



*Analysis of state policy choices with particular attention to their impacts on low- and moderate-income Marylanders*

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## **Governor O'Malley Announces \$50 Million in General Fund Cuts**

**Cuts Range from Under 0.5% to 2.8% of Agency Budgets**

**Casualties Include Private Colleges, Education Grantees and Programs Funded with Tobacco Settlement Dollars**

By Neil Bergsman

Last week, Governor O'Malley proposed \$50 million of cuts to state general funds in order to complete the balancing of the fiscal 2009 budget. The Board of Public Works approved the cuts on June 25.

### Background

Senate Bill 46 repealed the never-implemented sales tax on computer services and enacted a three-year surtax on incomes over \$1 million. As part of the budget-balancing plan, the bill required the Governor to identify \$50 million in cuts to state general funds before the fiscal year begins July 1. "General funds" are the share of the budget – about half – that come from income taxes, sales taxes, and other sources that can be used for the expenses of state government without restriction. Under state law, the cuts can not exceed 25% of an item, and can not affect state debt repayment, certain public school funding programs, or salaries of public officers.

In addition to the \$50 million in general fund cuts, the Board also approved \$25 million in special and federal funds. The special funds are revenues that are dedicated to specific purposes like gas tax revenues for transportation programs or tobacco settlement funds for health and other specified expenses. The federal funds are mostly federal Medicaid recoveries. When Medicaid expenses are reduced, the federal government shares in the savings because Medicaid costs are shared on a formula basis.

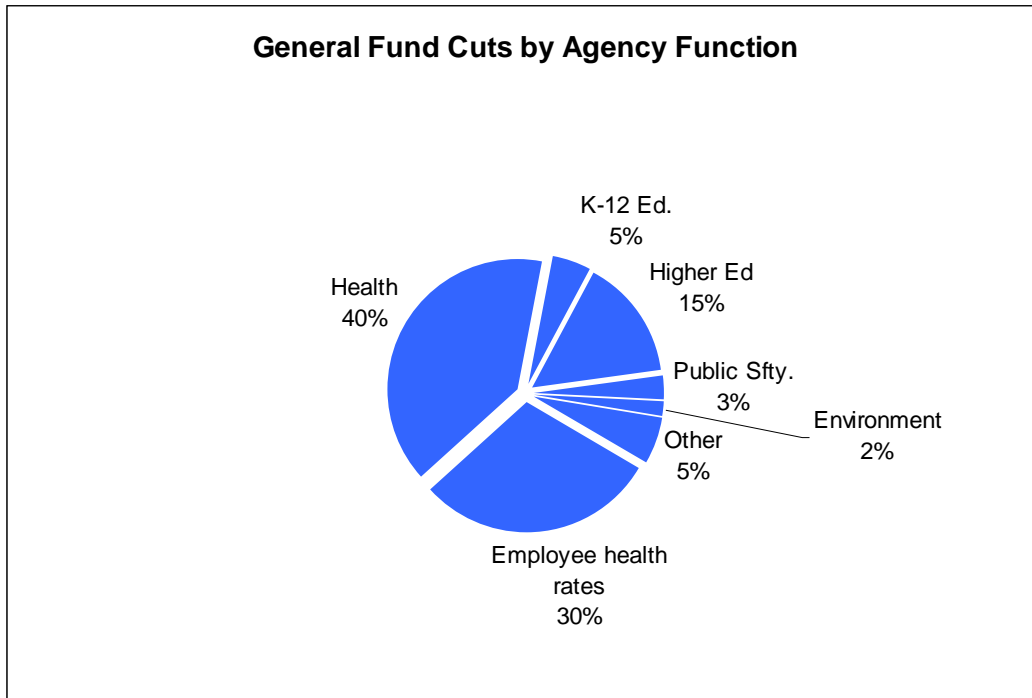
### Summary and Impact

The Maryland Budget and Tax Policy Institute has tabulated the general fund reductions in two ways: according to the function of the agency and according to the type of cut.

