

GOVERNMENT OF THE DISTRICT OF COLUMBIA

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DEPARTMENT OF HOUSING AND COMMUNITY
DEVELOPMENT

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DISTRICT OF COLUMBIA FISCAL YEAR 2015 ACTION
PLAN
HOUSING NEEDS ASSESSMENT HEARING

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TUESDAY
MARCH 25, 2014

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The Department met in its 1st Floor
Conference Room, 1800 Martin Luther King, Jr.
Avenue, S.E., Washington, D.C., at 10:00 a.m.,
Nathan Simms, Hearing Official, presiding.

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P-R-O-C-E-E-D-I-N-G-S

10:07 a.m.

MR. SIMMS: All right. We're going to take this from the top.

Good morning, everyone. My name is Nathan Simms. I'm the Deputy Director for the D.C. Department of Housing and Community Development.

This morning I'm sitting in for our Director, Michael P. Kelly, who could not be with us today.

I'd like to thank you for attending this morning's community needs assessment hearing. This is the third of four hearings to discuss the housing and community development needs in the District of Columbia with a special focus on permanent support housing.

This morning's discussion on how DHCD developed the District's draft fiscal year 2015 or 2015, excuse me, annual action plan and sustaining priorities utilizing

1 Federal entitlement funds.

2 As many of you know, DHCD's
3 mission is to create and preserve
4 opportunities for affordable housing and
5 economic development and to revitalize
6 underserved communities in the District of
7 Columbia.

8 DHCD establishes this mission
9 through the use of both Federal and local
10 funding. The District receives four
11 entitlement grants from the U.S. Department of
12 Housing and Urban Development which includes
13 Community Development Block Grants or CDBG,
14 Home Investment Partnership Program, commonly
15 referred to as HOME, Emergency Shelter Grant
16 or ESG, and Housing Opportunity for Persons
17 with AIDS or HOPWA.

18 DHCD administers the CDBG and HOME
19 grants directly. ESG is administered by the
20 D.C. Department of Human Services, and the
21 HOPWA grant is administered by the D.C.
22 Department of Health.

1 In addition, the DHCD uses the
2 local Housing Production Trust Fund which is
3 funded through the District's recordation -
4 deed recordation and transfer taxes for the
5 production and preservation of affordable
6 housing and community development in the
7 District.

8 DHCD utilizes its Federal and
9 local funding to support a variety of
10 initiatives including but not limited to
11 single family and multi-family housing
12 development, comprehensive housing counselings
13 services and direct assistance in both current
14 and future homeowners.

15 These housing initiatives help to
16 sustain and revitalize District neighborhoods.

17 We want to use this opportunity to
18 hear community feedback on DHCD's policies and
19 programs. Specifically, we are seeking input
20 in the areas of affordable housing, special
21 needs housing, homelessness, home ownership,
22 and community development and public service

1 activities.

2 In addition, the Agency is
3 interested in hearing innovative strategies to
4 enhance community participation during the
5 planning process.

6 I'd like to note that the 2014
7 notice of funding availability will be
8 released by this Agency on April 2nd, 2014,
9 and this year is the first time the NOPA will
10 apply to all other proposals set aside five
11 percent of the units for permanent supportive
12 housing.

13 This is considered a national best
14 practice exercised by only a few
15 jurisdictions, and it will make great strides
16 in meeting the goals and objectives
17 established by the inter-agency council of
18 homelessness.

19 At this time I'd like to mention a
20 few housekeeping rules. This is important.
21 Please - and this is probably the most
22 important. Please make sure that your cell

1 phone and other electronic devices are on
2 silent and/or vibrate. As you participate in
3 the hearing, I understand that you may have
4 personal endeavors that you want to discuss.
5 The DHCD staff is available to speak with you
6 one on one about any concerns that you may
7 have.

8 Lastly, I would request that you
9 be respectful of others who are speaking and
10 keep side conversations to a minimum.

11 There are 11 witnesses who have
12 registered to provide testimony this morning.
13 After we have heard from those witnesses we
14 will open the floor for additional testimony
15 for anyone who would like to be added.

16 If you have written testimony,
17 please make sure that we have a copy. Your
18 testimony is limited. I will repeat, it is
19 limited, to three minutes, three minutes.

