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Committee on Human Services  
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Public Oversight Roundtable:  
*The Department of Human Services' Rapid Re-Housing Program*

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Sponsored by the Morrison & Foerster Foundation  
Children's Law Center

## **Introduction**

Good afternoon Chairperson Nadeau and members of the Committee on Human Services. My name is Diana Sisson, and I am a Staff Attorney and Equal Justice Works Fellow at Children's Law Center. 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 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.

As an Equal Justice Works Fellow, sponsored by the Morrison & Foerster Foundation, my work focuses on representing parents who are experiencing homelessness to ensure that their children's physical and mental health needs and educational needs are met, to minimize the traumatic impact of homelessness on children. At Children's Law Center, I am part of our medical legal partnership, an innovative collaboration between pediatricians and lawyers where lawyers become part of the medical team on site at health clinics at Children's National Health System, Unity and Mary's Center. We work in health centers in wards 1, 4, 7 and 8, and I am on site at the Children's Health Center at Anacostia. Last year, almost all of our over 1,200 referrals came directly from medical professionals who identify a health harming legal need, which often includes referrals about illegal housing conditions because a child's asthma is out of control or their other health conditions are being impacted.

Because I work closely with these clients, I have seen that the current Rapid Re-Housing program is broken at every step and that the program leaves the families I have worked with feeling alone, ignored, and unsafe.

There are two concerns I would like to focus on: first, housing code violations in units that are part of the Rapid Re-Housing program and second, inadequate case management and implementation of the existing program.

*I. There are Severe Unaddressed Housing Code Violations in Rapid Rehousing Units*

**a. Housing Conditions Issues are widespread throughout the Rapid Re-Housing program**

Although we do not actively seek housing conditions cases in Rapid Re-Housing units, almost 20% of the housing conditions cases pediatricians and medical professionals have referred to us since October of 2016 are for clients living in units funded by Rapid Re-Housing, largely in Wards 7 and 8.

The housing conditions cases involving Rapid Re-Housing programs have been some of the worst housing conditions we see. By the time we get the case, the client has already reported the need for repairs to the landlord and to their Rapid Re-Housing case manager, but the serious issues continue unabated, the landlord continues to get paid for renting the unit, and children's health continues to suffer. Without a lawyer getting involved, the situation would not improve for the family.

Some of the examples of unaddressed housing conditions matters include:

- A family who had no working furnace all winter; instead of making repairs, her landlord provided a few space heaters instead. This created a dangerous situation for the tenant's several small children, who could easily be burned on the exposed heat elements of the older model heaters. But even more seriously, the home lacked working smoke detectors, meaning any mishap with the space heaters could have very quickly turned into a tragedy.<sup>1</sup>
- A family with such a severe moisture and mold issue that her bedroom wall partially collapsed, and made her young child's asthma flare-ups significantly worse and more often. Her Rapid Re-Housing caseworker was rightly appalled by the situation and agreed that the program should put the family in emergency housing – only for her to realize that there was no emergency housing available as part of the program, meaning the client continued to live in those conditions for months.
- Two families where the unit was too small to be legally occupied by the number of tenants under the DC Housing Code or was not even a legal unit, yet the Rapid Re-Housing program had approved them to live there.
- A family which experienced multiple carbon monoxide leaks from faulty appliances in the unit, requiring multiple fire department responses and

increasing the family's level of stress significantly due to constant fear about another carbon monoxide leak.

- And, in one particularly troubling instance we have worked with two Rapid Re-Housing tenants of the same Sanford Capital property:<sup>2</sup> Our first client in Rapid Re-Housing was relocated from a unit with no heat – and several months later we received another referral for our second client who had been moved right into that same unit, which still had no working heat. The first client who relocated was moved from one building to another on the property, into a unit with a bedbug infestation in the building so severe that the conditions were investigated by the Child and Family Services Agency. That same Sanford building would later be cited by DCRA for a severe building-wide rodent infestation. Yet, Rapid Re-Housing continued to pay for DC Residents to live in the building. There had to have been numerous layers of failures by providers and by the entire system to allow this to happen.

