

A PROPOSED RESOLUTION

IN THE COUNCIL OF THE DISTRICT OF COLUMBIA

To declare the Sense of the Council that there is a need for new budget legislation that addresses a comprehensive poverty reduction strategy aimed at dealing with poverty in a holistic manner and addressing complex social, economic, and political problems that affect those living in poverty in the District of Columbia.

RESOLVED, BY THE COUNCIL OF THE DISTRICT OF COLUMBIA, that this resolution may be cited as the “Sense of the Council in Support of Reducing Poverty in the District of Columbia Resolution of 2009.”

Sec. 2. The Council finds that:

(a) Nearly 1 out of 5 (19.1%) District of Columbia residents – or 104,000 people – live at or below the poverty line, making the District of Columbia the jurisdiction with the third highest poverty rate in the nation. These numbers compare with 13.3% in the United States;

(b) The District of Columbia is the jurisdiction with the highest child poverty rate in the United States, with more than 3 out of 10 children – 32% -- living in poverty. 17% of families in the District of Columbia live in poverty;

(c) 54% of children in the District of Columbia live in low-income (less than 200% of poverty) families, compared with 39% in the United States, making it the jurisdiction with the highest rate of low-income children in the United States;

1 (d) Only 2.7% of families and 7.4% of individuals living in Ward 3 live at or  
2 below the poverty line. Conversely, 33.1% of families and 36% of individuals in Ward 8  
3 live in poverty;

4 (e) There are numerous causes of poverty in the District of Columbia:

5 (1) Housing – increasing rents, destruction of existing low-income housing  
6 and cuts in federal housing problems threaten the availability of affordable  
7 housing;

8 (2) Income – Thousands of people are unemployed and minimum wage  
9 earnings don't lift families above the poverty line. Almost half of the homeless  
10 population works, but cannot earn enough to pay for housing;

11 (3) Services – Inadequate government programs addressing health care,  
12 mental health care, childcare, and education prevent poor people from escaping  
13 their circumstances;

14 (4) Health Care – The thousands of District residents without health  
15 insurance are not prepared to weather an economic crisis resulting from a  
16 prolonged illness. Poor people are twice as likely as the general population to  
17 have chronic health problems but are not likely to receive adequate health care;

18 (5) Mental Health Care – A significant number of the poor population are  
19 mentally disabled, but don't receive the benefits to which they are entitled.  
20 Thousands of low-income individuals never receive substance abuse treatment  
21 because the programs are severely under-funded;

22 (6) Child Care – Child care for low-income parents is also an under-  
23 funded service in the District of Columbia. The help that is available only meets a

1 fraction of total need. Thousands of parents must choose between seeking  
2 employment and caring for their children;

3 (7) Education – Current education policy only serves to increase social  
4 disparity. Residency requirements, the inability to obtain school records, and a  
5 lack of transportation create barriers to public education for thousands of  
6 homeless children.

7 (f) 1 in 10 adults (age 18-64; 10.1%) currently live in poverty, as do 1 in 10  
8 seniors (age 65 and up; 11.1%). Nearly 1 in 5 children (age 17 and under; 17.6%) live in  
9 poverty, representing 34.9 percent of the people in poverty, despite being only 25.0  
10 percent of the total population;

11 (g) 26% of homeless families have one child, 28% have two children, and 30%  
12 live with three or more children.

13 (h) 62% of the homeless population has a high school diploma, and 44% are  
14 employed.

15 (i) Negative attitudes toward poverty and the poor has been an impediment to  
16 dealing with the issue of poverty;

17

18 Sec. 3. Poverty reduction priority areas and budget recommendations are:

19 (a) **Homelessness**

20

21 **Issue:** 24 hour homeless shelters

22 **Priority:** 24 hour shelters with day programming that provides mainstream services and  
23 integrated supports.

