discretionary grants: 2009-funded grantees cross-site evaluation report- final. Retrieved from *http://www.nrcpfc.org/grantees_public/2009/fam%20conn%202009%20cross-site%20final%20report%206-17-13.pdf* | Crum, W. (2010). Foster parent parenting characteristics that lead to increased placement stability or disruption. Child and Youth Services Review 32, 185–190. | Houston, D. & Kramer, L. (2008). Meeting the long-term needs of families who adopt children out of foster care: A three-year follow-up study. Child Welfare 87, 145–170.

76. Ibid.

77. This survey was conducted by Generations United between July 12 and July 21, 2016. Organizations surveyed were members of the Brookdale Foundation Group's Relatives as Parents Program network. 51 organizations responded.

78. Family First Prevention Services Act, H.R. 5456/S. 3065, available at *https://www.congress.gov/bill/114th-congress/house-bill/5456.*

79. Children's Bureau. (2013). Family connection discretionary grants: 2009-funded grantees cross-site evaluation report.

80. Ibid.

81. Littlewood, K. (2015). Kinship Services Network Program: Five year evaluation of family support and case management for informal kinship families. Children and Youth Services Review 52, 184-191. Retrieved from *http://dx.doi.org/10.1016/j.childyouth.2014.10.008*

82. Annie E. Casey Foundation Kids Count Data Center. Child Trends analysis of data from AFCARS.

83. Annie E. Casey Foundation Kids Count Data Center. 2013-2015 CPS ASEC.

generations united

Because we're stronger together®

©2016, Generations United. Reprinting with permission only.

www.gu.org

generations united®

Because we're stronger together®