

2009 Study:
Kinship Care
*A Primer on
Relative Caregiving
in Our Community*



Public Policy Institute
of Marion County

A Report to the Citizens of Marion County
Fall 2009

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The Public Policy Institute of Marion County is a non-profit, non-partisan organization dedicated to advancing public interest, building democracy, enhancing community and improving the quality of life by involving citizens in the process.

Vision:

To provide leadership in developing and implementing short-term and long-term goals and solutions for an improved community.

Mission:

To give the community a sense of hope and optimism by creating a broad base of community involvement in identifying, researching and establishing dialogue on community-wide issues, and then recommending and helping to implement timely solutions.

Objectives:

- To provide formal and informal networks for individuals to come together to share their knowledge, resources and experiences.
- To periodically identify a short-term community project that can be accomplished in a 12- to 18-month period with meaningful results.
- To provide a process where community leaders can work through problems and participate in open discussions, conferences and seminars.
- To involve a broad range of individuals in the process, to generate dynamic, creative and catalytic leadership in addressing each critical issue and to provide enduring solutions.
- To create a shared sense of community, in that any issue must be addressed, discussed, and debated in an atmosphere of mutual fairness, respect, civility and sincerity to all others where the highest aspiration is to serve the common good.

Executive Summary

When looking at the overall health of a community, we must assess the condition of that community's most vulnerable citizens – the very young and the elderly. The Public Policy Institute 2009 Kinship Care Study strikes at the heart of the matter by examining how well we support those who care for these important citizens. *Kinship care* describes situations where family members provide full time, unpaid care for relatives in need. Rather than the traditional relationship of a parent caring for a child, kinship care (or relative caregiving) refers to those other family relationships; a grandparent or extended family member caring for a child, an adult son or daughter caring for his or her elderly parent, or an elderly person caring for another elderly person such as a spouse or sibling.

Why are we looking at kinship care specifically? Kinship care keeps children from entering foster care and prevents or delays aged adults from placement in assisted living facilities and nursing homes. In addition, kinship care provides adults and families with an alternative to homeless shelters. Kinship care preserves and reinforces a familial bond during the most critical time of need, and at its best provides a loving family environment where children and the elderly have the opportunity to thrive.

In February 2009, the Public Policy Institute Kinship Care study committee set out to explore the causes and issues associated with relative care giving in our community and a number of contributing factors were identified. Substance abuse, incarceration, and breakdowns in the family structure are driving factors for children who can no longer remain with their biological parents. Regarding the elderly, currently there are more than 100,000 residents in Marion County over the age of 60, many of whom live alone and/or in rural areas. Of these seniors, it is estimated that nearly 12,000 are afflicted with Alzheimer's disease. Our elderly population is living longer in a society that is more and more scattered and disconnected.

A highlight of this study, the 2009 Public Policy Institute Kinship Care Seminar, featured keynote speaker Helene LaBrecque Ellis, an author and noted authority on the subject of kinship care. Her observations of the issue were simple and straightforward: caregivers need financial assistance, respite, local assistance, and a centralized source of help. Ellis stressed that care giving is *hard work*, a full time job that drains you physically, emotionally and financially and noted that care givers "need a smoother path through bureaucracy."

In evaluating kinship care issues, one of the first considerations is money. The study committee identified the need for, consideration of, and access to adequate funding sources. For agencies that provide support services for relative caregivers, there is a direct link between the funding available and the services that can be provided.

Executive Summary (continued)

Whether the service is home-delivered meals to an elderly couple or a crib donated to a financially strapped grandmother who takes in her infant grandchild, it is a simple fact that these services have a cost. Coupled with these financial burdens are the concerns brought about by shrinking government budgets. Kinship care does have a direct, tangible benefit, however. According to Ms. Ellis, the combined value of kinship care in the United States, or the amount it would cost to pay all these caregivers who provide their services for free, exceeds the federal government's total Medicaid budget.

During the six-month study process, the Kinship Care Study Committee observed that beyond financial constraints, there are other considerable barriers that make providing kinship care a difficult path to follow. Many care givers are afraid and often ashamed to seek help, worrying about government intervention and loss of independence. Those who do want help often do not know where to begin the search for assistance. Caregivers who persist may face further challenges as a result of the limited bridge between agencies and the absence of a centralized resource portal for kinship care support. Additional barriers result from limited public transportation options and transportation alternatives available in both urban and rural areas of our large and widespread county.

The relative caregivers, who go the extra mile to keep children out of the foster care system or allow older adults to continue to live with caring relatives and in some cases, remain in their own homes, are providing an enormous service to our community and society-at-large. Children and adults are much more likely to thrive when they are living with family, even if it is not the "traditional" family setting. Research indicates that kinship care builds stronger families and healthier communities. It is imperative that the citizens and decision-makers of Ocala/Marion County encourage and assist the relative caregivers who have accepted the daily and ongoing challenges of caring for others.

To address the need for kinship care advocacy in our community the Kinship Care Study Committee, in the following report, outlines recommendations aimed at providing improved access to support and assistance, increased awareness, and broader education measures so that relative caregivers are supported by community agencies and organizations to the fullest extent.

Scope of Study

In Marion County, fewer than five percent of the 5,285 children who are being raised by relatives other than their parents are under the supervision of the state. Are these families who are not receiving adequate services? These relative caregivers have stepped in to rescue children from faltering families, physical abuse, substance abuse and violent crime while, in most cases, preventing the children from entering the child welfare system.

The issue of kinship caregivers is not limited to children as it now includes elderly and disabled adults who depend on relatives for their daily needs. Within Marion County, a considerable number of elders live with and are dependent upon their adult children or relatives. A 2008 Department of Elder Affairs survey of caregivers found that about half of caregivers provide care for a spouse while the other half provide care for children or other relatives.

As our nation's population ages, more and more Americans face the challenges of providing care to loved ones who need help because of chronic illness or disability. Therefore, the questions to be addressed by this study are:

- What are the root causes for children being raised by relatives versus their biological parents?
- What are the trends regarding individuals dependent upon family for care?
- What are the needs of kinship caregivers?
- Do existing resources meet the needs of kinship caregivers and what additional support services are needed to assist relative caregivers who are traditionally reluctant to seek help from outside sources?
- What are the access to health care issues facing relative caregivers?
- What governmental assistance and non-profit programs are available for relative caregivers?
- What best practices to support kinship care are being implemented in other communities?
- What policy recommendations can be identified to address kinship care concerns?

Highlights

Critical Causes and Identified Issues in Kinship Care:

During the six-month long study process, the 2009 Kinship Care Study Committee identified the following causes and related issues regarding the current status of kinship care within our community.

Critical causes of the need for kinship care include (in no particular order):

1. Substance abuse by biological parent(s) or legal guardian(s)
2. A change in family structure or dynamics (ex. divorce or dissolution of a relationship)
3. Unplanned teenage or adult parenthood
4. Domestic violence within the family unit
5. Incarceration of parent(s)/legal guardian(s)
6. A change in the socio-economic status of family (i.e. job loss, relocation, homelessness)
7. An increase in special/medical needs and the additional financial burden associated with the costs of caring for these needs
8. Increased life expectancy of the elderly resulting in the need for increased caregiver support at every age demographic
9. Severe physical illness or death of biological parent(s) or legal guardian(s)
10. Mental illness of biological parent(s) or legal guardian(s)

Identified issues relating to kinship care included:

1. Terminology confusion: a clear definition of “kinship” care is needed
2. Access to support: There is significant need for a community designated kinship care liaison to guide and assist caregivers in locating support and available services

Highlights

Major Barriers in Kinship Care

During the six-month long study process, the 2009 Kinship Care Study Committee identified the following major barriers (in no particular order) regarding the current status of kinship care within our community.

1. Limited communication within and among organizations in the community that provide services, resources, and support related to kinship care
2. Lack of awareness within the community and in public education aimed at “where to start” seeking assistance for kinship care
3. Limited or lacking awareness of services available to those providing kinship care
4. A critical funding shortage in specific areas of kinship caregiving support including the need for respite and financial assistance for caregivers
5. Funding shortages resulting in staff and service shortages and/or limitations
6. Limitations of current public transportation system or lack of transportation alternatives in some rural and urban areas of the county
7. Limited services and support focused on kinship caregiving of the elderly—considerably more information and support is presently available for kinship caregiving of children.



