TWO SIDES of the SAME COIN
or a
TOSS of the COIN?:

Family Planning Services and Family Cap Implementation

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WHY THIS PUBLICATION?

Under the typical family cap, welfare families are denied the traditional incremental increase provided when a child is born. Each state determines its own increment and the amount ranges from 80 cents per day in Mississippi to $3.50 per day in California. To avoid giving birth to a child who might be capped, a welfare recipient must either abstain from intercourse, practice effective contraception, or abort a fetus.

The latest research on family cap suggests that in New Jersey the policy succeeded in reducing birth rates but, at the same time, it increased abortions. Over roughly four years, it is estimated that the policy resulted in 1,400 additional abortions and averted 14,000 births.[1] While the research methodology will be the subject of debate, another statistic is indisputable: over five years, 28,000 newborns in poor families were denied an incremental grant increase in New Jersey.

Regardless of the conclusions one draws from the New Jersey findings, it is clear that family planning services take on particular significance in states with a family cap policy. Conceptually, family cap and family planning services are two sides of the same coin - inextricably linked to the issue of pregnancy. Implementation, however, could more resemble a toss of the coin - a family cap policy may be pursued without any connection to the provision of family planning services. The Acoin toss@ approach may reflect the inability of the welfare agency and the family planning agency to coordinate, a policy determination to keep each separate from the other, some combination of both, or the absence of a decision-making process that grappled with the topic.

Two Sides of the Same Coin or a Toss of the Coin? explores in detail how one state, Georgia, addressed the potential interaction of the family cap with family planning services.

Georgia was one of the first states to implement a family cap policy. Proponents of the family cap contend the policy sends an important message - the government will not support a child born while a family is receiving welfare - and that it should lead to decreased fertility. Less than half the states have implemented a family cap as part of their welfare program. The 1996 federal welfare law, Temporary Assistance for Needy Families (TANF) is silent on the subject; indeed, most states with a family cap implemented it prior to TANF. In order to do this, states needed federal approval.

In granting federal approval for a state to implement a family cap policy, the Department of Health and Human Services required states to ensure that recipients had access to family planning services. This mandate merely underscored existing federal welfare law which required that states provide family planning services Apromptly to all individuals voluntarily requesting such services, with acceptance of such services not a prerequisite to eligibility for or receipt of any other services.@[2]

TANF no longer requires -- but does allow -- each state to provide family planning services. Thus, state recognition of the potential link between family cap and family planning could result in improved contraceptive services for welfare recipients. The family cap could propel such actions as:

- increased investment in family planning services including expanded numbers of service sites and hours of operation;
- improved access through more convenient location of family planning services;
- increased investment in information programs regarding the availability of voluntary services; and
- improved referral to available services.

It is also possible that a state with a family cap will develop improved access to voluntary family planning services, independently of the presence of the family cap. Alternatively, a state might make no effort to improve its family planning services. Finally, even if a state attempts to improve family planning services in response to or independently of its family cap policy, it might adopt other fertility related rules which either help or harm families.

In undertaking **Two Sides of the Same Coin or a Toss of the Coin?** CLASP went to the wishing well and hoped to find improved contraceptive services. As readers will see from the Georgia story that follows, politics, policy, and implementation often combine to create a varied picture.

The author wishes to thank all of the Georgia agency officials at the state and local level who gave their time and their insights into the sensitive topic of family planning in a welfare context. This publication would not have been possible without the commitment to accuracy of this group as well as the engagement of advocates and others who also made an important contribution to this story.

Georgia: Key Statistics:

Monthly Cash Grant	$280 (3 person family, maximum grant, 1998)
Monthly Cash Grant + Food Stamps	$595 (3 person family, maximum, 1997)
Daily Per Person	$9.70
Grant Plus Food Stamps & Poverty	54 % of Poverty
Family Cap Increment	$45 (increment between 2 &3 person family; 1996)
Family Planning Gap	1/3 of women in need not served[3]
Children Capped	11,200 children (January 96 - May 98)[4]
Poverty Ranking	17th highest state poverty rate[5]