While we have had clients with several of the Rapid Re-Housing providers, the most severe conditions cases we have seen have been for clients whose provider is DHS' own Office of Work Opportunity. We are open to discussing our experiences with other providers on another occasion.

**b. The Current Program Has No Ability to Meaningfully Address Housing Code Violations**

The program as implemented now doesn't have a good solution to these problems. In some of our cases, these issues were readily apparent at the time of move in. The landlord promised to make the needed repairs. When they did not, our client felt powerless to do anything and the case manager did not help. It is clear that the inspection mechanism we are using currently is not working. If it did work, we would not see so many cases where a Rapid Re-Housing clients are living in units with numerous clear violations of DC's Housing Code.<sup>3</sup> Because the initial inspections are conducted by DCHA, there is only a visual inspection under the HUD standards rather than an inspection under our local Code. This has not proven to be adequate protection for the clients we see, and even if the inspection does identify problems, in our cases, the landlord rarely makes these repairs once the family is in the unit.

Families face further challenges in documenting their concerns to their caseworkers, especially due to high turnover and gaps in case management. This means our clients' concerns might not be passed on to a new caseworker, and the family has to restart the whole process of proving the steps they have already taken to address the situation to the new caseworker if they want permission from the program to move to a new unit. Caseworker turnover and inadequate training in some provider organizations mean many of these families' concerns about their housing conditions go unnoticed or unaddressed, and children continue to live in dangerous and unhealthy conditions.

Families often spend months trying to find a unit in the first place, facing discrimination and a lack of available units at the low rent afforded by the subsidy. For families who are able to secure permission to relocate to another unit due to the serious housing conditions or for safety reasons, they face even more challenges. I have worked with several clients who, after months of efforts both by them and me as their attorney, were approved to relocate, only to be unable to locate another landlord willing to rent to them. The time-limited nature of the Rapid Re-Housing subsidy means that many landlords are unwilling to rent to participants with a short or uncertain amount of time left in the program, seeing it as too much of a risk. These families are also competing for the limited stock of available units with all of the other families being funneled into the Rapid Re-Housing program, and other families seeking affordable units. Although source of income discrimination in housing is prohibited in DC,<sup>4</sup> it is rampant for families with Rapid Re-Housing subsidies and the DC Government has made no meaningful effort to address that.

These are not safe and stable homes that stabilize families so that they can begin to address the many other challenges and barriers they face in maintaining housing

What cannot be overstated is the physical and mental health toll conditions and program uncertainty have on our clients. I have spoken with multiple clients who would prefer to return to shelter than continue in the horrible housing conditions and continue to deal with the stress of the program. Or they wish they had never left shelter,

because the program has left them worse off before – facing eviction, in debt due to judgments for unpaid rent, facing the prospect of returning to shelter, or having spent hours trying to get repairs made to a property, or taking their child to the emergency room due to an asthma attack instead of being able to focus on getting a job.

## *II. We have Serious Concerns about Case Management and Program Implementation*

The second concern impacting so many of our clients is poor program implementation, including difficulty finding available units, poor-quality case management, including high case manager turnover, and a lack of consistent screening for more permanent housing programs that the family may qualify for.

### **a. Finding a unit or relocating to another unit while participating in Rapid Re-Housing is a difficult, time-consuming process in which participants receive little support**

Though the main focus of our legal advocacy for families in Rapid Re-Housing is in addressing housing conditions, our experiences working with families make it clear that the system of getting into and churning through Rapid Re-Housing is broken at every stage.