24 **Cost:** \$8.5 million

25

26 **Issue:** Case management services for homeless programs

27 **Priority:** Case management 1:12 ratio for families, 1:20 ratio for singles

28 **Cost:** \$450,000, 1.2 million families \$750,000, 2.5 million singles

1  
2 **Issue:** Successful model for transitioning chronically homeless populations (both single  
3 individuals and families)  
4 **Priority:** Serve an additional 1000 people; mixed income project development  
5 **Cost:** \$1.5 million rent, \$6 million case management  
6  
7 **Issue:** Cost of housing  
8 **Priority:** Rent subsidy for 1,000 people  
9 **Cost:** \$15 million  
10  
11 **Issue:** Program eligibility and amount of resources  
12 **Priority:** Homeless Prevention and ERAP; make programs more flexible to increase  
13 administration. And resources for utilities, furniture and mortgage  
14 **Cost:** \$18 million  
15  
16 **Issue:** Increase income supplements to raise the standard of living for recipients  
17 **Priority:** TANF grant, SSI Supplement  
18 **Cost:** \$10 million, \$14 million  
19  
20 (b) **Housing**  
21  
22 **Issue:** Acquire/ produce affordable housing for low-income, seniors, homeless, youth,  
23 disabled veterans, and others  
24 **Priority:** Acquire or produce 3000 units for rental and home ownership in accordance  
25 with the comprehensive housing strategy task force recommendations  
26 **Cost:** \$125 million  
27  
28 **Issue:** Rent subsidies for low-income, seniors, disabled veterans, homeless, youth and  
29 others  
30 **Priority:** Provide 1000 rent subsidies  
31 **Cost:** \$15 million  
32  
33 **Issue:** Low-income, homeless, youth, seniors, etc. need services and stabilized housing  
34 **Priority:** Provide supportive services in 1000 units of housing  
35 **Cost:** \$12 million  
36  
37 **Issue:** Preserve existing affordable housing and maintain people in their housing  
38 **Priority:** Building Repair Fund; Emergency Rental Assistance (ERAP); Low Interest  
39 Home Repair; Tenant Technical Assistance & Property Management; Tenant Purchase  
40 **Cost:** \$5 million; \$5 million; \$5 million; \$2 million; \$25 million  
41  
42 **Issue:** Low income homeownership  
43 **Priority:** Provide additional home purchase assistance through HPAP  
44 **Cost:** \$15 million  
45

1 **Issue:** Preserve a range of affordable housing options including special needs, rental,  
2 coops, and traditional homeownership and “move-up” housing that allows people to get  
3 out of poverty and build assets

4 **Priority:** Include legislative language in existing and proposed housing programs  
5 providing for a continuum of housing options that address the range of needs

6 **Cost:** No cost

7  
8 (c) **Child Care**  
9

10 **Issue:** Increase affordable child care

11 **Priority:** Ensure a holistic and comprehensive approach to early care and education that  
12 reflects the needs of children and their families

- 13 • Early care and education is needed.
- 14 • Design programs around the needs of children and working families
- 15 • Increase infant care capability
- 16 • Ensure equity
- 17 • Increase after school care
- 18 • Increase federal Head Start funding

19 **Cost:** Increase services for 5,000 infants/toddlers -- \$10 million

20  
21 **Issue:** Transfer of ECEA to OSSE

22 **Priority:** Define program requirements. Improve communications. Unify approach as  
23 outlined in “*The Road Map to Universal School Readiness*”

24 **Cost:** No Cost

25  
26 **Issue:** New licensing regulations effective April 2008.

27 **Priority:** Implementation of new Licensing Regulations

- 28 • Need consistent and improved communications
- 29 • All programs need to adhere to the regulation requirements whether in community  
30 based, DCPS or charter schools;
- 31 • Waiver and/or grandfather staff to ensure programs meet qualifications;
- 32 • Provide sufficient supports to ensure programs can meet mandates (e.g. dental  
33 exams);

34 **Cost:** No Cost

35  
36 **Issue:** Increase reimbursement rates to support a living wage for caregivers. Child care  
37 programs are presently at 2000 market rate for Bronze tiered programs and 2004 market  
38 rate for Gold tiered programs.

39 **Priority:** Adjust the rate to support high quality care.

40 **Cost:** \$20 million. Reinstate funding reduced in FY’08 Budget, approximately \$4 million.

41  
42 **Issue:** Services for special needs children

43 **Priority:** Increase funding for inclusion training and meeting ADA requirements

44 **Cost:** \$10 million

45

1 **Conclusions:** More coordination and equity is needed to ensure a strong, stable child care  
2 delivery system. More funding is needed to ensure quality services to children birth to  
3 five years old.

4 **Priority:** Parents need stable child care to enable them obtain employment. Increase Head  
5 Start programs. Improve collaboration, coordination and comprehensive support services.

6 **Cost:** \$44 million investment will result in a minimum of a \$7 return in savings for every  
7 dollar spent; i.e. \$308 million cost savings.

