

**Testimony Before the Council of the District of Columbia
Committee on Facilities and Family Services**

Public Hearing on

B25-0464: “Grandparent and Caregiver Subsidy Eligibility Amendment Act of 2023”

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Good afternoon, Chairperson Lewis-George, Councilmember Parker and Members of the Committee on Facilities and Family Services. My name is Stephanie McClellan and I am the Deputy Director of DC KinCare Alliance. Our mission is to support the legal, financial, and related service needs of relative caregivers who step up to raise children in their extended families in times of crisis when the children’s parents are not able to care for them due to COVID-19, mental health and substance use disorders, incarceration, death, abuse and neglect, and/or deportation. Approximately 22,000 Black and brown DC children are living in kinship care arrangements, representing about 20% of all DC children of color.¹ In the five years since our founding, we have helped over 790 relative caregivers raising more than 1,000 DC children in over 1,000 legal matters. We also have successfully advocated for 7 changes to the caregiver program laws — this would be the 8th if enacted. DC KinCare Alliance is a member of the Fair Budget Coalition, and we support budget priorities and policies that alleviate poverty in the District of Columbia.

I want to thank Chairperson Lewis-George and Councilmember Parker for co-sponsoring the Grandparent and Caregiver Subsidy Eligibility Amendment Act of 2023 that would amend the Grandparent Caregiver Program (“GCP”) and Close Relative Caregiver Program (“CRCP”) by raising the income eligibility threshold to 300% of the Federal Poverty Level (FPL). I particularly want to thank Councilmember Parker for meeting with relative caregivers in his office this summer, listening to what they had to say, and honing in on a concrete way to make

¹ United States. Census Bureau 2021 American Community Survey, *available* at <https://www.census.gov/programs-surveys/acs/data.html>; this is consistent with national statistics, where “the likelihood that African-American children will experience kinship care is more than double that of the overall population, with 1 in 5 black children spending time in kinship care at some point during their childhood.” Annie E. Casey Foundation, “Stepping Up for Kids,” *available* at <https://assets.aecf.org/m/resourcedoc/AECF-SteppingUpForKids-2012.pdf>

their lives better. We note that even at 300% of FPL, a family in DC is still having a difficult time making ends meet as the FPL does not account for different cost of living standards in different jurisdictions. The FPL is calculated in the same way for someone living in rural West Virginia as it is for someone living in DC, even though the cost of living here is dramatically higher. The federal poverty line has failed to keep up with increases in median income for decades. The FPL reflects the national consumption patterns from when it was developed in the 1950s. However, our national consumption patterns, from the costs of health care, housing and child care, has increased significantly. The FPL has not yet caught up. Because of this, the Shared Humanity Project has developed an alternative to the FPL called the National Poverty Plan Standards (NPPS) which are based on 50% of local median income and adjusted for household size. The NPPS is a more accurate way to measure poverty because it takes into account certain factors such as local costs of living.²

Our relative caregivers who raise children they were not expecting to raise are heroes. Even though informal kinship caregivers are caring for many children who would otherwise enter the foster care system, they are not entitled to the foster care subsidy, which does not have any income eligibility requirements. As DC relies more heavily on relatives to raise children outside of the foster care system, it should work to ensure the safety and stability of these kinship families. DC's relative caregivers are primarily women of color who live in Wards 7 and 8. Most live at the economic margins of our society, even before they are called upon to raise a relative child. Many report a significant disability that prevents them from working. The children who come into their care arrive with nothing but the clothes on their back and relative caregivers have to scramble to buy food, clothing, shoes, toiletries, bedding and even a bed. The up-front and

² The Shared Humanity Project, "NPPS by State," The National Plan to End Poverty. <https://sharedhumanityproject.org/npps>

ongoing costs of having a child come into their homes unexpectedly are great and our kinship caregivers do not have savings or other resources available to cover these costs. Often, they wind up falling into poverty, with no money to pay for rent, food, heat, water, or electricity.

The current cap on household income penalizes caregivers who still live in poverty but make a little bit over 200% of FPL, mostly because they receive SSI for a disability or a social security check. We need to provide a foundation for caregivers to help them stabilize the children in their care. Only by doing so will this lead to meaningful change for the community as a whole. A recent study commissioned by DC Council Office of Racial Equity (CORE) and conducted by MITRE found that “the racial wealth gap between Black and White Washington, D.C. residents is significant, with the ratio of White to Black household net worth as high as 81:1.”³ This results, among other things, from a lack of access to employment, child care, income and financial resources for Black families in DC.⁴ Benefits like the GCP and CRCP can help with this disparity, although it must be combined with other robust efforts to combat historical and systemic racism.⁵

We know that there are devastating impacts for children growing up in poverty.⁶ Advancements in neuroscience have made it possible to demonstrate that poverty disrupts the developing brain architecture, which leads to significantly lower educational achievement, earnings, and overall health, as well as a disproportionately higher rate of developmental delays and learning disabilities.⁷ And, research has found that there is a “dose-response” pattern, such

³ Patterson, Jenine, et al., “The Racial Wealth Gap in Washington, D.C.,” MITRE. (December 2021). <https://sjp.mitre.org/resources/MITRE-DC-Racial-Wealth-Gap-Study.pdf>.

⁴ *Id.*

⁵ *Id.*

⁶ Toxic Stress Key Concepts,” Harvard University Center on the Developing Child. <http://developingchild.harvard.edu/science/key-concepts/toxic-stress/>.

⁷ Perry Firth, “Homelessness and Academic Achievement: The Impact of Childhood Stress on School Achievement,” Firesteel: The Network of Washington YWCAs Washington. (September 8, 2014).

that outcomes are worse the longer children are exposed to poverty.⁸ These studies posit that interventions aimed at increasing the income of families with children can alter the link between childhood poverty and deficits in cognition and academic achievement. This Bill will help reduce poverty by making the GCP and CRCP subsidies available to more relative caregivers in need so that they can better support the vulnerable children in their care.

Thank you for the opportunity to testify today. I am happy to answer any questions.

<http://firesteelwa.org/2014/09/homelessness-and-academic-achievement-the-impact-of-childhood-stress-on-school-performance/>

⁸ Hair NL, Hanson JL, Wolfe BL, Pollak SD. Association of Child Poverty, Brain Development, and Academic Achievement. *JAMA Pediatr.* 2015;169(9):822–829. doi:10.1001/jamapediatrics.2015.1475.
<https://jamanetwork.com/journals/jamapediatrics/fullarticle/2381542>.