OVERVIEW

> AIf you=re going to have a family cap...it makes good sense to put family planning counseling in place...We should provide them with the skills they need to be responsible.@
>
> Statement of Joyce Goldberg
> Department of Human Resource, spokeswoman
> AFamily Planning Required in Fulton County@
> The Atlanta Journal/The Atlanta Constitution
> December 27, 1997

Georgia enacted a family cap in 1993. The family cap was one of the first in the nation and the debate was contentious.[6] The family cap provision hindered passage of the Governor=s welfare overhaul when a key opponent and leader in the legislature stalled action on the full welfare bill because of it. The legislator, Representative Georganna Sinkfield, secured a compromise which applied the cap only to longer-term recipients: those who had received welfare benefits for at least 24 months. Also included was a provision for family planning "instruction" and parenting skills training of certain applicants - those who had their first child within one year of first applying for benefits.

By 1995, Representative Sinkfield led the legislature to appropriate $1 million for expanded family planning services because of her concerns about the family cap mandate on welfare recipients.

In 1997, the state created a "personal responsibility plan" (PRP) for TANF participants; the PRP can require a recipient to attend family planning counseling. Failure to attend without good cause results in a sanction. Local approaches to the PRP counseling provision appear to vary widely. Some localities may rarely address it; others may sanction. The variations from county to county may, in part, reflect the availability of family planning counseling in the local area. In that same year, during consideration of the

Governor=s proposal for state implementation of TANF, the family cap was modified to apply to women who had received benefits for 10 months. The state does not view these two polices -- PRP family planning counseling and the family cap **B** as linked.[7]

Between January 1996 and May 1998 the number of children capped in Georgia was 11,200.

LEGISLATIVE HISTORY

> AI think the family cap policy contributed to investments - we got additional funding for family planning because family planning is now understood in the language of welfare reform: help families gain self sufficiency.@
>
> Carol Hadley, State Director of Women=s Health,

Georgia=s family cap law has changed over the years. The following identifies the family cap legislative developments[8] as well as highlights several other related Georgia deliberations.

' 1993: Family Cap Legislative Battle

In 1993 Georgia enacted a family cap policy; it included a provision related to family planning information. Specifically, the provision holds that instruction in family planning (and parenting skills) Ashall be provided@ for all AFDC applicants Awho have had their first child within one year of first applying for benefits@ and the training Ashall be provided by the department or by any available alternative program approved by the department and selected by the applicant.@

When Governor Zell Miller=s 1993 welfare reform proposal was introduced with a family cap, the reaction was stormy and political. He was challenged by advocates around the state, including Democratic activists like Jean Young, wife of the former Democratic Mayor. Declaring AIt=s not about the Governor; it is a fight for the children of Georgia.@[9] State Representative Georganna Sinkfield held up quick passage of Miller=s bill in her capacity as Chair of the House Children and Youth Committee. While the final bill included a family cap, it was unique in the nation since the cap applied only to those families who received welfare assistance for 24 months or more; the Governor=s proposal, instead, would have applied to infants of women who gave birth after receiving welfare for 10 months. Notes Sinkfield, AThe 24 months was a compromise forged the last night of the legislative session. I had proposed 36 months. My rationale was that legislators seemed concerned that welfare families are too large so we ought to develop a policy that focused on the group likely to have larger families. I noted that most AFDC families are the same size as other families and we should target those families who stay on the longest since they tend to have larger families.@

While Representative Sinkfield won a compromise on who was subject to the family cap, she lost an effort to

address the financial loss to such families. The family with a capped child does not receive any of the typical $45 incremental increase.[10] Sinkfield attempted to allow these families to keep more of their wages or child support so they could make up for the $45 lost. Sinkfield was baffled by her colleagues disinterest and noted, AIt made no sense to me that legislators were hollering that they wanted welfare moms to go to work but they would not allow mothers to keep more of that income when they had an additional child. Some of my colleagues are content to cringe at child abuse and family dysfunction but not capable of seeing that a policy that cuts into basic subsistence could contribute to child abuse and family dysfunction.@

