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A recent report from the Marshall Project documents the practice of collecting child support payments from parents whose children are incarcerated and identifies the states and the methods they use to do so. The survey of state practices revealed that 19 state juvenile justice systems regularly or sometimes charge parents for their children’s detention, and that in at least 28 other states, individual counties are legally allowed to do so. The policy stems from a widely held belief in the 1970s and 80s that parents whose children were difficult to control were “dumping” their children on juvenile courts. Among the report’s key findings and points:

- At least 12 states use standard child support guidelines to calculate the amounts owed by parents for the reimbursement of costs associated with their incarcerated children. Other states charge parents a flat sum. When children are detained in privately operated facilities, these flat sums tend to be higher than when they are in public facilities.
- If parents do not pay on time, the state can use collection agencies to pursue them, add interest to the debt, garnish 50 percent of their wages, seize their bank accounts, intercept their tax refunds, suspend their driver’s licenses, or charge them with contempt of court.
• When a process exists for parents to establish their ability to pay, it often requires navigating a difficult paper trail and rarely takes place before a judge or neutral third party.

• Parents who are subject to the practice are most often low income and unable to pay the detention costs. Across the states, financial data revealed that significant funds were spent on collections officers and mailing out invoices to collect from parents, but low amounts of payments were actually collected. In Philadelphia, the amount collected was a small share of the actual costs of detention: parents paid a total of $551,261 in fiscal year 2016 for the costs of their children’s detention, but the actual costs were $81,148,521.

• Despite the inability of so many parents to pay the costs, the head of Louisiana’s Office of Juvenile Justice stated that because the state had severe budget problems, his department needed all the funding it could get.

• In Philadelphia, which has recently announced that it will stop the practice (see below), even when a child was later proven innocent of a charge, the nightly rate for detention was still charged to the parent and amounts charged could reach $1,000 per month. Many of the 730 children detained in the city had parents who could afford no more than installments of $5/month.

Three counties in California have placed a ban on the practice after hearing from parents and advocates. In these counties, the debt accrued by the parents was forgiven. Contra Costa County is considering reparations for parents who have already paid the detention costs. And last August, the US Court of Appeals for the 9th Circuit ruled in favor of a parent who sold her house to pay detention fees for her son.

In Philadelphia, juvenile defenders learned of the city’s practice from parents and alerted a group of law students, who successfully advocated an end to the policy. Just after the Marshall Project survey was reported on in the Washington Post, and hours before a City Council hearing on the practice, the Philadelphia Department of Human Services announced that it will no longer charge parents for child support if their children are sent to jail, and will stop collecting from parents who currently owe the city. The policy is still in place for Pennsylvania’s other counties, however, and Philadelphia will continue to bill parents for the costs of foster care and “dependency” placements, using a collections agency called Revenue Collection Bureau, Inc.

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Several states are taking action regarding a parent’s ability to drive a vehicle in a recent round of legislative proposals to either restrict or loosen current policies toward parents who are behind in child support.
• An Arizona bill, HB 2192, would shift a requirement that judges suspend a driver’s license when a parent has failed to pay child support for a period of at least six months, to allowing for the restriction of driving privileges so that the parent is able to drive to and from work, school, medical appointments, and to enable parenting time. Eligibility for the restriction would be limited to parents who meet all of the following requirements: are employed or in school a minimum of 30 hours per week; are required to travel a minimum of one mile to reach school or work; can demonstrate that the schooling or work is likely to allow for a continued ability to pay future child support obligations; and have entered into an agreement to pay the child support arrearage. If the court finds that the parent is not in compliance with this agreement at any time, including missing a payment, the restricted driver’s license would be suspended. A House panel unanimously approved the measure, which has been passed by the House and referred to the full Senate.

