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Testimony Before the District of Columbia Council  
Committee on Human Services and Committee on Housing & Neighborhood  
Revitalization  
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Revitalization

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## **Introduction**

Good morning Chairperson Nadeau, Chairperson Bonds, and members of the Committee on Human Services and Housing & Neighborhood Revitalization. My name is Elizabeth Oquendo. I am a Policy Attorney at Children's Law Center.<sup>1</sup> 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 almost 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. Through our medical-legal partnerships with Children's National Hospital, Mary's Center and Unity Health Care, we represent many families who receive public benefits administered by the Department of Human Services (DHS). Children's Law Center also represents families who experience housing insecurity and rely on DHS to provide them with services through Virginia Williams, Targeted Affordable Housing Vouchers (TAH) and the Emergency Rental Assistance Program (ERAP).

## **Public Benefits Terminated due to DHS Error**

Many of Children's Law Center's clients reach us through the medical-legal partnerships we participate in throughout the city. As you know, CLC attorneys' partner with medical professionals to prevent social determinants of health, like poverty and housing insecurity affect their family's health conditions. Our partners at

Children's National and at other health care sites have been referring patients to as they arrive for their doctors' appointments and the child's Medicaid benefits are inactive even though the parent has recertified for benefits. Most often in these cases, some children in the family have active insurance while one does not, the parent has not received any termination notices, and the parent has made some unsuccessful effort to remedy the situation themselves. Due to technical issues at ESA, these client families are seeing one child, but not all children in their family group arbitrarily dropped from Medicaid.<sup>2</sup> Clients receive no notices indicating that there may be a problem with their benefits and although their children may be seen at the time of their visit, families may receive a bill for the visit even though they should have been covered by Medicaid. These families may also not be able to get any prescriptions for their child filled right away.

We saw a steady number of these cases come through our medical-legal partnerships in FY19 and FY20 to date and are concerned that the underlying technical issues have not been addressed by ESA. Even when CLC lawyers become involved, it still takes multiple emails and phone calls with the right people to get this technical non-legal issue resolved. Although the issue may seem like a minor computer glitch -I can assure you that for our families – nothing about this situation is minor. To resolve these issues which are solely DHS's fault, a parent needs to spend hours on the phone with DHS to figure out the cause of the problem<sup>3</sup> and still may not have access to the

right people in the agency to resolve it. If the family goes to an ESA center, they are likely to still experience over 2 hours of lobby wait time<sup>4</sup>, with DHS reporting that sometimes the queue can stretch outside the building.<sup>5</sup> Most of the families we worked with reported multiple ESA visits and calls before being connected to us.

Resolving these DHS Medicaid errors has been complicated and time consuming for families and advocates alike. For example, Children's Law Center provided extensive advocacy to a family who needed to access urgent asthma medications after a child's hospitalization. After multiple calls and emails, advocates were told by ESA staff that all the paperwork was correct and completed and the insurance was activated. Even after the ESA's assurances we learned the child's Medicaid was not activated and further advocacy was needed. We have also helped families whose children were randomly issued duplicate Medicaid numbers in the system. Even if parents elect to have their children seen while their Medicaid coverage is arbitrarily cut off, they may receive a large bill for services that should have been covered. Children's Law Center attorneys have helped parents get these bills covered but it is unclear how many families who are never referred to us may have outstanding bills due to DHS's errors.

Families who receive public benefits deal with similar issues with their Supplemental Nutrition Assistance Program (SNAP) benefits. At our medical-legal partnership with Children's National pediatricians refer families to us when they screen positively for food insecurity or share with their provider that their children do not

have enough to eat. We see the real health impacts of food insecurity in our clients and when their benefits are arbitrarily reduced or terminated due to technological issues. Children who do not have enough to eat at home have a hard time concentrating at school and learning.<sup>6</sup> Families who have to travel to ESA centers to resolve issues with their SNAP benefits have to choose between facing long lines that wrap along the block or wasting time on hold with a call center that will likely not be able to resolve their issue.<sup>7</sup> An ESA error rate of 10%<sup>8</sup>, which DHS has still not even been able to meet, is too high when it means children and families do not have enough food to eat. We urge the Committee to ask that DHS fix these root cause issues with their systems that are keeping kids hungry and without health care.

### **Emergency Rental Assistance Program**

Many of our clients rely on the Emergency Rental Assistance Program (ERAP) to avoid sliding into housing insecurity. Unfortunately, our clients sometimes report that the barriers to accessing ERAP are so onerous that they are hesitant to even consider applying. We are encouraged that in FY 2019, ERAP implemented an online scheduling process that began in March and hope that will encourage more individuals to access ERAP despite the complicated nature of the program qualifications.<sup>9</sup> However, we were surprised to see that only 75 individuals were turned away from ERAP for lack of available funds. At the end of FY19, DHS reported that the ERAP program had a total of \$227.13 in unused funds.<sup>10</sup> Many of our clients explain that providers turn them away

from even applying for ERAP unless they have a writ or a live case, and that depending on when they call, these clients are not even offered the opportunity to make an appointment. It is likely that there are many more than 75 individuals turned away from ERAP each year, which are not being captured by the data currently collected. Further, the fact that there is even a single dollar of ERAP left is concerning to us, as this resource in any amount is almost a first line of prevention of homelessness for so many of the families we represent.

