

COHHO Priority Recommendations for the New Mayoral Administration
November 2006

The Coalition of Housing and Homeless Organizations (COHHO) comprises 25 nonprofit advocacy and service organizations dedicated to preventing and eliminating homelessness in the District of Columbia. It is our firm belief that homelessness is a human tragedy. We also believe that it is a national shame that more than 9,360 residents of Washington, D.C. – the capital of the richest nation on earth – are homeless.

COHHO members urge the new administration to devote all its energies to eliminating homelessness in the nation's capital by fully implementing all the provisions of *Homeless No More: A Strategy for Ending Homelessness in Washington, D.C. by 2014* and the *Homeless Services Reform Act of 2005*. Both documents represent an overall consensus among policymakers, government administrators, service providers, community advocates, consumers and civic leaders on addressing homelessness in the District of Columbia.

COHHO members acknowledge and applaud the progress that the City has made since the adoption of *Homeless No More*:

- Enactment of the *Homeless Services Reform Act of 2005*;
- Appointment of the Interagency Council on Homelessness;
- A commitment by the District to build 6,000 units of affordable housing;
- The allocation of \$7.5 million to provide for emergency rental assistance;
- A commitment to preserve and renovate shelters that we consider critical to the people we represent (e.g., La Casa Shelter, Franklin, Federal City Shelter);
- Enactment of progressive income enhancement and service access legislations such as the *Living Wage Act* and the *Language Access Act*; and
- The “housing first” program, among others.

Yet, as documented in the *Homeless Enumeration for the Washington Metropolitan Region (2006)*, the District experienced a 5.6% increase in the number of homeless families and individuals when compared to 2004. This indicates that much remains to be done.

Problems and Challenges

The District and its residents face many problems and challenges in their efforts to prevent and eliminate homelessness. These include:

- 1) A red-hot housing market, with skyrocketing prices, that squeezes out many low-income and working class families and individuals.
- 2) A severe reduction of affordable housing units in which residents do not have to expend more than 30% of their income for shelter.

- 3) The conversion of large quantities of formerly affordable rental units into luxury condos and rentals.
- 4) A shortage of low barrier shelters, transitional and permanent housing units strategically disseminated /located across the city and easily accessible by public transit.
 - a. This is particularly true for populations with special needs, such as women, families with children, culturally and linguistically isolated communities; and people with disabling conditions such as substance abuse, mental illness, HIV/AIDS, and learning or physical disabilities.
- 5) Poor conditions at many of the agencies and facilitates serving those who are homeless: lack of access, inadequate access; untrained personnel; poor safety; disjointed service delivery, etc.
- 6) Lack of comprehensive and coordinated programs for families and individuals who are homeless or at risk of becoming homeless.
- 7) Weak strategies to increase and strengthen the various income streams available to low income families and individuals that could prevent and/or get out of homelessness:
 - a. DC's TANF cash assistance benefit levels are lower than in most states, including Maryland and Virginia, and they leave families with children well below poverty. The maximum TANF grant for a family of three in DC is only \$407 a month, or less than \$15 a day. Increasing the TANF benefit would reduce the risk that families will become homeless, will enhance family stability, and will help parents move toward employment.
 - b. The Department of Employment Services does not serve people who are homeless and in need of support services to get into employment.
 - c. The District's health insurance program (DC Healthcare Alliance) does not offer behavioral health, dental, or substance abuse treatment benefits, and has very limited prescription coverage.
 - d. Many residents are not aware of the Earned Income Tax Credit Program.

Following are some of the recommendations that COHHO would like to offer the incoming administration as it considers its strategies for addressing homelessness in the nation's capital.