• In Nevada, Senate Bill 34, would add a denial of vehicle registration to existing law that suspends the driver’s license of a parent behind in child support. Parents who own vehicles and are at least two months behind in child support payments would be sent a notice that they have 30 days to be compliant with child support payments. The bill also has a process that allows a person to get the registration reinstated after they start making child support payments, but a fee for the reinstatement would be imposed. The state of Texas began implementation of a similar policy last fall that blocks parents at least six months behind in child support from renewing their vehicle registration. Since September, the state has sent delinquency notices to more than 7,200 parents warning them to arrange a payment plan before their vehicle registration expires, and has collected $160,000 as a result. The state collected nearly $3.9 billion in child support overall in the past fiscal year.

• In Florida, HB 313 amends the state’s Responsible Parent Act, which directs judges to automatically revoke the driver’s licenses of parents behind in child support and to arrest offenders found driving after revocation. The amendment to the bill would provide judges with greater flexibility in considering cases where defendants challenge the revocation of their driver’s licenses and create broader circumstances for state judges to consider before taking the license of a parent behind on child support payments. It also provides for the use of electronic monitoring devices to allow for court supervision of parents who keep their license. The bill also authorizes the state to provide businesses with tax incentives for employing defendants in such cases.

A late amendment to the American Health Care Act (ACHA), the Republican bill to repeal and replace the Affordable Care Act (ACA), would have given states the option to condition Medicaid eligibility for nondisabled,
nonelderly, nonpregnant adults on satisfaction of a work requirement. Although the ACHA failed to pass the US House of Representatives, the Trump administration appears likely to approve and even encourage state requests for waivers to establish a work requirement for Medicaid benefits under the ACA. The Centers for Medicare & Medicaid Services (CMS) Administrator Seema Verma and Department of Health and Human Services (HHS) Secretary Tom Price have encouraged states to experiment more with their Medicaid programs, particularly work requirements. And there is still the possibility that another bill to repeal and replace the ACA will surface, with work requirements a likely provision within the legislation.

The ACA allows states the option to expand their Medicaid program to a wider group of participants who qualify based on their income alone, with nearly full federal funding of the costs. Adults with income up to 138% of the federal poverty level, or $16,394 for an individual, are eligible for Medicaid if they live in one of the 32 states that expanded the program under the ACA. As a result, the Medicaid caseload had expanded to reach nearly 70 million, or one in five Americans by 2016. The expanded coverage is intended to support the working poor who would otherwise not have access to health insurance and coverage. Reports from the Kaiser Family Foundation and the National Health Law Program provide a better understanding of the Medicaid caseload and the implications of requiring enrollees to work. Some of the key points are summarized below.

- Among adults with Medicaid coverage, nearly 8 in 10 live in working families, and a majority, nearly 60%, are working themselves.
- In 2015, more than half of adult Medicaid enrollees who worked, worked full-time for the entire year, and most (84%) worked at the same job for the entire year. Nearly 60% worked 40 hours per week or more.
- Four in ten working adult Medicaid enrollees work for small firms with fewer than 50 employees that are not subject to ACA penalties for not offering coverage. Others work for employers who do not offer coverage to part-time workers. Forty percent of this group work in industries with historically low insurance rates, such as the agriculture and service industries.
- A Kaiser Family Foundation review of research found that there is no significant negative effect of the ACA Medicaid expansion on employment rates and other measures of employment and employee behavior.
- More than one-third of those not working reported that illness or disability was the primary reason for not working. Another 28% reported that they were taking care of home or family, 18% were in school, 8% were looking for work, and another 8% were retired.
- A Medicaid work requirement could increase administrative burdens on states. States would have to track the number of hours that each beneficiary spends completing approved activities each month to determine compliance.
- Individuals with chronic and disabling conditions would likely lose Medicaid eligibility if subjected to a work requirement. Many Medicaid enrollees who are not formally within a disability category may still have chronic and
disabling conditions that preclude them from working. Work requirements would bar those who most need health care from obtaining it and force them to seek care in costly emergency departments.

