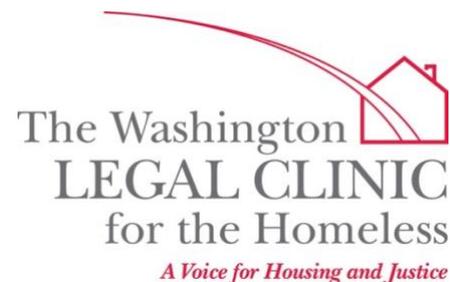


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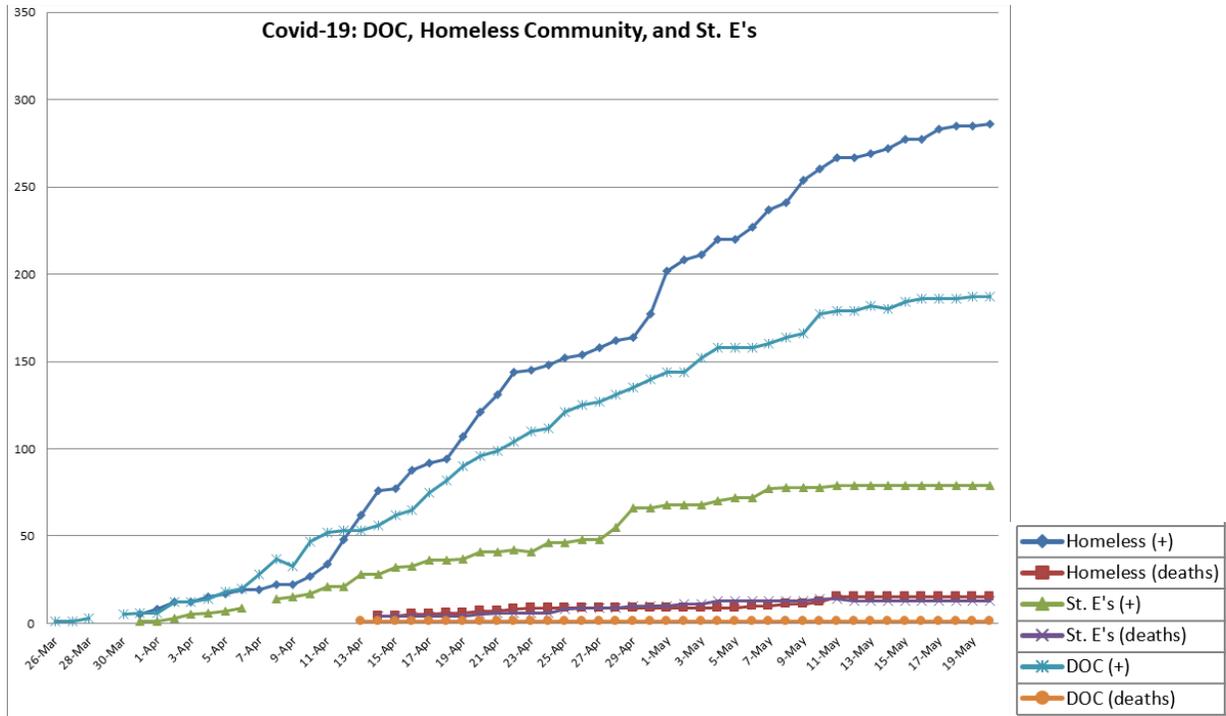
Testimony before the DC Council Committee on Human Services Budget Oversight Hearing on the Department of Human Services Presented by Amber W. Harding May 22, 2020

Good afternoon Chairperson Nadeau and members of the Committee. My name is Amber Harding and I am an attorney at the Washington Legal Clinic for the Homeless. The Legal Clinic envisions a just and inclusive community for all residents of DC, where housing is a human right and where every individual and family has equal access to the resources they need to thrive. I am on the steering committee of the Fair Budget Coalition and the Way Home Campaign and the Legal Clinic fully supports the asks of both coalitions.