Expert Advice:

Above left: Kinship Care expert and author Helene LaBrecque Ellis speaks to Study Committee members and guests during the study kick-off seminar in the Ewers Conference Center at Central Florida Community College (April, 2009).

Above right: The cover of the kinship care book authored by Ellis and provided to the study committee as a resource tool for use during the research process.

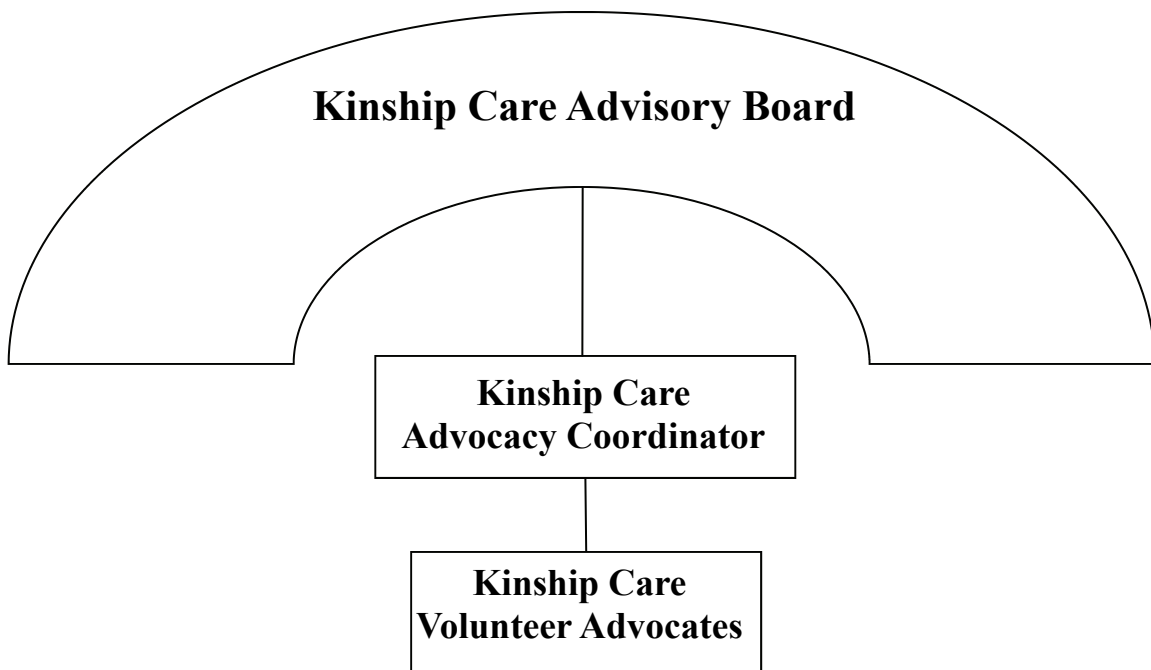
Key Recommendation

The key recommendation identifies local action to improve community awareness and accessibility to resources for relative caregivers and to enhance communication within and among agencies/organizations that provide services related to kinship care within Marion County.

To enhance public knowledge and understanding, and to ensure access to kinship care support and services, the Study Committee recommends the establishment of a Kinship Care Advisory Board. The Kinship Care Advisory Board, comprised of related agency/organization representatives and members of the community experienced in providing kinship care would be responsible for the following:

- 1. Identifying funding resources and hiring a community representative to serve as the Kinship Care Advocacy Coordinator.**
- 2. Supporting the Kinship Care Advocacy Coordinator in functioning as a liaison between the Kinship Care Advisory Board and the kinship care community through the coordination of a team of volunteer Kinship Care Advocates.**
- 3. Overseeing the appointment and training of volunteer Kinship Care Advocates to directly interact with, guide, and support kinship care providers.**

The Study Committee also recommends that the Kinship Care Advisory Board should function in partnership/affiliation with both the Marion County Children's Alliance and the Senior Alliance in order to serve as a bridge between the two groups, facilitating collaboration, communication, and possibly shared resources, etc.



Key Findings

Key findings represent the information received by the study committee, derived from published materials, study topic presentations by resource speakers and consensus of the study group's understanding of the resources.

Kinship Care Matrix:

Identified Problems, Group or Individual(s) Affected by the Problems, Recommended Solutions to the Problems, and Responsible Agencies and Organizations

<i>Identified Problems</i>	<i>Group or Individual(s) Affected</i>	<i>Recommended Solutions to the Problems</i>
Terminology. Kinship caregivers don't self identify with the term "kinship" and are unaware that the assistance they are providing has a name. This disconnect caused by the unfamiliar terminology creates a gap in awareness of available support and assistance for this growing population.	Kinship Caregivers and Children and Adults in Kinship Care	Education. Increase public awareness of the terms "Kinship Care" and "Relative Care Giving" by initiating community education campaigns targeted to reach caregivers.

Responsible Agencies and Organizations:

Florida Department of Children and Families-Circuit 5, Elder Options, Kids Central Inc., Marion County Senior Services, Marion County Health Department, Marion County, City of Ocala, City of Belleview, City of Dunnellon, Town of McIntosh, Town of Reddick, civic and faith-based organizations, and the Kinship Care Advisory Board.

Key Findings: Kinship Care Matrix (continued)

<i>Identified Problems</i>	<i>Group or Individual(s) Affected</i>	<i>Recommended Solutions to the Problems</i>
<p>Fear. Caregivers are afraid to seek assistance based on perceptions that outside involvement into personal matters will result in undesirable outcomes for the family. Seniors avoid seeking help based on the fear of losing their independence, a core ideal of their generation. By not seeking assistance, the quality of life of individuals in need of kinship care could be further diminished.</p>	<p>Children and Adults in Need of Kinship Care</p>	<p>1. Education. Many caregivers don't understand that government agencies such as the Department of Children and Families (DCF) encourage kinship care as an alternative to foster care or guardianship placement.</p> <p>2. Rapport Building. Increased community awareness of agencies and organizations that have personnel and systems that provide resources and support would lead to a better understanding of the benefits of a relationship between the kinship caregiver and the service/support providers.</p>

Responsible Agencies and Organizations:

Florida Department of Children and Families-Circuit 5, Elder Options, Kids Central Inc., Marion County Senior Services, Marion County Health Department, Marion County, City of Ocala, City of Belleview, City of Dunnellon, Town of McIntosh, Town of Reddick, Marion County Sheriff's Office, municipal police departments, civic and faith-based organizations, and Kinship Care Volunteer Advocates.

Key Findings: Kinship Care Matrix (continued)

<i>Identified Problems</i>	<i>Group or Individual(s) Affected</i>	<i>Recommended Solutions to the Problems</i>
<p>Financial Support. Kinship care provides a tremendous value for the community, but often causes a great burden on the caregivers.</p>	<p>Kinship Caregivers and Children and Adults in Need of Kinship Care</p>	<p>1. Networking. By connecting caregivers to existing services, financial burdens may be lessened.</p> <p>2. Funding. Strengthening community awareness can lead to increased access to available funding sources and also encourage kinship care related agencies/ organizations to pursue specialized funding via grants, fundraisers and collaborative measures to support community need.</p>

Responsible Agencies and Organizations:

Florida Department of Children and Families-Circuit 5, Social Security Administration-Ocala Office, Elder Options, Kids Central Inc., Marion County Senior Services, Marion County Health Department, Marion County, City of Ocala, City of Belleview, City of Dunnellon, Town of McIntosh, Town of Reddick, SHINE (Serving Health Insurance Needs of Elders-Department of Elder Affairs), civic and faith-based organizations, and the Kinship Care Advisory Board.