- **1995: $1 Million in Additional Family Planning Secured**

In 1995, two years following enactment of the welfare overhaul and the family cap compromise, Representative Sinkfield sought and secured $1 million in new state funding for family planning. Her motivation - a perception of misplaced priorities. As she explains, AI was irked that $1 million was earmarked to evaluate the family cap provision in the welfare bill of 1993 but no money had been requested for family planning; in fact, public health clinics had been cut $5 million. In addition, we had two studies that pulled together a pretty devastating picture of family planning service waiting lists around the stateBone third of our counties had delays in appointments of over 30 days; of the roughly 160 service providers, about 60 provided family planning services one day a week.[11] The idea was that we were not living up to the terms of our waiver to make family planning accessible. So, the added money was to go to those clinics with the longest wait lists. I made it clear that I would raise hell if the money was not made available; I would shout about how $1 million was being spent to evaluate the poor and not a dime to provide access to family planning services." Sinkfield's concerns held weight as she was the chair of the subcommittee responsible for the Department of Human Resources budget. The line item was approved in the appropriations for ›95 and because of automatic annual appropriations it is also part of subsequent budgets.

- **1996: Proposed Family Planning Services Act**

In 1996, Sinkfield turned her attention to trying to improve access to family planning services by requiring that welfare recipient referrals for family planning services be accompanied by information about the days and hours the clinics were open. Sinkfield argued that her measure was necessary because without it, the state could be found out of compliance with federal rules. Specifically, the federal Department of Health and Human Services, as part of its 1993 family cap waiver approval, required that Georgia assure that family planning services Abe geographically accessible and available without delay to AFDC applicants and recipients.@ Notes Sinkfield, AIt struck me that we were out of compliance with the federal waiver requirement. The family cap meant that people were supposed to control fertility - according to DHS - but to do so, they needed to get family planning services - and often these were unavailable. Why should poor people have to go 50 miles to get contraceptives?" The bill did not move.

- **1997: Family Cap Revised**

In 1997, the state legislature changed the family cap "grace period" from 24 months to 10 months. The provision was effective on May 1, 1997 thus the first 10-month family cap was possible on March 1, 1998.

- **1998: Parental Consent for Family Planning Services Rejected**

During the 1998 legislative session, several attempts were made but failed to mandate parental consent for publically funded family planning services by unemancipated minors. Included in the list of services that county boards of health and the Department of Human Resources could not provide would have been counseling regarding contraception (unless the counseling was about abstinence), contraceptives, and abortion referral. None of the legislative efforts raised the potential relationship of this provision to the state=s family cap.

- **1998: Teen Plus Appropriated $6 Million More Through TANF**

Originally funded in 1997, Teen Plus is a Georgia teen pregnancy prevention initiative. It was developed in direct response to The Temporary Assistance to Needy Families [TANF] provisions of the 1996 federal welfare law. The 1996 federal law includes a focus on teen pregnancy, out-of-wedlock births, and male responsibility and challenges states to compete for federal bonus funds that reward states with the greatest reduction in out-of-wedlock births among the entire state population.[12]

The goal of Teen Plus is to reduce the birth rate to girls ages 15-19. Teen Plus is a youth development program. With the 1998 addition of $6 million in federal TANF funding, the state expects to expand project sites from 23 to 29 counties.

IMPLEMENTATION

‘ Family Cap and Referral for Family Planning Instruction

The federal Department of Health and Human Services approved Georgia's original family cap waiver in October, 1993. In its approval of the cap, HHS also reiterated Georgia=s legislative language that called for family planning instruction for applicants and for recipients at redetermination [no waiver approval was needed for implementation of these provisions]. The individual was to select between approved referral agencies.

State agency guidance required welfare workers to discuss with all applicants the family cap provision and explain how it worked; then there was to be an offer of a referral to the health department. According to Nell Gamble of the Division of Child and Family Services "this referral to the health department actually had been part of standard procedures for welfare workers for many, many years. What was new was that it became formalized. For the first time, the agency required that the referral be offered and that action was then coded into the system so that we had a record of how many referrals had been made."

Referrals for family planning totalled over 13,000 and the number with whom family planning was discussed was reported at nearly 74,000 as of November, 1997.[13] The Areferral@ number indicates the number of recipients who requested a referral; the Adiscussion@ number reflects that welfare workers are to discuss the availability of family planning services.[14] Gamble notes that for those given referrals "there is no informational loop back into the system on the number who actually visited the health department following the request for referral.@ The state views the referral as a service which the client may or may not chose to utilize.