8

9

#### (d) Tax and Revenue

10

11 **Issue:** The District of Columbia has adopted substantial property tax relief measures in  
12 recent years, but these measures have not specifically targeted low-income homeowners,  
13 and have not benefited renters, even though renters pay property tax indirectly through  
14 their rent. The District's Chief Financial Officer estimates that a family earning \$25,000  
15 annually pays 7 percent of their income in residential property tax, compared with less  
16 than 3 percent for higher-income households.

17 **Priority:** Expand and update DC's Homeowner and Rental Property Tax Credit  
18 (Schedule H)

19 **Cost:** \$12-\$28 million. Changes to the program can be phased in over a number of years  
20 to reduce the budget impact.

21

22 **Issue:** Despite an increase in the DC standard deduction in the FY 08 budget, the  
23 District's deduction still ranks 18<sup>th</sup> in the United States for single filers and 26<sup>th</sup> for  
24 married persons filing jointly. The income taxes paid by lower-income working families  
25 in the District of Columbia are substantial. A family of four earning \$40,000 pays nearly  
26 \$1,700 in D.C. income taxes. A larger standard deduction would benefit all taxpayers  
27 who claim it, regardless of income; however the majority of households that claim the  
28 standard deduction are low-income households and renters.

29 **Priority:** Raise the standard deduction to match the federal deduction.

30 **Cost:** Unknown, but may be substantial. It is recommended that the increase be phased in  
31 over several years.

32

33 **Issue:** Financial literacy is a critical component in raising individuals and families out of  
34 poverty. The ability to manage one's finances and make informed investment decisions  
35 is essential to building wealth.

36 **Priority:** Support the implementation of Bill 17-0434, The Financial Literacy Council  
37 Establishment Act of 2007.

38 **Cost:** No cost

39

40 **Issue:** The recent slowdown in the economy has resulted in a decline in revenues  
41 collected from income and sales taxes. The decline in revenue collections, coupled with  
42 substantial commercial property tax cuts adopted by the Council, has resulted in an  
43 estimated budget shortfall of \$96 million. Revenue shortfalls will limit the District's  
44 ability to fund programs aimed at addressing poverty, therefore the District needs to look  
45 at ways to make up for these revenue losses.

1 **Priority:** Establish a working group or task force to examine ways the District of  
2 Columbia can maximize its acquisition of federal dollars, e.g. the Medicaid and other  
3 matching-grant programs.

4 **Cost:** Cost is expected to be minimal.

5  
6 (e) **Health**

7  
8 **Issue:** The prevalence rates of diseases, such as diabetes, asthma, cancer, and HIV exceed  
9 national levels, especially among African-Americans and Latino residents with lower  
10 incomes. Many residents are not aware of health services and prevention programs such  
11 as ADAP.

12 **Priority:** Introduce community health advocates, based in every neighborhood, to offer  
13 health education on HIV, diabetes, and other health issues to residents. Provide case  
14 management services for health, jobs, housing and education, and encourage people to  
15 advocate for their community's health needs.

16 **Cost:** Each neighborhood should have 1 or 2 community health advocates, who live in the  
17 neighborhood, and are paid \$20 per hour with benefits

18  
19 **Issue:** Despite enormous investments in healthcare coverage we have not made a  
20 significant impact on health and wellness or reduction of emergency room use.

21 **Priority:** Community health workers certified and trained drawn from the community,  
22 can connect people to available services, help navigate complex systems, and help  
23 develop wellness strategy beyond medical intervention.

24 **Cost:** None

25  
26 **Issue:** Pass and implement a sick and safe leave act with no amendments.

27 **Priority:** Give people the ability to pursue their health needs without risking their jobs

28 **Cost:** No Cost

29  
30 **Issue:** 11.4% of D.C. households struggle with hunger. Households in low income areas  
31 do not have access, both geographically and economically, to affordable healthy foods.

32 **Priority:** Work to end hunger, foster development of healthy affordable food outlets,  
33 promote nutrition education and increase ability of people to purchase healthy food.

34 **Cost:** Leverage millions of dollars in food nutrition funding -- 1 million

35  
36 **Issue:** Improve or establish a continuum of care so that agencies that work with people  
37 with mental health, substance abuse, HIV, physical health, family and youth problems  
38 can coordinate services.

39 **Priority:** Increase communication between agencies. Create resources for consumers to  
40 find information as well as file complaints.

41 **Cost:** Adequately staffed offices with equipment.