Key Findings: Kinship Care Matrix (continued)

<i>Identified Problems</i>	<i>Group or Individual(s) Affected</i>	<i>Recommended Solutions to the Problems</i>
<p>Respite. Caregivers need support! Providing constant kinship care can be emotionally and physically draining, especially when care is provided to children and/or elderly adults by a caregiver who is also elderly and may have physical or health limitations. Fatigue and stress lessen the quality of kinship care and increase the chance of injury and potential for neglect.</p>	<p>Kinship Caregivers</p>	<p>1. Childcare. Greater availability of low-cost childcare.</p> <p>2. Daycare. More daycare (at any cost level) for adults.</p> <p>3. In-home Care. Affordable in-home care for adults.</p> <p>4. Networking. Encouraging kinship care support groups within the community can provide a much needed network for support among caregivers.</p>

Responsible Agencies and Organizations:

Florida Department of Children and Families-Circuit 5, Elder Options, Kids Central Inc., Marion County Senior Services, ADAES (Alzheimer's & Dementia Alliance for Education & Support, Inc.), civic and faith-based organizations, and Kinship Care Volunteer Advocates.

Key Findings: Kinship Care Matrix (continued)

<i>Identified Problems</i>	<i>Group or Individual(s) Affected</i>	<i>Recommended Solutions to the Problems</i>
<p>The System. Kinship caregivers "need a smoother path through bureaucracy" - a statement echoed throughout the study process. Disconnected and fractured pathways to support delay and often impede access to services and create unnecessary burdens in kinship care which may discourage caregivers from seeking assistance.</p>	<p>Kinship Caregivers and Children and Adults in Kinship Care</p>	<p>Advocate. Link care givers with a Kinship Care Volunteer Advocate who will essentially "hold their hand" along the pathway to support and access to services. This trained volunteer advocate would be well-versed in the rules and nuances of the service providers and will be prepared to assist the caregiver in navigating within and between agencies/organizations by asking appropriate questions and following up with caregivers to ensure support is received.</p>

Responsible Agencies and Organizations:

Florida Department of Children and Families-Circuit 5, Elder Options, Marion County Senior Services, Marion County Senior Alliance, Ocala Housing Authority, Marion County Health Department, Marion County, The Centers, City of Ocala, City of Belleview, City of Dunnellon, Town of McIntosh, Town of Reddick, Marion County Sheriff's Office, municipal police departments, local hospitals and in-patient healthcare centers, ADAES (Alzheimer's & Dementia Alliance for Education & Support, Inc.), and civic and faith-based organizations.

Key Findings: Kinship Care Matrix (continued)

<i>Identified Problems</i>	<i>Group or Individual(s) Affected</i>	<i>Recommended Solutions to the Problems</i>
<p>Shelter. A system is in place to provide temporary shelter for at-risk children. However, presently, there is no such system in place for at-risk adults. Financial resources are needed to establish a shelter system for at-risk adults.</p>	<p>Adults in Kinship Care</p>	<p>Funding. Agencies/organizations providing kinship care services should seek funds allocated specifically for temporary shelter for at-risk adults in kinship care. Financial support should be pursued via collaborative measures between community agencies and through corporate and community sponsorship.</p>

Responsible Agencies and Organizations:

Florida Department of Children and Families-Circuit 5, Elder Options, Marion County Senior Services, Marion County Senior Alliance, Ocala Housing Authority, Marion County Health Department, Marion County, City of Ocala, City of Belleview, City of Dunnellon, Town of McIntosh, Town of Reddick, Marion County Sheriff's Office, municipal police departments, local hospitals and in-patient healthcare centers, ADAES (Alzheimer's & Dementia Alliance for Education & Support, Inc.), and civic and faith-based organizations.

Key Findings: Kinship Care Matrix (continued)

<i>Identified Problems</i>	<i>Group or Individual(s) Affected</i>	<i>Recommended Solutions to the Problems</i>
<p>Communication. It is challenging for service providers and kinship care agencies to be aware of all the available services within the community which creates a gap in services and support provided to those in need of assistance.</p>	<p>Children and Adults in Kinship Care</p>	<p>Collaboration. The establishment of a Kinship Care Advisory Board, comprised of related agency/ organization representatives and members of the community experienced in providing kinship care, would enhance communication within and among service providers and improve the level of services available to caregivers.</p>

Responsible Agencies and Organizations:

Florida Department of Children and Families-Circuit 5, Social Security Administration-Ocala Office, Elder Options, Kids Central Inc., Marion County Senior Services, Marion County Health Department, Marion County, The Centers, City of Ocala, City of Belleview, City of Dunnellon, Town of McIntosh, Town of Reddick, Marion County Sheriff's Office, municipal police departments, SHINE (Serving Health Insurance Needs of Elders-Department of Elder Affairs), Marion County Senior Alliance, local hospitals and in-patient healthcare centers, civic and faith-based organizations, and the Kinship Care Advisory Board.

Key Findings: Kinship Care Matrix (continued)

<i>Identified Problems</i>	<i>Group or Individual(s) Affected</i>	<i>Recommended Solutions to the Problems</i>
<p>Public Awareness. Though gaps in need for support and services have been identified during this study process, children's kinship care issues are more publicized and recognized within the community. However, awareness of the kinship care needs of elderly adults, the fastest growing segment of the population within Marion County, is severely lacking.</p>	<p>Adults in Kinship Care</p>	<p>1. Education. Public Awareness can be improved through community action fostered by a Kinship Care Advocacy Coordinator, supported by Kinship Care Volunteer Advocates along with targeted media/public service announcements funded through the collaborative efforts of service providers.</p> <p>2. Funding. Due to increased demand for services resulting from improved awareness, service providers should be prepared to seek additional financial assistance to increase staff and enhance available kinship care services and support if needed.</p>

Responsible Agencies and Organizations:

Florida Department of Children and Families-Circuit 5, Elder Options, Marion County Senior Services, Marion County Senior Alliance, SHINE (Serving Health Insurance Needs of Elders-Department of Elder Affairs), Marion County Health Department, The Centers, Marion County, City of Ocala, City of Belleview, City of Dunnellon, Town of McIntosh, Town of Reddick, Marion County Sheriff's Office, municipal police departments, local hospitals and in-patient healthcare centers, ADAES (Alzheimer's & Dementia Alliance for Education & Support, Inc.), civic and faith-based organizations, local media outlets, and the Kinship Care Advisory Board.

Key Findings: Kinship Care Matrix (continued)

<i>Identified Problems</i>	<i>Group or Individual(s) Affected</i>	<i>Recommended Solutions to the Problems</i>
<p>Transportation. Geographically, Marion County is larger in land mass than the state of Rhode Island, creating a considerable challenge for public transportation service providers. Furthermore, public transportation or public transportation alternatives are either limited or unavailable in rural and urban areas of the county where it is often most affordable for citizens on limited incomes to reside. Additional challenges to access emerge when caregivers suffer from disabilities and physical limitations, including issues related to aging. Overall, the lack of transportation options places and increased burden on kinship caregivers and those receiving care.</p>	<p>Kinship Caregivers and Children and Adults in Kinship Care</p>	<p>1. Funding. Agencies/organizations providing kinship care services along with local government should seek funding allocated for delivery of advocacy support services and enhancement of transportation alternatives for those in need, especially focused on improving access in rural or underserved areas of the community.</p> <p>2. Access. Delivery of advocacy support and services to areas of the county where changes to current transportation services are not feasible would improve access to existing assistance. In addition, utilization of available meeting spaces within Sheriff substations and city/county fire stations would create localized community access points for kinship care support. Under the supervision of the Kinship Care Advisory Board and Advocacy Coordinator, localized mobilization of Kinship Care Volunteer Advocates brings guidance and support to the community, and when needed, directly to the doorstep.</p>

Responsible Agencies and Organizations:

Florida Department of Children and Families-Circuit 5, Kids Central, Inc., Marion County Senior Services, Marion County Senior Alliance, Marion County Transit Services, Marion County, City of Ocala, City of Belleview, City of Dunnellon, Town of McIntosh, Town of Reddick, Marion County Sheriff's Office, municipal police and fire departments, and Kinship Care Volunteer Advocates.

Recommendations Timeframe and Implementation Plan

Note: Recommendations outlined in the previous matrix represent the specific suggestions for change, based on the findings and conclusions of the Kinship Care Study Committee.

