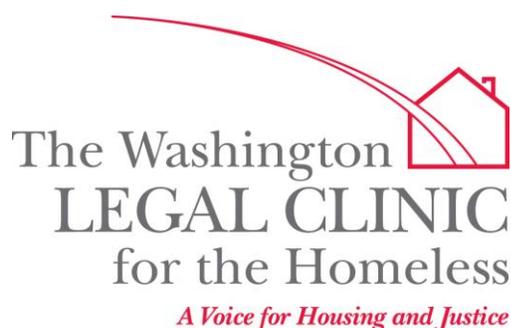


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### Testimony before the DC Council Committee on Human Services on D.C. General Resolution and 500 Families 100 Days Campaign Presented by Marta Beresin October 14, 2014

Good afternoon Councilmember Graham and members of the Human Services Committee. My name is Marta Beresin and I am an attorney with the Washington Legal Clinic for the Homeless. 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. Thank you for holding this hearing to address two important and interrelated issues – the future of DC General Family Shelter and the city’s efforts to move families from shelter to housing, using as its primary tool Rapid Rehousing Program subsidies.

#### *Semper Nobiscum*

Mary Ann Luby  
1940 - 2010

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Homeless DC families and children deserve shelter and services far superior to those that DC General offers, and we support your efforts Councilmember Graham towards that end. However, given the experience of last winter—when the city ran out of shelter units and relied on communal, nightly placements for over 150 homeless families—it seems quite clear that the system even *with* DC General is under-resourced presently to meet the need. The Metropolitan Washington Council of Governments’ “Point-in-Time Count,” a one-day snapshot of the region’s homeless population that took place on January 29, 2014, found that *family homelessness in DC increased by more than 25% since last year*, to 1231 families, including 2,236 children.

Another clear sign that the family system is presently under-resourced even *with* DC General is the fact that for the last 3-4 years the DC government has refused to place homeless families in shelter except on hypothermic days, even if they have absolutely no safe place to sleep. In September, 34 of such “Priority One” families went to the city’s shelter intake center and were turned away. These included several Legal Clinic client families whose plight we wrote to the Mayor about yesterday in a letter that I’ve attached to my testimony. Knowing full well the experiences of families at DC General, these clients tell us that DC General would be a safer and more stable place for their children than the cars, apartment building hallways, metro stations, and all night Laundromats where they presently reside.

Before the DC government closes down DC General, it must develop adequate replacement shelter capacity and housing placement rates to serve the full need year-





round. DC General should be closed *only* if the plan ensures that every Priority One family in desperate need of shelter receives it—no matter what the temperature or time of year—and that what they receive is appropriate, safe and legal.

Getting to year-round access to safe shelter or housing will require not only adequate shelter capacity but also adequate housing placement rates. From April through September, the DC Department of Human Services increased housing placement rates to 60 to 70 families per month on average. This is about one-half of the goal under the 500 Families 100 Days Campaign. While a laudable rate, the higher the housing placement rate, the closer DC gets to the goal we all share of returning to a policy of ensuring that homeless families with no safe place to stay can access shelter no matter the time of year.

While placement rates affect year-round access, year-round access also affects placement rates. The dearth of a safety net outside hypothermia season may be contributing to the hesitancy of sheltered families to accept Rapid Rehousing referrals. Being homeless without assistance and living in places like your car for months on end is incredibly traumatic. In our experience, families are understandably hesitant to accept a short-term subsidy if they fear they may end up in such a situation again with their children. Conversely, if they know there is a safety net, they are more willing to take the risk.

In addition to year-round access, without certain improvements to the Rapid Rehousing Program, the housing placement rate will not increase as necessary. Based on over 50 Rapid Rehousing cases in which the Legal Clinic and other legal services providers have been involved in the past few years, we have several recommendations to make towards that end.

First, families should be connected to case management services as soon as they are identified for the Rapid Rehousing Program rather than after they move into their housing. Connecting families early, as best practices for Rapid Rehousing Programs require, means they receive assistance with locating a unit and negotiating with landlords for more affordable rents. This in turn means they move out of shelter more quickly.

Second, the subsidy portion of the rent needs to be paid on time every month, and families must have the ability to make a claim against the subsidy provider in landlord-tenant court when this doesn't happen.

Third, families should not be required to pay more than 30% of their income as rent. This is the U.S. Housing and Urban Development's ("HUD") standard for affordability and is used by all other housing programs, including Section 8, public housing, and supportive housing programs. The high cost of childcare makes paying more than 30% of income as rent impossible for families, most of whom have at least one child who is not school age. Low-income families understand their budgets and will reject Rapid Rehousing if the rents are too high to sustain.

Finally and perhaps most importantly, families who clearly won't be able to afford the rent when the subsidy ends should be re-assessed before being terminated to determine what went wrong and whether another housing program would be more appropriate. Ensuring families do not return to homelessness after receiving a Rapid Rehousing Subsidy is key to addressing the city's family shelter capacity crisis. It's also key to achieving the goal of closing DC General without negatively impacting an already under resourced family shelter system.