### By Agency Function

About 30% of the reductions came from reductions in employee health insurance rates. The Department of Budget and Management (DBM) explains that it was possible to reduce this year's payment to towards employee health insurance by \$14 million in general funds because of a balance available in the employee health insurance fund. This reduction will be spread proportionately across all agencies'

budgets. (There will also be savings of \$8 million in special and federal funds, for a total of \$22 million).



This savings will not carry forward into subsequent years, because once the balance is spent down, the state will need to again provide full funding for the full year's costs.

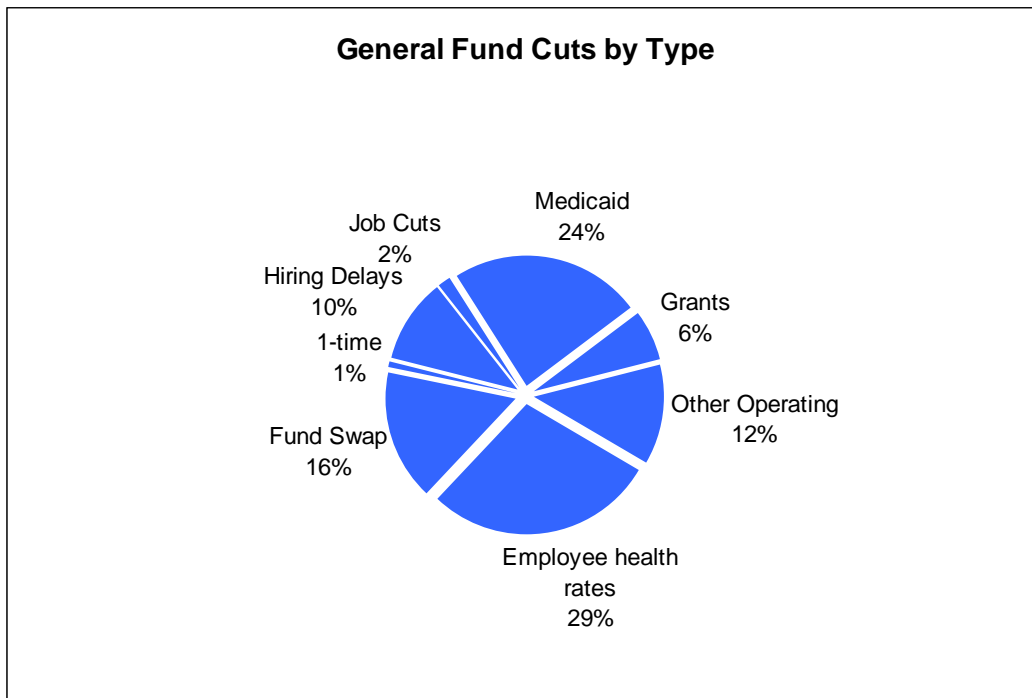
Another 40% of the cuts come from health programs. Higher education is 15%, and other functions are 5% or less of the total.

#### By Type of Cut

Aside from the reduction to employee health insurance rates, Medicaid adjustments make up the largest share of the cuts: \$12 million or 24% of the total. These reflect revised estimates of hospital rates, reductions in payments to Medicaid managed care organizations, and a technical correction.

“Fund Swaps” reflect \$8 million or 16% of the cuts. These are actions where an agency will substitute a different revenue source for general funds. These fund swap's affect principally public colleges and universities and state rehabilitation services provided by Kernan Hospital.

Delays in filling vacant positions or the outright abolition of vacant positions constitute 12% of the package. 11.5 positions are abolished in the budget cuts, 7 of them in the state Department of Education. Fourteen agencies plan to attain some of all of their cuts by slowing or freezing the hiring process. This includes a \$1.8 million reduction in the Department of Human Resources.