In addition to the challenges I described above, families often receive no meaningful assistance in locating their initial unit, and no help figuring out how to overcome their poor rental history, poor credit history, or criminal history in the application process. Provider assistance in this herculean search is often limited to



receiving a printed list of properties and contact information provided without regard to whether the family would actually qualify for the unit. When clients, or investigators from our office call these numbers, we often find that there are no available units in the building in the anticipated future. Families also report a lack of assistance with application fees and other expenses incurred in visiting and applying for units, which is particularly difficult for families on fixed and limited budgets, sometimes solely from TANF. Families have also reported to us frustrations with the lease up process, which involves multiple agencies, including DCHA, The Community Partnership, and their Rapid Re-Housing provider, and report being discouraged from asking questions about the status of their lease-up.

The process is not only frustratingly opaque to clients, it is not able to be responsive to emergency needs. Families have also reported feeling rushed or pressured to accept a unit even when they have expressed their concerns about the conditions and safety of the unit to their case manager, and sometimes being pressured to move in without a meaningful opportunity to inspect the unit themselves.

Although the family may remain in shelter for months looking for a unit, we have heard from clients that case managers tell them that their time in the program is already running. With the Rapid Re-Housing cliff now in place, if this continues to be implemented in this way, then many families will have significantly less than a year to stabilize in their unit before the subsidy ends.

**b. Caseworker quality is highly variable and extremely high turnover limits the effectiveness of case management**

It is not unusual to talk with clients who have had at least two to three caseworkers during their time in Rapid Re-Housing. They report that with each change of case manager, there is often a gap of weeks or months between the case managers and they have to largely restart services because there is little to no documentation of what the prior case manager was doing. However, current law and practice doesn't allow clients to appeal their exit from the program even if they go weeks or months without the supportive services that are supposed to help the family stabilize and supposed to be the backbone of the program, let alone grant them automatic extension in the program without having to go through the stress of receiving an exit notice and having to appeal.

Additionally, I have also personally witnessed, and heard repeatedly from clients, that individual workers speak to them disrespectfully and make comments to and about them ranging from not culturally competent and insensitive, to being fully and completely unprofessional and inappropriate. Clients have described feeling ignored, belittled, and intimidated by their caseworkers. Despite the HSRA's prohibition against retaliation<sup>5</sup> and guarantee that clients have the right to make complaints,<sup>6</sup> clients do not often feel safe making such complaints when so much of their future in the program may rely on that individual.<sup>7</sup>

**c. Case managers are not timely or regularly screening for other permanent programs and supports**

Multiple families we work with have also reported to us, and I have personally spoken with caseworkers, who were completely unfamiliar with the Targeted Affordable Housing program, or who said that a client had not been screened because they could not possibly qualify for the program, even where the case manager was aware that the parent had a disability or that children in the household were receiving SSI and the family had been homeless multiple times in the past three years.<sup>8</sup> For multiple families I have worked with, this screening came only after I was involved and the family was given a notice that their subsidy and participation in the program was ending due to time limits. After legal advocacy, several families I've represented were found to qualify and then approved for Targeted Affordable Housing - a successful outcome for the client, and counted as a successful outcome for the program, but one that should not require legal intervention to achieve.<sup>9</sup> In fact, in my work in the past year the only successful exit from Rapid Re-Housing by our clients of which I am aware are families who moved from the Rapid Re-Housing Program to Targeted Affordable Housing or Permanent Supportive Housing.

**III. Conclusion: Rapid Re-Housing Cannot be the Only Tool in Our Toolbox**

DHS has repeatedly said that, in serving families experiencing homelessness, every tool in the toolbox needs to be available. But in my experience in working with

families in Rapid Re-Housing over the past year, Rapid Re-Housing is being used as the only tool in that toolbox. There may be families for whom this program can work, but it cannot work for everyone. We have seen families who are either facing termination, or have already been terminated from the program with no supports, no alternate program, no other appropriate intervention waiting.