20 Our first witness this morning is
21 - and I apologize if I pronounce your name
22 wrong - is it Marialice Williams? Marialice

1 Williams, going once, going twice. We will
2 come back to Marialice Williams later.

3 The next witness will be Gerald
4 Allan Schwinn. Mark Hardee?

5 MR. HARDEE: Christopher Nace is
6 actually listed the second witness behind me.
7 We'll be testifying together. We will keep in
8 three minutes though. Do I just use the
9 microphone?

10 MR. SIMMS: Yes.

11 MR. NACE: Good morning. I would
12 like to introduce myself and my colleague from
13 the District of Columbia Public Schools,
14 Office of Specialized Instruction Transition
15 Team.

16 I am Christopher Nace, a post-
17 secondary transition specialist for the
18 District of Columbia Public Schools, and this
19 is Mark Hardee the Transition Policy Analyst
20 for the District of Columbia Public Schools.

21 Our Director, Dr. Pamela Downing-
22 Hosten, sends her regards, and she's

1 unfortunately unable to be here today.

2 As such, I've been asked on behalf
3 of the District of Columbia Public Schools
4 Chancellor, Ms. Kaya Henderson, the Chief of
5 Specialized Instruction, Dr. Nathaniel Beers,
6 and the Deputy Chief for Inclusive
7 Programming, Mr. Tom Flanagan, to provide
8 testimony on the - on an update of the status
9 of independent living in secondary transition
10 within the District of Columbia Public
11 Schools.

12 The transition team in the
13 District's purpose is to ensure that
14 transitioning students with disabilities in
15 DCPS realize the areas of education,
16 employment, and independent living after high
17 school.

18 DCPS currently serves 3,784
19 transition-age students between the ages of 15
20 and 22, all of whom have a variety of
21 disabilities which affect them in very
22 different ways.

1 They require a wide variety of
2 education, employment, and independent living
3 options available to them upon graduating from
4 high school.

5 I'm now going to turn the mic over
6 to Mark to discuss the policy initiative with
7 D.C. Public Schools and address our current
8 need and concerns with respect to this
9 hearing, after which I will be happy to
10 address any questions you may have.

11 MR. HARDEE: Thank you, Chris. So
12 DCPS is currently offering a range of programs
13 and services designed to prepare students for
14 independent living after high school.

15 As such, the transition team
16 developed and implemented transition courses
17 throughout the District this past year.

18 Two courses, one of which is self-
19 advocacy as the preschool through twelfth
20 grade course and independent living skills
21 which is our community-based instruction
22 course in high schools. Both of those

1 curriculum address independent living within
2 the community.

3 Additionally, students have the
4 opportunity to take the applied life skills
5 course as a part of DCPS's revised learning
6 lab initiative. There is, however, room for
7 growth and improvement in terms of service
8 delivery in the area of independent living.

9 Much of the needed growth revolves
10 around increasing our students' awareness of
11 what is required to truly live independently
12 in an apartment, condominium or house of
13 their choice.

14 Students' knowledge of current
15 programs that exist to support them with
16 housing after high school is quite limited.
17 While it is DCPS's goal to ensure every
18 student with a disability obtains skills
19 necessary to gain independence within their
20 living situation, it is not clear to these
21 students exactly how to garner housing as a
22 District resident.

1 Although the Department of Housing
2 and Urban Development recently set aside \$120
3 million for its Section 811 project, rental
4 assistance demonstration program that helped
5 thousands of individuals with disabilities
6 access rental assistance, our students are
7 largely unaware that such programs exist and
8 fail to utilize them fully.

9 So to address the issue of the
10 lack of knowledge to garner appropriate
11 housing for students with disabilities who
12 are exiting school, we believe that an active
13 partnership between the Department of Housing
14 and Community Development and D.C. Public
15 Schools is needed.

16 The collaborative effort will
17 become an effective approach to begin
18 developing District-specific student and
19 parent training on housing options available
20 to individuals with disabilities.

21 Providing contact information on
22 persons from the Department of Housing and

1 Community Development staff who are willing
2 to work on the project as a start and
3 creating work group to draft a partnership,
4 so we look forward to building a partnership
5 with DC HCD and to assist students with
6 making informed decisions about their living
7 options. Thank you.

8 MR. SIMMS: Thank you. Kurt
9 Runge.

10 MR. RUNGE: Good morning. My name
11 is Kurt Runge, and I'm the Advocacy Director
12 at Miriam's Kitchen.

13 Miriam's Kitchen's mission is to
14 end chronic homelessness in the District. We
15 appreciate the opportunity to testify today
16 regarding housing for people with special
17 needs.