According to the National Health Law Program, “work requirements applied to health coverage get it exactly backwards. They block access to medically necessary services that individuals need to be able to work. At their core, work requirements are not consistent with Medicaid’s objectives.”

### Some States Are Blocking or Rolling Back Local Minimum Wage and Paid Sick Leave Measures

As efforts to increase the minimum wage and guarantee paid sick leave have gained ground in recent years, conservative-led states have pushed back with new laws to block or roll back the momentum. A [Thinkprogress report](#) finds that:

- Twenty states have passed preemption legislation that blocks local governments from raising the minimum wage and/or requiring paid sick leave. The legislation appears to be coordinated by conservative interests through a bill model created by the American Legislative Exchange Council (ALEC).
- Nineteen states have passed laws blocking local governments from raising the minimum wage above the state level. Some laws have been in place since as early as 1999, but 11 out of the 19 laws have been enacted since 2013.
- Fifteen states have banned localities from establishing paid sick leave requirements, including 14 of the states that have also blocked higher minimum wage laws at the local level.
- At least nine other states have introduced preemptive legislation that has either failed to pass or is still pending.
- In Birmingham, Alabama, a group of workers and civil rights organizations have filed a lawsuit against the preemption bill their state passed, arguing that it violates the Constitution’s equal protection clause and is characterized by “racial animus,” given that the city is majority black.

### Child Support Caseload Associated with TANF Cases Continues to Drop

A recent [analysis of the federal child support caseload](#) by the Division of Performance and Statistical Analysis in the federal Office of Child Support Enforcement serves as a preview of the 2016 report on national child support data. Reporting on the child support caseload divides it into three categories: “current assistance” cases that are receiving cash assistance from the Temporary Assistance for Needy Families (TANF) program or IV-E foster care maintenance payments; “former assistance” cases that formerly received cash assistance from TANF or foster care maintenance payments; and “never assistance” cases that never received cash assistance from TANF or foster care maintenance payments. The analysis finds that:
• Since FY 1999, the current assistance caseload has dropped from 3.7 million to 1.4 million cases, a 62 percent drop. Since the end of the recession in 2010, the current assistance caseload has dropped from 2.2 million to 1.4 million cases, or by 36 percentage points. This represents a drop of 800,000 current assistance cases.
• The former assistance caseload has also experienced a decline since FY 1999, from 7.3 million to 6.2 million cases, a 16 percent decrease. Although it increased slightly in FY 2011 and FY 2012, following an increase in the current assistance caseload during the recession, it has declined by 9 percent since then, for a total decline of 600,000 cases.
• A Center on Budget Policy and Priorities report describes the reduction in TANF caseloads that are at the root of the declining current and former assistance child support caseload. As a condition of TANF eligibility, participants must provide identifying information on the noncustodial parent so that the state can pursue child support from the parent. Over the last 20 years, the average monthly TANF caseload has fallen by almost two-thirds, from 4.4 million in 1996 to 1.6 million in 2014. In 1996, when TANF was first implemented, 68 families received assistance for every 100 families in poverty nationally; that number had fallen to just 23 families receiving assistance for every 100 families in poverty by 2016.
• The never assistance caseload has grown from 6.2 million to 6.9 million cases since FY 1999, a 12 percent increase. After declining between FY 1999 and FY 2003, the never assistance caseload increased over 2 percent per year between FY 2003 and FY 2011, reaching nearly 7 million cases in FY 2011. Since then, the never assistance caseload has drifted downward slightly, from 7 million to 6.9 million.

The analysis provides a drop-down list of national and state caseload trends to allow for an analysis of a particular state’s caseload and of variations among the states.