The COVID-19 pandemic has amplified what we have known for a long time-- a safe, private space to live improves health and saves lives. It also, in the words of Diane Yentel, the President of the National Low Income Housing Coalition, represents the "crystallization of the harm that structural racism can do." We began this public health emergency with thousands of people, 87% of them Black, at significant risk of contracting or dying of COVID-19 precisely because they had no homes, and precisely because of the structural racism infused in homeless services policy and design choices for decades. DC has long failed to adequately invest in retaining or increasing affordable housing. People experiencing homelessness are forced to live in overcrowded, congregate-style settings-- virtual playgrounds for transmission of the coronavirus. Even when this Administration closed DC General and replaced it with new shelters, it refused to afford families private bathrooms or kitchens.

These are choices with consequences. When the pandemic hit DC, the vast majority of people experiencing homelessness had no safe way to shelter in place. People on the street, who had been saying for years that shelters were unsafe and unhealthy, were vindicated to little comfort-- they still struggle to meet their basic needs as access diminishes to bathrooms, drinking water, food, and basic income. Meanwhile, people in congregate shelters find every aspect of their lives fraught with risk. Despite efforts by the Department of Human Services (DHS) to institute new cleaning protocols, shift the way food is provided, and provide personal hygiene supplies, once the virus hit congregate shelters, the exposure and number of deaths has grown even beyond the similarly damning numbers found in other group settings. (See below.) As of yesterday, 286 people experiencing homelessness have contracted COVID-19, and 15 have passed away.





DC must do everything it can to support people in keeping their homes because eviction is, and always will be, traumatic and unjust. It also directly impacts individual and community health outcomes. At a time when more people than ever before will need help paying their rent, the Mayor has cut the Emergency Rental Assistance Program by \$1.115 million. This is a program that runs out of money every year even when the economy is strong. While DC may get some federal funding it can use for that purpose, we do not yet know how much, and it is very unlikely to meet the increased need *plus* DC's preexisting need. We support expanding eligibility and exploring moving the program to the Office of Tenant Advocate to serve a broader group of tenants.

→ **We ask the Council to restore the \$1.115 million cut from ERAP and increase the program by at least \$12 million.**

For people currently experiencing homelessness, their needs have become more acute in the public health emergency, and the cost of providing humane, safe, and sufficient homeless services will only increase in the next year. Yet the DHS budget has a cut of \$11 million from homeless services for adults and families and a cut of \$1.6 million from homeless services for youth. DHS this week could not articulate what impact it would have on services-- but you cannot make a cut that large without impacting people experiencing homelessness.

On April 24, we sent a letter to the Mayor¹ urging her to immediately shift her approach to COVID-19 in the homeless community and take the following steps:

- Immediately offer a COVID-19 test to every person who lives on the street or in a congregate setting.
- Immediately offer a placement to every person who lives on the street or in a congregate setting into a private and non-congregate setting, such as a hotel room, a private dormitory unit, or a vacant housing unit. Develop a system to screen and place people who become homeless during this time into private settings. In these non-congregate settings, provide

¹ Found at <https://www.legalclinic.org/wp-content/uploads/2020/04/Covid-19-in-Homeless-Community-Need-for-Noncongregate-Approach-4-24-20.pdf>.

food, staffing, other basic needs, and medical assistance, as appropriate. Ensure that those residents are checked on regularly.

- Retain non-congregate placements until COVID-19 is no longer a pandemic or epidemic and has been nationally contained by widespread access to a vaccine. Simultaneously work to quickly place people into safe, affordable housing to limit the number of individuals who will eventually return to congregate settings.

Since then, 650 individuals and 76 organizations have signed onto a petition supporting our asks. I have attached a copy to my testimony.²

Not much has changed for the positive since we sent our letter on April 24. 141 additional people experiencing homelessness have contracted COVID-19 and the number of deaths has almost doubled. The Mayor's Order on vulnerable populations from April 15 has still not been completely implemented, meaning testing is not as widely available as it should be. Staff who come into contact with someone who is positive for COVID-19 can be tested even if they have no symptoms, but people experiencing homelessness cannot. DHS opened a new hotel for medically vulnerable, high risk individuals, but that hotel alone will not be enough space to serve all who are high-risk. (DHS does not seem to be following CDC guidance in defining who is high-risk. For instance, until recently the age cut-off DHS for was using was 80, not 65, only recently lowered to 70. In addition, the list of medical conditions they are screening for is far more narrow than the CDC recommends.³) Two seasonal shelters closed, and the only expanded capacity is in the largest shelter in the country-- CCNV.