18 First we want to commend the D.C.
19 Department of Housing and Community
20 Development and the D.C. Inter-Agency Council
21 on Homelessness for developing a permanent
22 supportive housing plan to end chronic

1 homelessness in the District of Columbia.

2 We are also commending the DHCD
3 for helping the District bring housing
4 resources together to end chronic
5 homelessness through the consolidated RFP.

6 Any chronic homelessness is
7 urgent. Chronic homelessness is defined as
8 an individual or family who has been homeless
9 for years and has a serious illness.

10 This population is older and dying
11 49 times younger than the general population.
12 Life expectancy is 62.

13 DHS has reported and its oversight
14 answers that about 1500 adults over 60 stayed
15 in the shelter last year and about 3,000
16 people with disabilities also stayed in the
17 shelter. Many of these people are
18 chronically homeless.

19 We support the ICH plan to end
20 chronic homelessness and we recommend that
21 the D.C. community find ways to fund the
22 plan, however, we have several suggestions to

1 make the plan better to ensure that people
2 who have been homeless for longest and are
3 the most vulnerable are prioritized for
4 housing.

5 There is a very real danger if we
6 do not set specific policies around targeting
7 while we could create a large stock of
8 permanent supportive housing that does not
9 make it suit the population it is intended to
10 serve and we will not the be decline in
11 chronic homelessness that we hope to see.

12 Permanent supportive housing is a
13 crises resource that when you strategically
14 can save our community resources and save the
15 lives of its residents.

16 There is a common misconception
17 that permanent supportive housing is housing
18 for anyone who needs home - anyone who is
19 homeless. In fact, permanent supportive
20 housing does serve people who are extremely
21 vulnerable and have high service needs like
22 the chronically homeless.

1 Unfortunately, many permanent
2 supportive housing programs in our system do
3 not target and prioritize resources for
4 people who are chronically homeless and most
5 vulnerable.

6 At the moment this is true for any
7 housing produced to end chronic homelessness
8 through the consolidated RFP that does not
9 use DHS services funding.

10 As a result, housing produced may
11 not serve people who are most vulnerable and
12 may not even serve people who are chronically
13 homeless.

14 We recommend that language in the
15 DC MOU for permanent supportive housing and
16 the consolidated RFP explicitly say that
17 clients for PSH will be identified through a
18 coordinated entry and assessment process that
19 targets PSH to the most vulnerable and most
20 in need both for initial occupancy and
21 turnover.

22 We also recommend that the MOU and

1 the consolidated RFP explicitly say that PSH
2 needs to go to people who meet the Federal
3 definition of chronic homelessness.

4 The District recently launched a
5 coordinated entry pilot which is intended to
6 improve connections between people and the
7 housing and services they need to ultimately
8 end their homelessness as quickly as
9 possible.

10 Featured housing resources should
11 pull from this system. To ensure that the
12 ICH plan to end chronic homelessness is
13 targeting the appropriate population and to
14 better track their progress for the goal of
15 ending homelessness in D.C., good data is
16 needed.

17 To accomplish this, we recommend
18 that all PSH produced in the District enter
19 data in the homeless Management Information
20 System, HMIS.

21 HMIS is the data base used to
22 communities - used in communities across the

1 country to collect data on people who are
2 homeless in the community.

3 Various models of permanent
4 supportive housing exists, and each has its
5 own merit. However, national research shows
6 that the Housing First model of permanent
7 supportive housing is one of the most
8 effective models for serving people who have
9 been homeless for years and have complex
10 disabilities.

11 One key characteristic of this
12 model is that it is low barrier meaning that
13 residents are not required to undergo
14 psychiatric treatment or maintain sobriety
15 prior to obtaining housing.

16 Providing housing first and then
17 offering services allows individuals the
18 stability needed to improve their health and
19 address their needs.

20 Although there is room for
21 multiple models of TSH, we recommend that the
22 Housing First model be incentivized in the

1 consolidated RFP.

2 If the city is serious about any
3 homelessness for people who have been
4 homeless for years and are seriously ill,
5 more projects need to use the Housing First
6 model.

7 This will ensure that new PSH does
8 not screen out some of our most vulnerable
9 residents out of housing.

10 Finally we commend DHCD and their
11 administration for the ambitious goal of
12 requiring five percent of all new development
13 be permanent supportive housing. However,
14 for this PSH to be viable, funding for
15 services and the subsidies to keep the
16 housing affordable is needed.