### **Virginia Williams and Families in Shelter**

Children's Law Center also represents families and youth who rely on the services provided at Virginia Williams to stay off the streets. However, we are concerned that the oversight answers explain in detail how the workers at Virginia Williams are circumventing a family's right to due process when denied shelter. When a family has one or more safe and stable night somewhere, as determined by the Virginia Williams worker and not the family, then the family is being referred to Prevention.<sup>11</sup> At that point, the HHP workers' referral to Prevention is not being considered a denial by DHS because the HHP workers can refer them to shelter if the family needs it.<sup>12</sup> This process is allowing Virginia Williams workers to completely circumvent a family's due process appeal because the family is not even allowed to

enter shelter. DHS is choosing to divert these families from their entitlement to enter shelter which then prevents them from having the right to appeal a denial of shelter.

This process is symbolic of a larger issue that exists within the shelter system that is clearly reflected by the most recent HSRA regulations promulgated by DHS.<sup>13</sup> The system is created to question individual family's intentions and truths about the needing to access shelter. We believe that a shelter system and a city that is truly invested in reducing homelessness should take a different approach to providing services to these families in need. Simply circumventing people's ability to access resources does not reduce homelessness. It merely reduces the number of individuals who turn up on reports and oversight answers – giving the impression of false progress.

### **Targeted Affordable Housing (TAH) Vouchers**

Our attorneys work with families experiencing homelessness regularly, and many of these families would benefit greatly from the TAH program. These are families who do not need the intensive and expensive case worker supports that PHS and RRH provides. We were shocked to learn that in FY19 there were 95 unused TAH vouchers available.<sup>14</sup> It is unclear from the narrative in these Oversight answers how exactly DHS could have withheld 95 vouchers from families in need. We have no understanding of how these vouchers opened and find this to be very concerning knowing the high

numbers of evictions in District Court and how hard it is for our families to find long term affordable housing.<sup>15</sup>

Further, these Oversight answers also give us the first glimpse at what the requirements for the TAH program are. Explaining program requirements should be done through regulations, and not through oversight answers.<sup>16</sup> By keeping the TAH program requirements hidden or difficult to find, DHS is keeping families from having the basic information needed to access these programs.<sup>17</sup> The explanation for how families are screened into the TAH program is also very concerning. In order to qualify, DHS is considering the length of homelessness required to be “1+ year”.<sup>18</sup> Conversely, DHS is working on decreasing the length of shelter stays for all families and forcing families into Rapid Rehousing (RRH).<sup>19</sup> DHS is funneling families who likely do not need more than light case management, if any case management, through TAH into the more expensive program, RRH as families eventually get priced out of their RRH agreements and end up homeless. Children’s Law Center has seen this problematic process play out as we have worked with a family who has experienced homelessness twice and has been in RRH twice. Their RRH will run out again in two months, and they are currently being told they do not qualify for TAH because they have not been homeless long enough. These voucher programs need to be transparent about what their requirements are so that families can access the system in the way that works best for them – rather than forcing them back into a program that forces them into short



term housing they eventually will not be able to afford. Please note that more detailed testimony on the RRH program is being provided under separate cover by my colleague Kathy Zeisel.

## Conclusion

We thank the Committee for the opportunity to testify about the performance of DHS during FY19 and FY20 to date and are available to answer any questions you may have.

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<sup>1</sup> 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 almost 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.

<sup>2</sup> This has happened in a variety of permutations to many of our clients. We have spoken to CM Nadeau about this issue in the past and have continued to update her during FY19 and 20 to date.

<sup>3</sup> Just three phone calls to an ESA center can represent an hour of hold time during business hours when families should be working. On average, it has taken our attorneys at least three calls and emails to DHS to resolve these issues for a family. Last FY, the average call center wait time was 21 minutes. See FY19 Oversight Responses, at 134.

<sup>4</sup> The total average lobby wait time across ESA centers was reported to be 2 hours and 3 minutes for FY 19. Although the lobby wait time is reportedly trending downward, there has only been an improvement of 8 minutes since November 2019. See FY19 DHS Oversight Responses at 137.

<sup>5</sup> See FY19 DHS Oversight Responses, at 139.

<sup>6</sup> American Psychological Association. *What are the psychological effects of hunger on children?* n.d. Retrieved from <https://www.apa.org/advocacy/socioeconomic-status/hunger.pdf>.

<sup>7</sup> High turnover in the call center lead to 50% fewer staff answering phones and an increased wait times for consumers. See FY19 DHS Oversight Responses, at 44.

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<sup>8</sup> ESA's stated goal is a 10% SNAP Error Rate. This year they were not able to meet that goal due to 'system glitches' which caused overpayments, terminations, and errors in calculations. *See* FY2020 DHS Oversight Responses, at 43.

<sup>9</sup> FY19 DHS Oversight Responses, Q111(i).

<sup>10</sup> FY19 DHS Oversight Responses, Q113.

<sup>11</sup> FY19 DHS Oversight Answers Q56 specifically states that this practice is not a denial of shelter.

<sup>12</sup> *Id.* The oversight answer explains that if families have one day or more of safe and stable housing then they are referred to HPP as a programmatic tool.

<sup>13</sup> Children's Law Center along with several other advocacy agencies have provided extensive comments about our concerns with the 2019 Homeless Services Reform Act of 2005 regulations drafted by the agency. Although we have shared our comment with the agency and many councilmembers, we attach it to this testimony as well. *See* Advocates 2019 HSRA Regulations Comment.

<sup>14</sup> *See* FY19 DHS Oversight Responses, Q85.

<sup>15</sup> We are concerned that there is going to be an upcoming ICH recommendation to shift TAH vouchers over to PSH vouchers. TAH vouchers are critical tool for families that only need light touch case management supports.

<sup>16</sup> *See* Advocates 2019 HSRA Regulations Comment at 50.

<sup>17</sup> *Id.*

<sup>18</sup> *See* FY19 DHS Oversight responses Q92.

<sup>19</sup> "DHS reduced the family shelter census from 600 to 500 in FY19" *See* FY19 DHS Oversight Responses Q38.