42  
43 **Issue:** 1 in 5 D.C. residents do not have access to primary care services and many more  
44 lack access to specialty care and mental health services.

45 **Priority:** Provide sufficient quality and quantity of mental health, primary, and specialty  
46 care for children and adults.

1 **Cost:** No Cost

2

3 **Issue:** Implement comprehensive sexuality education in the schools

4 **Cost:** No Cost

5

6

(f) **Religion**

7

8 **Issue:** The need for a biblical and theological understanding of the use of and production  
9 of wealth.

10 **Priority:** Retreat for 50 faith seminary professionals to develop programs.

11 **Cost:** \$50,000

12

13 **Issue:** Policies of government and private sector systems create poverty and benefit from  
14 maintaining poverty

15 **Priority:** Facilitate discussions with government and private sectors to address poverty  
16 reduction.

17 **Cost:** \$10,000

18

19 **Issue:** There is a need for advocacy and effort by the clergy to address those who enable  
20 those who are in poverty.

21 **Priority:** Host city-wide workshops for residents.

22 **Cost:** \$15,000

23

24 **Issue:** The clergy needs to refine and establish publicly the moral compass addressing  
25 issues impacting government and private sector policies and practices

26 **Priority:** Create 501(c) 3's in churches, Create a collaborative and initiate funding  
27 sources.

28 **Cost:** \$700,000

29

30 **Issue:** Major contributing factors to poverty include race, geography (off-shore) and war

31 **Priority:** Create user friendly information, tour areas with best practices.

32 **Cost:** \$30,000

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(g) **Justice and Re-entry**

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36 **Issue:** Expand housing options for adults coming out of the criminal justice system.

37 **Priority:** Operating subsidy, source subsidy

38 **Cost:** \$15,000 year per person, \$8,000 year per person

39

40 **Issue:** Intervention for juveniles at the pre trial stage of entrance with the corrections  
41 system

42 **Priority:** Substance abuse and mental health treatment as alternatives to detention to 200  
43 kids per year

44 **Cost:** \$4 million

45

46 **Issue:** Juveniles incarcerated

1 **Priority:** Substance abuse/mental health services at Oak Hill and in group homes,  
2 psychological services and life skills training  
3 **Cost:** \$1.5 million  
4

5 **Issue:** Juvenile incarceration

6 **Priority:** Staff training in cultural competence and skill development; mentoring (faith  
7 community); in home wrap around services for families; office facility and 2 case  
8 workers

9 **Cost:** \$200,000; No Cost; \$1 million; \$200,000  
10

11 **Issue:** Federal aid coordinator; expand treatment in D.C. Jail to support better re-entry

12 **Priority:** Identify federal programs; re-entry / treatment programs (health, mental &  
13 substance)  
14

#### 15 (h) Education, Training and Workforce Development 16

17 **Issue:** General work readiness is a problem that is manifested in poor literacy skills and  
18 the lack of “soft” or attitudinal skills particularly among youth

19 **Priority:** Worker readiness training and assessment capacity needs to be developed and  
20 shared in a comprehensive way

21 **Cost:** \$13 million  
22

23 **Issue:** Funding to support coordination of quality and expanded capacity among current  
24 and future providers. Literacy training and targeted placement need to be connected.

25 **Priority:** Develop a non-school based initiative to support adults and out-of-school youth

26 **Cost:** \$15 million  
27

28 **Issue:** Lack of employers in the resolution of underemployment.

29 **Priority:** Involve employers in labor market analysis and worker preparation solutions

30 **Cost:** \$6.85 million  
31

32 **Issue:** The lack of career academies that provide strong work focus and experiential  
33 learning opportunities.

34 **Priority:** Fund and expand career academies, particularly east of the Anacostia River

35 **Cost:** \$9 million  
36

37 **Issue:** Increase well developed, current, and comprehensive information resources on  
38 education, training and workforce development Ward by Ward and city- wide.

39 **Priority:** An annually updated resource mapping and public education project

40 **Cost:** \$500,000  
41

42 Sec. 4. It is the Sense of the Council that the issues and budgets identified in this

43 resolution shall be a top legislative priority in addressing, comprehensively, the problems

1 affecting those living in poverty in the District of Columbia and urge the Mayor to reflect  
2 these priorities in his FY10 budget submission.

3           Sec. 5. The Council of the District of Columbia shall transmit a copy of this  
4 resolution upon its adoption to the Mayor.

5           Sec. 6. This resolution shall take effect immediately.