

Written Testimony of

Patrick J. Raglow

Executive Director, Catholic Charities of the Archdiocese of Oklahoma City, Inc.



to the House Committee on Agriculture

The Honorable K. Michael Conaway, Chairman

*Delivered Wednesday, June 10, 2015*

Chairman Conaway, Ranking Member Peterson and members of the House Committee on Agriculture,

I am Patrick Raglow, Executive Director of Catholic Charities of the Archdiocese of Oklahoma City, a 501(c)(3) human services organization rooted in our Roman Catholic faith. Our mission is to give help and hope to all through the Catholic Tradition of Service.

In 2014, my agency served more than 16,000 Oklahomans across 46 counties of Central and Western Oklahoma through 16 different social service programs. Last year, 76 percent of those served earned less than \$15,000 per year. I'll say this again: more than 12,000 of those we served last year earned less than \$15,000 per year. That's a heartbreaking number which I wish did not exist, but since it does, I am glad that Catholic Charities is with them in their need. On behalf of those we are privileged to serve and Archbishop Paul S. Coakley of the Roman Catholic Archdiocese of Oklahoma City, I want to thank you for granting me this opportunity to visit with you today.

You are here to review the effectiveness and impact of the Supplemental Nutrition Assistance Program (SNAP). I applaud your effort to gain clarity on its purpose, impact and effectiveness, and your willingness to challenge assumptions behind the program to improve its contribution to the health of our people and our communities. Any program of this size ought to be reviewed, have its assumptions challenged, to understand whether its impact aligns with its intent, whether its costs are in line with its gains, and whether its consequences, intended and unintended, accrue to the common and individual good. I am not here as an expert on SNAP policy or implementation, but having seen the testimony of the four previous hearings, I am confident and pleased you have heard from such experts, and I won't try rephrase their points. I would just say to start that as we examine ways to improve this program, if we are to err, we should err on the side of the poor.

With that in mind, I would like to begin with my recommendations for principles to guide your work, include examples which indicate how these principles are already working, and close with some thoughts on how to strengthen the partnership between government and the non-profit sector to enable us to more effectively and comprehensively address the needs of those in poverty. I recommend *less programmatic mandates from above, greater reliance on local innovation and incentives* to use whatever resources are available to foster relationships, *connecting these individuals and communities* to contribute to the well-being of the other.

### ***Principles of Case Management***

I believe that one of the ways the SNAP can most firmly help as an assist to self-sufficiency is by linking SNAP when appropriate to the concept of comprehensive case management. Case management as employed by Catholic Charities and similar agencies seeks to engage those it serves *in a relationship* to best address the conditions which brought the client to us, and not merely transfer resources to cover immediate needs. We accompany people on their

journey to self-sufficiency, drawing from the client's own resources and talents, aspirations and objectives. When Catholic Charities and a client partner through case management, we engage also the gifts of their humanity, seeking to serve in ways that elevate client ownership of their situation and its path forward. Case management is not about adding to their circle of friends, nor is it about proselytizing. Catholic Charities agencies serve others not because they are Catholic but because we are; clients need not attend services to receive services. Catholic Charities agencies recognize the dignity of all clients.

I have seen the powerful impact case management can have on improving the lives of those we serve in hopes that this may inform your conversations about the broader social safety net system in which SNAP plays a role. I have learned that in every case, **informational poverty** is a contributor to **economic poverty**. Case management identifies barriers, provides tools and skills, and connects the client with available resources that they often aren't aware of. By incorporating case management support into safety-net programs such as SNAP, we could ensure that clients are not just receiving the assistance they need for a day, but the information they need to build a pathway out of poverty.

I've been in an agency with 270 employees and a 20-million dollar budget, and my current role with 75 employees and a five-million dollar budget, and through these experiences, intensive case management shines through as a powerful method of improving outcomes for those in need in a variety of communities, programs, and situations. This is born out across the more than 160 agencies in the Catholic Charities USA network, each working in their own community with their own individualized approach, but which provide evidence that intensive case management works!

Case management is a key component of many of our programs in Oklahoma City, including:

- Long-term recovery assistance after natural disasters (which are unfortunately common in Oklahoma.)
- Our Family Help, Organize, Prioritize, Empower (H.O.P.E.) program,
- Our Sanctuary Women's Development Centers and Crisis Pregnancy Services,
- Transitional Housing programs and support to sponsored family housing,
- "Housing First" programs aimed at addressing the chronically homeless,
- Welfare-to-Work programs,
- Migration and Refugee Programs, and more.

