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**TESTIMONY OF KATE COVENTRY, POLICY ANALYST  
At the Public Oversight Roundtable on  
“Safety Procedures at DC General Family Shelter”  
District of Columbia Committee on Human Services  
September 19, 2014**

Chairman Graham and members of the committee, thank you for the opportunity to testify today. My name is Kate Coventry, and I am a policy analyst with the DC Fiscal Policy Institute. DCFPI engages in research and public education on the fiscal and economic health of the District of Columbia, with a particular emphasis on how policies impact low-and-moderate income families.

I am here today to talk about several concerns DCFPI has around the District’s ability to adequately serve the most vulnerable homeless families this coming winter. These concerns revolve around the District’s ability to provide sufficient case management services, coordinate services provided by multiple agencies, move families out of shelter quickly, and hire new social workers at the DC General Family Shelter. In addition, I am also here to offer recommendations on how to address some of these critical issues.

**Providing Sufficient Case Management and Coordinating Services**

National research has found that most homeless families are very similar to other low-income families who are not homeless.<sup>1</sup> These families, like other low income families, struggle to maintain housing primarily because of low income and lack of access to low cost housing. But there is a subset of homeless families, estimated at 8 to 10 percent, who are more vulnerable than other families because they suffer from multiple significant and persistent challenges, such as addiction or serious physical and mental health issues. These families struggle to maintain safe and stable households, and there is a considerable risk that the children may be placed into foster care.

In DC, many of these families receive services through multiple programs and agencies such as the Temporary Assistance for Needy Families (TANF) program, the Department of Behavioral Health, the Child and Family Services Agency, the Department of Disability Services as well as nonprofit providers. The logistical challenges and stress of homelessness can disrupt a family’s participation in these services and adds yet another service relationship for the family -- case management through the DC General Family Shelter or through the Virginia Williams Family Resource Center.

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<sup>1</sup> Rog, Debra, Scott Holupka, and Lisa Patton. *Characteristics and Dynamics of Homeless Families with Children*. Washington, DC: U.S. Department of Health and Human Services, Assistant Secretary for Planning and Evaluation, 2007. Available at <http://aspe.hhs.gov/hsp/homelessness/improving-data08/>.

As outlined in the District’s report, “Summarized Findings and Recommendations: Review of Interactions with RR and Her Immediate Family and District Government Agencies,” there is not a clear protocol of how these various agencies should coordinate to provide the best support for the family. DCFPI strongly supports the report’s recommendation that a cross-agency working group be formed to develop this protocol by studying the current service structure as well as national best practices.

However, the working group will take time and DCFPI is concerned about vulnerable families who are currently in shelter or will be entering shelter this coming hypothermia season. We recommend that a temporary protocol be developed which outlines which agency will be the primary service provider, the one charged with coordinating services and ensuring that needed information is shared. We also ask that this protocol address the needs of families who may not be connected with other services but have a need for more case management than is currently provided by the homeless services system.

### **Moving Vulnerable Families into Housing Quickly**

A key goal of the Department of Human Services (DHS) is to shorten the time that families stay in shelter to no more than 30 days. This is important because research shows that while shelter is better for families than sleeping in unsafe locations, family wellbeing declines while a family is in shelter. A short shelter stay is particularly important for highly vulnerable families because they face significant challenges, so there is a great risk that their existing issues will worsen. DC General case management is focused on identifying housing options, not on providing clinical case management. DCFPI has concerns that highly vulnerable families are not being moved into appropriate services in a timely manner and we recommend DHS address any barriers that are keeping families from being connected with appropriate services quickly.

A DHS report on highly vulnerable DC General families highlights the need for clinical case management for these families. All of the thirteen families interviewed in the DHS report were struggling with multiple serious issues including substance abuse, mental health problems, and serious physical health issues.<sup>2</sup> Seven were coping with serious conditions for which they were not currently receiving services. One client reported that “she is very overwhelmed and frustrated” and “is in need of counseling and has spoken with her case manager; however, she has not received support or direction toward services.” The assessment specialist reported that the client cried throughout their meeting.

Despite the urgency, DHS has struggled to quickly place families into the program that will provide the needed case management and stability--permanent supportive housing (PSH). PSH combines a rental subsidy with intensive supportive services tailored to the needs of the particular family and coordinated with other services the family is receiving.

Funding for new PSH slots was included in the fiscal year (FY) 2014 budget but families were not placed into these slots until May, eight months after the money became available. It is not clear what caused the delay or whether the issues contributing the delay have been resolved. The FY 2015 budget includes funding for new PSH slots and DCFPI is concerned that there will continue to be delays in placing families, leaving highly vulnerable families to languish in shelter. DCFPI asks DHS

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<sup>2</sup> SPDAT/VI Assessments Domain Analysis and Comparison Table. DHS.

to immediately address any issues that may slow down the placement of families into PSH and work to place vulnerable families into these slots as quickly as possible.

### **Ensuring new DC General Staff Are in Place As Soon As Possible**

The “Summarized Findings and Recommendations” report finds that many DC General families have very complex needs that are not addressed by the housing-focused case management offered by The Community Partnership for the Prevention of Homelessness (TCP) at the shelter. The report recommends increasing the number of on-site case managers to engage these families and ensuring these case managers receive consistent clinical supervision. DCFPI strongly supports this recommendation and recommends that DHS hire licensed social workers for these positions, given that these positions will be supporting the most vulnerable families. We also recommend that DHS accelerate the hiring for these positions.

The FY 2015 budget also contains \$600,000 for new case management positions for children staying at DC General. We recommend that DHS move quickly to hire licensed social workers for these positions to ensure that children are receiving the highest quality of service possible. These positions were funded at the recommendation of a community coalition of 25 nonprofit organizations, including DCFPI, who released the *Helping Families Home: A Roadmap for the District*, a report laying out the actions the District must take to put DC on a path to a system that serves homeless families appropriately.

Recognizing that the housing-focused case management provided at DC General did not generally include services directed to children, a key recommendation was to hire licensed social workers to create case plans for each child, address attendance and other educational needs, and ensure all young children receive developmental assessments and are enrolled in preschool or child care.

Thank you for the opportunity to testify, and I’m happy to answer any questions.