17 Currently there is no clear
18 indication that new PSH produced through this
19 requirement will have an operating subsidy or
20 service dollars. Therefore, we recommend the
21 necessary service and subsidy dollars are
22 allocated in the five percent PSH threshold

1 in new development.

2 We also recommend that there be
3 clear policies that tenants for the five or
4 ten PSH set-aside units be chronically
5 homeless and be identified through a
6 coordinated and create an assessment process
7 that targets PSH for the most vulnerable and
8 most in need.

9 Without specific targeting
10 policies, the five percent PSH set-aside
11 units are particularly in danger of becoming
12 service-enriched units that do not meet the
13 definition of permanent supportive housing
14 set out in the MOU and previous RFPs and do
15 not reach the vulnerable, chronically
16 homeless target population. Thank you.

17 MR. SIMMS: Thank you. Heidi
18 Case. Thomas Magnrum. Robin Craig. Kate
19 Coventry.

20 MS. COVENTRY: Thank you for the
21 opportunity to testify today. My name is
22 Kate Coventry, and I'm a Policy Analyst with

1 the D.P. Fiscal Policy Institute.

2 DCFPI engages in research and
3 public education on the fiscal and economic
4 health of the District of Columbia with a
5 particular emphasis on how policies impact
6 low and moderate-income families.

7 I'm here today to testify on the
8 Department of Housing and Community
9 Development's role in meeting the goals of
10 the Inter-Agency Council on Homelessness
11 Permanent Supportive Housing Production Plan
12 through the consolidated RFP.

13 More specifically I'm here to
14 raise concerns that this year's consolidated
15 RFP will not contain the necessary
16 requirements, preferences and dedicated
17 services funding needed to help serve
18 chronically homeless residents.

19 In addition, I will also provide
20 suggestions for how to ensure that PSH units
21 constructed through the consolidated RFP can
22 be best designed to meet their needs.

1 The ICH PSH production plan was
2 developed to end chronic homelessness in D.C.
3 by 2020. Chronically homeless residents have
4 been homeless for more than one year or three
5 times in four years and suffer from life-
6 threatening health conditions and/or severe
7 mental illness.

8 Without housing, treatment is
9 sporadic and the health of these individuals
10 deteriorates. To end their homelessness,
11 these residents need PSH which combines long-
12 term affordable housing and intensive
13 supportive services.

14 The ICH production plan combines
15 units leased through the Department of Human
16 Services PSH program and the units
17 constructed with the consolidated Request for
18 Proposal projects managed by DHCD.

19 Of the total 2,478 PSH slots
20 needed, 70 percent are to be produced through
21 the consolidated RFP.

22 Given that the majority of housing

1 needed to end chronic homelessness will be
2 constructed through the consolidated RFP,
3 DHCD must ensure that the units are targeted
4 so that chronically homeless and are designed
5 to meet their need.

6 DCFPI has concerns that this
7 year's consolidated RFP will not contain the
8 requirements, preferences, and dedicated
9 service funding needed to make this happen.

10 Primary supported housing is one
11 of the most expensive housing programs
12 because it provides long-term affordable
13 housing with intensive support services, yet
14 for chronically-homeless residents with
15 significant health and/or mental health
16 issues PSH is cost effective as a result in
17 reduced emergency services cost.

18 PSH also leads to great gains for
19 these participants. A study of Housing First
20 residents before and after enrolling in the
21 program found that approximately half had
22 improved health and mental health status, and

1 the program led to a 72 percent decline in
2 emergency-related costs.

3 Unfortunately many PSH units are
4 provided to residents who do not need such
5 intensive services. This leads to an
6 overspending on services for these residents
7 and oftentimes the most vulnerable are left
8 unserved at risk of dying on the street or in
9 shelter for preventable and manageable
10 diseases that could be properly managed in
11 permanent supportive housing.

12 DCFPI recommends that the
13 consolidated RFP explicitly outline that PSH
14 participants will be identified through a
15 coordinated entry and assessment process that
16 ranks residents according to their
17 vulnerability just as DHS PSH participants
18 are.

19 DHS uses the vulnerability index,
20 an assessment that measures how likely a
21 person is to die if they are not provided
22 housing and targets available units to

1 residents with the highest likelihood of
2 dying.

3 We recommend that units counted
4 toward the ICH production plan use the same
5 assessment and prioritization list as the DHS
6 program uses.

7 This huge consolidated RFP will
8 require five percent of all built units to be
9 set aside for supportive housing, but it is
10 not clear whether dedicated funding for
11 services will be available.

