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SCCAN is an advisory body required by Maryland Family Law Article (Section 5-7A) "to make recommendations annually to the Governor and General Assembly on matters relating to the prevention, detection, prosecution, and treatment of child abuse and neglect, including policy and training needs."

TESTIMONY REGARDING HB 1313:

FAMILY INVESTMENT PROGRAM – TEMPORARY CASH ASSISTANCE - ELIGIBILITY **SUPPORT**

TO: Hon. Maggie McIntosh, Chair, and members of the House Appropriations Committee

FROM: Wendy Lane, MD, MPH, Chair, State Council on Child Abuse & Neglect (SCCAN)

Claudia Remington, Executive Director, State Council on Child Abuse & Neglect (SCCAN)

DATE: March 3, 2020

SCCAN supports HB 1313, Family Investment Program – Temporary Cash Assistance – Eligibility. HB 1313 would do the following:

- (1) Provide additional exceptions to Temporary Cash Assistance (TCA) reductions or terminations, including temporary illness or incapacity, court-required appearances or temporary incarceration, domestic violence, family crisis (e.g. homelessness, housing instability, or utility instability), loss of transportation, lack of child care, lack of needed support services, or the failure of a local department to provide accommodation for disability.
- (2) Require the Family Investment Program to include an applicant's or recipient's literacy, health, mental or physical impairments, housing stability, child care needs, transportation needs, history of domestic or family violence in their evaluation of appropriate work activities.
- (3) Require the Family Investment Program to consider whether the applicant or recipient qualifies for an exemption or has good cause not to participate in a work activity.
- (4) Require that agreements between the Department and recipient specify the reasonable accommodations that the Department will provide to a recipient with a disability that are necessary for the recipient to meet the recipient's obligations under the Family Investment Program.
- (5) Require that for recipients with children, 75% of the funds be allocated to the children's needs.
- (6) Prohibit the children's portion of the TCA grant from being reduced because of caregiver non-compliance with FIP requirements.

(7) Require a 30-day conciliation period for each instance of non-compliance with FIP requirements, during which a case manager assesses the reason for non-compliance, helps the client to resolve barriers to compliance, and assessing whether the client qualifies for an exemption.

Temporary Cash Assistance is an effective tool to help ameliorate some of the negative effects of poverty on children and to reduce the short and long-term toll on both children and society. While work requirements can provide individuals with training, experience and income to eventually lift them out of poverty, these requirements are not feasible for everyone, especially those who are balancing work with the caregiving needs of their children. A number of problems with work requirements have been identified. Parents who lose benefits often have physical, mental health or substance use disorders; have poor education; are fleeing domestic or family violence; or face challenges such as lack of child care or transportation.¹ A Maryland study found that about 20% of caregivers who lost TCA benefits because of work sanctions applied for Supplemental Security Income, indicating that they likely had a disability that limited their ability to work.²

Sanctions for failing to find work have not led to increased employment among parents receiving TCA benefits. In fact, multiple studies have found that caregivers who stopped receiving TCA because of work-oriented sanctions were less likely to be employed than those who were not sanctioned, even after controlling for other characteristics that might affect employability.³ A Maryland study found that 6 months after exit, only 38% of those who left because of sanctioning were employed compared to 58% of those who left for other reasons.⁴ Child care is costly, vouchers may be inadequate to cover the full cost, and non-traditional work hours can make it difficult, if not impossible to find care.⁵

Work sanctions have significant negative effects on children. These include increased risk for hospitalization in young children, increased likelihood of hospital admission following an emergency department visit, increased rates of food insecurity, and increased rates of underweight status. Receipt of food stamps (SNAP), does not fully ameliorate the effect on food security or hospitalizations. These negative outcomes can be costly to state government, through Medicaid payments for hospital and emergency department visits, special education and other services.

¹Pavetti L, Derr MK, Hesketh H. Review of sanction policies and research studies. Mathmatica Policy Research. March 10, 2003.

² Ovwigho P, Kolupanowich N, Born C. Full family sanctions: Long-term outcomes of sanctioned welfare leavers. Family Welfare Research and Training Group. University of Maryland, 2010.

³ Lee BJ, Slack KS, Lewis DA. Are welfare sanctions working as intended? Welfare receipt, work activity and material hardship among TANF-receiving families. Social Service Review. 2004;9:371-402.

⁴ Born C, Caudill P, Cordero M. Life after welfare: A look at sanctioned families. University of Maryland School of Social Work, November 1999.

⁵ Adams G, Spaulding S. Work requirements, education and training, and child care. Urban Institute, October, 2018. https://files.eric.ed.gov/fulltext/ED592628.pdf

⁶ Cook JT, Frank DA, Berkowitz C, Black MM, et al. Welfare reform and the health of young children. Arch Pediatr Adolesc Med. 2002;156:678-684

House Bill 1313 would address the challenges that caregivers may experience in finding work by allowing additional exceptions to work requirements, and by requiring increased support from the Family Investment Administration to address barriers to employment. It would also protect children by mandating that 75% of benefits go to children and prohibiting reduction to the children's portion of benefits because of parental non-compliance. All of these amendments will ultimately sustain financial support to children and improve their overall health and wellbeing.

For these reasons, we urge a favorable committee report and passage of House Bill 1313.