Timeframe: The study recommendations for Kinship Care outlined in the previous matrix can be addressed within a 12- to 18-month time period. The PPI Oversight Task Force will oversee the implementation of study recommendations and present quarterly reports to the Public Policy Institute Board of Directors beginning November 2009.

Implementation of Study Recommendations

The Public Policy Institute Board of Directors will appoint an Oversight Task Force Chair to oversee the implementation of study recommendations. Study committee members are invited to continue involvement by participating in the oversight process. Task force members ensure that decision makers are made aware of the recommendations in the study and may also develop strategies to gain support for implementation. Oversight includes a general education phase aimed at increasing awareness of the study within the community including elected officials, related agencies, and the general public. This implementation process also includes an advocacy phase for each specific recommendation, which may be aimed directly at decision makers empowered to make the changes along with other community leaders and service/assistance providers who can encourage support for study recommendations. Throughout the oversight process, the education phase and the advocacy phase engage community in order to build public support. The Oversight Task Force will present quarterly reports to the Public Policy Institute Board of Directors over a 12- to 18-month period beginning November 2009 to monitor and measure outcomes of the Kinship Care study recommendations.

Supplement A: Proposed Legislative Support for Kinship Care **The Kinship Caregiver Support Act (110th Congress-S. 661/H.R.2188)**

This proposed legislation, most recently introduced during the 110th (2007-2008) session of the United States Congress, was aimed at supporting and improving kinship care by providing assistance to relatives who become the legal guardians of children in foster care by:

- requiring notice to be given to relatives of children who enter foster care and authorize establishing separate licensing standards and regulations for relative guardians
- establishing a Kinship Navigator Program to help relative guardians navigate their way through available programs and services
- maintaining existing federal financial assistance for foster children for relatives who choose to become their legal guardians.

Source: Kinship Caregiver Support Act By Patrick Lester and Christina Vamvas; June 21, 2007. The Alliance for Children and Families and United Neighborhood Centers of America (UNCA). http://www.alliance1.org/Public_Policy/policynews/Kinship_Caregiver.pdf

The following excerpt of the proposed bill was sourced from electronic database of The Library of Congress. The bill in it's entirety is available for viewing at:

<http://thomas.loc.gov/cgi-bin/query/z?c110:S.661>:

Source Note: As of this printing (fall 2009), the most recent activity on this proposed bill occurred in September 2007.



Seminar in Progress:

2009 Kinship Care Study co-chairs Patti Lumpkin (Marion County Sheriff's Office) and Bill D' Aiuto (Department of Children and Families, Circuit 5) speak with panel guest Gail Cross (Marion County Senior Services) during the study kick-off seminar in the Ewers Conference Center at Central Florida Community College (April, 2009).

**Supplement A: Proposed Legislative Support for Kinship Care
Elder Caregiver Support and Information Enhancement Act of 2009
(111th Congress, H.R. 519)**

This proposed legislation was introduced during the current (2009-2010) session of the United States Congress on January 14, 2009.

The following excerpt of this proposed bill was sourced from the electronic database of The Library of Congress. The bill in its entirety, including any updates and related legislation, is available for viewing at: <http://thomas.loc.gov>

**Elder Caregiver Support and Information Enhancement Act of 2009
(Introduced in House) HR 519 IH**

111th CONGRESS 1st Session H. R. 519

To authorize additional appropriations for the family caregiver support program under the Older Americans Act of 1965, and for the National Clearinghouse for Long-Term Care Information, for fiscal years 2010, 2011, and 2012.

IN THE HOUSE OF REPRESENTATIVES: January 14, 2009

To authorize additional appropriations for the family caregiver support program under the Older Americans Act of 1965, and for the National Clearinghouse for Long-Term Care Information, for fiscal years 2010, 2011, and 2012.

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled,

SECTION 1. SHORT TITLE.

This Act may be cited as the 'Elder Caregiver Support and Information Enhancement Act of 2009'.

SEC. 2. AUTHORIZATION OF ADDITIONAL APPROPRIATIONS FOR THE FAMILY CAREGIVER SUPPORT PROGRAM UNDER THE OLDER AMERICANS ACT OF 1965. Section 303(e)(2) of the Older Americans Act of 1965 (42 U.S.C. 3023(e)(2)) is amended by striking '\$173,000,000' and all that follows through '2021', and inserting 'and \$250,000,000 for each of the fiscal years 2010, 2011, and 2012'.

SEC. 3. AUTHORIZATION OF ADDITIONAL APPROPRIATIONS FOR THE NATIONAL CLEARINGHOUSE FOR LONG-TERM CARE INFORMATION.

There is authorized to be appropriated \$10,000,000 for each of the fiscal years 2010, 2011, and 2012 for the operation of the National Clearinghouse for Long-Term Care Information established by the Secretary of Health and Human Services under section 6021(d) of Public Law 109-171.

Supplement B: Florida– By the Numbers

Florida

November 2007

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. This and other state fact sheets can be viewed and printed from the website at www.grandfactsheets.org. Fact sheets are updated annually. Updates can be sent directly from the website via email. Please write "State Fact Sheets" on your e-mail subject line.

In Florida....

- 258,952 children live in grandparent-headed households (7.1% of all the children in the state). There are another 86,152 children living in households headed by other relatives (2.4% of all the children in the state). Of the children living in households headed by grandparents or other relatives in Florida, 151,492 are living there without either parent present.
- 147,893 grandparents report they are responsible for their grandchildren living with them (8,695 in Jacksonville and 4,810 in Miami) 35% of these grandparents are African American; 19% are Hispanic/Latino; 1% are Asian; 43% are White. 35% of these grandparents live in households without the children's parents present. 69% are under the age of 60; 18% live in poverty.
- Additional data on grandparents raising children are available from the United States Census at <http://factfinder.census.gov> or <http://www.census.gov/population/www/cen2000/phc-t17.html>

Children in Foster Care– July 2006

- 29,725 children in out-of-home placements under the supervision of the Florida Department of Children and Families
- 15,570 of these children were placed with relatives; of these, 13,3975 were in the Relative Caregiver Program.

Source: Grandfacts: A State Fact Sheet for Grandparents and Other Relatives Raising Children, November 2007.

Supplement C: Elder Affairs 2008 Marion County Profiles



2008 Florida County Profiles

Marion

Population By Age Category		
All Ages	329,418	100.0%
Under 60	227,945	69.2%
60+	101,473	30.8%
65+	79,405	24.1%
70+	59,097	17.9%
75+	40,678	12.3%
80+	23,736	7.2%
85+	10,451	3.2%

Population By Race (60+)		
White	94,837	93.5%
Non-White	6,636	6.5%
Black	5,889	5.8%
Other Minorities	747	0.7%

Population By Ethnicity (60+)		
Total Hispanic	4,559	4.5%
White	4,204	4.1%
Non-White	356	0.4%
Total Non-Hispanic	96,914	95.5%
Total Minorities*	10,840	10.7%

Population By Gender (60+)		
Male	45,817	45.2%
Female	55,656	54.8%

Financial Status (60+)	
Below Poverty Guideline	8,534
Below 125 Percent of Poverty Guideline	13,554
Minorities Below Poverty Guideline	2,193
Minorities Below 125 Percent of Poverty Guideline	3,432

Medically Underserved (65+)	
Medically Underserved Populations - Living in Areas Defined as Having Medically Underserved Populations	24,094
Medically Underserved Areas - Living in Medically Underserved Areas	0
Total Medically Underserved	24,094

*Total Minorities = (60+ Population) – (White Non- Hispanic 60+)

Disability Status (65+)	
With at Least One Type of Disability	31,375
Sensory	13,999
Physical	27,877
Mental	9,243
Self-Care	7,403
Go-Outside-Home	16,673
With Two or More Disabilities Including Self-Care Limitation	5,293
With No Disabilities	48,030
Dementia	
Probable Alzheimer's Cases	11,747
Severe Dementia Cases	2,709

