



KIN - KAN Vermont

Kinship is a relationship created by biology or affection. Kinship Care is 24/7 temporary or permanent care provided by an adult (other than a parent) to a related minor (under 18.) Kinship caregivers are primarily grandparents; however, any adult (either related or with a family-like bond) can enter kinship care through a variety of formal, informal and invisible channels. Kinship triads (parents, children, caregivers) benefit from supports/services; each channel is difficult to navigate.

TO: House Human Services Committee
FROM: Sandi Yandow (802 578 9518) sandiyandow@gmail.com
DATE: February 6, 2020
RE: H611 – Older Vermonters Act testimony

My name is Sandi Yandow and I live in Addison County. I am an Older Vermonter, I am a kinship caregiver, and I have been a grassroots advocate and activist in kinship care circles for over 30 years.

I have testified many times regarding issues impacting families and kinship triads (parents, children and caregivers) especially homelessness, parental incarceration, substance abuse, mental health and poverty. As board chair for the Vermont Federation of Families Children's Mental Health, board & staff have tired of hearing me say that, I believe children in kinship care become members of the "at risk" children's mental health population the day an out of home placement occurs. An out of home placement, even in the best of circumstances, with kin or without, is an Adverse Childhood Experience (ACE) with lifelong effects.

My interest in the creation of an Older Vermonters Act has its roots in federal legislation and a resurgence of hope that kinship advocates had when a reauthorization of the Older Americans Act occurred somewhere around 2006. I was in Washington, DC at a Generations United conference when the Health & Human Services Secretary shared that this act had been reauthorized and discretionary funding would follow that would benefit Family Caregivers, over the age of 55, providing care to relative children.

The reauthorization not only promised funding but dropped the age of inclusion for family caregiving services from 60 to 55 for relatives caring for children they did not birth (kinship care). Under the program (National Family Caregiver Support Program) it was shared that the OAA funding, then funneled through Vermont's Area Agencies on Aging (AAA) was intended to support five basic services:

1. Information about available services
2. Assistance to family caregivers in gaining access to services
3. Individual counseling, support groups, and caregiver training
4. Respite care
5. Supplemental services that might be needed to complement care provided by family caregivers

In 2016, a decade later, another federal reauthorization of the OAA expanded the populations of family caregivers eligible to receive services. It provided eligibility to:

- Grandparents and other relatives (not parents) 55 years of age and older providing care to children under the age of 18...AND...
- Grandparents and other relatives (not parents) 55 years of age and older providing care to adults 18-59 with disabilities.

Again, on the federal level, kinship caregivers rejoiced. Vermonters, caring for children ages 0-18, were very aware that once the child in their care became 18, they graduated to adult services. Far too many, then and now spiral downward ill equipped at 18 to live independently. Adding 18+ with disabilities was huge....

I like to believe that H611, has promise as did the federal Older Americans Act and its reauthorizations to include kinship, grandparenting, relative caregiving families. As they say, "the devil is in the details".

Despite federal funds coming into Vermont to provide services and supports for kinship caregiving families, very little of that discretionary pool of resources is allocated to Vermont's kinship caregiving families or the entities that support, serve and advocate for them. Of primary interest is funding for respite care defined as a planned break from the rigor of 24/7 caregiving on Older Vermonters.

Survey after survey conducted by family and child serving organizations encompassing kinship caregivers, family caregivers within children's mental health, special education and children's health and special needs, all list respite funding as the primary resource that would benefit their family. Unravelling the mystery of respite funding is an advocacy priority for more than one statewide family network.

Funding from the Older American's Act a decade ago used to be distributed to a region's Agency on Aging and each would determine where and how they would allocate the federal funds. As a statewide advocate, knowing that respite funding is available through some councils and not others, makes navigation to resources difficult. We like equity and parity. I share this not to denigrate but rather reiterate that where there was once great promise on the federal level thanks to the Older Americans Act, and the promise of funding, there is now confusion and disappointment. H611 could be a catalyst for change and collaboration.

I represent a grassroots kinship organization that serves all 3 generations of the kinship triad. Improving navigation and access to services is the primary mission and vision of KIN-KAN Vermont. Page 2 (lines 16-21) and Page 3 (lines 1-2) of H611 talk about a Coordinated and Efficient System of Services that should be easy to navigate as it relates to major transitions in care. Changing a child's placement is a major transition.

It might surprise this Committee to know that Older Vermonters engaged in kinship care can enter through at least 10 different doors. Each door leads to a varied array of services; navigation is not one size fits all. There are 3 levels of navigation in Vermont's kinship care system: accidental, intentional and embedded. There are pros/cons in choosing an access door and with no embedded navigation, a direct link to a to someone in the know, financial security for Older Vermonters and the child in their care is compromised.

Social connectedness (page 3 line 16) is very much a piece of what the discretionary funding under the federal OAA was designed to address and what we had hoped to build into Vermont's kinship navigation and kinship peer support networks. Information about available services, assistance to family caregivers in gaining access to services, mentoring, support groups, caregiver training, respite care and supplemental services that might be needed to complement care provided by family caregivers can all be delivered through kinship peer networks that have lived experience and specialized training in kinship care and family support.

KIN-KAN believes that most older Vermonters providing kinship care are doing so not because the children have entered DCF kinship foster care where embedded navigation and greater financial resources exists. We believe they have entered the world of kinship care through Family Court conditional custody agreements, Probate Court custodial minor guardianships or by private arrangement (no court involved). Entering through any of these doors has a significant financial impact to an Older Vermonter if there is more than one child involved. Navigation to supports and services in these circles is primarily accidental.

It is not unusual to meet an Older Vermonter who has been providing kinship care for more than 5 years and did not know that the child in their care was eligible to receive a Reach Up Child Only grant. Over the span of 5 years that is a loss of approximately \$30, 000. I agree with the sentiment on Page 3 line 7-8, "Older Vermonters should be able to retire...without fear of poverty and isolation". Moving from an accidental navigation system to an intentional one would help alleviate that for many. Thank you.

Mission: *enhance service delivery systems, navigation to services & supports and advocacy initiatives involving multigenerational kinship families* **Vision:** *Kinship families, despite port of entry, will have knowledge of and access to integrated and equitable services.*

