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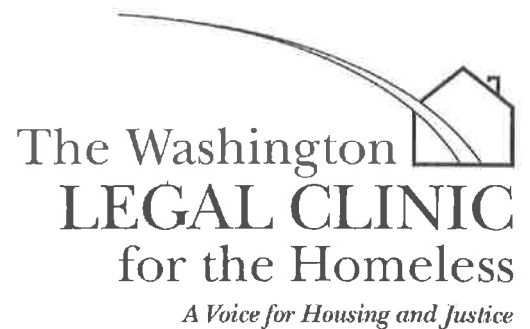
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March 23, 2015

**Via Electronic Mail**

**Kristy Greenwalt**

**Director, Interagency Council on Homelessness  
Executive Office of the Mayor  
1350 Pennsylvania Ave., NW  
Washington, DC 20004**

Re: WLCH Comments to ICH Draft Five Year Plan to End Homelessness

Dear Kristy:

Thank you for your and the entire ICH's hard work to develop such a comprehensive Draft Five Year Plan to End Homelessness (the "Plan"). The Legal Clinic is pleased and appreciates the opportunity to provide these comments. We applaud the ICH for both the process it employed to develop the Draft Five Year Plan and the substance of the Plan itself. The Plan is the result of a true community-wide strategic planning process that began many years ago but solidified over the past year, with the hiring of professional consultants and the elevation of the ICH leadership, and which included seeking feedback not only from service providers and advocates, but also from consumers.

The Plan is data-driven wherever possible and, while it does not contain specific recommendations for funding, the Program Model Unit Costs along with the timelines and estimates of resources needed for each population will allow DC decision-makers to understand what funding is needed to achieve the goals of the Plan. We also support the recognition made throughout the Plan that it will be necessary to continue to measure progress, update the model annually, and use the information to inform planning and budgeting.

We support the Guiding Principles, goals, and timeline set out in the Plan. In fact, there are too many parts of this Plan that we support and with which we are pleased to be philosophically aligned to enumerate in our comments. We are particularly excited about and supportive of following goals though, on which we have comments as follows:

- 1) Transforming DC's shelter system (both for families and singles) from an inventory of large, institutional, facilities to scattered, smaller, and 24 hour facilities that offer more privacy and more intensive services to consumers.



The timeline for DC General is ambitious yet realistic, and we look forward to the addition of specific timelines for the redevelopment of the singles system.

We support the creation of a system and protocols to ensure a more timely response to routine maintenance requests in the singles shelter system, but it should be noted that this is needed as well within the family system, including both at DC General as well as in the motels and the apartment-style shelter and transitional programs such as Park Road and Naylor Road (JHP).

We believe that a key component to the success of the transition of the shelter system to smaller programs will be combatting NIMBYism through early outreach to and education of communities where shelters may be located. We recommend adding similar language to the Plan for shelter redevelopment as is contained around NIMBYism outreach for affordable and supportive housing (see page 43).

We believe that the target size for the replacement programs – 20-45 families per site for families (which equals 60-150 people) and 80-100 singles is too large. Our experience is that programs that are smaller than this are more successful. We recommend having programs more in the range of 20-30 families and 50-80 singles. We also believe that the smaller the facility, the less opposition there will be from neighborhoods (NIMBYism).

Many of the principles adopted last year by the CCNV Task Force and later incorporated into DC law to guide the redevelopment of the Federal City Shelter can apply more broadly to revamping the singles shelter system. We urge that these principles be incorporated into the next iteration of this Strategic Plan as appropriate.

We hope also that the next iteration of the Plan would note the importance of the replacement shelters for both singles and families meeting the disability-related needs of the population. For families, DC struggles to find sufficient wheelchair accessible and first-floor or elevator-access shelter units for people with mobility impairments, and any replacement units must meet this need, particularly since DC General (which will be closing) is currently the primary placement for families with mobility impairments. For singles, we hope that DC takes this opportunity to find at least one or two buildings that have private rooms or apartment-style units. It has been our experience that many homeless individuals need non-communal space due to health conditions, and right now there are no such spaces in the singles system. (In fact, the Department of Justice required DC to include non-communal space for singles in its comprehensive accessibility plan.)