12 DCFPI is concerned that providers
13 committed to high quality services will not
14 apply as they know the ongoing funding for
15 these services is critical to the ability of
16 chronically homeless residents to maintain
17 their housing.

18 If these units are going to be
19 dedicated to the chronically homeless,
20 services must be provided at the appropriate
21 level to meet their needs. When services are
22 not provided at this level, the chronically

1 homeless struggle to maintain housing and
2 often fall back into homelessness.

3 If services funding is not going
4 to be provided, these units should not be
5 used for the chronically homeless nor counted
6 toward the ICH PSH's production goals.

7 Finally, DCFPI will not recommend
8 that the consolidated RFP use incentives such
9 as extra points to encourage the construction
10 of units used in the Housing First model.
11 This model has a low barrier to entry,
12 meaning that participants do not need to
13 achieve to sobriety or participate in mental
14 health treatment to qualify.

15 National research has found this
16 model is most effective in serving people who
17 have been homeless for years and have complex
18 disabilities. It also ensures that the most
19 vulnerable are not excluded.

20 Housing gives residents the stable
21 foundation needed to make progress on mental
22 health and sobriety goals.

1 Thank you for the opportunity to
2 testify and I'd be happy to answer any
3 questions.

4 MR. SIMMS: Thank you. Joan
5 Murrell. Just back to the top, so is it
6 Marialice Williams, no? Oh, I'm sorry.
7 Amber Kechane. Is Doreen Hodges here?

8 MS. HODGES: Yes.

9 MS. KECHANE: Good morning.

10 THE INTERPRETER: Do you want me
11 to speak for her or can you understand it?

12 MR. SIMMS: We're trying to get it
13 on the record, so if she can do it and you
14 can read it, it's fine.

15 THE INTERPRETER: Okay.

16 MS. KECHANE: Good morning and
17 thank you for the opportunity to testify. My
18 name is Amber Kechane, and I am an
19 independent living specialist at the District
20 of Columbia Center for Independent Living.
21 It's a 501(c)(3) established in 1981 as a
22 community-based consumer controlled cross

1 disability center designed to promote
2 independent lifestyle for people with
3 significant disabilities in the District of
4 Columbia.

5 We do this through the full course
6 service of information and referral, advocacy
7 both system and individual, peer counseling
8 and independent living skills training.

9 Our mission is to maximize
10 leadership, empowerment, and independence for
11 individuals with significant disabilities by
12 working to integrate and create opportunities
13 both these citizens to be mainstreamed into
14 society.

15 DCCIL serves people with various
16 disabilities and continues to have
17 individuals live independently in their
18 community by providing training sets for
19 basic computer skills training and travel,
20 budgeting and household maintenance.

21 In addition, peer counseling and
22 advocacy are provided as a means to assist

1 people to achieve their personal goals.

2 I am testifying today because
3 after being employed at DCCIL for four years,
4 I have noticed a crises with housing that
5 continues to worsen.

6 The majority of the people that we
7 assist come in looking for affordable and
8 accessible housing. DCCIL has approximately
9 675 active consumers and not - of all -
10 excuse me, all of those nine percent are
11 looking for affordable and accessible
12 housing.

13 DCCIL does not provide housing,
14 but we provide resources in the community so
15 that people with disabilities can find
16 affordable and accessible housing.

17 There is not enough accessible
18 housing in D.C., and if it is accessible,
19 people with disability often can't afford it.
20 This has always been difficult but it is even
21 more pressing since HUD has frozen its
22 waiting list. Since the city has such

1 limited resources for affordable and
2 accessible housing, D.C. Center for
3 Independent Living has begun a housing
4 advocacy group.

5 We look forward to working with
6 you on this issue. Feel free to contact me
7 with questions. Sincerely, Amber Kechane,
8 Independent Living Specialist.

9 THE INTERPRETER: Do you want to
10 say anything?

11 MS. KECHANE: No.

12 THE INTERPRETER: Okay. Thank
13 you.

14 MR. SIMMS: Thank you very much.
15 Doreen Hodges. Is there anybody else who
16 wishes to testify today? Have you signed up?

17 PARTICIPANT: I called but I don't
18 see think I'm on the list.

19 MR. SIMMS: Okay. Anyone else?
20 You don't have to come up right now, ma'am,
21 I'm just trying to gauge.

22 MS. HODGES: Good morning. I am

1 Doreen Hodges, Executive Director for Family
2 for Family Voices of the District of Columbia
3 which is the local grassroots organizations
4 501(c)(3) that was part of the national
5 Family Voices of Albuquerque, New Mexico.