Part of the reason that the state welfare agency has not kept tabs on actual participation in family planning counseling is because, as Gamble states, "It was never the intent of the referral process to punish women for not asking for a referral or for not securing family planning services. Instead, a goal of the formalized referral process has been to give welfare recipients who wanted to access family planning services a priority for services.@ Even if this philosophy were not articulated, another reason for not tracking participation would have been local resistance in some areas. The Director of Fulton County's health department, Dr. Adewale Troutman asserts, AI wouldn=t want anything to do with it; it would be a bureaucratic nightmare.@ In addition, the inability of individuals to receive immediate appointments due to the wait-times for family planning in many counties in the past also would have made tracking inappropriate.[15]

The family cap policy contributed to an information campaign ACherish the Child@ developed by the state welfare agency and the state health division. The campaign included ACherish the Child@ posters that headlined ABeing a parent is the biggest job you=ll ever have.@ It asked, ADo you need help becoming the parent you want to be? Help is available.@ It then included information on birth control, child abuse, and parenting. The campaign, although now limited in scope, continues.

‘ **Family Cap: Client Notification**

State welfare policy[16] instructs case workers to give applicants a notice about the family cap rule; the notice includes information about family planning services. Under previous procedures, a notice was also given to participants at review. The notice states:

> AThe Family Cap Rule means that you are not eligible for an increase in your check if you or anyone included in your check who has a child gets pregnant while receiving a check. You may still receive Medicaid and Food Stamp Stamps for this child..."

The notice does not identify exemptions to the cap such as a child born as the result of rape or incest. This may be an attempt to simplify information because at the same time as the applicant gets a notice about the family cap, she receives roughly 20 other forms that are part of the application.

The one page family cap notice includes references to family planning services. Headlined "What Services Are Available to Help My Family with Family Planning?" the form states "If you want family planning services, the Department of Family and Children Services can tell you where you can receive free or reduced rate services in your area." The form requires the signature of the both the applicant/recipient and the caseworker.

‘ **Family Cap: Evaluation**

> AI shudder to think and hold my breath on the issue of learning something from the imposition of the family cap; I fear that we will continue to promote family cap on the backs of children because of political agendas. My prayer is that the policy will not worsen family well-being."
>
> --Georganna Sinkfield

As part of undertaking a waiver of the now-defunct Aid to Families with Dependent Children (AFDC) program, a state was required by the federal government to evaluate the demonstration. While the state took some steps leading toward an evaluation, it did not enter into an evaluation contract because as Nell Gamble of the state welfare agency explains, "it was apparent that TANF block grant was emerging and it would not be necessary." In its 1997 welfare law, however, the Georgia legislature mandated that the welfare agency annually report on the effect of the family cap on the birth rate of TANF recipients. The first annual report was issued before substantial data on the effects of the 10 month family cap could have accrued so the annual report notes that Athe evaluation of the family cap provision will be included in the January 1,1999 report to the Governor and General Assembly.@ The 2nd annual report, however, does not examine causality or correlations between the family cap and birth rates. It only provides more numerical information.[17] As Nell Gamble notes, attaching outcomes to the family cap is tricky because many factors, not just the family cap influence birth rates and Athe birth rate number by itself does not say anything about the family cap policy=s role regarding the birth rate.@

‘ Family Cap: Some Perspectives

In Georgia, welfare and health agency officials offer a range of personal attitudes towards the family cap. The director of the Fulton County health department, the largest in the state, asserts that, "the family cap is absurd because you=re denying the existence of the child because the mother quote unquote did the wrong thing; it=s reactionary." While also rejecting the family cap, Laura Robinson, a local welfare agency program administrator cites other reasons stating, "My feeling about the family cap is that the increments for another child are just not enough to make a difference. The grant increase would be about $45 dollars. When the cash grant is cut, the food stamp allotment will increase; this makes the financial calculation even less significant.@

With a different perspective, Nell Gamble of the state's welfare agency cites an advantage of the policy. She notes a result of the formalization of the referral process between the sister welfare and health agencies was that Acommunication increased between the divisions.@

‘ Family Cap: The Number

Over 11,000 babies were capped in Georgia between January 1996 and May 1998. This number will inevitably increase over time. The shorter 10 month Agrace period@ now in effect likely could make more babies subject to the cap compared to the previous Agrace period@ of 24 months. The first time a child could have been capped under the new, shorter Agrace period@ was March 1998. FY 99 was the first time a full year of data on the new policy was captured. Interestingly, the state reports that the percent of the caseload with a family cap has decreased. This may reflect that as the caseload has declined, the demographics of the caseload has changed. If the population left in the caseload is older, it is less fertile.[18]

The public may not be aware of the extent of the impact of the family cap because as Nell Gamble of the welfare agency notes, AI'm not sure anyone outside of a small group is aware of this number."