The particulars and depth of case management vary in each of these programs, and indeed, by each client. But when clients accept the partnership of case management, lives change for the better.

## *Case Management Helps Change Lives*

As just one example, Oklahoma had more than 4,000 households that suffered significant to total destruction in the aftermath of the series of tornadoes and storms that ravaged central Oklahoma in May 2013. Many of those affected were hardworking, competent, independent individuals who were dealt a severe blow. These folks aren't usually the ones asking for help, they're giving it. However, most people even in Oklahoma don't experience firsthand a disaster of this magnitude, and therefore have never acquired the knowledge of how to successfully navigate the myriad government and non-profit resources available to help them rebuild. It's an intimidating, frustrating, and lengthy process: FEMA certifications, Small-Business Administration loan eligibility, Red Cross Shelters, debris removal options, working with insurance adjustors, understanding city clean-up requirements and complying with newly implemented building codes. As if that wasn't difficult enough, regardless of their competence, each of them was trauma-affected – their thinking was affected to a greater or lesser degree just from their experience.

Navigating the path to full recovery is hard, but case managers (not the same as traditional case workers) can help each of them successfully find their way. Of the 4,000 households mentioned above, more than 3,500 have transitioned to their post-recovery new normal, availing themselves of coordinated case management made available through the Oklahoma Disaster Recovery Project, a collaboration of the local American Red Cross, Salvation Army, United Methodist Church of Oklahoma, Church of the Harvest, Society of St. Vincent de Paul, and Catholic Charities. Case managers facilitated survivor access to federal, state and local resources for which they were eligible, as well as non-government resources whether from corporations, foundations or individual. These resources could be manpower, material, or money. Each client was assisted based on individual circumstances, so the resources accessed differed accordingly. We will continue to work with the remaining survivors until all who seek assistance have recovered.

Another example comes from shortly after the Great Recession, when I was associated with a food pantry program that served 125 clients a day, Monday through Friday, in a very hard-hit community. It was a fabulous program in many respects: clients were treated well and with dignity, they could select their preferred protein, vegetable, grain, dairy, and even donated desserts, all from a clean, store-like environment. They were allowed to select food their family would actually eat, not simply accept whatever happened to be in the bag that week. It was, in many respects, an excellent and well-run program that ensured those at risk of going hungry could reliably access food. Yet I noticed that two and a half years later, too many of our clients were still returning monthly to participate in accessing our food pantry. We had done some things incredibly well, but we at Catholic Charities had, in retrospect, failed to address the conditions that had brought that family to us, and help them to succeed such that our food pantry supplies were no longer needed.

At the other end, I witnessed the success of that particular agency's welfare-to-work program, which coupled the resources available through multiple sources with intensive case management. Staff empowered clients through efforts including budgeting, skill and resource development, child care, and housing support, all time-limited and structured so as to have the client increasingly responsible for their own needs, and ultimately transitioning to self-sufficiency. The program boasted an 86% success rate – incredible.

On another front, Migration and Refugee Service programs run through the Department of Health and Human Services are also incredibly effective, through very intensive case management. Refugees come to American cities and towns from deplorable conditions and persecution abroad. Through case managed services including housing, language training, cultural awareness, job skill development, and more, the majority of these individuals are successfully transitioned to a new environment in a new country, not using their native tongue and are achieving a very high rate of success self-sufficiency within a year. It is amazing to witness.

But let me also emphasize that not all assistance programs should have a case management component. If you want to reach all persons, you have to lower barriers to entry. You have to meet people where they are, and they may not be willing, or ready, or able to undertake such a journey. For instance, at our Sanctuary Women's Development Center, which serves women and women with children facing homelessness, we offer a safe space, access to showers, laundry, food, fellowship and more. Most of our women have a wary eye on our operation, but after visiting the first time, they are known by name. Each subsequent visit they are greeted by name and with a smile. At our Day Center, we offer case management. Each woman is made aware of our services, but it is only after having built trust and confidence that we care, that they'll be safe, that we can be trusted, will they enter into case management. In this setup, food assistance, laundry and shower facilities, and bus passes are the bridges to the relationship I mentioned above. Of approximately 600 women and women with children that visit us monthly, some 150-200 are in case management at any given time. From these, using our own resources and those of the community around us, including those resources made available through government programs such as VA-supported Housing or Section 8 vouchers or job training, we assist on average 9 women a month into permanent housing, which we don't count successful until they remain in that housing for 6 months or longer.