The \$5 million in savings from delays or freezes in hiring should not be considered on-going, because presumably agencies will return to normal practices for filling vacant positions in the future.

The cuts are rounded out with:

- Freezes or reductions to grants, including to Private Colleges and Universities (frozen at 2008 levels), state-aided education institutions (5% cuts), and fine arts grants to local schools (10% cuts).
- One-time actions, principally deferring replacement of aging state police vehicles.
- Other operating cuts.

Ongoing Impact

The legislature’s plan for partially offsetting the repeal of the computer services tax calls for \$50 million in on-going reductions. MB&TPI estimates that approximately 22.5 million of the proposed cuts do not carry into future years (employee health insurance, hiring delays, reductions to private colleges and 1-time actions). The fund swap items – reflecting \$8 million - are questionable, because they will depend on whether the alternate fund source remains available in each case.

Therefore, between \$22 and \$30 million of the \$50 million will require new funding in fiscal 2010 or future years. Since the state’s fiscal plan counted on the whole \$50 million in savings, this increases projected deficits by \$22 to \$30 million each year.

The 10 biggest cuts

Here are the Department of Budget and Management’s descriptions of the ten largest items in the package of cuts. These items (plus the employee health benefit

adjustment discussed earlier) combine to total \$40 million of the \$50 million total of general funds.

\$8,239,000	Medicaid Hospital Costs – Reduce budget based on lower-than-expected hospital rates. (Combines with a \$8.2 million federal fund cut)
\$4,500,000	University System of Maryland – Fund Swap – Reduce general funds and allow institutions to use other funds made available by the legislature as part of statewide reduction in reserve payments for future retirees’ health liability. (A similar reduction of \$195,000 applies to Morgan State University.)
\$3,094,000	Cigarette Restitution Fund – Reduce funding for academic health centers (\$15.4 million to \$13.4 million), for cancer research and to local health departments for tobacco cessation and prevention programs for 2008 funding levels (\$21 million to \$19.9 million). The funds will be used as part of the state’s matching funds for Medicaid expenditures.
\$2,604,000	Private Colleges and Universities – Reduce “Sellinger Program” aid to non-public higher education institutions. The remaining appropriation is equal to the 2008 amount.
\$2,305,000	Medical Rehabilitation Services - General funds for rehabilitation services at Kernan Hospital if the Health Services Cost Review Commission adjusts the hospital’s rates for uncompensated care as expected.
\$1,809,000	Department of Human Resources - Hiring Freeze – These savings will be generated by continuing the hiring freeze through fiscal 2009. Freeze will not impact child protective service workers.
\$1,805,000	Medicaid Managed Care Organization (MCO) Payments – Reduce growth to reflect improved efficiencies.
\$1,135,000	Medicaid Primary Adult Care Program – Reduce rates by 5%. Current rates are greatly overstated.
\$860,000	Medicaid – Technical Budgeting Correction - In the \$5 billion Medicaid budget, small discrepancies can yield significant amounts.
\$666,000	Natural Resources Police – The current hiring schedule will result in salary savings.

Program Concerns

MB&PTI is certain that Governor O’Malley and the staffs of the Department of Budget and Management and state operating agencies scoured their budgets to find the least damaging \$50 million possible.

\$50 million is only one third of one percent of the general fund budget. Yet, there are still some items on this list that cause concern. This shows that the state’s budget has been cut to the point where there is very little left that isn’t critical.

The extensive use of hiring freeze savings is worrisome, particularly in the Department of Human Resources. We are assured that “child protective services” will not be touched. However, other critical positions are already in short supply.

There is an acute shortage of eligibility workers, with the result that many desperate families are being effectively denied food stamps and other benefits on a timely basis.

The cuts in assistance to private colleges will have a negative effect on higher education affordability, as many colleges use these funds for institutional student financial aid.

The reductions in cancer research and smoking cessation programs damage the state's commitment to prevention programs as part of our use of our revenues from the national tobacco settlement.