Recommendations

- 1) Leadership and Accountability for the Implementation of the Human Services Reform Act
 - a. COHHO encourages the new administration to give its full support to the newly created Interagency Council on Homelessness (ICH). Creation of the ICH was among the requirements of the 2005 Homeless Service Reform Act (HSRA) and

is intended to ‘facilitate interagency, cabinet-level leadership in planning, policymaking, program development, provider monitoring and budgeting for the Continuum of Care (CoC) for homeless services.’” The community of advocates, consumers and providers contributed significant time and energy to the development and passage of the HSRA, and the ICH was among the central components of HSRA that are intended to bring about significant positive change in the way homelessness is addressed in the District.

- b. COHHO urges the ICH to carefully review the strategies of HNM and to re-establish proportional targets for housing production, as it produces its initial 5-year strategic plan. The ICH will be responsible for overseeing the implementation of Homeless No More (HNM). While COHHO endorses the broad principles of the plan-- an increased focus on prevention, and an aggressive increase in the supply of affordable and permanent supportive housing-- we believe that the strategies and targets of HNM will be inadequate to meet the needs of the DC homeless population, which has grown an average of 5.8% each year between 2001 and 2006.
- c. The ICH must have timely access to a range of information and materials, including relevant agency budget information and property inventory information, and must have dedicated staffing to assist in Council and committee business. The accountability and progress of the ICH are required to be measured through scheduled reports and plans. The ICH is required to perform an annual needs assessment, a five-year strategic plan, and annual progress reports. It is also required to review individual agencies’ participation and the performance of the overall CoC. Access to comprehensive and accurate information is critical for the ICH to successfully discharge its duties and responsibilities.
- d. The ICH should re-examine and increase consumer participation on the Council in order to be responsive to the community it serves.

The ICH represents a formidable infrastructure and if it lives up to its mandate and potential, it is is poised to strengthen collaboration and coordination across various spheres of influence in the public and private sectors and to make significant progress toward our important shared objectives.

2) Preventing Homelessness

- a. Increase Emergency Assistance for rent, mortgage, and utilities AND increase the maximum amount of Emergency Assistance.
- b. Increase Low-Income Home Energy Assistance.
- c. Increase awareness of and access to employment and social services through collaborations with mainstream District agencies.

- d. Publicize availability of Food Stamps: Decrease barriers and increase amount.
 - e. Expand access to mental health services, including adding mental health benefits through the DC Healthcare Alliance Program.
 - f. Expand access to health services and substance abuse treatment programs through collaboration with mainstream District agencies.
 - g. Increase domestic violence shelter beds to protect families and children forced into homelessness.
- 3) Services to Homeless Families and Individuals
- a. Training of staff at every level in the Department of Human Services would enhance the quality of services for homeless consumers. This is especially true of cultural, language, and special needs (domestic violence, families, substance abuse) training for those who have direct contact with homeless members of the community, such as caseworkers.
 - b. Pay nonprofit direct-service programs promptly for behavioral health, housing and similar services to low-income and homeless persons.
 - c. Provide political leadership in encouraging inclusiveness in housing and social services throughout the District, as recommended by the Comprehensive Housing Strategy Task Force. Help communities deal with competing stresses that result in rejection of sites for services for homeless residents.
 - d. Prevent the loss of shelter capacity, such as CCNV and Franklin; prevent closing of shelters unless simultaneously identifying additional resources and bringing them on line.
 - e. Maintain housing in Downtown/Core area near jobs, services and transportation.
 - f. Expand transportation options for homeless residents. Create a Metro Help program that will enable persons to travel to/from shelters and to/from services by, for example, utilizing the ID card for homeless persons.
 - g. Maintain housing and services throughout the District; avoid high concentrations of very low-income and homeless persons in only certain neighborhoods or areas.
 - h. Increase number of emergency shelter/housing beds throughout the city while building to community scale. An increase is needed for women, singles, families and persons with mental illness.