‘ Personal Responsibility Plan: State and Local Policies

In 1997, the state established a Personal Responsibility Plan (PRP) which must be signed by each TANF client [a separate personal work plan is also typically required] and which may require attendance at family planning counseling. According to the welfare agency, Athere was no intent by the state to make a connection between family planning counseling as a personal responsibility requirement and the family cap policy...@.[19] The Personal Responsibility Plan was developed as part of the state=s TANF plan which was submitted to HHS.[20]

The Personal Responsibility Plan is a one page form which states,

> AYou and your family have responsibilities to fulfill as applicants for or recipients of cash assistance benefits. These responsibilities must be fulfilled for the period of time for which you receive cash assistance. The following checked items are personal responsibilities with which you and your family must comply.@

Among the ten items that might be checked is "Attend family planning counseling." The form concludes with co-signature by client and worker and the statement,

> AI have helped to develop this Personal Responsibility Plan. My worker and I must discuss any changes to this plan before they are made. If I do not meet the requirements in my Personal Responsibility Plan, any cash assistance may be reduced or terminated. I understand that I will have a chance to explain why I failed to follow through.@ [21]

The case worker is not expected to check off all ten items on the form. State policy establishes that each PRP is to be individualized and "after evaluating the family's circumstances, the worker" is only to select the appropriate items from the list[22]; no additional guidance informs caseworkers how to evaluate family circumstances. With respect to family planning counseling, Nell Gamble of the welfare agency indicates that "the state does not expect that the PRP check-off should involve the welfare caseworker in any kind of sexual history or screening." It is not clear how, without some inquiry into reproductive health background, local caseworkers are to determine the appropriateness of the PRP counseling requirement or identify those who have no need for such counseling (e.g. an applicant who is sterilized/an applicant who is a midwife with knowledge of contraceptive options). One Atlanta local caseworker, Ida Swan, tells all her clients that the PRP requires them to go to the family planning counseling session and that failure to do so results in penalties. As she notes,

> AI explain it helps them talk with their children. I don=t reference the family cap; I assume the customer can make the connection. I also say that you may be an effective contraceptor, but think about your kids - and if you don=t want to go you don=t have to, but then there=s no check. I=ll make exceptions though if a woman tells me she is sterilized and her son keeps a box full of condoms. She needs to offer the information, I don=t probe.@

Swan also explains that Amost of my customers are aware of the PRP counseling referral requirement and most are aware of family planning practices as well.@

The PRP can extend to the full family.[23] A PRP is required of every grantee-relative and every parent. [24] For example, a grandmother receiving cash aid for herself and two grandchildren is required to sign and fulfill the terms of a PRP, potentially including a family planning counseling session. In addition, state policy requires that a PRP must be completed by a minor TANF recipient who is a non-custodial parent and non-supporting ; in these cases, family planning counseling is mandatory.[25]

The state has not defined family planning counseling. Explains Gamble,

> "Counties have maximum flexibility if we don't define the term counseling; at the same time, it is not the intent of the state for family planning counseling to be defined by the county to mean the practice of a particular type of contraception. It has not come to the attention of the state that any county is doing this. It seems that counties understand the provision is about counseling, meaning information about family planning and not the delivery of family planning contraception."

The state does not require verification of receipt of family planning counseling, but as Gamble notes,

> "Counties or localities might mandate verification. The state assumes that the PRP agreements are being fulfilled. If a collaborating agency indicates a problem, the welfare agency will take action. For example, the PRP could require attendance in school sex ed classes; if a principal asks the welfare agency for help with a non-participating TANF client, the welfare agency will respond."