Meanwhile, families continue to be harmed by overly restrictive eligibility policies and procedures that, by design and practice, treat each shelter applicant with suspicion. Families are being forced to choose between complying with the stay at home order and accessing shelter-- either because they have to go out to get documents to prove eligibility or because they are still being required to couch surf until there is not a couch left on which to surf-- meaning contact with multiple different households prior to entering shelter. These practices put applicant families, families in the shelter, and others in the community at risk of further spread of the virus. We had been assured that Interim Eligibility would be generously applied during the public health emergency, but that mandate, if in fact given, has not been uniformly implemented.

If history is prologue, the government will be tempted to respond to a recession by restricting access to lifesaving services like emergency shelter.⁴ We cannot let that happen. That temptation will be harder to resist, though, if the homeless services budget does not have enough funding to meet the need.

→ **We ask the Council to restore the \$12.6 million cut from homeless services and to fully fund a requirement that DHS offer each person a noncongregate placement until a vaccine is widely available.**⁵

→ **We also urge the Council to require that DHS accept self-certification of eligibility factors for families applying for shelter, the same way it accepts self-certification in other public benefits programs it operates.**

² Our blog is updated regularly with new organizations that have signed on: <https://www.legalclinic.org/moving-from-congregate-shelters-to-private-rooms-needs-to-happen-now-to-save-lives/>.

³ <https://www.cdc.gov/coronavirus/2019-ncov/need-extra-precautions/people-at-higher-risk.html>

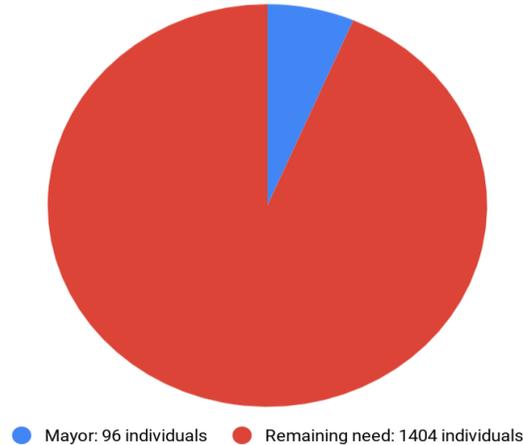
⁴ Even in good economic times, this Administration has responded to increased need by narrowing eligibility to shelter, particularly for families, and defining people out of assistance. In the middle of this public health emergency, DHS reissued its extremely restrictive and problematic emergency regulations on the Homeless Services Reform Act, with only a few minor changes. Our opposition to those regulations stands, and our comments can be found here: <https://www.legalclinic.org/wp-content/uploads/2019/10/Comments-on-Homeless-Services-Reform-Act-Regulations.pdf>

⁵ Our asks are consistent with the ReOpen DC recommendations for homeless services, found on page 49: <https://cdn.flipsnack.com/widget/v2/flipsnackwidget.html?hash=funqraelc&t=&fullscreen=1>

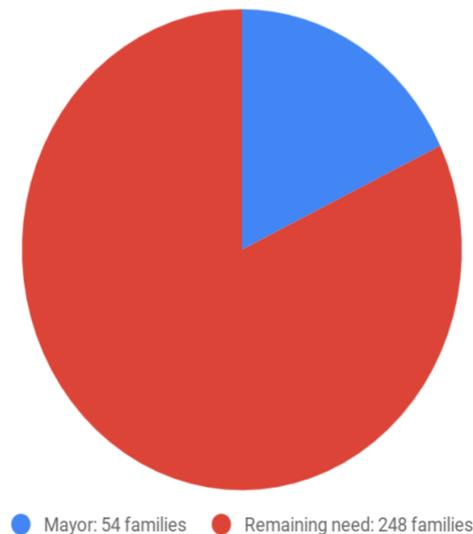
DC will run up against a real crunch in shelter capacity if it does not have enough housing assistance to exit people from shelters, or the noncongregate settings we hope to see them moved into. While the Mayor has increased permanent supportive housing investments to serve an additional 96 individuals and 54 families, that is not even enough housing to serve the people that DHS has already determined are medically vulnerable and at high risk of dying of COVID-19.