6 We strive for family-specific
7 care, self-advocacy, and to speak on behalf
8 of children and youth and young adults and
9 adults between the ages of one to 26 years
10 old that are diagnosed with special health
11 care needs and/or disability.

12 I take the pleasure to be here
13 today to provide a brief testimony with
14 regards to housing for the special health
15 care needs and disability community which I
16 live in and am involved in every day, being a
17 proud parent of two children with special
18 health care needs and disabilities.

19 The need for living in a community
20 which you have the right to is lost.
21 Unfortunately many times the accessibility is
22 limited. Housing for the special health care

1 needs and/or disabilities community is more
2 than just mobility accessibility.

3 It is accessibility with regards
4 to safety, extending paths to neighborhood.
5 I speak specifically on the basis on which
6 many of our families live in - live on
7 rather.

8 Many families of children with
9 special health care needs and intellectual
10 disabilities and developmental disabilities
11 specifically such as autism, Down's Syndrome,
12 cerebral palsy live on floors in their
13 buildings that are not accommodating to them
14 such as they have medical necessities and
15 medical written prescriptions asking for
16 accommodations to not live past the second
17 floor or not live on the bottom floor because
18 of some of the children's or some of the
19 adults' alignment with regards to their
20 disabilities of height and so forth and so on
21 and also for safety risks of sliding out into
22 the community in an unsafe-type of

1 atmosphere.

2 Many of our families also live
3 where they're not accommodated with regards
4 to full security surveillance with regard to
5 safety.

6 It is great to be here today in
7 the District of Columbia Public School's
8 message from the chancellor speaks of
9 training supported by the accessible
10 affordable and livable housing supportive
11 services for special needs community.

12 What I would encourage and have
13 replied back to the chancellor and to DHCD
14 would be to partner together on the efforts
15 of making and taking some of the empty D.C.
16 public school buildings and accommodate it
17 with new initiatives such as community living
18 for families of one or more diagnosed with
19 special health care needs and disabilities.

20 That would kind of localize
21 apartment-style, condo-style living with a
22 catered in-house healthy living cooking chef

1 that would be like community-type of eating,
2 cafeteria style eating style, that would also
3 offer classes to the residents on how to
4 prepare and eat healthier living meals on a
5 fixed income.

6 Spacing available for therapeutic
7 services and support such as speech and
8 language therapy, occupational therapy,
9 physical therapy and etcetera and offer
10 accessible playgrounds and community rooms
11 for meetings and possible - and possible
12 health clinic.

13 Other opportunities to look at
14 besides D.C. Public Schools would be the
15 Walter Reed, the old Walter Reed Army
16 Facility Hospital.

17 Additional support staff DHCD
18 offers such as the housing rehab grant that
19 allows funding for families of the special
20 health care needs and disabilities
21 communities to accommodate the housing with
22 money up to \$70,000.00 I believe it is.

1 That's not being taken advantage
2 of. I have referred quite a few families
3 that we represent the families work with D.C.
4 to be able to speak to someone or to try to
5 access that program or that opportunity and
6 never get a call back, never get a response
7 back, never get any more facility.

8 Also, I'm asking them to come out
9 to some of the events that we do in the
10 community to make it able to be accessed.

11 Family Voices of the District of
12 Columbia would love to partner with DHCD on
13 many of its initiatives with regards to
14 serving and better serving and accommodating
15 in a community-style living in a most
16 friendly and appropriate way in accordance to
17 the law on helping make housing available for
18 our families and then make it more of their
19 living.

20 I thank you for the opportunity
21 today. I will provide my testimony in
22 written format as I condensed it into the

1 most timeframe that was allotted, and I hope
2 that you take the initiative to follow up on
3 the process of making housing available here
4 in the District of Columbia so its residents
5 that pay taxes and save most appropriately.
6 Thank you.

7 MR. SIMMS: Thank you. Please
8 state your name for the record.

9 MR. NEWMAN: Good morning. Is
10 this working. Good morning. My name is
11 Anthony Newman. I facilitate a peer support
12 group for D.C. Center for Independent Living.