Some of the cuts reduce provider reimbursement rates in the Medicaid system (or restrict their growth). We allow that the specific rates targeted by the cuts might be sufficient. Overall, low Medicaid provider rates are a problem in Maryland, and are restricting access to services for families even if they are eligible for Medicaid. We are concerned about any further reductions to provider rates.

#### Process Issues

The legislature considered the budget over 11 weeks with professional analysis and public hearings. These reductions were approved with no notice and no input by legislators, the affected parties outside state government or by the interested public. There is nothing illegal about this. The Governor scrupulously followed the processes set out in state law for reducing appropriations deemed “unnecessary” after enactment of the original budget.

But it's an archaic process that violates contemporary values of open government and democratic process. At its 2009 session, the legislature should mandate a 30-day notice and comment period before mid-year cuts can be approved by the Board of Public Works. This would give legislatures and the general public the opportunity to consider the cuts and to point out concerns before they become final.

*SOURCES: The Maryland Budget & Tax Policy Institute is grateful to the Department of Budget and Management for providing detailed explanations of the reductions on a very timely basis. This analysis would not have been possible without their courtesy and cooperation.*

MB&TPI

## Kinship Care Supporting Children and Extended Families

By Branden A. McLeod

Do you know anyone who has been raised by a relative? Most chances you do. Many people we meet in our daily lives have been reared by a grandparent, aunt, uncle or adult sibling. In fact, many people who have been raised by a relative say, “if it weren’t for a caring relative I wouldn’t be the successful, law abiding citizen that I am today.”

“Kinship Care” can be a more effective and less costly option for many foster children. The fact is, however, that many relative caregivers had not been planning to raise their grandchildren, nieces, nephews, or sometimes even younger siblings. While raising grandchildren, nieces, nephews and younger siblings is key in maintaining family connections, it can be an emotional rollercoaster for caregiver and child, as well as a financial hardship for the caregiver.

### Snapshot of Kinship Care

Kinship care is the full time care, nurturing and protection of children by relatives, godparents, stepparents, or any adult who has a kinship bond with a child. This definition is designed to be inclusive and respectful of cultural values and ties of affection. It allows a child to grow to adulthood in a family environment.<sup>1</sup> Kinship caregivers provide a vital safety net to children when many parents are unable to do so, which may be due to a variety of reasons including mental illness, substance abuse, domestic violence, incarceration, death, economic hardship, among other issues. Kinship care can take place either inside or outside the formal child welfare system. Care outside the formal system is called informal kinship care. As matter of fact, the federal Adoption and Safe Families Act of 2007 (ASFA), recognizes kinship as one of three permanency options (i.e. reunification with family of origin, adoption, and kinship).<sup>2</sup> Most states’ policies, including Maryland’s, requires kin to be considered first when placing children out of their homes.

The 2000 U.S. Census identifies that 4.5 million children are living in households headed by grandparents across the United States. Another 1.5 million children live in households headed by other relatives (i.e. aunts, uncles, older siblings, etc.). As of July 2006, 1,755 of the 8,000 children in out-of-home placements were committed to local departments in formal kinship care placements in Maryland.<sup>3</sup> By January 2007, 4000 children in the State of Maryland were being served via the Department of Human Resources’ formal Kinship Care program (more than doubling in comparison to the previous fiscal year).<sup>4</sup> Meanwhile, approximately 51,000 grandparents in Maryland report they are responsible for their grandchildren living with them.<sup>5</sup> This number doesn’t take into account “other” relatives who may be

caring for children in their care.