Living Situation (60+)	
Living Alone	21,041
Living in Rural Areas	32,150

Grandparents (60+)	
Total 60+ Living With Own Grandchildren (Under Age 18)	2,552
Grandparent Responsible for Own Grandchildren (Under Age 18)	1,008
Grandparent Not Responsible for Own Grandchildren (Under Age 18)	1,544
60+ Not Living With Own Grandchildren (Under Age 18)	98,921

Driver's License	
Drivers With Florida Driver's License - All Ages	288,514
Drivers With Florida Driver's License - Age 60+	104,960
Percent of Drivers With Florida Driver's License - Age 60+	36.4%

Registered Voters	
Registered to Vote in Florida - All Ages	234,728
Registered to Vote in Florida - Age 60+	102,400
Percent of Population Registered to Vote - Age 60+	43.6%



2008 Florida County Profiles

Marion- (Continued)

Adult Day Care	
Facilities	3
Capacity	75

Adult Family Care Home	
Homes	18
Beds	80

Ambulatory Surgical Centers	
Facilities	11
Capacity	27

Assisted Living Facilities	
Total Beds	1,429
OSS Beds	115
Non-OSS Beds	1,314
Total Facilities	28
Facilities With ECC License	4
Facilities With LMH License	6
Facilities With LNS License	2

Home Health Agencies	
Agencies	29
Medicaid Certified Agencies	5
Medicare Certified Agencies	14

Homemakers & Companion Service Companies	
Companies	28

Hospitals	
Hospitals	6
Hospitals With Skilled Nursing Units	0
Hospital Beds	779
Skilled Nursing Unit Beds	0

Medical Doctors	
Licensed	514
Limited License	0
Critical Need Area License	4
Restricted	0
Medical Faculty Certificate	0
Public Health Certificate	0

Skilled Nursing Facility Utilization	
Total Beds	1,372
Community Beds	1,372
Sheltered Beds	0
Veteran's Administration Beds	0
Other Beds	0
Nursing Homes Facilities with Community Beds	9
Sheltered Beds	0
Veteran's Administration Beds	0
Other Beds	0
Facilities with Community Beds	
Community Bed Days	502,152
Community Patient Days	449,894
Medicaid Patient Days	229,957
Occupancy Rate	89.6%
Percent Medicaid	51.1%

Chiropractic Physicians	
Licensed Chiropractic Physicians	67

Osteopathic Physicians	
Licensed Osteopathic Physicians	43

Podiatric Physicians	
Licensed Podiatric Physicians	16

Registered Nurses	
Licensed Registered Nurses	3,419

Medicaid Eligibility	
Dual Eligibilities - All Ages	5,475
Dual Eligibilities - 60+	3,510

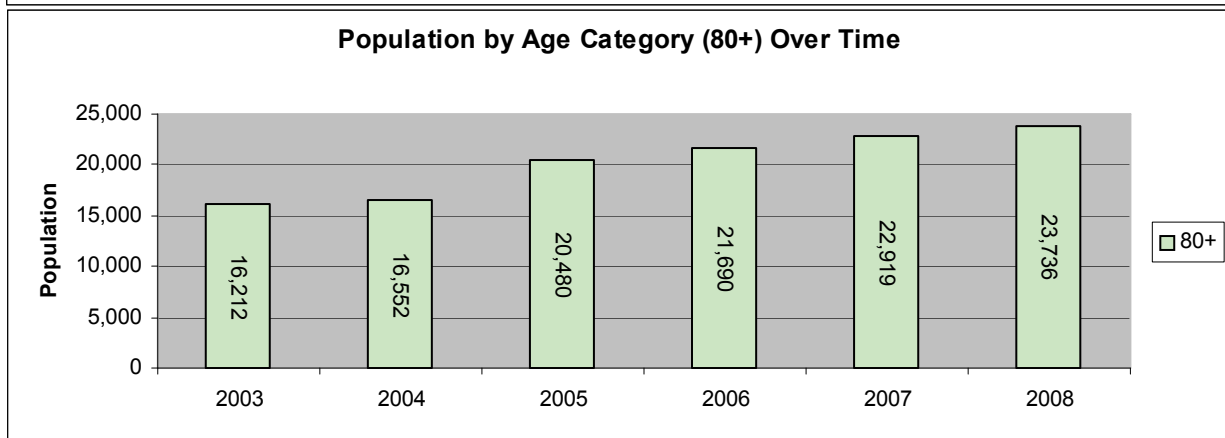
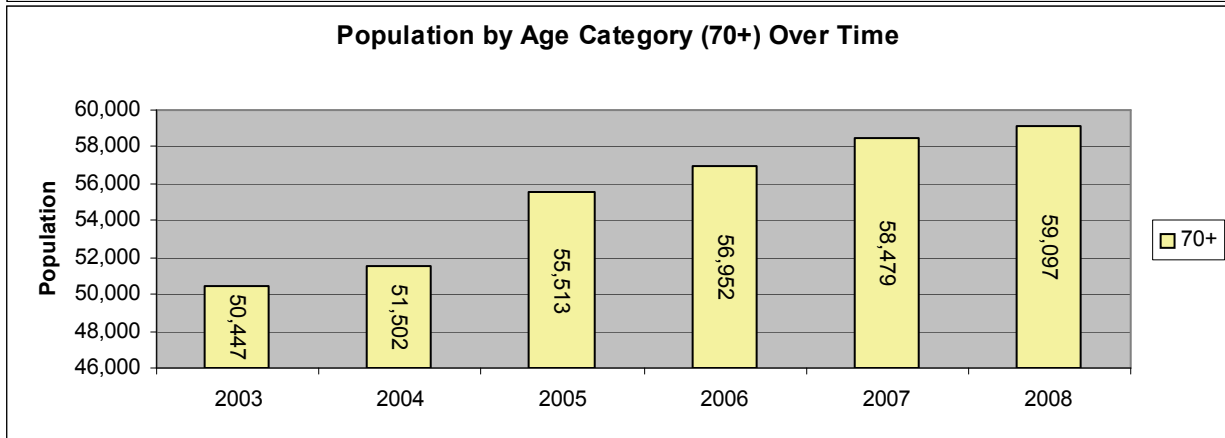
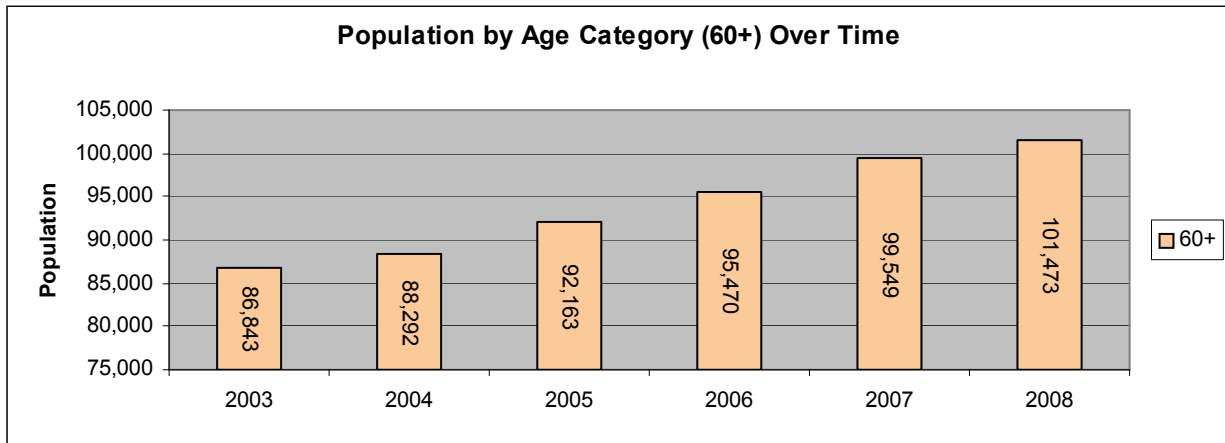
Households With Cost Burden Above 30% and Income Below 60% Area Median Income (65+)	
Elder Households	45,498
Percent of All Households	18.0%

Data Source: Department of Elder Affairs, State of Florida, 2008



2008 Florida County Profiles

Marion- (Continued)