13 What I'm going to do is read a
14 statement from one of my colleagues who could
15 not be present this morning, and it states as
16 follows: To Whom it May Concern: Let me take
17 a moment to introduce myself. My name is
18 Shanita Gore, and I'm a 26 year old with
19 cerebral palsy and a resident of Washington,
20 D.C.

21 My purpose for this letter is to
22 focus on one topic in particular which is

1 housing. I've been on a waiting list with
2 the D.C. Housing Authority since 2008. I
3 have also been searching independently for
4 housing since this time with no success.

5 I've been employed at the D.C.
6 Center for Independent Living since October
7 2011. As an advocate and a person with a
8 disability, I've noticed that at least 85
9 percent of the people that we serve come in
10 to us in search of housing, most of whom are
11 either homeless or disabled.

12 I participate in weekly peer
13 support groups that the Center conducts. It
14 is there that many of our consumers express
15 their frustrations when it comes to locating
16 affordable and accessible housing and when I
17 say accessible, I truly mean accessible
18 housing which the District of Columbia does
19 not currently provide all the time.

20 Not only do they express
21 frustrations regarding locating and obtaining
22 housing, they also have complaints about the

1 District of Columbia Housing Authority in
2 general.

3 We see a lot of little apartment
4 communities popping up all over the city, and
5 they tell us that a limited number of these
6 apartments have been put aside for those with
7 disabilities, yet persons with disabilities
8 are struggling to find housing which we can
9 afford and those of us who have independently
10 located apartments in the community ourselves
11 are often turned away for one of two reasons,
12 either we do not meet the income requirement,
13 the income requirement, or that housing
14 community said that these are already given
15 to people on the DCHA's waiting list.

16 I am currently on the list and am
17 waiting to be placed. Now bear with me as I
18 take a moment to address my frustration.
19 What I don't understand is why is there have
20 been new schools and apartment communities
21 being constructed at every turn but nothing
22 is being done to assure that these situations

1 are for homeless people and people in the
2 disabled community.

3 I mean we are the nation's
4 capital, and yet we have thousands of
5 homeless individuals with disabilities
6 seeking shelter on our streets. This is
7 absurd since there are many abandoned and
8 boarded-up schools, homes, and apartment
9 communities that could easily be renovated
10 and turned into adequate housing for the
11 homeless and persons with disabilities.

12 This will bring the value to the
13 communities in which they reside in as well
14 as save the City a substantial amount of
15 money and these are not sufficient enough
16 solutions.

17 Why is it so hard for persons with
18 disabilities to find and acquire housing when
19 there is so much housing in the city. I
20 continue to be baffled by the situation.

21 I challenge the city to achieve a
22 goal that is that all new apartment

1 communities built in the city from this point
2 forth should have visibility standards called
3 basic home access or inclusive home design.
4 This is the campaign for meaningful policy
5 requiring a few essential features in every
6 new home such as one step - I mean one zero
7 step entrances, interior doors including
8 bathrooms which are 32 inches or more as far
9 as current space, and it needs a half a bath
10 preferably a full bath on the main floor.

11 I just hope that now I have made
12 you all aware of a few positive changes that
13 this city could make to ensure that this -
14 that the disabled community can live in the
15 city that we have all come to love.

16 Hopefully this will encourage you
17 all to start implementing these practices in
18 making the District of Columbia truly a city
19 of accessibility. Thank you for your time,
20 and this was, as I said, written by one of my
21 colleagues, Shanita Gore, and I'd just like
22 to add that we have three facilities located

1 in D.C. in which people come in off the
2 street every day, and the vast majority of
3 them are looking for housing, and it's a
4 shame because we don't have housing to give
5 to them. All we can do is provide references
6 and housing lists, but oftentimes those
7 lists, 90 percent of the units - I mean the
8 places on those lists, are already full or
9 they have waiting lists that sometimes go up
10 to years.

11 So we just ask you to please do
12 what you can to provide more housing for
13 people with disabilities. We have enough to
14 deal with our disabilities let alone having
15 to find places to live. Thank you very much.

16 MR. SIMMS: Thank you. Anyone
17 else seeking to testify today?

18 MS. FRANKLIN: Good morning. My
19 name is Ruby Franklin.

20 MR. SIMMS: Please use the
21 microphone, ma'am.

22 MS. FRANKLIN: Oh, right here?

1 MR. SIMMS: Yes, whatever one
2 works.

3 MS. FRANKLIN: My name is Ruby
4 Franklin.

5 MR. SIMMS: You're going to have
6 to hold it up.

7 MS. FRANKLIN: Oh, I'm going to
8 have to hold it?

9 MR. SIMMS: Yes, maam.

10 MS. FRANKLIN: Okay.

11 MR. SIMMS: I know. It's the
12 price you pay.

13 MS. FRANKLIN: Yes. First of all,
14 my name is Ruby Franklin, and I'd like to
15 thank my counselor for notifying me that
16 there was a hearing such as this today, and I
17 was able to make it, but I'm really not
18 totally extremely prepared to say what I need
19 to say, so I hope there will be another one
20 coming up soon in the future.