Failure to sign a PRP results in denial or termination of TANF; failure to comply with a PRP activity will lead to a sanction unless good cause is established. Regarding PRP-related sanctions, state guidance establishes that good cause may be established due to a situation which Atemporarily prevents@ compliance.[26] In addition to such good cause reasons as illness or lack of transportation Aif a client says they don=t want their young daughter to attend family planning counseling and explains it is because of religious objections, then there is good cause@ notes Gamble. Currently, 47 cases have been given a Afirst strike@ due to failure to comply with a PRP provision (not just the family planning PRP provision).[27]

In Georgia, a family with two sanctions becomes ineligible for TANF for a lifetime. This "two strikes" policy means that the failure of any one in the family to meet the terms of their local office's family planning counseling requirement could bring enormous hardship on the entire family. The state's conciliation procedures requires that the local worker initiate the conciliation procedure. Furthermore, written state policy requires that before a "second strike" is imposed, a state team reviews the case. According to Nell Gamble of the welfare agency, the state team has approved about 30 such sanction cases (regarding sanctions for all reasons) to date.

At least one local welfare office has taken an aggressive approach to the PRP and the integration of family planning counseling with the delivery of welfare assistance. The Northwest Area Office, one of Fulton County's welfare offices, requires all of its adult clients (with a few exceptions) to attend a family counseling session and requires pre-teens (ages 10-13) and teens (ages14-19) to attend a teen pregnancy prevention class.

Madeleine Hill, the health department educator who provides the PRP mandated session always begins her adult sessions by stating, "People ask >Why do I have to be here?= I=ll tell you: everybody must be self sufficient." Her counseling session begins with the group undertaking a mock breast exam that includes

finding lumps in a plastic model. Then 45 minutes of detailed information on different contraceptive methods follow.
The session is entirely factual; often, some of the participants come with a high level of knowledge regarding the different contraceptive options. The session thoroughly reviews the advantages and disadvantages of each type of contraceptive device. This "how-to" counseling gives no time to motivation or techniques to transfer the information to a child. Furthermore, as Hill notes, "I don=t mention the family cap because it is not my role. I am an educator with the Fulton County Health Department. @

The local office believes that the family planning counseling and its special teen programs will prove pivotal in reducing welfare utilization. According to Program Administrator Laura Robinson,"While we don=t have a mechanism for evaluating the counseling requirement it=s self-evident that family planning is a key to successful employment. Family planning information comes first. With time limits, it is particularly important that women have the information they need for themselves and for their children to have children when it makes sense."

Robinson notes, "We are the only office within the county verifying attendance at family planning counseling." The welfare office schedules a first appointment; welfare staff take attendance at the health department counseling session (held in a conference room at the welfare office). If a scheduled person fails to attend, an immediate appointment is made for the next scheduled class. Two attempts at conciliation follow if the second counseling session is missed. Non-cooperation can lead to a sanction at this point.

Robinson is optimistic that "we won't need to sanction. We have about 3,000 clients. Maybe 180 have been "no shows" for two appointments. I think we can get to them. We decided to do verification for attendance because we have the capacity to provide this needed service. We really have something valuable to offer and our class evaluations have been mostly favorable."

Pre-Natal Care and Eligibility

Not included in the Personal Responsibility Plan checklist is a TANF eligibility requirement related to pre-natal care. State rules[28] implementing a state law[29] establish that:

> An applicant or recipient of TANF who is pregnant and fails or refuses to participate in a prenatal care program will not be eligible for TANF.

The prenatal care requirements for parenting recipients (whose newborn will be subject to the cap) include mandatory notification of caseworkers within 10 days of becoming aware of the pregnancy (caseworkers are to explain this requirement at application and at each review). Once the caseworker is advised of the pregnancy, the recipient must provide verification that an appointment has been made with a medical provider (the county must assist in locating a provider if the recipient can't locate one).

Failure to provide verification within the agency-requested time frame results in a notice that her grant will be cut by the amount of her needs. The recipient has a time-limited period to contact her worker and, if she does so, she can try to demonstrate good cause for not having met the requirement initially. If she succeeds in demonstrating good cause, then the recipient can provide verification of an appointment. A pregnant recipient whose grant is reduced remains cut until she provides verification. The policy also establishes that:

> Monthly prenatal visits will be monitored at each PRP [or work plan] review...If the pregnant woman provides verification that she has attended at least one prenatal checkup in the last 90 day period, she will continue to meet the TANF requirement.