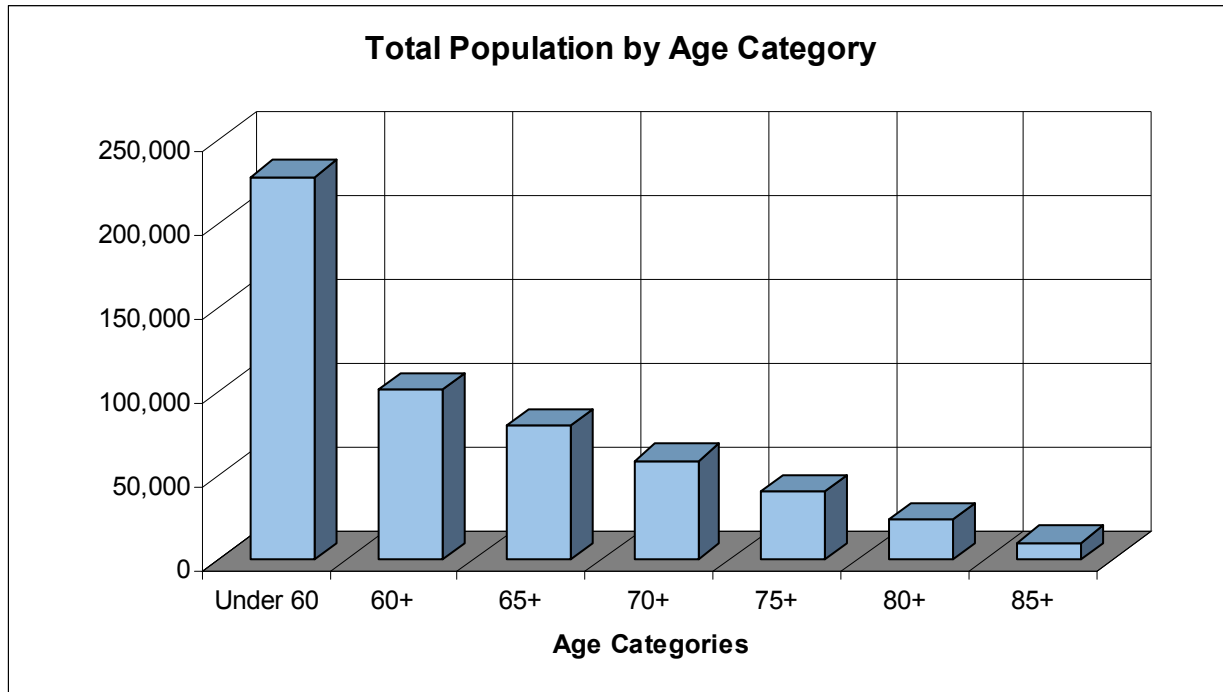


Data Source: Department of Elder Affairs,
State of Florida, 2008



2008 Florida County Profiles

Marion- (Continued)



2008: Total Population By Age Category (Range)

Total Population Aged Under 60:	227,945
Total Population Aged 60 and Over:	101,473
Total Population Aged 65 and Over:	79,405
Total Population Aged 70 and Over:	59,097
Total Population Aged 75 and Over:	40,678
Total Population Aged 80 and Over:	23,736
Total Population Aged 85 and Over:	10,451

Data Source: Department of Elder Affairs,
State of Florida, 2008

Supplement D: 2008-09 Summary of Investigated Maltreatments, Marion

The following report, *Summary of Maltreatments and Findings, Adult Investigations Received, Marion County, 2008-2009 Fiscal Year*, provides data on 1,057 total reports received by the Department of Children and Families, Circuit 5-Central Region during the period of July 1, 2008 through June 30, 2009. Note that the total findings listed below reflect maltreatments of elderly and vulnerable (disabled) adults which exceed the number of total reports investigated. This difference is a result of occurrences of multi-maltreatments per investigated incident.

Finding	Total
No Indicator	863
Some Indicator	534
Verified	76
Total	1473

Number of Incidents	Maltreatment	Finding	Number of Incidents	Maltreatment	Finding
7	Bizarre Punishment	No Indicator	8	Malnutrition/Dehydration	No Indicator
2	Bizarre Punishment	Some Indicator	1	Malnutrition/Dehydration	Some Indicator
9	Bizarre Punishment Total		1	Malnutrition/Dehydration	Verified
1	Bone Fracture	No Indicator	10	Malnutrition/Dehydration Total	
1	Bone Fracture	Some Indicator	53	Medical Neglect	No Indicator
2	Bone Fracture	Verified	26	Medical Neglect	Some Indicator
4	Bone Fracture Total		3	Medical Neglect	Verified
1	Burns	No Indicator	82	Medical Neglect Total	
1	Burns	Some Indicator	53	Mental Injury	No Indicator
2	Burns Total		33	Mental Injury	Some Indicator
11	Caregiver Unavailable	No Indicator	1	Mental Injury	Verified
17	Caregiver Unavailable	Some Indicator	87	Mental Injury Total	
1	Caregiver Unavailable	Verified	49	Physical Injury	No Indicator
29	Caregiver Unavailable Total		35	Physical Injury	Some Indicator
2	Death	No Indicator	8	Physical Injury	Verified
1	Death	Some Indicator	92	Physical Injury Total	
3	Death Total		184	Self Neglect	No Indicator
99	Environmental Hazards	No Indicator	271	Self Neglect	Some Indicator
21	Environmental Hazards	Some Indicator	26	Self Neglect	Verified
120	Environmental Hazards Total		481	Self Neglect Total	
184	Exploitation	No Indicator	13	Sexual Abuse	No Indicator
44	Exploitation	Some Indicator	2	Sexual Abuse	Some Indicator
17	Exploitation	Verified	15	Sexual Abuse Total	
245	Exploitation Total		14	Substance Misuse	No Indicator
184	Inadequate Supervision	No Indicator	6	Substance Misuse	Some Indicator
73	Inadequate Supervision	Some Indicator	20	Substance Misuse Total	
17	Inadequate Supervision	Verified	1473	Grand Total	
274	Inadequate Supervision Total				

Data Source: Department of Children & Families, Circuit 5, Central Region, July 2009

Supplement E: Grandparents Raising Grandchildren

The following excerpt is sourced from the e-newsletter *Grandparents Raising Grandchildren: VIP's in an Increasingly Complex World*, Early Head Start National Resource Center, March 2009. <http://eclkc.ohs.acf.hhs.gov>.

GRANDPARENTS RAISING GRANDCHILDREN: VIP'S IN AN INCREASINGLY COMPLEX WORLD

...Grandparents envision the dreams that their young are unable to see...and when their children and grandchildren succeed they are actually living out their grandparent's dreams...

For many families, grandparents are the world's unsung heroes/heroines and Very Important Persons (VIP's). They have lived to experience good times and worrisome times; and many are envisioning retirement. However, when parents are unable to care for their children, millions of grandparents across the country demonstrate their commitment by stepping in, taking charge and assuming the role of caring for their grandchildren. For many grandparents, this "see-a-need-and-fill-it" ethic is an automatic response to what will prove to become an awesome responsibility. Yet, grandparents raising grandchildren is not a new concept. In fact, in some families it is considered the role of the grandparent to raise the grandchildren, as is the case for many Latino, Asian and African families. In the case of Migrant families whose parents often travel long distances away from home to work, grandparents are often a great resource in caring for young children.

In recent years, grandparents raising grandchildren has received more focused attention in Head Start, Early Head Start, Migrant and Seasonal Head Start and child care programs around the country. The Administration for Children and Families (Region IV) in collaboration with the Administration on Aging published *Grandparents Raising Grandchildren: A Call To Action in January 2007*. This report, along with the realization that kith and kin primary care providers are often grandparents, has helped to raise the level of awareness around this issue. This edition of *News You Can Use* will provide a quick profile on grandparents raising grandchildren, use real life stories from grandparents to highlight some of their challenges and triumphs, and include resources and tips for staff, grandparents and families.