### Supports and Barriers to Supports

Kinship care can be informal, private and voluntary, or formal, public and court-involved. Some kin caregivers decide to become licensed foster care parents with the state or local department of social services. In these cases, many indicate that both the caregiver and child or children receive more services (maintenance payment for room and board, case management, educational supports, health and mental health services, etc.). While the caregiver maintains physical custody of child or children, the state maintains legal custody, which may create obstacles to what can be considered simple daily life tasks (getting permission from the case worker to go across state lines to visit relatives, participate in picture day at school, etc). Many kin caregivers

*Providing a permanent setting for a child in their family of origin is not only good practice, it appears to be cost-effective.*

are not formal foster care parents (without involvement with the child welfare and/or juvenile justice systems); instead they are informal or private kinship caregivers. The kin caregivers in these circumstances may have difficulty enrolling the children in school, obtaining health insurance, authorizing medical care, and obtaining some other benefits, because they do not have legal custody of the children.

Generally, the only type of financial assistance available to kin caregivers in this type of arrangement is the “child-only” Temporary Assistance to Needy

Families (TANF) benefit<sup>6</sup>. When grandparents or other relatives are receiving TANF benefits on behalf of a child, they must assign their rights to the state to the state child support agency.<sup>7</sup> TANF payments are generally less than the foster care payment. In most states kinship caregivers must cooperate with the child support agency unless they can demonstrate that seeking child support is potentially harmful and they have “good cause” not to cooperate.<sup>8</sup> In voluntary kinship care the child or children live with a relative, the state child welfare agency is involved, but legal custody remains with the parent and physical custody is with the relative. In this case, supports are still not as exhaustive as in formal kinship care. Yet, for a relative caregiver to become a licensed foster parent the task is not easy. Many grandparents and relatives may be on a fixed income and do not necessarily have the ability to financially prepare to raise a grandchild/grandchildren or great nieces and nephews. Licensing requires a home study, and in many cases grandparents cannot afford the cost to meet the home study requirements.

Maryland was one of twelve states implementing a subsidized guardianship program through the Title IV-E (of the Social Security Act) demonstration waiver through the U.S. Department of Health and Human Services (HHS). In 1997 the Maryland Subsidized Guardianship program began as a five-year federal demonstration waiver project. It allowed the state to use federal funds to provide monthly payments to

family members willing to become legal guardians for children in the State's foster care system.<sup>9</sup> State funds were authorized to fund the program when the waiver ended. Waiver participation was capped at 200 children. The fiscal 2009 budget included general funds of \$3.1 million to expand the subsidized guardianship program to up to an additional 300 children.<sup>10</sup> Through kinship care, states such as Illinois dramatically reduced their foster care caseloads by placing kids with relatives and providing living expenses and other support services.<sup>11</sup>

Title IV-E provides federal funds to states and local agencies to run foster care and adoption programs. Title IV-E foster care requires that the child must have been a recipient of or eligible for AFDC (based on the State AFDC standards that were in place on July 16, 1996) during the month a petition was filed to remove the child (eligibility month) or the month a VPA (Voluntary Placement Agreement) is signed. The child must have lived in the home of a specified relative within six months of the eligibility month and be deprived of parental support.<sup>12</sup> Title IV-E provides funds for:

- Foster care maintenance payments.
- Adoption assistance payments.
- Administration (i.e. eligibility determination, case management, rate setting, child placement services, case planning, case reviews, etc.) .
- Training of current and prospective foster and adoptive parents, as well as agency personnel.

Title IV-E waivers allow states to use the federal funds flexibly. In doing so, states and local jurisdictions are able to implement innovative approaches to serve families through a variety of services, including kinship care.

Evidently, providing a permanent setting for a child in their family of origin is not only good practice, it appears to be cost-effective (based on Illinois's success). While the Congressional Budget Office (CBO) has not officially provided a cost estimate for the kinship legislation, proponents argue that it can help state and local agencies save on administrative costs. Unfortunately, while ASFA recognizes kinship care as one of three permanency options for children, the practice has no dedicated federal funding stream. Nevertheless, there is federal legislation to support the needs of kinship caregivers and children in their care. The Kinship Caregivers Support Act (KCSA) (H.R. 2188/ S. 661) was introduced in both Houses of the U.S. Congress and have bipartisan support. The legislation would:

- Establish a Kinship Navigator Program to assist caretakers in locating and accessing resources (i.e. legal, educational, respite, mental health and health, among other services) for them and the children in their care.
- Establish a Kinship subsidized guardianship assistance program.
- Require states to provide notice to adult relatives once a child has entered foster care (Maryland passed similar legislation addressing "notification" in 2005).<sup>13</sup>
- Establish separate licensing standards for relative foster parents versus non-

relative foster parents.

