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## **Introduction**

Good afternoon Chairman Alexander and members of the Committee on Health and Human Services. My name is Damon King. I am a Senior Policy Attorney at Children's Law Center<sup>1</sup> and a resident of the District. I am testifying today on behalf of Children's Law Center, which fights so every DC child can grow up with a loving family, good health and a quality education. With 100 staff and hundreds of pro bono lawyers, Children's Law Center reaches 1 out of every 8 children in DC's poorest neighborhoods – more than 5,000 children and families each year.

I am pleased to testify today regarding the Department of Human Services, and will focus my testimony on two topics:

The first is the looming elimination of all TANF benefits for more than 13,000 District children due to the District's enforcement of the 60-month time limit on program participation against more than 6,000 District families. District law allows for temporary exemptions from the 60-month time limit for families facing barriers to obtaining employment such as domestic violence or other serious hardships. Yet the Department has been unable to properly identify these families and grant the requisite exemptions, and does not currently have a functional system for doing so because regulations have not been issued. We acknowledge the Department's work on drafting these regulations to properly implement these exemptions and look forward to continuing to work with the agency to finalize this much needed guidance.

Additionally, the District does not provide extensions of benefits to families that have already reached the 60-month time limit to protect these families from individual hardships or external circumstances, such as high unemployment.

If the Council does not intervene, District children are at risk of falling even further into crisis as their parents are cut off from payments despite being utterly

unprepared to transition from the program. We recommend a one-year postponement of scheduled cuts so that the Department can bring its TANF system into line with other jurisdictions by creating a functional time limit policy that can appropriately grant exemptions and extensions to families in need.

The second area I will address is the need to take a holistic approach to meeting the needs of homeless children and families, including homeless youth and families currently staying at DC General and motels this hypothermia season. If the District hopes to successfully transition homeless children and families to long-term housing and overall stability, it must recognize that children and families often enter shelter with significant trauma histories and other challenges that can make exiting the shelter system especially difficult. While the Department's oversight answers reflect some modest progress in recognizing that homeless families have an array of non-housing needs, a continued narrow focus on exiting families from the shelter system will do little to put families on the path to lasting stability.

#### **TANF: What the Looming 60-month Cut-Off Means for District Children**

More than 6,000 families will hit the 60-month time limit for receiving TANF payments on October 1, 2015. These families are already living in poverty and, for many, TANF payments are their only remaining means of meeting their most basic needs. For certain families who are unable to work due to serious hardships, the law provides for temporary exemptions from the time limit – these exemptions are written into statute. However, the Department has failed to create a system that accurately identifies families who may qualify for exemptions and ensures that exemptions are consistently granted when appropriate. To prevent District children from being thrown further into poverty and instability, and to give the Department time to properly design and

implement an exemption and extension system, we recommend a one-year delay in the enforcement of the 60-month time limit.

### Overview of the Affected District Families

TANF is a life-sustaining bridge for many families in the deepest of poverty. Although TANF is a safety net for the District's poorest families, the benefit only provides a family of three with \$434 a month.<sup>2</sup> The over 6,000 families that have reached the 60-month limit have gradually received decreased benefits and now receive only \$152 a month for a family of three.<sup>3</sup>

To provide a sense of the demographics of this population and what is at stake, as of October 2014, the District TANF program as a whole served 32,268 children in 17,487 families,<sup>4</sup> with the October 2015 cut-off expected to eliminate benefits of 13,741 children between 6,100 and 6,200 families.<sup>5</sup>

Of those 13,741 children that will lose TANF benefits, the Department projects that 2,364 children will be between the ages of birth and three.<sup>6</sup> The first three years of life is a time of critical child development, creating an important foundation for a lifetime of health and achievement. The positive and negative experiences children have during this period of rapid growth influence their physical and mental health, in addition to how and what they learn.<sup>7</sup> Research is clear that stress and trauma during this time, including stressors of poverty and abuse and neglect, can have lifelong negative consequences.<sup>8</sup> Children that are exposed to stress and trauma have a greater likelihood of developmental delays, while adults exposed to high levels of stress and trauma in early childhood are more likely to have health problems, including alcoholism, depression, heart disease, and diabetes.<sup>9</sup>

Infants and toddlers are not the only group of children that will be drastically impacted by the scheduled TANF cuts. 6,208 children ages four and nine, 2,785 children ages 10 to 13, and 2,385 children ages 14 to 18 will lose TANF benefits in October 2015.<sup>10</sup>