A Profile of Grandparents in this Edition

Eight grandparents were interviewed by phone for this edition of *News You Can Use* to provide a real account of their current roles as primary caregivers (J. Davis, personal communication, July 2007). Some of the grandparents were supported by EHS/HS programs and some were supported by other forms of childcare. However, their stories and experiences are similar to many grandparents raising grandchildren around the country.

Most of the grandparents interviewed for this edition have more than one grandchild and up to eight.

Four are currently caring for one grandchild and four are caring for multiple grandchildren. The collective age range of grandchildren who have been or are currently in the care of our interviewed grandparents is six months to twenty-one years of age.

Supplement E: Grandparents Raising Grandchildren (continued)

Most of the children who came into to the care of their grandparents did so for one or more of the following reasons:

- o Both parents were incarcerated
- o Parent wanted to work and needed childcare and a place to live
- o Parents were teenagers
- o Parent-to-be was not ready to become a parent
- o Parents had addiction problems; baby born with drugs in system

Even though the sample of grandparents interviewed for this edition was small, their individual reasons for becoming primary caregivers to their grandchildren mirrored those of the 1,500 grandparents surveyed by the AARP Foundation Grandparent Information Center in 2006. Other reasons for grandparents raising grandchildren cited by the survey and *Lean On Me: A Film About Grandparents and Other Relatives Raising Children* (2006) were:

- o Parental unemployment
- o Parent(s) in the military
- o Parent(s) deceased

A QUICK PROFILE OF GRANDPARENTS RAISING GRANDCHILDREN

Did you know that:

Of the 5.7 million grandparents in the U.S. living with grandchildren 42% are the primary caregivers of their grandchildren (U.S. Census Bureau, 2006; U.S. Department of Health and Human Services, Administration for Children and Families, Region IV, 2007). 26% of children born in 2001 were in relative care at 9 months of age [generally residing with their grandmothers] (Kreader, J.L., Ferguson, D., & Lawrence, S., 2005).

The southern region of the United States currently has the greatest percentage of grandparent-headed families in the country at 47.2% (U.S. Department of Health and Human Services, Administration for Children and Families, Region IV, 2007).

30% of grandparents are currently working; 11% are retired and still work; and 50% are retired and not working (American Association of Retired Persons [AARP], 2006; 2002).

The average age of today's grandparent is 48 years, which is much younger than some might typically imagine (AARP, 2006).

In fact, Simmons and Dye (2003) reported on the racial/ethnic backgrounds of grandparent-headed households in the United States and found that:

- 41.6% Caucasian children live with grandparents
- 51.7% African-American children live with grandparents
- 34.7% Hispanic children live in grandparent-headed households

Supplement F: Kinship Navigator Programs-Narrative Analysis

Kinship Navigator Programs: Narrative Analysis

I. INTRODUCTION

Kinship navigator programs are state initiatives that provide information, referral, and follow-up services to grandparents and other relatives raising children to link them to the benefits and services that they or the children need. Navigators help relatives' access services and programs like Temporary Assistance for Needy Families (TANF) grants, Medicaid, the Children's Health Insurance Program, other public benefits like food stamps, and legal assistance through partnerships with local law schools and legal aid clinics. Kinship navigator programs also sensitize agencies and providers to the needs of relative-headed families.

II. SUMMARY AND COMPARISON OF EXISTING STATE LAWS

These programs currently exist on a state-wide basis in New Jersey, Ohio, and Washington State, and have recently begun implementation in five other states: Connecticut, Kentucky, Indiana, Minnesota, and New York. Some of these state programs were established by statutory authority, like Ohio's, and some were established by regulations or policies, like New York's. Those not established by statute are not included in the legislation database on this website; however, additional information concerning these programs is available in the state fact sheets. [Click here](#) for those fact sheets.

(http://www.grandfactsheets.org/state_fact_sheets.cfm)

Ohio's program has a statewide program of kinship care navigators.[1] Navigators are people who provide relative caregivers with information, referral services, and assistance concerning available services and benefits at the state and local level. These services and benefits include publicly funded child care, respite care, training related to caring for special needs children, legal services, and a toll-free telephone number that may be called to obtain basic information.

Washington State's program started as a pilot funded by Casey Family Programs and has grown into a successful statewide program that helps grandparents and other relatives raising children access needed services. An evaluation of the program's first 16 months showed that:

- Relative caregivers had a better understanding of services and benefits available to them;
- An estimated 690 children were diverted from foster care; and
- 98 percent of caregivers who used the service were satisfied.

Like Ohio, as part of its program, New Jersey's Navigator Program also includes a statewide toll-free number that relative caregivers can call to receive information. The program informs caregivers of a full range of available services and financial assistance. At least three (Connecticut, Kentucky and New York) of the five states with recently enacted programs are going to implement toll-free help lines as part of their programs too. These help lines can be particularly useful in large, rural states in order to assist caregivers in remote locations and who have limited transportation.

Supplement F: Kinship Navigator Programs-Narrative Analysis (continued)

Indiana's law, one of the most recent, became effective on July 1, 2007.[2] According to the legislator who championed the law, it is modeled after the Washington State program. This is an excellent example of states learning from each other and not "reinventing the wheel." The law itself also encourages collaboration by building on existing support services. It requires the state Department of Child Services (DCS) to collaborate with a not-for-profit community agency to develop grant proposals for the establishment of kinship care navigator projects. These navigator programs connect caregivers with important services that support them in raising related children. The grant proposals must establish three separate kinship navigator projects: one for the northern, central, and southern regions of the state. Once a grant proposal is accepted, the community agency that developed the proposal will be responsible for managing the program. DCS is also required to submit an annual report on the status of the programs to both the legislature and governor.

Other states, like Delaware, and localities that currently lack navigator programs may maintain warm or hot lines to help the caregivers. [Click here](#) for the state fact sheets that can tell you whether such a program exists in your area. (http://www.grandfactsheets.org/state_fact_sheets.cfm)

III. LEGISLATIVE TRENDS

The first kinship navigator program began in Ohio in 2001 and within the last two years, the number of programs has more than doubled. The growth can be attributed to the success of the Ohio, New Jersey, and Washington programs, and the need for this type of assistance throughout the country. These programs are seen as so useful that federal legislation is currently pending to expand these programs to states where they do not currently exist. The federal Kinship Caregiver Support Act would, among other provisions, encourage the creation of more navigator programs through a grant program.

Finally, please note that the summaries of the laws and legislation in this analysis are based on the research conducted for this website and available for all users in the state law and legislation database. That database, as well as the other information on this website, is an ongoing project. If we have omitted any relevant information from this analysis or if you have any other comments or suggestions, please contact Generations United at <http://www.gu.org/>.

1] Ohio. Rev. Code section 5101.851.

[2] Ind. Code Ann. section 31-9-2

Source: Grandfamilies State Law and Policy Resource Center, <http://grandfamilies.org> and Generations United, <http://www.gu.org/>.

Kinship Care Resources

AARP Foundation Grandparenting Program Grandparent Information Center (GIC)

National Hotline: 1-888-OUR-AARP (1-888-687-2277)

<http://www.aarp.org/families/grandparents/gic/a2004-01-16-grandparentsinfocenter.html>

Administration on Aging- Region IV

A Division of the U.S. Department of Health and Human Services

Atlanta Federal Center

61 Forsyth Street, SW - Suite 5M69

Atlanta, GA 30303-8909

Phone: 404-562-7600

[Eldercare Locator](#) (to find local resources): 1-800-677-1116

<http://www.aoa.gov/>

Alzheimer's & Dementia Alliance for Education & Support, Inc.

