



501 3rd Street, NW · 8th Floor
Washington, DC 20001
T 202.467.4900 · F 202.467.4949
childrenslawcenter.org

Testimony Before the District of Columbia Council
Committee on Human Services
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Elizabeth Oquendo
Senior Policy Attorney
Children's Law Center

Good morning Chairwoman Nadeau and members of the Committee on Human Services. My name is Elizabeth Oquendo. I am a Senior Policy Attorney at Children's Law Center.¹ I am testifying today on behalf of Children's Law Center, which fights so every DC child can grow up with a loving family, good health and a quality education. With nearly 100 staff and hundreds of pro bono lawyers, Children's Law Center reaches 1 out of every 9 children in DC's poorest neighborhoods – more than 5,000 children and families each year.

Introduction

Since the onset of the Pandemic, the District's low-income children and families have seen job opportunities evaporate, wages dry up, and burdens increase with no end in sight. For so many of our clients, this public health emergency has made difficult choices harder: families with reduced income and fewer employment opportunities have to decide whether to set aside money for rent or to purchase food. Many of the families we represent have relied on the Department of Human Services (DHS) to provide critical supports including public benefits, PEBT meals, shelter services, rental assistance, and housing during the pandemic.

As we enter the eighth month of the pandemic, we know that children and families are going to need the supports that DHS provides even more as we work towards recovering from the economic effects of the crisis. We appreciate the

opportunity to provide testimony on our experiences working with clients who receive services from DHS.

DHS Has Communicated Effectively with the Advocate Community and Removed Physical Barriers to Benefit Access in the District

Since March of 2020 we have continued to see DHS successfully pivot some of its services to be more accessible to clients and families. We would like to commend Director Zeilinger for continuing to keep the advocate and service provider community well informed with bi-weekly briefings and we remain especially thankful for her staff's willingness to respond to questions and troubleshoot alongside us in real time. The quick roll out of the online application for public benefits was a victory for families and the ability to submit documentation via the App has been a huge step forward in ensuring families can get benefits and stay on them. We also thank the agency for removing physical barriers to benefits access during this challenging time. Our clients continue to benefit from the ability to have their Electronic Benefits Transfer cards mailed to their homes reducing their need to leave the house as the pandemic continues. Finally, DHS successfully applied for and obtained various USDA Food and Nutrition Service waivers which have allowed families to receive the maximum monthly SNAP allotment for their family size and Pandemic EBT benefits. These substantive changes in ability to access the online application, submit documentation electronically, purchase groceries and have them delivered using SNAP online, and the ability to receive EBT cards via mail have not only benefited our clients during the

public health emergency, but we hope will be continued after the District returns to normal.

During the Pandemic Rapid Rehousing Properties Are Still the Worst Housing Conditions Referrals Children's Law Center Receives

Children's Law Center has testified many times before the Council about the failures and shortcomings of Rapid Rehousing – specifically about the dire and health harming housing conditions of many Rapid Rehousing properties. As you know, our attorneys come into contact with clients living in poor housing conditions through referrals from pediatricians who are caring for children whose housing conditions are harming their health. Many of the worst housing conditions cases we handle are for clients who are have recently moved into or are living in Rapid Rehousing properties. These clients are placed in homes that are plagued with rats and pests, mold infestations that trigger asthma attacks, and significant water intrusion issues. Although we have been raising concerns about the health and safety of clients in Rapid Rehousing properties with DHS and the Council for years, these clients have seen no meaningful improvement in their housing conditions. Unfortunately, the combination of the pandemic, virtual inspections, and fewer opportunities for tenants to obtain repairs due to COVID safety protocols has made housing conditions for tenants in Rapid Rehousing even more tenuous.

Virtual Inspections of Rapid Rehousing Properties Fail to Screen Units with Health Harming Conditions

Inspections are required prior to the participant moving into a unit, and those inspections have moved to a virtual format due to the pandemic. Based on information shared by our clients, we have learned of several instances in which these virtual inspections have been cursory and failed to catch serious health harming housing issues prior to move in. In one case, our client had been in shelter searching for a unit for months. She felt particular urgency to move because she had a newborn and was afraid of COVID in the shared accommodations in the shelter. The client was finally able to identify a unit with the help of her case manager but was only permitted to view it virtually herself. She was told it had passed the inspection, but when she moved in with her young children, including a newborn baby, the water damage was so severe that she could put her hand through the wet plaster on the walls. The mold triggered her son's asthma, and the family ended up spending their first nights in her car because she was afraid to stay there. We raise this issue with virtual inspections to highlight how important it is to ensure that these Rapid Rehousing properties are safe and habitable for the children and families.