To date, the state reports that failure to participate in prenatal care and failure to notify/verify have resulted in 10 individuals being penalized as of July 31, 1998.[30]

Some Observations

Family Cap and Family Planning Linked in Policy Debate

- The family cap policy debate included a focus on the need for family planning services to provide the wherewithal to prevent the birth of a child who would be excluded from the family=s grant;

Family Cap and Family Planning Linked in Funding

- The family cap policy debate contributed to an increase in funding for family planning services at local health clinics with the longest waiting periods for services;

Family Cap and Family Planning Sometimes Linked for Clients

- The family cap policy led the welfare agency to systematize its voluntary referral system for family planning services;
- The systematized voluntary referral for family planning services may or may not have increased utilization at clinics; at a minimum, welfare workers were required to note the availability of such services for clients;
- The family cap is linked to family planning services in the client notice about the family cap but it appears not to be linked at other intervention points;
- The state=s Personal Responsibility Plan does not mention the family cap policy but does allow the caseworker to require that the client and her family members Aattend family planning counseling@;
- No state guidance exists regarding the definition of PRP family planning counseling. Local variation regarding the content of counseling is likely. A mandated counseling session in a local Fulton County welfare office provides participants with detailed information on how to prevent pregnancy; it does not address the family cap policy;

No data exists on whether PRP family planning counseling increases family planning visits to health clinics and/or utilization of contraceptives

Family Cap and Pre-Natal Care Requirements Are Not Linked and May Be at Cross Purposes

Welfare recipients/applicants who fail to participate in mandated pre-natal care for a fetus are ineligible for TANF according to state policy. This policy is driven by state interest in the birth of healthier infants. Infants born to a mother subject to the family cap, however, are ineligible for the typical $45 in monthly TANF available for a newborn. From the perspective of infant development, the family cap policy may make moot the investment in pre-natal care targeted at welfare recipients.

CONCLUSION

Currently, there are few direct links between the family cap policy and family planning services for welfare recipients in Georgia. While the debate about the family cap contributed to increased funds for family planning and systematic voluntary referrals for family planning services, current activity around family planning counseling (through the PRP) does not necessarily make the link.

While there are few direct links between the family cap policy and family planning, the state has taken other steps to increase the links between welfare recipients and family planning. The challenge for Georgia, as well as for other states is how to ensure this link is neither coercive nor perceived as coercive.

Finally, the family cap has contributed to many infants being excluded from the family=s grant. Since proponents of the cap hoped that the cap would reduce the births to welfare recipients**,** the number excluded may suggest the policy did not achieve this goal. It is, however, impossible to assert failure of the policy, just as it is impossible to assert success. This is because absent an experimental evaluation there is little ability to know whether or not reproductive behavior reflects a response the family cap policy.

ENDNOTES

1. *A Final Report on the Impact of New Jersey=s Family Development Program: Results from a Pre-Post Analysis of the AFDC Case Heads from 1990-1996.*

2. 42U.S.C. 602(a)(15)

3. The Georgia Family Planning Health Program reports that ACurrently GFPHP serves only 68% of all women who are considered Ain need@ - those who have an income of 150% of federal poverty or less and are at risk of unintended pregnancy.@ DHR Division of Public Health, March, 1997.

4. The number of children capped was 11,193. AWelfare Reform Tracking Report- May 1998" Georgia Department of Human Resources.

5. 1998 Greenbook, Committee on Ways and Means, U.S. House of Representatives. Georgia is tied with South Dakota for the most current three year average, 1994-96.

6. There is controversy regarding the subject as well as controversy over the language used to describe the topic. While the terms Afamily cap@ and Achild exclusion@ are often used interchangeably, Georgia officials prefer the term Afamily cap@ and view Achild exclusion@ as inaccurate. This is because the child is not Aexcluded@ from a family=s grant and is considered eligible for TANF. Furthermore, in Georgia, the birth of a capped child can increase the family=s grant. For example, if a family had one child but was receiving less than the family maximum, the birth of a subsequent Acapped@ might, in certain circumstances, cause the grant to increase to the maximum for a family with one child. This family, however, could not receive the incremental grant increase traditionally available for a second child.