Finally, if this Plan is successful, which we think it will be, the number of emergency shelter units needed will diminish over time. (But not until everyone who needs shelter is able to access it. We would ask that the Plan provide greater reassurance that DC General, for example, will not close until every family with no safe place to sleep can access shelter no matter the temperature outside.) For DC's resources to be used wisely, we recommend that as many new or replacement shelter units as possible resemble housing so that they can be transitioned into housing when the need for shelter decreases. Under the HSRA, family shelter units are required to be "apartment-style," which is

specifically defined to include separate bedrooms for adults and children and private eating and bathing space for each family. Only if no apartment-style units are available can “private rooms,” as that term is defined in the law, be used for family shelter. Our legal opinion is that if D.C. uses capital funds to build or renovate new units of family shelter, it must build apartment-style units, i.e., it cannot intentionally create a situation in which no “apartment-style” units are available. This requirement dovetails well with the most efficient use of DC’s resources in the long term.

- 2) Investment of more money into appropriate permanent housing interventions, including both TAH and PSH. As the Plan emphasizes, adequate investments in affordable housing generally and in targeted programs that serve homeless households such as PSH, RRH, and LRSP, are key to increasing exit rates, shortening shelter stays, and ending homelessness in DC. But efficiencies in the system can also be achieved—as the Plan notes—from reducing barriers for clients to existing supportive and affordable housing programs. For PSH, we strongly support only funding programs that meet the federal definition of permanent supportive housing and utilize a Housing First approach, as it has been proven most effective at meeting the needs and maintaining the housing stability of people who have experienced homelessness. (In fact, we support the entire system moving towards a Housing First and voluntary services model, as our experience has shown it to be the most respectful of client rights and the most effective service delivery model.)

For years, our clients have faced barriers in targeted affordable housing programs, including requirements for sobriety, employment, income, and even health (in violation of disability rights laws, e.g., programs that will not accept a client due to his or her mental health condition). We also strongly support reducing barriers in housing for people with criminal histories, and believe that the ICH should support expansion of the recently enacted Fair Criminal Records Screening Act (usually known as “Ban the Box”) to rental housing.

- 3) Improvements to the Rapid Rehousing Program (“RRH”). We also wholeheartedly support the goals on page 41 for improvements to the RRH. These improvements will ensure families can enter RRH year-round and can succeed in the program or be transitioned to a longer-term or more service-oriented program if needed.
- 4) A focus on helping consumers increase their income through job training for living wage jobs and careers and maximization of public benefits to which they are entitled. We support this goal as well. For years, WLCH clients have requested more robust employment services within the TANF program, the Rapid Rehousing Program, and at singles and family shelters.
- 5) Increasing and strengthening our homelessness prevention efforts, in particular for households transitioning out of other systems, including the criminal justice and juvenile justice system, CFSA system, and DBH system. We support this goal and believe the Plan should include a recommendation that Emergency Rental Assistance Program (“ERAP”) prevention funding as well as first month’s rent and security deposit be made

available to non-disabled, non-elderly persons without minor children. ERAP is the most cost effective homeless prevention and shelter exit tool we have, and yet it is unavailable to this population.

We'd also like the ICH to add to the Plan coordination between DCHA and DHS to avoid homelessness for families facing public housing and Section 8 terminations as well. There are effective models of cross-agency collaboration that reduce homelessness, such as requiring that the housing agency bring in the appropriate service agency or rental assistance prior to initiating the eviction or termination process. DC legal services providers have begun work on a right to housing and right to counsel initiative where any person with a housing subsidy will be guaranteed legal representation in an eviction proceeding. With some agency and legal services collaboration, DC could vastly decrease its evictions from subsidized housing.

- 6) Moving towards year-round access to shelter for families. While we were pleased to see the Plan touch on year-round access to shelter for families (page 38) and state that it is a priority, we were disappointed that the Plan both seems to minimize the problem and not take the opportunity to be as specific about the solution as it is for each of the other goals of the Plan. For example, on page 3, the Plan states that “the Department of Human Services has severely limited shelter placements for families outside of hypothermia season.” The District has not had limited access to family shelter outside of hypothermia season; it has had no access outside of hypothermia season.<sup>1</sup> For the entire Gray Administration, the District only placed families in emergency shelters when it was legally required to do so by the Homeless Services Reform Act—on days where the temperature fell below freezing. As a result, hundreds of families have spent nights not only “couch surfing, or worse, living in violent situations,” (page 38) but also staying in cars, Laundromats, parks, with strangers (where moms have traded sex for a roof over their heads, where families have looked the other way when illegal activity was occurring) *with* their children, because they had no access to shelter.