21 Not being properly notified, I
22 think is a terrible thing because everybody

1 involved and concerned needs to be - need to
2 know about these hearings.

3 I just want to say that I am a
4 voucher holder. I'm also a patient, and I
5 have been a patient for many years.

6 I lived in a building that's
7 considered as condominiums where there are 14
8 units in the building, 13 owners and one
9 management that manages one unit, and three
10 owners live in the building, and the majority
11 of the rest of the people are under some kind
12 of housing program which causes a conflict of
13 interest because when you have owners who
14 have no togetherness, you know, they're not
15 concerned themselves with what - all of the
16 criminal acts that can be committed in the
17 building, and when you have your - my rights
18 as a voucher holder with no moral support
19 whatsoever from 1133 North Capitol Street,
20 and someone apparently is paying off the
21 inspectors because why is it that I'm the
22 only voucher holder in the building. When

1 the inspectors come to do the inspection in
2 my apartment, why is that now if my landlord
3 gets terminated, I'm also terminated with all
4 the rest of the years they don't even bother
5 to see the housing violations outside of my
6 unit, but what I want to ask is that this
7 condominium situation with these owners, and
8 we also have a racist management as well, you
9 need to terminate these owners of these
10 condominiums from even taking Government
11 people, I mean people who need housing
12 assistance.

13 The police is reluctant to resolve
14 crimes or permit crimes. The buildings are
15 used - not just mine, it's a whole lot of
16 buildings in this City where the management
17 and all those take housing money for people
18 to be housed who allow the building to be a
19 serious crime building, you know, drugs and
20 violence and all of this stuff going on, and
21 these tenants who are Section 8 or voucher
22 holders, they just move on someplace else,

1 but I want to make this short.

2 I don't think that these landlords
3 or owners of these condominium buildings
4 should be allowed to take Government tenants,
5 you know, people on Section 8, so many
6 different rental programs, and, you know,
7 lack of cooperation from management.

8 You don't know the owners' names,
9 you don't know the tenants' names, you know,
10 and if you have a complaint, you don't really
11 know who you're talking about because they're
12 not going to give you all of that
13 information.

14 So anyway, I'll make a long story
15 short because I'm really not prepared for
16 this today, but I really should be here. I
17 don't appreciate my rights being violated as
18 a voucher holder and a patient.

19 It's not just here. I have lived
20 other places too where it was the same thing,
21 you know, so I'm in disagreement with these
22 people with these condominiums out here

1 taking money for these people who need rental
2 assistance and not upholding the right of
3 those who are not criminally insane and
4 indulging in criminal activities.

5 Just one last thing. Everybody
6 needs to be held accountable - Congress, the
7 head officials, everybody needs to be held
8 accountable. My heart goes out to working
9 people. What happened to the rental
10 assistance for working people, people who are
11 losing their jobs out here with their
12 families struggling from day to day. They
13 need rental assistance. Thank you.

14 MR. SIMMS: Anybody else with - to
15 testify? Going once, twice, all right.

16 This concludes the third of our
17 four community needs assessment hearings.
18 The final hearing will be held on Thursday,
19 March 27th, 2014, from 6:30 to 8:30 p.m. at
20 the Franklin D. Reeves Municipal Building
21 located at 2000 14th Street, on the second
22 floor community room.

1 District of Columbia residents who
2 would like to present oral testimony are
3 encouraged to register in advance either by
4 email at dhcd.events@dc.gov or by calling
5 (202)442-7251.

6 At this time, the hearing will be
7 adjourned.

8 MS. FRANKLIN: Excuse me, can you
9 repeat that date for the next hearing please.

10 MR. SIMMS: March 27th, Thursday.

11 At this time the meeting will be adjourned.
12 DHCD staff and managers, very little of both,
13 will be - are available for any additional
14 concerns. Thank you and have a great day.

15 (Whereupon, the above-entitled
16 matter was concluded at 10:53 p.m.)

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