As you can tell, I believe strongly in the power of case management to help those in need create a solid path to a better life. At the same time, while assistance programs should have a connection to case management, a case management requirement should not by itself be a barrier to services. As a faith-based organization largely reliant on our faith community with very limited government resources, we are going to be present to our brothers and sisters whether they are in case management or not. But the opportunity for case management is potentially life changing, and once a client is ready, so is Catholic Charities, and great things happen.

### *Strengthening Our Ability to Respond to Those in Need*

I hope I have shown the positive, power of intensive case management, and also, the critical role the federal government plays and must play in meeting needs of those on the margins of our society. **While dollars are not the only solution, they are nonetheless necessary for that solution.** Individuals rarely have a relationship with the federal government – but they do have relationships with their neighbors, with church families, school groups and organizations, and the like. Local agencies do create and sustain working relationships with those they serve; leveraging government resources to accomplish what resources alone cannot and could not ever build. I submit that pairing the resources with relationship is essential to improving lives, and therefore to meeting the intent of the allocation in the first place.

Case management works because it is not merely a transfer of resources, nor the application of a formula, but a working relationship. Case management seeks to use all available resources as a means to address immediate unmet needs, while also using those resources as a bridge to relationship, for it is in relationship that we connect the individual to society and society to the individual. Relationship through case management helps non-profit agencies stretch scarce federal dollars and other resources by connecting explicitly with the client, drawing on his or her insight and talent, and challenging the client to employ his or her own gifts on a path to self-sufficiency with dignity. It connects individuals with agencies, programs, examples and tools to first chart and then follow a path to self-sufficiency.

Case Management is also about effective decision making. Our faith teaches not only about the rights accorded persons due to their dignity, but also about their responsibility to put the talent they have been given to good use. Effective case managers help clients make better decisions based on better information. Precisely because we believe the clients can and should make their own decisions, we also respect them enough to work through the outcome of those decisions. This does not mean there won't be setbacks, but it does mean continued progress toward goals is expected. In this way, case management assures good stewardship for resources because of the relationship component. Dissociated assistance is much more likely to be abused; where there is no relationship to the resources, there is little harm perceived for their misuse. Case management increases accountability and responsibility by all parties.

Properly executed, case management prevents duplication of service and coordinates effective service approaches from multiple agencies to strengthen each client's progress toward self-sufficiency. At its best, case management is client-centered, client-empowering, and ultimately, client-releasing. Catholic Charities agencies do this in full collaboration with other community providers such as the Salvation Army, Regional Food Bank, City Rescue Mission, and many others. There is plenty of need present in our communities; service providers need not

compete with one another, and grants and resources should seek to foster collaboration rather than competition for funds.

By incorporating case management support into SNAP and other safety-net programs, we can ensure that these programs are enabling a journey out of poverty rather than merely sustaining people living in material need. Of course, many users of SNAP may not necessarily need case management. Many of these, as has been noted by other witnesses before this committee, are the working poor. They are often two-income households, working right and playing right, but simply earning too little to make ends meet. Additionally, children, seniors, and the disabled often rely on the assistance their families receive from SNAP. Obviously, food insecurity is a problem that we have a moral obligation to address – no one wants families in need to go hungry. SNAP helps them access healthy and affordable food through programs, and it's impossible to build a pathway out of poverty if you're worried about where your next meal will come from. In all cases, the work of case management and getting people out of poverty for good should be supplemented and supported by traditional safety-net programs like SNAP; they should not be pitted against each other.

I appreciate the work of members on both sides of the aisle for working together to gain an improved common understanding of the program, showing respect for differing viewpoints and leading to future decisions made on merit, balancing competing interests for the common good. Thank you for demonstrating through this process that we can be civil, productive, and faithful to our principles and constituents while undertaking a deep look at a multi-faceted program that touches the lives of more than 40 million Americans.

Respectfully,

Patrick J. Raglow

Executive Director

Catholic Charities of Oklahoma City