While we agree that “any change in policy [around year-round access] must be carefully defined and implemented as part of a comprehensive array of strategies designed to meet the needs of vulnerable families...”, we take issue with the assertion that the experience of other right to shelter jurisdictions is that demand will increase if we expand to year-round access. This suggests that New York City and Massachusetts moved from winter-only access to year-round access and in so doing saw a jump in demand. We don't believe that these jurisdictions ever undertook such a transition, and therefore we believe this sentence is misleading and should be removed. We really do not know what will happen if we make this transition and that should be acknowledged.

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<sup>1</sup> Likewise, on page 24, the text states “...the District already has a fairly narrow front door on the family side of its homeless services system.” This likewise appears to ignore the reality that the door is narrow in winter and *locked* the rest of the year. This sentence should read “...the District already has a fairly narrow front door during the winter on the family side of its homeless services system and a completely closed door outside of hypothermia season.”

For so many of our clients, letting families in crisis into shelter no matter the weather is *their top priority* for improvements to the District’s homeless services system, and at the ICH strategic planning session on this issue, year-round access was a top priority for the diverse group of stakeholders at the table. We want to read the same passion and urgency to resolve this problem as we do for ending chronic homelessness, and the same detailed and nuanced plan to resolve it. (See e.g., page 27, which notes that the needs of the chronically homeless has “remained unmet for years because the interventions required to support their exit from homelessness has not been funded at scale...”)<sup>2</sup>

We believe, and we think the ICH agrees, that the failure to place Priority 1 families year-round has system-wide consequences, which negatively impact the potential for Plan success. Some of these consequences include:

1. Risks of serious harm to families-- as hundreds of families found by DHS to have *no safe place to sleep* are turned away each year;
2. Consequences solely due to lack of shelter, such as investigations by Child Protective Services or citations from the police for sleeping in cars or parks;
3. Logjam of family applications and shelter placements during hypothermia season, which both overwhelms VWFRC, making it harder for them to do their job, and overwhelms the capacity of the system, making it harder for DC to meet its legal obligations;
4. More intense service and housing needs of families when they finally enter shelter because they are often in more dire need by the time they come into shelter, have fully exhausted any support network, and have been unable to seek or maintain employment. We believe these additional challenges may lengthen shelter stays;
5. Reduction in the willingness of families to exit shelter into programs that are riskier or have time limits, such as rapid rehousing, because they are afraid they will have to re-experience the trauma of being without shelter. This reluctance affects the exit rate from shelter, which contributes to the capacity problem;
6. Less willingness of hosts to accept families as guests and of families to try a doubled-up situation that they believe may only last a few nights because they may be afraid it will fall through on a non-hypothermic night.

Year-round access for families with no safe place to sleep should be a stated Year 1 Goal in Appendix 9: Highest Priority Year 1 Budget Items, and the Plan should lay out steps to achieve that goal. To this end, we recommend that the Plan make clear the following or make the following changes:

- The assumptions around the system modeling for households with children are faulty. The assumption for the “annual demand” figure was based on the number of unique families who received services (we assume shelter) in 2014, which was 1,466. This assumption ignores the number of homeless families who applied for shelter outside of

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<sup>2</sup> Allowing singles to sleep on the street is also called “inhumane” (see page 30), but there is no such assertion regarding letting children sleep on the street. Likewise, the Plan notes on page 32 that the Point in Time count does not represent an accurate picture of the size of the unaccompanied youth homeless population because so many of them “couch surf” and are not able to be counted; yet, the Plan does not recognize that the Point in Time count likewise does not count the number of unsheltered Priority 1 families on the day of the count (in emergency rooms, Laundromats, etc.), let alone those who are Priority 2 and couch surfing.

hypothermia season, were found to have no safe place to stay, and would have been placed in shelter if there had been hypothermic conditions on the day in question. The statistics need to be reviewed to add the number of such unique families (i.e., who did not come in to shelter later in 2014 on a hypothermic day).