State Policy and Practice News

• A class-action lawsuit in Missouri seeks to force the state to increase funding to its public defender program. The ACLU claims that “for decades, the Missouri State Public Defender has been underfunded, understaffed, and overworked. Too few attorneys are handling too many cases, fueling a system that consistently fails to give each case the minimum recommended hours for ethical representation, as defined by the American Bar Association.” In 2015, only three percent of cases met the minimum required hours of attorney time. Defendants often languish in jail for months, or plead guilty even when they have a winnable case in order to get out of jail and avoid losing their jobs, homes or time with their families. Many never meet with an attorney before their day in court. The lawsuit calls for systematic changes to the public defender program.
• **Kansas** Governor Sam Brownback has vetoed legislation passed by the majority-Republican Kansas legislature that would have extended health coverage to an estimated 150,000 state residents via KanCare, the Medicaid program in the state. Governors in other states might reconsider decisions to reject Medicaid expansion in the wake of the failed effort by President Trump to repeal the ACA. In Virginia, Democrat Terry McAuliffe has renewed his efforts to get the majority-Republican legislature in his state to accept the Medicaid expansion.

A related survey of governors from the 18 states that have not expanded Medicaid asked each governor about the state’s current and future expansion plans, given that the Affordable Care Act is still in place. The ACA covers at least 90 percent of the costs of expansion; if every remaining state would expand Medicaid it would insure an estimated 4.5 million additional individuals. Expansion in Texas alone, which is not considering it, would allow more than 1 million individuals to gain Medicaid coverage.

• A new report from the Iowa Department of Human Services shows the financial impact of the state’s transfer of the management of its $4 billion Medicaid program to three for-profit companies in April 2016. According to the report, all three companies have consistently lost tens of millions in state funding, while cutting spending on the 600,000 low-income and disabled clients in the state program. Monthly company spending per member fell by from 12 to 28 percent in the time period studied, while the companies claimed losses of between 12 to 28 percent over the same time period.

• A Florida House committee has approved a bill to increase penalties for state residents who receive TANF or Food Stamp benefits and do not meet the state’s work requirements. House Bill 23 would penalize TANF (cash assistance) and Food Stamp recipients who fail to find employment within the state’s required period by suspending the individual from both programs. The bill would require that the individual remain penalized for one month before being allowed to reapply after their first failure to meet the goal of getting a job. A second missed deadline would result in a three-month suspension, and a third would garner a six-month suspension. A fourth suspension would be for a full year. After the first sanction, the participant’s children would also be cut off from TANF and food stamp benefits. State Representative Daisy Baez said in the committee hearing on the bill that, for those individuals already on the edge and legitimately reliant on state assistance, the sudden loss of it can be a disaster.

• Two states are considering innovative proposals to address homelessness. In Hawaii, State Senator Josh Green has introduced legislation that would allow doctors to prescribe housing to homeless patients if they judged that the patient’s medical needs could be best treated by having a place to live. According to Green, a recent study by a Hawaiian insurer found that over half of the state’s $2 billion in Medicaid funding was consumed by a tiny fraction of users, many of
whom contend with homelessness, mental illness and substance addiction. Green cited research suggesting that healthcare spending on the long-term homeless population who also struggle with mental illness and addiction drops by 43 percent after they find housing and supportive services. The cost of healthcare to these individuals averages $120,000 annually, but annual housing costs average $18,000. Under Green’s proposal, doctors could prescribe housing on a case-by-case basis. In order to qualify, the patient must have been homeless for at least six months and suffer from mental illness or a substance addiction.

**California** has created a program to address homelessness among TANF recipients in its California’s Work Opportunity and Responsibility to Kids (CalWORKs) Housing Support Program (HSP). The program seeks to move families experiencing homelessness into permanent housing as quickly as possible, ideally within 30 days. The three core components of the rapid re-housing program are: housing identification, rent and move-in assistance, and rapid re-housing case management and services. Data from the program’s first implementation in 2014 to mid-2016 indicate that HSP housed over 4,000 families.

