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Testimony Before the Council of the District of Columbia

Committee on Human Services

**Public Hearing:
Performance Oversight Hearing
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Good morning Chairperson Nadeau and Members of the Committee on Human Services. My name is Marla Spindel and I am the Executive Director of DC KinCare Alliance. I am pleased to testify today regarding the Department of Human Services' homeless prevention services program.

The mission of DC KinCare Alliance is to support the legal, financial, and related service needs of relative caregivers who step up to raise children in their extended families in times of crisis when the children's parents are not able to care for them due to mental health and substance use disorders, incarceration, death, abuse and neglect, and/or deportation. DC KinCare Alliance is the only organization in DC focused solely on serving relative caregivers raising DC's at-risk children.

While today I am discussing the difficulties our relative caregiver clients have had with obtaining homeless prevention services, I want to emphasize that these issues apply to all families who seek these services, not just relative-headed households. I also want to make clear that the information I am presenting represents experiences shared with us by our clients about one homeless prevention services provider.

A. Concerns Regarding Administration of Homeless Prevention Services

Many of our relative caregiver clients require homeless prevention services after children come to live with them. Sometimes the unit they occupy does not allow for additional residents. Often the increased financial burden of caring for these children along with the delay in receiving TANF benefits cause them to get behind in paying their rent and a resulting Landlord/Tenant eviction case.

These relative caregivers go to Virginia Williams Family Resource Center for help and, if determined eligible for homeless prevention services, are referred to a community provider. The community provider requires the relative to complete another lengthy

application, asking for much of the same information as Virginia Williams. Once that is complete, the community provider conducts its own determination of whether the relative is eligible for homeless prevention services, and some will be turned away at this juncture even though they were already deemed eligible for these services by Virginia Williams.

Even when determined eligible, the community provider only furnishes “a light touch case management approach,” which in our experience means that the provider memorialized a plan of what the constituent already planned to do, approved the rapid rehousing voucher, and sent the constituent on her way to find a job, budgeting assistance, and housing. This is not what the provider represents to the public on its website, and presumably in its contract with DC, regarding the holistic and fullsome case management services it furnishes.

One particularly troubling example of this is when the community provider furnishes the constituent with a long list of landlords who ostensibly accept the rapid rehousing voucher and tells the constituent to go find housing from this list. When the client calls the leasing offices on the list, many of the phone numbers are out of service, the landlord’s rental rate is above the rapid rehousing cap, the income requirements are out of reach, and/or there are no available units. One of our clients, who works an hourly wage job, had to forgoe a full day of wages to make these calls, and still had not been able to go through the whole list and had not identified any viable housing options. These housing lists must be updated on a regular basis and the community provider should be assisting constituents with contacting landlords.

We have been told by landlords that, because the claimed wraparound services are often not provided, they avoid renting to rapid rehousing voucher recipients who will likely not be able to pay rent once the one-year voucher ends. This in turn results in landlords discriminating against this population by setting the rent at amounts that are just above the

cap or requiring income levels that are out of reach for those receiving rapid rehousing. Accordingly, the available units are scarce and almost impossible to find. By its own design, the rapid rehousing program sets off a vicious cycle that increases rather than reduces a constituent's risk of homelessness.

2. Proposal to Improve Service Delivery

Currently, there is no law or DHS regulation or policy that provides standards for what services a homeless prevention community provider must furnish to its constituents and under what circumstances they must be furnished. We submit that such a law, regulation and/or policy is necessary to ensure all providers furnish a full range of case management services, not just information and referral.

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Thank you for your consideration of these important matters. Finding and keeping a home is one of the most important scaffolding families need to thrive and break the cycle of poverty in our community. Research shows that “Prolonged exposure to homelessness has a significant negative effect on adults and children— the longer a household experiences homelessness, the poorer the outcomes will likely be in a variety of areas.”¹ DC must ensure, though audit or otherwise, that the money it pays to homeless prevention services community providers is actually being spent on a full range of homeless prevention services.

I am happy to answer any questions.

¹ U.S. Housing and Urban Development, Rapid Re-Housing Brief, available at <https://files.hudexchange.info/resources/documents/Rapid-Re-Housing-Brief.pdf>