- The District government should not close DC General until there are enough replacement units to serve families year-round. Please add this requirement to page 36, paragraph 3. This may require more than one-for-one replacement of the DC General units, but maybe not. If the exit rate increases and shelter stays shorten enough, one-for-one capacity will be sufficient. We will have to reassess the situation regularly but should not close DC General until year-round access has been achieved.
- The District government can have an interim plan before it has adequate funding or capacity to meet the entire need, and it can start taking two steps to expand access right now. (Because DHS can change its policy without expanding the legal right to shelter, there is no risk of “opening the flood gates.”)

First, DHS should place all Priority 1 families on non-hypothermic nights during the winter. It is likely that those families will be coming into shelter within a night or two anyway, and temperatures barely above freezing still carry a risk of hypothermia.

Second, in non-winter months, and beginning immediately, DHS should start placing families using a “super preference” that ensures preservation of health and safety of the most vulnerable Priority 1 families—i.e., those at most risk of harm if they remain in their current situations (e.g., families with newborn babies, families at risk of violence, families with members with serious disabilities, families literally on the streets, etc.). Because the legal right will not be in effect, Virginia Williams can take the time necessary to do more thorough prevention, diversion, and assessment of both family vulnerabilities and placement safety. The super-preference standards can be expanded as flow improves, exit rates increase, shelter stays shorten, and more capacity opens up.

#### Other miscellaneous comments:

#### Page 10 – The Cost of Homelessness:

We recommend adding a paragraph on the long-term costs of homelessness for children. Homelessness and lack of stable housing have a significant impact on the social and emotional well-being of children, and diminish opportunities for educational success due to frequent school changes as well as gaps and redundancies in education.<sup>3</sup> Among other things, child homelessness

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<sup>3</sup> Children, who accounted for 29% of the region’s total homeless population and 61% of all people in homeless families in 2014, face particular adverse effects of homelessness due to factors such as dislocation from familiar surroundings, frequent changes in school, loss of friends, overcrowded living conditions, lack of basic resources, social stigma about being homeless, and loss of personal property. Multiple school changes often result in gaps and redundancies in the child’s education, and there is evidence to show that homeless students score more poorly than housed students on tests of academic performance and have other significant learning delays. (Homelessness in Metropolitan Washington: Results and Analysis from the 2014 Point-in-Time Count of Homeless Persons in the Metropolitan Washington Region; Homeless, Not Hopeless. An Informational Guide for School Personnel: Understanding and Educating Homeless Students -<http://eric.ed.gov/?id=ED450178>)

has been linked to increased cognitive and mental health problems,<sup>4</sup> physical health challenges such as asthma,<sup>5</sup> poor educational performance,<sup>6</sup> future involvement in the child welfare system as parents,<sup>7</sup> and lower graduation rates and earning rates as adults.<sup>8</sup> Accurately quantifying these costs is challenging, but it is clear that reducing family homelessness will save District dollars in other areas.

Page 17 - Program Models:

Under “interim housing,” the Plan states that “some interim housing may provide specialized services for individuals and families seeking support in a communal environment.” We would like an example or a more fleshed out definition of the scope of this type of housing.

Page 23 – System for Households with Children:

The problem with budgeting for an entire system that contains within it an entitlement is one that DC struggles with every year. While this may not be an appropriate forum to solve that problem, it strikes us that part of the Plan should address this funding quagmire, as many other parts of the Plan depend on its resolution. We have always thought that the right to shelter should be funded like schools are—when enrollment goes up, funding goes up. No one would accept that a school would have to rebudget its activities and staffing every time a new child enrolled in that school. We should figure out how to budget for the right to shelter the way we do for schools.

Page 23—Pathways, Length of Stay, and Inventory Counts/Table 8:

We believe that the SPDAT tool, which we assume was the tool used to estimate the number of families who will need a long-term subsidy (19%) is a flawed tool for making this determination. While it may accurately determine (for the most part) which families require long-term supportive services, it doesn’t include an economic component. The lessons of high rent jurisdictions like New York City have taught us that a larger number of families than expected fall back into homelessness when we use a tool that ignores the economic reality of a jurisdiction like ours with such high housing costs and low wages.<sup>9</sup> Because of this reality, we are supportive of the recognition in footnote 19, page 23, that the estimates for families are a starting point and will be updated annually. It may be appropriate to emphasize this more by including it in the body of the section.