7. AThere was no intent by the state to make a connection between family planning counseling as a personal responsibility requirement and the family cap policy; the family cap policy is connected to the opportunity to receive a referral to family planning <u>if the client desires it.</u>@(emphasis in the original). August 27 DHR letter to CLASP

8. In Georgia, legislative history is not routinely documented. This account is drawn from available materials and numerous conversations with involved individuals.

9. Atlanta Journal 3/17/93

10. While the traditional incremental increase is not available to the family, families that are not receiving the maximum grant amount of the family size prior to the birth of the child may receive a grant increase up to that amount. E.g. suppose the maximum grant for a family with one child is $100 and with two children it is $133. If a family with one child receives $75 instead of the maximum grant of $100, under certain

circumstances the birth of a capped child means the family may be able to increase its grant up to $100; however, it can not receive any of the $33 incremental increase traditionally available for a 2nd child.

11. Family Planning Clinic Survey Results, EMSTAR Research Inc, (American Civil Liberties Union Foundation of Georgia, Inc January, 1996)

12. The ABonus to Reward a Decrease in Illegitimacy@ makes $100 million available each year for up to 5 states that demonstrate that they have decreases rates of both Aillegitimacy@ as well as abortion in their state. The rates apply to the entire state=s population, mot only TANF recipients and not only teens. Bonuses are to be awarded in fiscal years 1999-2002.

13. The number reflects the active cases, not the closed cases, who have been given a referral and/or who had a family planning discussion. Welfare Reform in Georgia, Annual Report 1997. AFamily Planning Referrals, November, 1997"

14. p. 13, DHR Form 377 Rev. 10-95

15. "Waiting Period for Family Planning Appointment/Public Health by District/3/24/98"

16. Economic Support Services County Letter 97-16 Revised 7-21-97

17. Welfare Reform in Georgia, Annual Report 1997 and 1998

18. Another reason that the number may increase is that the welfare agency has issued a policy clarification regarding *who* is subject to the family cap. This clarification explains that the cap applies not only to the infant of a mother who is part of the welfare assistance unit but also to the infant of a mother who is *not* part of the assistance unit. Thus, it applies to a mother not in the assistance unit because she is an SSI recipient; she does not meet an eligibility requirement "such as citizenship"; she is ineligible "because of a penalty to meet an eligibility requirement"; or she has been disqualified for fraud or other intentional violations. While the policy precedes the clarification, as more case workers begin to implement it, particularly in the context of the shorter grace period, the number capped may increase . Economic Support Services County Letter 97-16 Revised 7-21-97/p.44

19. August 27 DHR letter CLASP

20. The state TANF plan was submitted to HHS in November, 1996.

21. This sentence is the only notice given to TANF recipients regarding the Agood cause@ exception.

22. @Under no circumstances should the worker check any requirement which the AU does not have, nor should s/he check any requirement with which the AU cannot comply because of inaccessibility or lack of

support services. Transportation and child care may be provided when needed to facilitate fulfillment of personal responsibilities. Economic Support Services County Letter 97-16 Revised 7-21-97/p18

23. The PRP Form, signed by a single client, notes that Ayou and your family have responsibilities to fulfill...@ and that Ayou and your family must comply [with the tiems checked off on the list].

24. This applies "regardless of whether or not they are included in the cash assistance with children." DFACS Economic Support Services County Letter 97-16 Revised 7-21-97/p17

25. Guidance explains that AThe worker responsible for any cash assistance case which includes children age 13 and older is responsible for determining if there are any children of those children receiving in another case and, if so, whether or not the non-custodial minor parent is supporting that child..[such parent] must comply at a minimum with the requirements to attend family planning counseling, and participate in parenting skills and financial management classes, in addition to any other requirements which are appropriate. Economic Supports Services County Letter 97-16. Revised 7-21-97/p.18

26. Economic Support Services County Letter 97-16 Revised 7-21-97/p.25

27. DHR 8/28/98 Communication with CLASP

28. Economic Support Services County Letter 97-16, Revised 7-21-97

29. SB 104

30. DHR 8/28/989 Communication with CLASP