As the pandemic waxes on and hypothermia season begins we anticipate that there will be increasing pressure on DHS to ensure shelter flow. However, pushing families into the first available unit – regardless of the conditions and habitability of the unit -- is unconscionable. Once families are placed in these poorly maintained

properties, it can take weeks if not months of waiting for repairs to be made, battles that RRH participants often must fight without any support from case managers. In that time period, children with health conditions like asthma are exposed to mold, water damage, pests, and other environmental allergens which worsen their conditions and lead to preventable hospitalizations. The pandemic compounds this problem by creating a hard choice for many families: remain in the unit making their child sick or return to a shelter placement where COVID transmission risks are high.

We also are concerned that DHS continues to place families in buildings where it is known that units are in poor condition, are operated by known slumlords, and where reports of serious health harming conditions have been received. For these specific buildings, we urge DHS to conduct more thorough virtual inspections of the actual units where tenants will be living, and to create a mechanism for clients to raise concerns more promptly. We also ask DHS to begin a dialogue with the Office of the Attorney General's Social Justice Unit who can provide information on landlords and buildings that have open cases against them for housing conditions issues. This information may help DHS to screen for properties that are most likely to have housing conditions issues and may require additional virtual inspections before lease up can proceed.

Continued Lack of Prompt Case Manager Assignments Leave Clients with Few Options

Our client's case above highlights a second common problem in Rapid Rehousing – the lack of timely case management services. Her shelter case manager said she could not do anything now that she was in her unit, but the client also did not know where to turn since Rapid Rehousing case managers are usually not assigned for months. This left our client without any meaningful support when faced with these terrible conditions for long periods of time. In this instance, CLC was able to intervene and work to get the unit completely remediated, but none of this should ever have happened, and the city should never have been paying rent on this unit.

Families moving into Rapid Rehousing properties should be able to promptly access virtual case management services during the pandemic. Long wait times for case manager support, up to four months usually for our clients, were commonplace before the pandemic. Now, these long delays in obtaining case management services, even virtual case management services, make it difficult for families to get assistance with housing conditions issues. As our client's case above demonstrates, once families transition into Rapid Rehousing from shelter, their shelter case managers are unable to provide continued support. Client families report that even when connected to a case manager, months after lease up, their services are ineffective. Connecting families to effective case management services promptly might help tenants get repairs made more quickly. Getting these repairs made and ensuring that the Rapid Rehousing properties are habitable is more important now than ever as families will have to continue to

spend the majority of their time within the home as COVID infection rates increase, students are home all day engaging in distance learning, and colder weather sets in.²

Rapid Rehousing Cannot Continue as the District's Sole Response to Family Homelessness

This pandemic has reaffirmed our belief that the Rapid Rehousing model does not help all families achieve housing stability and should not be the only program the District invests in. We appreciate the work the Council has undertaken over the past few months to protect tenants during the public health emergency, make it easier to access ERAP funds³, and the eviction moratorium⁴. However, upon the expiration of the public health emergency, it is likely that many families will face eviction and need to turn to DHS and the family homelessness system.

While the goal of Rapid Rehousing for DHS has been a way to improve shelter flow and move families into stable housing, for many families it is just a stop in the cycle of homelessness. We know that Rapid Rehousing falls incredibly short of its goal to increase family income through expensive and intensive case management.⁵ In today's economic climate, we expect to see even fewer families able to increase their income as the pandemic causes unemployment claims to continue to rise with little support from the federal government.⁶ Further, we know from DHS's own statistics that almost half of families in Rapid Rehousing end up in eviction court or cycling back through Virginia Williams after being exited from the program. DHS's own statistics showed that 46% of Rapid Rehousing participants had eviction cases filed against them.⁷ We

also know that from DHS's own numbers that last year, 42% of families who received services through Virginia Williams were coming from Rapid Rehousing.⁸ While prior participants faced eviction at an almost 50% rate, it is likely that participants exited into this post-COVID economy will be even more likely to face eviction without an extended subsidy. We reiterate these impactful numbers because continuing to grow the Rapid Rehousing program is a missed opportunity to invest in programs like the Emergency Rental Assistance Program (ERAP), Targeted Affordable Housing, or Permanent Supportive Housing which could help halt evictions for some and put an end to the cycle of homelessness for others.

The Council should explore other options besides growing the Rapid Rehousing program to keep families out of homelessness

We appreciate that DHS and the Council have allowed Rapid families to remain in the program during the public health emergency. For families who will be exited from the program after the public health emergency due to time limits, we have very little faith that their economic situation will have improved enough for them to be able to afford the market rent that will come due. Unemployment numbers continue to rise⁹ and the devastating economic effects of the pandemic will make it even harder for families to obtain new employment or sustain enough hours to keep up with market rent. The picture is very clear. Rapid Rehousing only serves as a temporary stop before they again arrive at Virginia Williams.