Children in families whose only source of income is TANF are already at almost devastating levels of poverty.<sup>11</sup> Eliminating TANF benefits for these children and youth, without having a robust exemption and extension policy in place to protect the families facing extreme barriers and problems will have devastating effects on these children's well-being. Other than the loss of income, which can impact housing stability and the ability to pay for utilities, there are hidden impacts that are particularly devastating to children, their families, and ultimately, our community.<sup>12</sup> Cuts in TANF benefits have been shown to link directly to poor health outcomes and increased child hunger.<sup>13</sup> Reductions in benefits have been linked to increased child maltreatment and contact with the abuse and neglect system.<sup>14</sup> Additionally, children in families affected by benefit reductions do worse in a number of developmental areas and have lower scores on tests of quantitative and reading skills,<sup>15</sup> resulting in long-ranging impacts on these children's ability to complete their education and find meaningful work as adults.

Exemptions and Extensions: How to Prevent Families From Falling Into Crisis

Jurisdictions across the country recognize the need to balance the temporary nature of TANF benefits against the harm caused by forcing families living under particularly difficult circumstances off of TANF before they are able to support themselves. 44 states offer extensions to families who reach the eligibility cut-off for their programs but whose circumstances have prevented them from finding employment that would allow them to successfully transition off of aid. The District, however, lags behind its peer jurisdictions, placing children at risk of premature and crisis-inducing cut-offs.

DC law contains statutory provisions allowing individual families to be exempt from the 60-month time limit under certain circumstances, such as families experiencing domestic violence, teen parents, and individuals caring for an adult relative or child with a disability.<sup>16</sup> The time during which a family is exempt does not count towards the 60-month time limit for receiving TANF – that is, the exemption “stops the clock” on TANF for a participating family.

However, while DC statutes provide for these exemptions, the Department of Human Services (DHS) has struggled to effectively implement them. While we acknowledge that the Department understands the importance of issuing regulations and is working on drafting them, the regulations are still not final, leaving families without guidance to know whether or not they meet the criteria for an exemption or how to show that they qualify, and leaving the Department and family-serving professionals without a means of reliably identifying potentially-eligible families or ensuring that exemptions are being granted in a fair and uniform way. Unsurprisingly, as a result of the lack of agency-level guidance regarding these issues, utilization rates of these exemptions are low.<sup>17</sup>

In addition to a lack of regulatory guidance regarding exemptions, the District has also failed to follow the lead of 44 other states that allow families experiencing hardship at the 60-month mark to qualify for extensions of their participation in TANF.<sup>18</sup> Without robust and effective exemptions that keep the 60-month timeline from tolling for these families combined with a progressive extension policy to protect those families experiencing hardships and barriers at the 60-month limit, we do families the greatest of disservices – acknowledging that they are unable to look for work while cutting their support for not finding work fast enough. Many of these exceptions are

already acknowledged by other states as situations warranting exemption or extension from TANF limitations.

Cutting TANF benefits before fully implementing reforms and additional services will put children and families at risk and will not improve employment outcomes or promote self-sufficiency among beneficiaries. While we recognize and support the District and DHS's moves to reform and redesign our city's TANF program so that it is more responsive to the residents who utilize it, there are still excessive wait lists and wait times for the services these families need to succeed, meaning that families who are waiting for services may be cut off from TANF even though they are actively engaged with their service plan and seeking the help they need to transition to work. For instance, 1,498 customers are waiting to receive services from a Job Placement vendor, with an average wait time of 10 months.<sup>19</sup> Approximately 1,150 customers are waiting to receive services from a Work Readiness vendor, with an average wait time of 11 months.<sup>20</sup> Despite the fact that these families are ready to work and are engaged TANF recipients, the clock on these families' 60-month timeline continues to run. Without the prospect of employment, significant cuts to these families undermine any progress they might be making and eliminate a crucial lifeline to institutional and financial support toward independence. It is also likely to increase reliance on other District systems of support that could be more costly in the long run. However, combining DHS's meaningful expansion of services with the appropriate and effective exemptions and extensions to ensure that families are getting the support they need means that TANF can become a robust program that moves families out of poverty. We look forward to working with DHS to achieve these goals.

## **Homeless Children and Families**

Much of the testimony that you will hear today regarding homelessness, Chairman Alexander, will focus on the immediate housing needs of homeless families, as well as the unhealthy and unsafe conditions at DC General Shelter that make it an utterly inappropriate place for children to live. Over the last two hypothermia seasons, there has been a rightful focus on how to quickly exit children and families from DC General and other shelter settings to more permanent housing, how to replace DC General with more appropriate shelter facilities, and how to tackle the broader problem of the District's shrinking affordable housing stock. These are important issues and I hope this Committee, and the full Council, will continue to address them throughout the remainder of this year's oversight and budget seasons. However, my testimony today will focus on a distinct, but equally critical issue: That homeless children and families face a range of challenges beyond a lack of housing, and these challenges impact their ability to access and maintain stable housing and achieve long-term stability.

