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Testimony Before the District of Columbia Council
Committee on Health & Human Services
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Public Hearing:
B-21-075, The Grandparent Caregivers Program Relative Subsidy Transfer Amendment
Act of 2015

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Introduction

Good morning 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 Center¹ 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 in support of the Grandparent Caregivers Program Relative Subsidy Transfer Amendment Act of 2015, which makes permanent the Grandparent Caregivers Program Subsidy Transfer Temporary Amendment Act of 2014. This bill provides important support to District children being raised by their extended family members by allowing a subsidy provided to a caregiver through the District's Grandparent Caregivers Program to be transferred to another relative of the child in the event that the grandparent caregiver passes away or becomes incapacitated. The Grandparent Caregivers Program has played an important role in allowing hundreds of District children who cannot be cared for by their parents to safely remain in their communities with their extended families, preventing them from shuttling from home to home or entering foster care. This legislation ensures that the children who have been served by the Grandparent Caregivers Program will continue to remain in

stable homes even in the event that their grandparent can longer care for them. We thank the Administration for its foresight, and you, Chairman Alexander, for your attention to this issue, and urge the members of this Committee to vote for this legislation.

Background

When a child's parents are unable to safely care for him or her, the child is at high risk for entry into the child welfare system, and ultimately, foster care. While this sort of intervention may be necessary in situations in which there are serious and unavoidable risks to the child's safety, it can also be highly disruptive and traumatic for the child. Children who enter the foster care system are taken from their homes, and often, their communities, severing ties to family members, friends, and familiar community supports. They are placed in foster homes, usually with strangers, and must negotiate new relationships with people who they have never met, all while struggling to adapt to settings that bear little resemblance to the homes and communities from which they came. In our practice representing children in foster care, we see the effects of foster care on children every day, as foster youth often have difficulty in school, struggle with mental health issues, and develop significant emotional trauma as they wait for months – or even years – for their cases to be resolved. For this reason, when a child cannot be cared for by his or her parents but there are no immediate threats to his or her safety, it

is often better for him or her to move in with extended family members outside of the foster care system. A relative may have a pre-existing relationship with the child that can ease the transition from his or her parents, and may be in a position to help the child maintain connections to his or her home, family, and community.

Over the last several years, the District's Grandparent Caregivers Program has played an important role in keeping children who can safely be cared for by their extended families in their communities and out of foster care. The program has done this by providing a subsidy to a grandparent, great grandparent, great uncle, or great aunt who is caring for a child in place of that child's parents. In 2014, the Grandparent Caregivers Program served 711 children across 466 families.² In each of the last three years, enrollment in the program has remained at well over 700 children.³ Once families are enrolled in the program, subsequent removal of children and placement in foster care is rare – only three of 711 children were removed in 2014, two of 756 in 2013, and two of 754 in 2012.⁴ The program's own data suggest that once children enter the program, they tend to remain stable in the homes of their caregivers.⁵

As you know, Chairman Alexander, the trend over the last several years in the District's child welfare system has been to "narrow the front door" to foster care by providing supports to families before removal becomes necessary. While the Grandparent Caregivers Program predates many of CFSA's current prevention efforts,

it is a foundational part of CFSA's prevention strategy, helping hundreds of District children to avoid foster care system involvement.

Preserving Stability for Children in the Grandparent Caregivers Program

Precisely because the Grandparent Caregivers Program has been so successful in providing at-risk children with stability and connection to their communities, it is important that we look for ways to strengthen and reinforce it by addressing practical problems that might compromise the goals of the program. One such practical issue is ensuring that when a child is being cared for by his or her grandparent, a caregiver's death or serious health problem doesn't plunge the child into instability. A family must be in a position to make contingency plans in the event of a grandparent's passing or incapacity, or if the event is sudden, have another family member step in quickly to care for the child.

This bill addresses this need by allowing the agency to transfer a Grandparent Caregivers Program subsidy to another relative of the child in the event that a grandparent dies or suffers a physical or mental incapacity. Importantly, the bill is flexible with regard to the relationship of the alternate caregiver to the child – he or she does not need to be a grandparent, great grandparent, great aunt, or great uncle, but can instead be a relative or godparent of the child. Making these transfer provisions permanent law will ensure that the stability we provide for children in the Grandparent

Caregivers Program will endure, even when the grandparent caregiver cannot continue to serve as caregiver.

Conclusion

I would like to thank you again, Chairman Alexander, for your continued work shaping on-going changes to our child welfare system, and for your support of this bill. I urge the members of the Committee to vote for the Grandparent Caregivers Program Relative Subsidy Transfer Amendment Act of 2015, and to ensure its passage by the full Council.

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

¹ 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.

² *Grandparent Caregivers Program: Annual Status Report, CY2014*, April 30, 2015, p. 3.

<http://cfsa.dc.gov/sites/default/files/dc/sites/cfsa/publication/attachments/Grandparent%20Caregivers%20Program%20Annual%20Report%20CY%2014-15.pdf>

³ *Id.*

⁴ *Id.*

⁵ Of the 83 children who exited the program in 2014, 56 exited simply because they turned 18 and were no longer eligible, not because of a disruption of the child-caregiver relationship. The 2014 Grandparent Caregivers Program Annual Report provides a list of reasons for the remaining 27 exits, and many of these exits were likewise for reasons other than caregiver disruption. *Id.* at p. 7.