



Ohio House Community and Family Advancement Committee

Testimony on House Bill 196, Healthier Ohioans

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Good afternoon, Chairman Derickson, Vice Chair Ginter, Ranking Member Howse, and members of the Community and Family Advancement Committee. I am here today to share the views of The Center for Community Solutions on House Bill 196. The Center for Community Solutions is a non-profit organization with offices in Cleveland and Columbus. Our mission to improve health, social and economic conditions through applied research, policy analysis, and advocacy.

I would like to begin by thanking the sponsors of this bill for their attention to issue of poverty and the challenges facing our communities. Our overall thoughts about the bill are as follows:

- We support the reforms to the Prevention, Retention, and Contingency (PRC) program in the bill because they will help to create consistency in planning and service delivery across counties. To reinforce the change in priorities, we recommend establishing a formal appropriation for the program rather than relying on the current practice of an administrative allocation. We also recommend the establishment of clear metrics to evaluate the program's success.
- We support efforts to improve case management for TANF, SNAP, and WIA recipients and other low-income individuals. We know that case management can work when it is combined with appropriate services and accessible job opportunities. However, we believe that the current timeline in the bill is unrealistic and that the administration of Ohio Works First and SNAP has to be changed to allow greater flexibility than currently exists in these programs. The state has not done a good job in helping recipients meet work requirements.
- The Healthier Buckeye Council is an important opportunity to foster innovative approaches on a local level, but we should make sure that appropriate metrics, accountability, and program design are in place so that the "lessons learned" can be replicated across counties.

Intensive Case Management can succeed...but TANF federal rules make it difficult

One of the most well-known comprehensive case management programs that served TANF clients occurred in Nebraska from the 1990s until 2006. The Building Nebraska Families (BNF) program was the subject of a randomized control study by Mathematica Policy Research. The program showed strong results, and created gains in employment, earnings, and overall quality of life for the hardest to employ. Working through the state university extension program, BNF employed masters-level social workers to provide bi-weekly home visits to at-risk TANF clients who were judged to have significant barriers, such as poor family history, limited education, and limited job prospects. The home visits covered various life skills such as self-esteem, healthy relationships, parenting, goal setting, problem solving, money management, communication skills, how to access resources, and how to interact with agencies and employers. Clients were encouraged to choose basic goals that mattered most to them and then follow-on with more difficult objectives. Home visiting services continued for an average of 8 months and other services continued after employment.

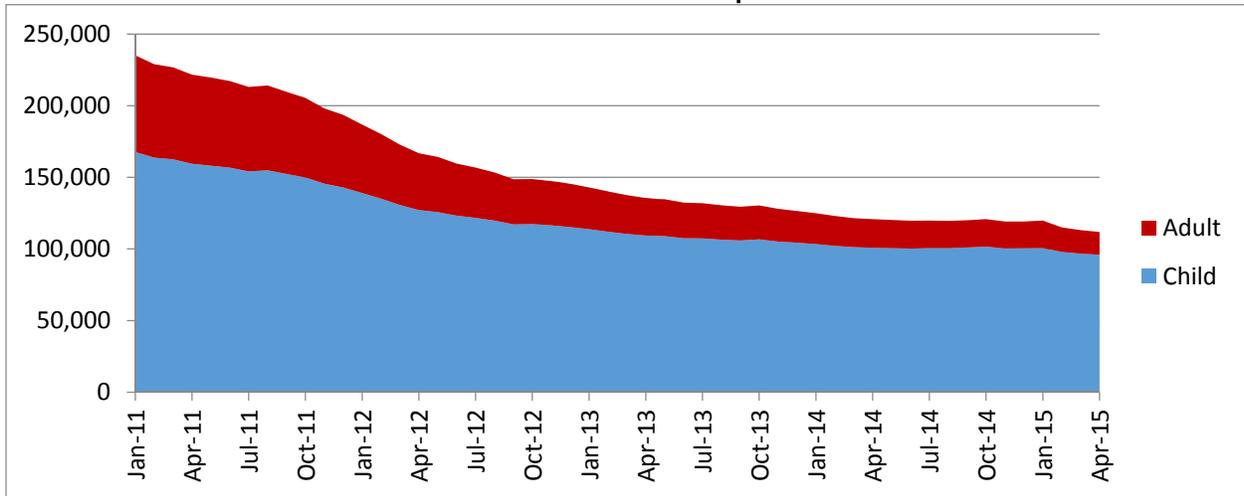
The program was successful because it was carefully planned and used highly motivated and trained staff who could tailor the approach for the needs of individual clients. Clients' needs were thoroughly assessed at the outset. Caseloads were kept low -- between 12 to 18 clients per caseworker. Intensive services were targeted to those most in need. Most of all, the program was designed to allow months of intensive service, realizing that it would take time for clients to reach their goals. Because of its labor-intensive nature, costs were relatively high, averaging \$7,400 per client.