- A **North Dakota** bill, HB 1308, which would have required individuals applying for TANF benefits to undergo an addiction screening, failed to pass in the state Senate. State Senator Judy Lee opposed the bill, saying, “These are people who are in really difficult situations financially, who are really humiliated by the idea that they have to come and apply for benefits to get them through this rough patch. This is just one more insult to them.”

- **Virginia** Governor Terry McAuliffe has vetoed House Bill 2092, which would have required the state Department of Social Services to apply more scrutiny to public assistance applicants, including obtaining an entire criminal history for each applicant and investigating whether they have received undeclared winnings from the Virginia Lottery. In his veto, McAuliffe wrote that “a full criminal history is not required under federal law for public assistance programs and is a poor use of public resources.”

- The **Louisiana** Department of Children and Family Services has announced that parents with child support orders can now pay them using MoneyGram, a money transfer company located at Walmart, CVS and 780 other locations in the state. Parents will also be able to use the service at its online site or through a smartphone app. Money gram will allow parents to send electronic payments to the child support agency to transfer to custodial parents. The company will charge a $3.99 fee for each child support payment transfer. And in Dorchester County, **South Carolina**, a new online service has been made available that will allow parents to make child support payments online and over-the-counter.

**Also of Note**
The Florida Supreme Court is considering whether to approve a constitutional amendment that would be placed on the ballot in 2018 that would end the state’s permanent disenfranchisement of felons. The Voting Restoration Amendment would allow for the automatic restoration of voting rights to people who have completed their prison sentence, parole, and probation. If it were to be placed on the ballot and win the 60 percent of the vote needed for it to pass, the measure could restore the vote to approximately one million of the state’s 1.5 million people with felony records. The amendment would not apply to those convicted of murder or sexual offenses.

Florida’s harsh felony disenfranchisement laws mean that Florida is responsible for 27 percent of the 6 million disenfranchised felons nationally, and 48 percent of all people in the country who are not allowed to vote in spite of having completed their sentences. More than one in five African-Americans in Florida is denied the right to vote because he or she was convicted of a crime. If voting rights were restored to a million felons, and even if just a small percentage of them vote, the state’s electoral math could dramatically shift in 2020.

An anti-abortion group in Pennsylvania that was awarded a $30 million, 5-year contract under the state’s TANF program is refusing to allow the state auditor to review its financial records after almost $1 million of its grant money has gone missing. Real Alternatives is the umbrella organization behind a chain of crisis pregnancy centers, which are set up to bring in women who have an unintended pregnancy in order to dissuade them from choosing abortion. States are allowed to use TANF funds for such contracts under the terms of the TANF block grant. The state auditor general claims that Real Alternatives is using accounting tricks in order to keep the grant money for itself. In 2015, Cosmopolitan magazine conducted an investigation of crisis pregnancy centers, finding that Real Alternatives reimburses a subcontracting center up to a cap of $24 for a woman’s food, clothing, or furniture needs; relies on debunked studies that imply abortion leads to breast cancer and clinical depression in order to bully women out of having abortions; and offers little to no medical care, in the hopes that unsuspecting women seeking medical care may be confused over the distinction.

A special series in the Milwaukee Journal Sentinel, produced with the Marquette University Law School, called “A Time to Heal,” looks at the impact of childhood trauma on generations of families in Milwaukee’s poorest neighborhoods and traces the economic issues that result from the trauma. Milwaukee is the third-most impoverished big city in the United States. The series includes five in-depth articles on poverty and stress in Milwaukee: From Generation to Generation looks at the generational transmission of trauma and PTSD that are products of poverty; An Intractable Problem traces the link between childhood trauma and an incapacitated workforce; I’m Defying the Odds illustrates the importance of
treats trauma in community development; *The Unlikeliest Neighborhood* describes an intensive infusion of resources to strategically support one of the city’s poorest neighborhoods; and *Lessons from History* demonstrates the economic contributions that immigrant communities can make to a neighborhood.