PO Box 5967

Ocala, FL 34478

Phone: 352-615-3202

<http://www.adaesinc.org/>

Email: adaes@embarqmail.com

Alzheimer's Association

National Hotline: 1-800-272-3900

<http://www.alz.org/index.asp>

Arnette House

2310 NE 24th St

Ocala, FL 34470-3840

Phone: 352-622-6135

<http://www.arnettehouse.org/>

Email: info@arnettehouse.org

Blessed Trinity Elder Care Center

5 SE 17th Street

Building L

Ocala, FL 34471

Phone: 352-671-2823

http://www.blessedtrinity.org/elder_care.htm

Email: ecinfo@blessedtrinity.org

Kinship Care Resources

Boys and Girls Club of Marion County

800 SW 12th Ave
Ocala, Florida 34474
Phone: 352 690-7440

<http://www.bgcofmarion.com>

Brookdale Foundation Group

Relatives As Parents Program
950 Third Avenue, 19th Floor
New York, NY 10022
Phone: 212-308-7355

<http://www.brookdalefoundation.org>

Casey Family Programs

1300 Dexter Avenue North, Floor 3
Seattle, WA 98109-3542
Phone: 206-282-7300

<http://www.casey.org/index.htm>

The Centers

5664 SW 60th Ave
Ocala, FL 34474-5677
Phone: 352-291-5555
24-HOUR CRISIS LINE: 352-629-9595

<http://www.thecenters.us>

The Center on Addiction and the Family

50 Jay Street
Brooklyn, NY 11201
Phone: 718-222-6641

<http://www.coaf.org/family/caregivers/kinmain.htm>

Email: coaf@phoenixhouse.org

Department of Elder Affairs, State of Florida

Toll-Free Hotline: 1-800-677-1116
TDD Hotline: 1-800-955-8771
Hearing Impaired Voice Line: 1-800-955-8770

Devereux Florida

1629 NW 4th Street, Suite 102
Ocala, FL 34475
Phone: 352-598-6705

<http://www.devereux.org>

Kinship Care Resources

Early Learning Coalition of Marion County, Inc.

1320 SE 25th Loop, Suite 101

Ocala, FL 34471

Phone: 352-369-2315

<http://www.elc-marion.org>

Elder Options/Mid-Florida Area Agency on Aging

Phone: 352-378-6649

National Hotline: 1-800-963-5337

<http://www.agingresources.org/programs.asp>

Family Caregiver Alliance-National Center on Caregiving

180 Montgomery Street, Suite 1100

San Francisco, CA 94104

Phone: 415-434-3388

National Hotline: 1-800-445-8106

Email: info@caregiver.org

<http://www.caregiver.org>

Fifth Circuit Public Guardianship Program-Marion County

Phone: 352-401-6753

<http://elderaffairs.state.fl.us/english/spgo.php>

First Call for Help- United Way of Marion County

Phone: 352-732-4444

<http://www.uwmc.org/news/7/77/First-Call-For-Help/>

Florida Department of Children and Families

Circuit 5, Central Region- Marion County

1601 NW 25 Avenue, Suite 900

Ocala, FL 34470

Florida Hotline: 1-866-762-2237

http://www.state.fl.us/cf_web/

Florida Kinship Center

USF School of Social Work

4202 East Fowler Avenue, MGY 132

Tampa, FL 33620

Florida Toll-Free: 1-800-640-6444

Kinship Care Warmline: 1-800-640-6444

Phone: 813-974-1328

Email: kinfo@flkin.org

<http://www.flkin.org/>

Kinship Care Resources

Generations United

1331 H Street NW, Suite 900

Washington, DC 20005

Phone: 202-289-3979

<http://www.gu.org/>

The Grandfamilies State Law and Policy Resource Center American Bar Association Center on Children and the Law

740 15th Street, NW, Washington, DC 20005

Phone: 202-662-1720

<http://grandfamilies.org>

Hospice of Marion County

3231 SW 34th Avenue

Ocala, FL 34474

Phone: 352-873-7400

<http://www.hospiceofmarion.com/>

Kids Central, Inc.

2117 Southwest Highway 484

Ocala, FL 34473

Phone: 352-873-6332

Email: info@kidscentralinc.org

<http://www.kidscentralinc.org/>

Kimberly's Cottage

2131 SW 22nd Place

Ocala, FL 34471-7766

Phone: 352- 873-4739

<http://www.kimberlyscottage.org>

Marion County Children's Alliance

3482 NW 10th Street

Ocala, FL 34475

Phone: 352-438-5996

<http://mcchildrensalliance.org/>

Marion County Health Department

1801 SE 32nd Avenue

Ocala, FL 34471

Phone: 352-629-0137

<http://www.doh.state.fl.us/chdMarion/index.html>

Kinship Care Resources

Marion County Senior Services

1101 SW 20th Court,

Ocala, FL 34471

Main Phone: 352-620-3501

Marion Transit Services: 352-620-3071

<http://www.mcseniorservices.org/>

Marion County Sheriff's Office

692 NW 30th Avenue

Ocala, FL 34475

Phone: 352-732-8181

<http://www.marionso.com/main.php>

Marion Senior Alliance

1101 SW 20th Court,

Ocala, FL 34471

Phone: 352-620-3501 Extension 168

<http://marionsenioralliance.org/>

Munroe Regional Medical Center

1500 SW 1st Avenue

Ocala, FL 34471

Phone: 352-351-7200

<http://www.munroeregional.com/>

Ocala Housing Authority

1629 NW 4th Street

Ocala, FL 34478-2468

Phone: 352-369-2636

TDD: 1-800-545-1833, Extension 1507

City of Ocala Police Department

402 South Pine Avenue

Ocala, FL 34471

Information Line: 352-369-7000

Emergency: 911

<http://www.ocalapd.com/>

Ocala Regional Medical Center

1431 SW 1st Avenue

Ocala, FL 34478

Phone: 352-401-1000

<http://www.ocalaregional.com/>

Kinship Care Resources

SHINE Program- Serving Health Insurance Needs of Elders

Department of Elder Affairs
4040 Esplanade Way, Suite 270
Tallahassee, FL 32399-7000
Toll-Free Elder Helpline: 1-800-ELDER (1-800-963-5337)
Long Distance: 850- 414-2000
TDD 1-800-955-8770
TTY 1-800-955-8771
Email: information@elderaffairs.org
<http://www.floridashine.org/>

Social Security Administration-Ocala Office

217 SE 1st Avenue
Ocala, FL 34471
Phone: 352-629-1850
Toll-Free: 1-800-772-1213
TTY: 352-401-0088
<http://www.socialsecurity.gov/>

SunTran

Phone: 352-401-6999
Email: suntran@ocalafl.org
<http://www.ocalafl.org/suntran.aspx?id=266>

Villages Hospital

1451 El Camino Real
The Villages, FL 32159
Phone: 352-751-8000
<http://www.leesburgregional.org/>

West Marion Community Hospital

4600 SW 46th Court
Ocala, FL 34474
Phone: 352-291-3000
<http://www.westmarion.com/>

2009 Kinship Care Resource Speakers

Ms. Cathy Ackerman	Fifth Circuit Public Guardianship Program, Marion County
Mr. Chuck Bory	Department of Children & Families, Circuit 5
Ms. Gail Cross	Marion County Senior Services
Ms. Helene LaBrecque Ellis	Author, Kinship Care Expert
Mr. Scott Hackmyer	Devereux Kids-Florida
Ms. Terrie Hardison	Alzheimer's & Dementia Alliance for Education and Support, Inc. (ADAES)
Ms. Vidya Hogan	Elder Options/Mid-Florida Area Agency on Aging
Ms. LaDonna Kellum	Munroe Regional Medical Center
Mr. Jerry Lane	Boys and Girls Club of Marion County
Ms. Geraldine Lochran	Success By Six Program- Early Learning Coalition of Marion County
Ms. Sue Krantz	Fifth Circuit Public Guardianship Program, Marion County
Dr. Sigismundo Pares	Hospice of Marion County
Ms. Bonnie Parsons	Hospice of Marion County
Ms. Sarah Stroh	Marion County Senior Services
Ms. Judith Stauffer	Department of Children & Families, Circuit 5
Mr. Jeff Whitley	Elder Options/Mid-Florida Area Agency on Aging
Mr. Adon Williams	Social Security Administration- Ocala Headquarters
Ms. Anita Winter	Early Learning Coalition of Marion County
Ms. Debra Wise	Kids Central, Inc.
Mr. Andy Wolfkill	Fifth Circuit Public Guardianship Program, Marion County



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The Public Policy Institute of Marion County is dedicated to advancing public interest, building democracy, enhancing community, and improving the quality of life by involving citizens in the process.

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