Tragically, the Building Nebraska Families program was ended in 2006 due to a change in federal TANF rules that resulted from the federal Deficit Reduction Act (DRA). The DRA restricted the activities that could count toward the 30-hour per week work requirement. Life skills coaching no longer counted as a core work activity. The DRA also made it impossible to count basic literacy towards the work requirement and limited the amount of time that could be spent using mental health or addiction services.

These changes also hit the Ohio TANF program hard. When coupled with funding reductions to counties, Ohio found it difficult to have 50 percent of its single-parent caseload meeting federal work requirements, and was out of compliance during the recession leading to potential penalties. This state of affairs was only "corrected" by a draconian enforcement of sanctions since 2011 that reduced caseloads dramatically. At this point, fewer than 16,000 adults remain on the program and the number continues to shrink, even though one in six Ohioans remains poor. In essence, the state decided to

“destroy the program to save it.” Other potential clients are excluded from benefits because they have reached the 36-month lifetime limit.

Number of Ohio Works First Cash Assistance Recipients



Source: Athens County JFS, April, 2015 caseload figures

Most states are meeting their work requirements by using a caseload reduction credit that lowers the 50 percent federally-required work participation rate. All of our surrounding states are taking advantage of caseload reduction credits.¹ As of 2014, Ohio has earned a 29.1 percent credit.² The state refuses to use its caseload reduction credit and the program remains in a downward spiral with overstretched county departments enforcing the 30-hour weekly work requirement rules but unable to do much real social work that would break the cycle of poverty.

Programs still have to meet federal performance standards

Adult clients receiving ongoing assistance under TANF rules must have a minor child in the household. In theory, adults without minor children can access some employment services through the Workforce Investment Act (WIA) or SNAP employment and training, but these programs have not fulfilled their promise. The distribution of WIA dollars to Ohio has shrunk significantly in recent years and inflexible performance metrics make local workforce areas reluctant to serve clients with multiple barriers to work.

¹ The federal Administration for Families and Children recently released calculations for 2012 showed the following adjusted All-Families Rates: Indiana, 11.2%; Kentucky, 30.4%; Michigan, 37.5%; Pennsylvania, 28.6%; West Virginia, 38.1%.

² Form ACF 202. TANF Caseload Reduction Report, http://jfs.ohio.gov/ofs/CRC_Ohio_2014.stm

Adults between the ages of 18 and 50 without minor children who receive SNAP benefits are work-required in most Ohio counties. The work requirement is 20 hours per week, but SNAP allows a more flexible approach to basic literacy that makes it easier to combine classroom with work activities. Unfortunately, the state shows a similar reluctance to use all of the tools at its disposal that would allow it to exempt clients with multiple barriers to employment. USDA rules allow the state to claim an exemption for 15 percent of its caseload without asking for a waiver and allow the use of additional credits that the state has earned in recent years. The state simply refuses to use these tools or to put significant GRF dollars into the program despite a 50 percent match with federal dollars.

The lesson is simply this: it will take a great deal of creativity and flexibility to meld all of these federal funding streams into a program. The state cannot simply rely on local partners to figure this all out – it will have to lead the way, use all of the tools at its disposal, and anticipate the thornier issues that will have to be resolved. In the end, it will also take some GRF dollars to fill in some of the gaps in federal programs.

Existing Coordination Mechanisms in Social Services

It is not clear how the proposed County DJFS case management process fits into existing county coordination mechanisms, especially the Family and Children First Council (FCFC), which is mandated by state law. Some of the youth that could be served in the proposed case management process either are, or have been, case managed through the FCFC process. Each FCFC has representatives from public agencies, service providers, and families. The CDJFS and county children's service agency are mandatory members. The purpose of the county council is to "streamline and coordinate existing government services for families seeking services for their children." The council establishes a joint service coordination mechanism for at-risk youth and implements a process "that annually evaluates and prioritizes services, fills service gaps where possible, and invents new approaches to achieve better results for families and children." The council must also establish indicators of child well-being for youth of all ages and measure progress towards them.

It will take time to figure out these partnerships at the county level and to put the building blocks in place for a successful program. The October 15 timeline in the bill for designating a lead agency is too aggressive for this to take place. Next spring or summer would be more realistic.

Use the Healthier Buckeye Program to focus on innovative solutions that can be replicated

The Healthier Buckeye Program is an important opportunity for local communities to define the most pressing needs facing the community and to foster innovative solutions

to their problems. Our concern is that the grants to the local communities are made with a motivation of creating lasting change in the social service landscape and are structured with an eye towards creating “lessons learned” that can be replicated in other parts of the state. Each county may think that it is unique, but there should be a deliberate process to spread best practices.

Thank you for allowing me to testify today. I would be pleased to answer any questions you may have.