Discussion of these challenges cannot be ignored in the larger discussion of how to house homeless families. Until the health and human services cluster adequately recognizes and responds to this reality, making a wider range of supports and interventions available to families who are homeless or in unstable housing, the District will continue to experience difficulty exiting families from the shelter system, and even families who do exit will be, at best, one step away from the next crisis.

### Beyond Homelessness: Families' Challenges When They Enter Shelter

When children become homeless and enter DC General or another shelter with their families, neither they nor their parents leave their past experiences at the door. Research on homeless families from across the country tells us that children and families enter shelter with life histories filled with trauma. For example, studies of homeless mothers



have found that two-thirds have been victims of domestic violence and many lost their housing as they escaped abuse.<sup>21</sup> Significant percentages of homeless mothers are survivors of childhood physical or sexual abuse; as many as two-thirds are victims of physical abuse and 40% or more have reported past sexual abuse by family members.<sup>22</sup> Homeless children go hungry twice as often as other children.<sup>23</sup> And studies show that many families seeking shelter have been victims of or witnessed violent crime over the course of their lives.<sup>24</sup>

Furthermore, a family's trauma doesn't end when they enter a shelter: the shelter experience often makes things worse. As the National Child Traumatic Stress Network points out: "Children, mothers, and families who live in shelters need to make significant adjustments to shelter living and are confronted by other problems, such as needing to reestablish a home, interpersonal difficulties, mental and physical health problems, and child-related difficulties such as illness."<sup>25</sup> This is true of even the best-maintained shelters, and as we know, the physical conditions of DC General -- long reported as unsanitary, unhealthy, and unsafe -- make it far from the best facility. Simply put, many traumatized children are re-traumatized when they enter shelters, DC General included.

But trauma is not simply a problem "in the moment." Research tells us that experiencing trauma -- particularly trauma during childhood -- has long-term effects. When a child experiences trauma, it greatly increases her risk of developing chronic disease later in life.<sup>26</sup> Numerous studies also document the relationship between childhood trauma and mental illness. Children with significant histories of trauma are twice as likely to suffer from depression later in life, six times more likely to have memory disturbances, and five times more likely to later experience hallucinations.<sup>27</sup> Children who have experienced trauma also tend to exhibit behavioral problems and

struggle with attention, symptoms which make it much harder for them to do well in school.<sup>28</sup>

What this means is that families who are homeless are not just struggling with a lack of housing, they are often struggling with the physical, mental, and emotional effects of past and on-going trauma. This affects children, who may exhibit mental health needs or poor educational performance, but also, parents, who are often not far removed from childhood themselves,<sup>29</sup> and may well still be coping with the effects of past adverse experiences.

When children and their families enter facilities like DC General or other shelters, they are working to cope with significant histories of adversity that, if left unaddressed, will continue to impact their lives, and make it difficult for them to transition to and maintain stability, in housing or other areas of their lives. If we expect families to move beyond the need for shelter – to find, pay for, and transition to affordable housing, and to reach the level of day-to-day stability needed to stay there – we need to ensure that there are easily accessible interventions and supports available to meet homeless families’ needs across multiple domains

#### What Do We Offer Homeless Families?

The process for serving families at DC General and other facilities, however, still reflects a narrow approach – one that focuses primarily on pushing families to search for and accept longer-term housing options, without adequate regard for meeting families’ other needs. Indeed, the Department’s oversight responses acknowledge that, as in past years, “[t]he primary function of the case manager at DC General and at the motels are: to connect or reconnect the family to their primary service provider through the TANF program and (2) to assist the family in developing a shelter exit plan.”<sup>30</sup> In other words,

while families receive on-site assistance in developing plans for alternative housing arrangements, assistance with other needs is someone else's responsibility.

Even when DC General staff do attempt to refer families out for additional non-housing supports, linkage to services proves problematic, exhibiting a greater need for interagency coordination to make services more easily accessible. For example, so far in FY15, DHS reports that staff have referred 67 individuals for mental health services. However roughly 40% of families referred are "experiencing difficulty connecting to their designated core services agency" and have not received services.<sup>31</sup>

To DHS's credit, there have been some efforts at greater interagency collaboration. For example, in response to the tragic disappearance of Relisha Rudd more than a year ago, the Department reports that it is working to integrate case planning for families served simultaneously by DHS, CFSA, and DBH, and that it expects to begin unified case planning with these agencies next month.<sup>32</sup> However, this does not address the needs of children and families with multiple needs who are not already being simultaneously served by multiple agencies.