- Expand the Chafee Independent Living Services program to youth in kinship placements.

While the KCSA has not currently been voted on, the U.S. House of Representatives just last month passed a comprehensive bipartisan compromise child welfare bill called the Fostering Connections to Success Act (H.R. 6307). While this bill is a compromise, in comparison to the comprehensive list needs in child welfare, it takes a few steps in the right direction. One of the steps comprises inclusion of the first three of five elements of the KCSA listed above.

Since many states' waiver authority has since expired, federal legislation such as this is vital to provide another option for children's permanency, cutting the foster care caseload, and providing supports for relatives taking care of children and youth.

### Conclusion

While kinship care may not be applicable to all family circumstances and depends upon the best interest of the child or sibling group (especially, if there is no viable adult relative to care for the child), it is an opportunity for children to experience greater stability, decrease behavioral problems, and reduce racial disparities in a variety of outcomes<sup>14</sup>. Kinship care appears to be widely supported. Yet, some believe that grandparents and other relatives have a moral responsibility to take care of children and their family when parents are unable to do so, without the support of additional resources. Nevertheless, many grandparents and other relatives have stepped up to be kinship caregivers without additional support, and subsequently some of these children have gone back into non-relative foster care placements. Whereas, some believe in the saying "the apple doesn't fall far from the tree,"<sup>15</sup> accepting as true that if the parent was unfit to care for the child, so must be the kinship caregiver. Yet, states such as Illinois found that children in kinship foster care are at lower risk for maltreatment than are children in either specialized or non-relative foster care.<sup>16</sup>

Overall, states have made great strides with their waivers. Many waivers have now expired. States have also introduced policies that help kinship caregivers, but if federal legislation is not passed, many states cannot fully address the need. Taking a look at it from a state fiscal standpoint, in order to support the 300 vulnerable children, the state used \$3 million of general funds. If the federal Kinship Caregiver Support Act is passed this could offset some of the costs to the state via federal reimbursement at the level of the foster care and adoption assistance program (50% federal match for maintenance payments and administering the program, and a 75% federal match for training a well qualified child welfare workforce).<sup>17</sup> In the grand scheme of the state budget, \$3 million may not be much, but, every dollar of federal aid surely could help Maryland's faces \$500 million structural deficit.

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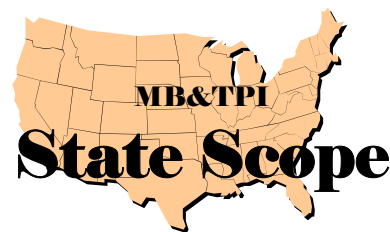
## Most US States Continue to Bleed Red Ink, But Energy States like North Dakota Are Swimming in Revenue.

According to a new report by the National Governor's Association and National Association of State Budget Officers, fiscal 2008 marked a turning point for state finances.<sup>18</sup> As a group, states are expecting tepid 1% increases in their budgets, compared with the historic average of 6.7%. Eighteen states' budgets are actually declining. The increases ranged from plus 9.2% in Iowa to minus 10.4% in Montana. Maryland's increase, at 3.7%, exceeded the US average (see [www.nga.org](http://www.nga.org) or [www.nasbo.org](http://www.nasbo.org)).

With Medicaid spending increasing at over 4%, this leaves little or no room for growth in other state programs. States are spending their fund balances down from a peak of 11.5% in 2006 to a projected 7.5% after 2009. This will still exceed the historic average of 5.8%. The report notes Maryland as one of 26 states taking actions to expand health coverage for uninsured residents.

