

Minutes

Child Support Schedule Workgroup

Subcommittee: Self-Support Reserve

Friday, June 9th, 3:15pm – 5:00pm

Teams Webinar | [Miro Board](#)

Attendance

Members Appearing:

Terry Price	Joy Moore	Kaha Arte
Ray Allen	Amy Roark	<i>Facilitator: Rachelle Jennings</i>
Tami Chavez		<i>Notetaker: Lucas Camacho</i>

Public Attendees: None

Agenda Details

1. Welcome

2. Focus Area 1: SSR Calculation

a. Review Feedback

- i. The group's response to this proposal was generally positive. It will be important to make sure that the report provides specific and detailed rationale for why the Self Support Reserve should be raised from 125% to 180%.
 1. The report may benefit from mentioning that this proposal would result in a presumptive minimum \$50 per month per child order for NCPs earning (or imputed at) part-time minimum wage.
 2. The report should emphasize that this recommendation does not originate from just one data point, but rather from multiple sources. This should include the [ALICE](#), 80% of full time minimum wage, and self-sufficiency standard figures that produced similar SSR thresholds.

3. Focus Area 2: Worksheet Deductions

a. Review Feedback

- i. Presentation on example worksheets demonstrating how removing maintenance paid could affect an order:
 1. NCP earning \$8333 per month in gross income
 2. CP earning \$2250 per month in gross income.
 3. NCP pays \$1250 per month in spousal support
 4. Including spousal maintenance as a deduction for the NCP and income for the CP reduces the NCP's basic support obligation from \$1520 to \$1236.
 - a. Furthermore, the increased proportional share could potentially increase support by thousands of dollars over the life of the order when considering potential daycare and uninsured medical costs.
 5. The subcommittee appears to agree on keeping maintenance on the worksheets.
 6. Other states, such as California, have opted to keep the maintenance deduction as well, so there is precedent to support this.
 7. Changing the existing policy would require legislative action whereas keeping it as is would require no additional action.

b. Review Research

- c. Finalize Recommendation
 - i. This subcommittee will present the maintenance example worksheets at the next in-person meeting to support its argument.

4. Abatement for Substance Abuse Treatment

- a. Regarding the average time in treatment, it can vary significantly based on the discretion of the consulting substance abuse professional. It also depends on the person's insurance. Medicaid only covers treatment for 28 days, though extensions are possible under various circumstances.
- b. The group is concerned that, while the idea is good, the actual proposal in its current form is underdeveloped with regards to implementation.
 - i. A major barrier is that, unlike with incarceration, DCS isn't alerted when someone is placed in substance abuse treatment. HIPAA disclosure policy prevents facilities from confirming such placements if DCS were to ask them.
 - 1. The patient would need to waive confidentiality before DCS could take any such abatement action.
 - ii. Would this proposal need to be fully drafted by the time we present, or can it continue to be developed afterward?
 - 1. Any interested legislator could theoretically come back to us in fall and ask us to help them draft something.
- c. Who are we trying to help with this proposal?
 - i. This policy change could benefit anyone with court ordered mental health/substance abuse treatment who don't meet the criteria for the existing incarceration abatement rules. Relief from child support enforcement action would help prevent relapses.
- d. The legislature needs clear direction of who we are helping and who deserves abatement.
 - i. Non-incarcerated individuals who have been ordered by the courts to go to treatment
 - ii. The group discussed the possibility of instead creating policy to provide relief from credit bureau reporting for this demographic. The group did not reach consensus on this idea.
- e. Another option is to ask legislature to "cover" those NCPs' obligations while in treatment. The NCP would receive credit for that time period and the State would pay support on their behalf.
 - i. Requiring NCPs to apply for this coverage would address the confidentiality issue.
 - ii. Would the NCP have to pay that debt back later?
 - 1. Tentative yes, though it could depend on income. Details can be hashed out at our next meeting.
 - iii. Has this been done before in our state or others?
 - 1. Not in Washington. Others have piloted something similar where the State covers support if NCP doesn't pay.
- f. **A majority of the group agreed to pursue the credit idea further. No consensus was reached on the abatement concept.**

5. Final Report

- a. Rachelle has a draft of the final report, but it needs additional information regarding Focus Areas 1 (SSR Calculation) and 3 (Abatement for Substance Abuse Treatment). Should we wait until next week to review the language more thoroughly? Rachelle can send an amended copy out prior to next meeting to give members ample time to review it.
 - i. Group agrees to table this topic until next week.

6. Decisions, Tasks, and Next Steps

- a. Homework

b. Talking Points

Meeting adjourned at 4:33