→ **We are asking for additional PSH for 1404 individuals and 248 families.**

PSH for Individuals



PSH for Families



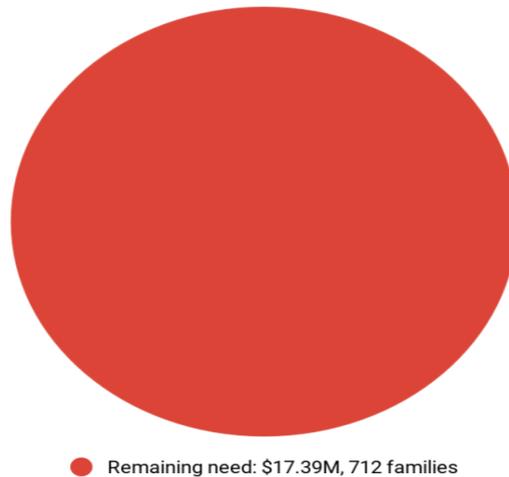
If any time has proven the need for stable permanent housing based on income, it is this public health emergency. The Mayor, however, flat-funded Local Rent Supplement tenant vouchers and Targeted Affordable Housing for families, both incredibly successful housing programs that end homelessness permanently. Instead, her Administration increased its time-limited, unsuccessful housing program for families, Rapid Re-Housing, by \$12 million in supplemental budget for FY20 and \$11.7 million in FY21. (This program grows significantly both in dollars and in the number of families every year even when the Council does not increase appropriations.) Rapid Re-Housing has always been premised on magical thinking-- that families could go from homelessness to earning enough money to pay market rent in one year. DHS' own data has disproved that myth-- very few increase their income at all, much less enough to afford market rent. Now, when job loss is through the roof, worse than at any other time since the Great Depression, expanding a time-limited housing

program by 648 families⁶ while increasing permanent housing assistance by only 54 families is more than short-sighted-- it is harmful.

While DHS will tell you that Rapid Re-Housing is less expensive than shelter or PSH-- and it is-- it is *more expensive* than permanent housing vouchers, like Targeted Affordable Housing. The majority of homeless families do not need intensive services, and they certainly do not need services that fail to help them increase their incomes. It is a waste of money to expand Rapid Re-Housing. (We support retaining the FY20 increase in Rapid Re-Housing if it is necessary to retain current families in the program and is coupled with an enforceable commitment to maintain the moratorium on exits throughout the fiscal year.)

→ We ask that the \$11.7 million increase in Rapid Re-Housing in FY21 be diverted to Targeted Affordable Housing (or a set aside of LRSP vouchers). We must also add \$5.69 million for a total of \$17.39 million in order to fund 712 vouchers for families.

TAH for Families



In conclusion, here are our recommendations for the DHS FY21 budget:

- Restore the \$1.115 million cut from ERAP,
- Increase ERAP by at least \$12 million,
- Restore the \$12.6 million cut from homeless services,
- Require DHS to offer noncongregate placements to every person experiencing homelessness and ensure there are sufficient local funds to retain those placements until a vaccine is widely available,
- Require that DHS accept self-certification of eligibility factors for families applying for shelter,
- Increase PSH to serve an additional 1404 individuals and 248 families above the Mayor's budget,
- Divert the \$11.7 million increase in Rapid Re-Housing to Targeted Affordable Housing, and
- Increase Targeted Affordable Housing by \$5.69 million, for a total increase of \$17.39 million for 712 vouchers for families.

⁶ At a DHS budget briefing on Wednesday, DHS presented a table showing FRSP serving 1252 families in FY20 and 1800 families in FY21.