We urge the Council and DHS to use this time to evaluate other options that may be available to support families experiencing homelessness. Right now, prioritizing funding for ERAP and providing families with enough rental assistance to keep them out of the family homelessness system might be more cost effective than cycling them through Rapid Rehousing and the family homelessness system.¹⁰ Children's Law Center remains interested in opportunities to collaborate with DHS and to learn more about innovative pilots happening in the District like the LISC Universal Income project as well as looking to other jurisdictions facing a similar economic situation to see if there are any best practices we can apply to the District.

We remain hopeful that the Rapid Rehousing Advisory Board Will Provide Opportunity for Further Collaboration

Children's Law Center is pleased to serve as a member of the newly formed Rapid Rehousing Advisory Board and launching its work on behalf of children and families in the District. We note that our organization also participated in the Rapid Rehousing Taskforce, although we did not agree with many of the recommendations the report put forth. We believe the final report should have noted if individual Task Force members disagreed with specific recommendations. We remain skeptical that Rapid Rehousing can work for most of the clients it currently serves, but we look forward to the first meeting of the Advisory Board scheduled on November 19th and the opportunity to continue to collaborate with DHS on behalf of the children and families of the District.

Conclusion

We appreciate the opportunity to testify today and we welcome any questions the Committee may have.

¹ Children’s Law Center fights so every child in DC can grow up with a loving family, good health and a quality education. Judges, pediatricians and families turn to us to advocate for children who are abused or neglected, who aren’t learning in school, or who have health problems that can’t be solved by medicine alone. With nearly 100 staff and hundreds of pro bono lawyers, we reach 1 out of every 9 children in DC’s poorest neighborhoods – more than 5,000 children and families each year. And, we multiply this impact by advocating for city-wide solutions that benefit all children.

² See Hedgpeth, D, Fadulu, L., Brice-Saddler, M., and Cox, E. *Coronavirus caseload sets record in Virginia as infections jump across D.C. region.* (Nov. 2, 2020). The Washington Post. Available at: https://www.washingtonpost.com/local/coronavirus-increase-dc/2020/11/02/3d7cb024-1d08-11eb-90dd-abd0f7086a91_story.html.

³ Children’s Law Center supported the passage of B23-0938 *Emergency Rental Assistance Emergency Amendment Act of 2020* which helps to streamline documentation requirements and makes it clear that during a public health emergency, ERAP funds can be distributed to cover an arrearage for as many months as the public health emergency has been declared and for 180 days after. Available at: <https://lims.dccouncil.us/Legislation/B23-0938>.

⁴ See Schweitzer, A. *D.C. Council Passes More Protections For Renters During Pandemic.* dcist.com. (Sept. 22, 2020). Available at: <https://dcist.com/story/20/09/22/dc-council-covid-eviction-ban-renter-protections/>.

⁵ During this year’s DHS performance oversight this year, Children’s Law Center testified that in FY19, there were about 2,200 families served through Rapid Rehousing, with an average monthly income of \$929.75, and that only 7% of families had any increase in their income during the program, and that average increase was \$102.17, bringing the families monthly income below the average \$1,665 needed to rent a two-bedroom apartment in the District. It is likely that even fewer families will be able to increase their income this year with the worsening economic situation created by the pandemic. Available at: <https://www.childrenslawcenter.org/testimony/budget-testimony-dhs-cfsa>.

⁶ As of October 28, there were 153,604 unemployment claims reported by the Department of Employment Services. See: Department of Employment Services. *Unemployment Compensation Claims Data.* (Oct. 28, 2020). Available at: <https://does.dc.gov/publication/unemployment-compensation-claims-data>.

⁷ The DHS data about evictions is incomplete because DHS did not ask the Court about how many cases ended in settlement to move out, how many were for nonpayment etc. Instead, DHS focused only on court-ordered evictions, which happen only after a trial, which is very rare in landlord-tenant court, or in unusual settlements. If we consider the true picture, the eviction rate, meaning the rate of people who move out as a result of an eviction case being filed, from Rapid Rehousing is extremely high based on this data. Even if the filed case did not result in an eviction, simply the case being filed will be on the tenant’s rental record for the foreseeable future when they try to rent their next apartment.

⁸ FY19 Hypothermia Debrief - Families. The Community Partnership at 3. Available at: https://ich.dc.gov/sites/default/files/dc/sites/ich/event_content/attachments/Hypothermia%20FY19%20-

%20Families%20%28VWFRC%20%26%20ES%29.pdf. The DHS Oversight Responses cited lower numbers, but it looked at only a limited group.

⁹ As of October 28, there were 153,604 unemployment claims reported by the Department of Employment Services. *See*: Department of Employment Services. *Unemployment Compensation Claims Data*. (Oct. 28, 2020). *Available at*: <https://does.dc.gov/publication/unemployment-compensation-claims-data>.

¹⁰ We previously testified at this year's DHS budget hearings that the average cost of participating in Rapid Rehousing for one year is estimated at \$66,000. *Available at*: <https://www.childrenslawcenter.org/testimony/budget-testimony-dhs-cfsa>.