Page 25 – Table 10 explanation

It’s unclear whether the annual projections for family system inventory needs are based on year-

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<sup>4</sup> Marybeth Shinn et al., *Long-Term Associations of Homelessness with Children’s Well-Being*, 51 AM. BEHAV. SCIENTIST 789, (2008); Linda C. Berti et al., *Comparison of Health Status of Children Using a School-Based Health Center for Comprehensive Care*, 15 J.OF PEDIATRIC HEALTH CARE 244, (2001).

<sup>5</sup> Berti et al., *supra* note 4.

<sup>6</sup> Jelena Obradovic et al., *Academic Achievement of Homeless and Highly Mobile Children in an Urban School District*, 21 DEV. & PSYCHOPATHOLOGY 493, 512-16 (2009).

<sup>7</sup> One study found that 48.7% of the birth parents of a sample of 195 foster care youth had a history of homelessness. Cheryl Zlotnick et al., *Foster Care Children and Family Homelessness*, 88 AM. J. PUB. HEALTH 1368 (1998).

<sup>8</sup> Janette E. Herbers et al., *School Mobility and Developmental Outcomes in Young Adulthood*, 25 DEV. & PSYCHOPATHOLOGY, 501, 508-09 (2013).

<sup>9</sup> See Ralph da Costa Nunez, *Rapidly Rehousing Homeless Families: New York City—A Case Study*, Uncensored, Institute for Children, Poverty, and Homelessness, Summer 2013 (concluding that “Rapid rehousing was a failed experiment that produced unwanted incentives and unwarranted costs...In New York City, Rapid rehousing became a short-term fix for a long-term problem.”).

round access or access to shelter that continues to be limited to winter days only.

#### Page 32 – Surge, Annual Demand, and Unit Turnover

The Plan asserts that TAH is “a new program model, so we are starting 2015 with an inventory of zero.” Our understanding was that TAH includes programs like targeted LRSP vouchers. There are several hundred targeted LRSP vouchers in the system—vouchers where DHS was given the authority to choose the families who would receive them based on regulations DHS developed with community input. These vouchers will turn back over to DHS when the families income off the program or otherwise exit. They should be counted in the modeling.

#### Page 40 – In the Meantime

We support opening a day-time service center for singles, but we would not recommend it functioning like VWFRC. In fact, we recommend the opposite—that VWFRC take steps to model itself after singles coordinated entry, which in our view has operated in a far more client-centered and customer service oriented approach to the needs of the population.

#### Page 40 - Getting from Here to There

We recommend renaming Strategy 3 “Reducing barriers to affordable and supportive housing” to better describe this strategy and to distinguish it from Strategy 2. Although we understand Strategy 4 and support it, we would recommend using a word other than “irreparable” such as “more costly” since homelessness is not irreparable.

#### Page 41 – Action items

We are not sure if we support the use of a shallow subsidy because we need more details. In a traditional subsidy program, where a household pays a set percentage of their income for rent, working households will have a shallower subsidy by definition, because the higher a household’s income, the higher the percentage of rent it will absorb (although the percentage of their income they pay in rent will not change). We are wary of developing a new program with new rules at a time when we do not see good compliance with basic subsidy rules in the RRH program. Yet, we know this recommendation comes from a desire to assist more households, more effectively. We look forward to learning more about this idea, but suggest that shallow subsidies not be entered into the “action item” section of the Plan until the community has had more of an opportunity to assess the idea and develop a program.

#### Page 42 – Action item b

We completely support using coordinated entry to fill the inventory of affordable housing units. Since there is no equivalent process now for families, we would like a section added on how homeless families will be able to fill appropriate units in the inventory.

#### Page 50 – Definitions

The ICH should ensure that the Plan’s definitions align with the HSRA’s definitions. For example, the definition of “family” should state that the household has at least on adult and one “minor or dependent child”. Contrary to what this definition says, a family actually can be composed only of adults if it includes an adult and his or her dependent adult child.

Sincerely,



Patty Mullahy Fugere

Marta Beresin

Amber Harding