

Testimony of Jean-Michel Giraud,
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Community Council for the Homeless at Friendship Place
“Housing and Community Development Needs in the District of Columbia”
Department of Housing and Community Development
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Good afternoon; I am Jean-Michel Giraud, the Executive Director of the Community Council for the Homeless at Friendship Place. I am delighted to make my first presentation to this panel of the Department of Housing and Community Development today.

CCHFP serves close to 500 people a year in upper northwest with street outreach, case management, medical and psychiatric services, transitional housing provided by our congregational partners, and permanent housing in group homes and efficiency apartments for 38 people. Our network also includes two hypothermia shelters. Over 70% of the people participating in our programs have psychiatric diagnoses, almost 3 times the regional average quoted in the 2007 Point-In-Time Study, and, 35% have substance abuse or co-occurring disorders, slightly higher than the regional average.

With over 5,700 hundred people homeless in the District every day and growing concerns about the housing market, housing solutions are more than ever necessary in the city. One of the factors hindering progress in that direction is the lack of sustainable funding for supportive services available to homeless services providers. And, organizations like CCHFP tend to serve a large number of people who are eligible for services in other systems where public funding is available on the basis of need and disability. These systems include psychiatric rehabilitation, drug and alcohol recovery, vocational rehabilitation, senior services, and others.

Homeless services organizations offering a full array of services from street outreach to permanent housing attract people who, due to their own level of readiness often do not mainstream well, at first or for an extended period of time, into the other systems. These providers represent low-barrier entry points into the system for a lot of people who, otherwise, may not accept services from traditional providers and engage effectively. Successful engagement is achieved through flexible techniques that help meet each individual at his or her own level of readiness on the street and represents a very positive aspect of our mission.

At CCHFP, we continue to serve people for the remainder of the service cycle, putting their own needs, preferences and decisions regarding services first. This includes recovery choices like the decision to accept chemical treatment for a mental illness or not. This philosophy allows people to feel safe from the beginning, engage in a more trusting and effective way, accept services that are presented in a non-threatening manner and eventually become housed. Our housing retention rate is over 95%.

From a systemic perspective, the need to fund these services within an alternative and parallel system of care, offering comprehensive supportive services without funding from traditional sources like Medical Assistance, constitutes a significant challenge for CCHFP and other homeless-services providers. And, homeless services providers' involvement lowers the need for services in publically-funded care systems since they provide effective and individually-tailored services to people who are often eligible for these in the other systems. In order to be able to house more people, we are therefore asking the District to acknowledge our contribution and put in place a reliable and sustainable system of funding for supportive services provided by homeless-services organizations, which takes into consideration the full extent of the service spectrum in the city and makes our services a recognized recovery option for people experiencing homelessness in the District.