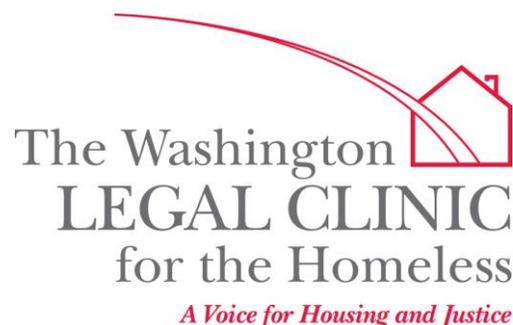


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Testimony before the DC Council Committee on Human Services Budget Hearing on April 30, 2014 Presented by Scott McNeilly

My name is Scott McNeilly and I am a staff attorney with the Washington Legal Clinic for the Homeless. I am also a member of the District's Interagency Council on Homelessness and serve as the co-chair of the ICH Executive Committee. The Legal Clinic envisions – and since 1987 has worked towards – a just and inclusive community for *all* residents of the District of Columbia, where housing is a human right and where every individual and family has equal access to the resources they need to thrive.

I wanted to briefly address a few issues relevant to individual men and women experiencing homelessness.

2014 is a significant year for our two existing homeless services strategic plans. The 2004 Homeless No More plan called for the creation of 6000 *net* new units of affordable housing by this year. Given the DCFPI study showing that since 2000 we've lost over 36,000 units, we've fallen tens of thousands of units short of that goal. The 2008 Strategic Action Plan to End Homelessness, developed by the ICH, called for the creation of 2,240 net new units of permanent supportive housing by 2014. DHS in its responses to this Committee's oversight questions indicated that for FY'14 the District's inventory of permanent supportive housing units totals only 1470 or 770 units short of the goal.

The consequences of our failure to make the necessary investments to meet these goals were revealed by the unprecedented numbers of individuals and families who had to rely on the far more expensive emergency shelter system this past winter. It will now take a massive investment to catch up to the goals of our strategic plans but for a down payment, we support the recommendations of the Way Home campaign and Fair Budget Coalition to invest an additional \$4.5 million in the permanent supportive housing and \$10 million in the Local Rent Supplement programs in FY'15.

We also support the recommendation of the Way Home campaign to invest an additional \$250,000 to take the next steps in developing our coordinated entry system. We currently have a pilot coordinated entry program that became operational just a couple of months ago. The Homeless Emergency Assistance and Rapid Transition to Housing or HEARTH Act, which among other things governs how federal homeless assistance dollars are allocated, requires that local programs receiving funds develop some type of centralized or coordinated assessment system. Our ability to compete effectively against other jurisdictions for federal dollars will depend in part on our success in developing a coordinated entry system. Beyond that, coordinate entry provides an opportunity to more efficiently move people from the streets or shelter to housing.

It's next to impossible to deliver meaningful case management or housing application assistance through the low barrier shelter system where the doors don't open until well after most offices are closed. Through coordinated entry we hope to be able to match client needs to available resources in a much shorter time frame, getting people out of shelters more quickly and reducing the amounts we have to spend on emergency shelter.

Finally, we appreciate the additional \$500,000 the Mayor included in his budget for the Interim Disability Assistance program. That money should allow the Department of Human Services to increase the caseload cap to around 1350 from the current cap of 1000. When the program was last fully funded in 2009, the caseload averaged about 2700 so the increase will still leave us far short of meeting the need. In the meantime, there are a variety of efforts underway to maximize the number of IDA recipients who receive a favorable decision on their initial SSI application. Quicker favorable decisions obviously benefit IDA recipients but they also save the District money by limiting IDA expenditures and maximizing recoveries. There is abundant data showing that significant increases in the number of favorable decisions are possible if assistance is provided in completing the application forms, gathering medical evidence and ensuring the applicants comply with Social Security appointments and requests for information. An investment of an additional \$590,000 would allow us to provide the staffing necessary to develop an application assistance program.

Thank you.