To address these concerns, I would like to echo the suggestions of my Executive Director, Judith Sandalow, families need to be able to turn to the program for assistance in securing healthy, safe housing that is in compliance with DC housing laws and be provided with strong, quality case management. To do this, we need to end the Rapid Re-Housing cliff created by the HSRA by legislating protections to ensure that the basic tenets of the program are provided for DC residents in Rapid Re-Housing, we need to have more in-depth oversight of the program and we need to work collaboratively across government to promote more high quality affordable housing.

Thank you for the opportunity to testify today. We look forward to working with this Committee as this process moves forward.

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<sup>1</sup> The U.S. Consumer Product Safety Commission estimates that portable electric heaters are involved in approximately 1,200 fires per year, and that more than 5,000 people seek emergency room treatment for injuries related to space heaters, including more than two-thirds for burns, with about half of burn victims children under the age of five. U.S. Consumer Product Safety Commission, *CPSC Issues Warnings on Use of Space Heaters, Offers Eight Point Safety Checklist*, October 6, 2011.

[https://www.cpsc.gov/Newsroom/News-Releases/2012/CPSC-Issues-Warnings-On-Use-Of-Space-Heaters-Offers-Eight-Point-Safety-Checklist-](https://www.cpsc.gov/Newsroom/News-Releases/2012/CPSC-Issues-Warnings-On-Use-Of-Space-Heaters-Offers-Eight-Point-Safety-Checklist)

<sup>2</sup> In 2016, Sanford Capital operated 19 apartment buildings around the District, and one in fifteen homeless families using rapid rehousing in 2016 lived in a Sanford property. Fenit Nirappil, Jonathan O’Connell, Shaun Courtney, *Tax dollars keep flowing to landlord D.C. is suing over housing conditions*,” February 27, 2017.

<sup>3</sup> As codified by the District of Columbia Housing Code, and in regulations contained in 14 DCMR Chapters 1-9.

<sup>4</sup> DC Human Rights Act, D.C. Code §2-1401.01 et seq.

<sup>5</sup> Clients of any program within the Homeless Services Continuum of Care have a right to access services free from verbal, emotional, sexual, financial, and physical abuse and exploitation, as well as the right to provide input and feedback to providers on their delivery of services and to file complaints about a provider’s delivery of services or treatment of the client. D.C. Code §4-754.11(a)(4), (10), (11). Clients also have a right to be free from retaliation, punishment, or sanction for exercising any of these rights. D.C. Code §4-754.11(a)(17). However, “retaliation” was not a defined term in the Homeless Services Reform Act prior to B22-0293, the Homeless Services Modernization Act of 2017, so it remains to be seen if this definitional addition will contribute to more clients feeling they can take action free from potential retaliation.

<sup>6</sup> D.C. Code §4-754.11(a)(17).

<sup>7</sup> For example, we have typically seen that whether a client receives an extension in the program can rely heavily on a caseworker’s discretion to even submit the request and in the level of support expressed for that request by the caseworker.

<sup>8</sup> B22-0293 amended the definition of “chronically homeless” families, a requirement to qualify for Permanent Supportive Housing, as a homeless family with a head of household with a disability that has been homeless for at least one year or on at least four separate occasions in the past year. Prior to this amendment, “chronically homeless” was not a defined term. However, 29 DCMR 2536.1 details additional criteria for families to qualify for the Permanent Supportive Housing Program, including having been homeless for one or more year or homeless interrupted by multiple stays in other temporary settings, and one of the following: one or more chronic health conditions that are at least episodically disabling or having one or more substantial barrier to housing stability, such as domestic violence, trauma, a history of out-of-home placements, or extensive involvement with the Child and Family Services Agency. Regulations have not yet been promulgated for the Targeted Affordable Housing program, but the program has repeatedly been referred to as an appropriate intervention for families where a child or adult has a disability, the family continues to face barriers to housing, and the family needs minimal ongoing casework supports.

<sup>9</sup> Having written regulations for Targeted Affordable Housing program promulgated would add a level of transparency and consistency across providers in addressing screening and qualifications for the program.