We appreciate the Department's decision to prioritize housing for families in shelter, but if we expect families to transition out of shelter quickly, and to maintain long-term housing without future crises, we must have a shelter system that is capable of delivering the full range of services from across the health and human services cluster to homeless families where they are. We encourage the Committee to use this oversight hearing to ask the Department what steps it is taking in this direction and track the Department's efforts at implementing a more comprehensive approach to serving families in the coming months.

## **Conclusion**

Thank you for the opportunity to testify and I look forward to answering any questions.

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<sup>1</sup> Children’s Law Center fights so every child in DC can grow up with a loving family, good health and a quality education. Judges, pediatricians and families turn to us to be the voice for children who are abused or neglected, who aren’t learning in school, or who have health problems that can’t be solved by medicine alone. With 100 staff and hundreds of pro bono lawyers, we reach 1 out of every 8 children in DC’s poorest neighborhoods – more than 5,000 children and families each year. And, we multiply this impact by advocating for city-wide solutions that benefit all children.

<sup>2</sup> *Reducing Inequality, Increasing Opportunities for DC Residents: Recommendations to the New Mayor and DC Council*, available at: <http://www.dcfpi.org/wp-content/uploads/2015/01/1.5.15-Recs-To-the-New-Mayor-and-DC-Council.pdf>.

<sup>3</sup> *Helping Families Succeed by Helping Them Avoid Deep Poverty*, available at: <http://www.dcfpi.org/helping-families-succeed-by-helping-them-avoid-deep-poverty>.

<sup>4</sup> Department of Human Services Fiscal year 2015 Performance Oversight Hearing, Responses to Pre-Hearing Questions from the Committee on Health and Human Services, Q79.

<sup>5</sup> Department of Human Services Fiscal year 2015 Performance Oversight Hearing, Responses to Pre-Hearing Questions from the Committee on Health and Human Services, Q80.

<sup>6</sup> *Id.*

<sup>7</sup> *Improving Part C Early Intervention: Using What We Know About Infants and Toddlers With Disabilities to Reauthorize Part C of IDEA*, available at: <http://main.zerotothree.org/site/DocServer/PartC.pdf?docID=567>.

<sup>8</sup> *In Brief: The Impact of Early Adversity on Children’s Development*, available at: [http://developingchild.harvard.edu/resources/briefs/inbrief\\_series/inbrief\\_the\\_impact\\_of\\_early\\_adversity/](http://developingchild.harvard.edu/resources/briefs/inbrief_series/inbrief_the_impact_of_early_adversity/).

<sup>9</sup> *Id.*

<sup>10</sup> Department of Human Services Fiscal year 2015 Performance Oversight Hearing, Responses to Pre-Hearing Questions from the Committee on Health and Human Services, Q80.

<sup>11</sup> A family of three receiving full TANF benefits will receive \$434 per month, or \$5,208 per year. <http://www.dcfpi.org/wp-content/uploads/2015/01/1.5.15-Recs-To-the-New-Mayor-and-DC-Council.pdf>. The federal poverty guideline for 2014 defines poverty as for a family of three as less than \$19,790 a year. <http://aspe.hhs.gov/POVERTY/14poverty.cfm>.

<sup>12</sup> We refer in this paragraph to cuts in benefits that are not related to a parent who has achieved gainful employment or another source of income.

<sup>13</sup> *The Impact of Welfare Sanctions on the Health of Infants and Toddlers*, available at: [http://www.childrenshealthwatch.org/upload/resource/welfare\\_7\\_02.pdf](http://www.childrenshealthwatch.org/upload/resource/welfare_7_02.pdf). Infants and toddlers (up to the 3 years) in families who benefits had been terminated or reduced had a 30% higher risk of having been hospitalized, a 90% higher risk of being admitted to the hospital when visiting an emergency room and a 50% higher risk of being food insecure than children in families whose benefits had not been decreased.

<sup>14</sup> *The Effect of Family Income on Risk of Child Maltreatment*, available at: <http://www.irp.wisc.edu/publications/dps/pdfs/dp138510.pdf>.

<sup>15</sup> *Review of Research on TANF Sanctions, Report to Washington State WorkFirst SubCabinet*, available at: <http://www.docin.com/p-93913888.html>.

<sup>16</sup> DC Code § 4-205.72a.