- i. Enhance services and facilities for elderly persons and medically fragile persons. Mainstream such persons by providing trained staff and appropriate programming and by removing physical and psychological barriers to such mainstreaming.
 - j. Create therapeutic communities for people.
 - k. Expand supply, quality and access to medical, behavioral health and substance abuse services. For example, add a mental health benefit to the DC Alliance program.
 - l. Increase "low barrier" programs that are accessible 24 hours a day, including a day program for the homeless population.
 - m. Make available drug treatment on demand.
 - n. Expand non-governmental representation on the Interagency Council on Homelessness. It would also be helpful to provide additional staff support to the ICH.
 - o. Follow-up from caseworkers for clients with mental health issues is necessary. These clients have little to do during the day and end up sitting outside the emergency shelters. More services should be utilized to provide for their needs and to give them meaningful daytime activities.
- 4) Affordable Housing
- a. Appoint a Housing Czar to implement the affordable-housing recommendations of the Homeless No More and Comprehensive Housing Strategy Task Force plans, through the Housing Production Trust Fund and the project-based and sponsor-based portions of the Rent Supplement Program.
 - b. Create more affordable housing, which is defined as housing where a household spends no more than 30% of its gross annual income.
 - c. Reverse the erosion of affordable housing and simultaneous increase in high-income housing. The DC Fiscal Policy Institute reported that between 2000 and 2003 the number of homes selling under \$150,000 in DC declined from 46,000 to 25,000 while the number of homes selling above \$500,000 increased from 10,800 to 23,000 (Squeezed Out, 2005).
 - d. Take a firm leadership role on behalf of the City with the federal government. HUD must reverse its course and fund "Section 8" Housing Choice Vouchers and Public Housing, and must fund the DC Housing Authority adequately.

- e. Seek out additional non-local funding through such sources as Fannie Mae and Freddie Mac. Impress upon them the crisis in affordable housing in the Nation's Capital and the fact that "business as usual" will not suffice to avert further homelessness in the District.
 - f. Implement new and creative affordable housing initiatives to make housing available to low-income DC residents. These programs include the rent supplement program, inclusionary zoning, mixed-use housing law, and others.
 - g. Provide leadership in encouraging inclusiveness in affordable housing throughout the District, as recommended by the Comprehensive Housing Strategy Task Force. Help communities manage competing stresses that result in rejection of affordable housing sites for low income or homeless residents.
 - h. Preserve at least 30,000 existing affordable housing units and develop a minimum of 6,000 additional units. Regularly assess whether current affordable housing goals meet the needs of DC residents and increase targets for new affordable units if necessary.
 - i. Target a portion of new affordable housing units in every area of the District to extremely low-income and homeless persons.
 - j. Create sufficient affordable housing for people with so-called "special needs," including people with mental illness, physical disabilities, and HIV/AIDS. Develop a proportion of the units as permanent supportive housing for special needs populations.
 - k. Integrate affordable housing units, especially units targeted to people with special needs, into all types of housing throughout the city. Do not compound the stigma toward special needs residents by segregating them.
 - l. Aggressively identify surplus city property, such as closed schools and other sites, that can be used for affordable housing or to meet other needs of low-income and homeless residents.
 - m. As a principle to guide homeless services and housing, the creation of therapeutic communities is a necessity for the health and well being of all.
 - n. Create affordable housing that is accessible by Metro rail and bus service to Downtown; make this housing available across all eight Wards of the city.
- 5) Increasing and Strengthening Income Streams
- a. Guarantee the DC Healthcare Alliance for all eligible individuals.

- b. Expand the coverage offered by the DC Alliance by adding a behavioral health, dental health, and substance abuse benefit.
- c. Expand the types of drugs covered under the Alliance.
- d. Continue to publicize the Earned Income Tax Credit, and maintain or expand the presence of low-income tax clinics within the District.
- e. Create/expand programs for job search that provide transportation, tools, and uniforms.
- f. Create training programs that guarantee employment at a living wage.
- g. Improve process at Rehabilitation Services Administration to expedite supports necessary for gainful employment, training and education.
- h. Increase the TANF benefit 14 percent per year over the next two years (28% increase in 2 years). This will allow DC in FY09 to meet Maryland's 2006 TANF benefit for a family of three, adjusted for inflation.