The Center for Budget and Policy Priorities reports that at least 29 of the 50 states, plus the District of Columbia, are facing combined shortfalls of \$48 billion.<sup>19</sup> (see [www.cbpp.org](http://www.cbpp.org).)

Both reports point to declines in the housing and credit markets and an overall weakening national economy as causes of states' shortfalls. Both also report that some states, particularly in energy-producing areas, are experiencing revenue increases.



North Dakota is a case in point. North Dakota is reporting a budget surplus on \$740 million dollars, over 50% of its annual general fund expenditures.<sup>20</sup> State OMB director Pam Sharp is quoted as saying "Our forecast was based on \$44 [per barrel] oil. We're at \$125 now."

MB&TPI spoke with North Dakota budget director Sheila Peterson, who added that oil prices are not the sole source of the state's good fortune. Peterson pointed to increases in agricultural commodities and tourism spending in the 636,000-person state. In addition, Peterson told MB&TPI that the strong revenue reflects, in part, a decades-long effort to diversify the North Dakota economy. "We used to send our wheat out of state to be made into pasta," she said by way of example. "Now we have developed processing plants so we can make the pasta here and send it out of state."

Peterson said that the state's leaders are very concerned about avoiding structural imbalances. She believes that Governor John Hoeven and the state legislature will carefully distinguish between ongoing and one-time components of the revenue boost, reserving one-time revenues to put towards reserves, capital projects, and other investments.

National and regional economic conditions have a giant effect on state finances. It seems hard to believe now, but one day Maryland will face the problem of dealing with a budget surplus. Meanwhile, we need to apply our limited resources to strengthen our economy and provide the help that low- and moderate-income residents need to succeed.

MB&TPI

## DIRECTOR'S CORNER

### **Happy New Year! Watch out for budget cuts!**

On July 1, the state government began its new fiscal year. The celebration was muted. Our financial mood in fiscal 2009 is full of disappointment and apprehension.

This was supposed to be the year Maryland put its financial house in order, so our leaders could turn their attention from the budget to more substantive matters. It was not to be.

A weakening economy plus some cracks in the 2007 special session financial plan have kept the budget in the forefront.

The political failure of the sales tax on computer services led to the \$50 million of extra budget cuts outlined earlier in this issue.

If the state economy suffers too much, more cuts could be on the way.

Because of slower economic growth, we are now looking at projected deficits for the next two fiscal years.

The forecast projects the budget's eventual return to balance because of assumed slot machine revenue. This means the state is counting on the voters approving the referendum in November, and that the slots will bring in the predicted revenues, in spite of expanding competition from Pennsylvania and high gasoline prices.

The special session provided for increases for public education (though smaller increases than the Thornton legislation called for), health care for the uninsured, higher education and environmental programs. These initiatives could all go on the cutting block.

The only bright note: the state has nearly \$1 billion in reserves, including the \$740 million in the "Rainy Day Fund." The Governor and legislature should

use these funds prudently to maintain “safety net” services if revenues drop further.



In other news: the Maryland Budget and Tax Institute welcomes the Moriah Fund to our community of financial supporters. We are delighted with this vote of confidence from Moriah’s board and staff. This funding will help us to be more active and to expand our analysis and advocacy on behalf of Maryland’s most vulnerable families over the next year.

-Neil Bergsman

### **About the Maryland Budget & Tax Policy Institute**

The Maryland Budget and Tax Policy Institute is a nonpartisan research organization that provides timely, accurate and accessible analysis of state budget and tax issues. In addition to general budget and tax research and analysis, the Institute examines issues affecting low-income Marylanders and other vulnerable populations and the important community programs that serve them. For additional information, to be added to our e-mail list, or to make a tax-deductible contribution, please visit our website at [www.marylandpolicy.org](http://www.marylandpolicy.org).

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