<sup>17</sup> Department of Human Services Fiscal year 2015 Performance Oversight Hearing, Responses to Pre-Hearing Questions from the Committee on Health and Human Services, Q85. DC places all households eligible for an exemption in the Program on Work Empowerment and Responsibility (POWER). There are 802 households currently enrolled in POWER. An Urban Institute study suggests that these numbers are low, citing that 14.6 percent of individuals on TANF in DC experienced severe domestic violence in the past year and 20.9 experienced mental health problems.

<sup>18</sup> *Welfare Rules Databook: State TANF Policies as of July 2013*, available at: <http://anfdata.urban.org/databooks/Welfare%20Rules%20Databook%202013.pdf>.

<sup>19</sup> Department of Human Services Fiscal year 2015 Performance Oversight Hearing, Responses to Pre-Hearing Questions from the Committee on Health and Human Services, Addendum, Q19.

<sup>20</sup> Department of Human Services Fiscal year 2015 Performance Oversight Hearing, Responses to Pre-Hearing Questions from the Committee on Health and Human Services, Q79, Addendum, Q18.

<sup>21</sup> Rog, Debra & Buckner, John. *Homeless Families and Children*. 2007 National Symposium on Homelessness Research (2007), pp. 5-7 – 5-8.

<sup>22</sup> *Id.*

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- <sup>23</sup> Bassuk, Ellen & Friedman, Steven. *Facts on Trauma and Homeless Children*. National Child Traumatic Stress Network (2005), p. 2.
- <sup>24</sup> Rog & Buckner, *supra*, note 1, p. 5-7.
- <sup>25</sup> Bassuk & Friedman, *supra*, note 3, p. 1.
- <sup>26</sup> Studies have found that the risk of developing ischemic heart diseases such as heart attacks and cardiac chest pain were more than three times higher in adults with significant exposure to adverse experiences (ACEs) in childhood compared to adults without such exposures. Dong, M, et al. *Insights Into Causal Pathways for Ischemic Heart Disease: Adverse Childhood Experiences Study*. *Circulation* (September 28, 2004); 110: pp. 1761-1766. The lifetime risk of developing liver disease increases by more than twofold in adults with ACEs compared to those without such exposure. Dong, M, et al. *Adverse Childhood Experiences and Self-Reported Liver Disease: New Insights Into a Causal Pathway*. *Archives of Internal Medicine* (2003) 163: pp. 1949-1956. Children with significant exposure to ACEs have more than double the risk of developing significant headaches in adulthood. Anda, R, et al. *Adverse Childhood Experiences and Frequent Headaches in Adults*. *Headache* (October, 2010) 50(9): pp. 1473-1481. Adults with moderate exposure to ACEs in childhood even have a 70% increased risk of developing autoimmune diseases such as rheumatoid arthritis, lupus, autoimmune myocarditis, and autoimmune hemolytic anemia. Dube, SR, et al. *Cumulative Childhood Stress and Autoimmune Disease*. *Psychom Med* (2009) 71, pp. 243-250.
- <sup>27</sup> For memory disturbance, see, Brown, DW, et al. *Self-reported information and pharmacy claims were comparable for lipid-lowering medication exposure*. *J Clin Epidemiol* (2007) 60(5): pp. 525-529. For hallucinations, see, Whitfield, CL, et al. *Adverse childhood experiences and hallucinations*. *Child Abuse and Neglect* (2005) 29(7): pp. 797-810. For depressive disorders, see, Chapman, DP, et al. *Adverse childhood experiences and the risk of depressive disorders in adulthood*. *Journal of Affective Disorders* (2004) 82: pp. 217-225.
- <sup>28</sup> Klain, Eva & White, Amanda. *Implementing Trauma-Informed Practices in Child Welfare*. ABA Center on Children and the Law (November, 2013), p.1.
- <sup>29</sup> Per DHS's oversight responses, the single largest age group among adult residents of DC at the start of FY15 was 18-24 year-olds, followed by 25-34 year-olds. Department of Human Services Fiscal year 2015 Performance Oversight Hearing, Responses to Pre-Hearing Questions from the Committee on Health and Human Services, Q58.
- <sup>30</sup> Department of Human Services Fiscal year 2015 Performance Oversight Hearing, Responses to Pre-Hearing Questions from the Committee on Health and Human Services, Q53.
- <sup>31</sup> Department of Human Services Fiscal year 2015 Performance Oversight Hearing, Responses to Pre-Hearing Questions from the Committee on Health and Human Services, Q59.
- <sup>32</sup> Department of Human Services Fiscal year 2015 Performance Oversight Hearing, Responses to Pre-Hearing Questions from the Committee on Health and Human Services, Q62.