

**COUNCIL OF THE DISTRICT OF COLUMBIA
COMMITTEE OF THE WHOLE
COMMITTEE REPORT**

1350 Pennsylvania Avenue, NW, Washington, DC 20004

DRAFT

TO: All Councilmembers

FROM: Chairman Phil Mendelson
Committee of the Whole

DATE: November 3, 2015

SUBJECT: Report on Bill 21-352, “Interim Eligibility and Minimum Shelter Standards Amendment Act of 2015”

The Committee of the Whole, to which Bill 21-352, the “Interim Eligibility and Minimum Shelter Standards Amendment Act of 2015” was referred, reports favorably thereon with amendments, and recommends approval by the Council.

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I. BACKGROUND AND NEED

Bill 21-352, the “Interim Eligibility and Minimum Shelter Standards Amendment Act of 2015,” amends two important portions of the District’s Human Services Reform Act (“HSRA”), with provisions that ensure access to safe and dignified shelter for homeless families throughout the year. The legislation, as introduced by the Mayor, would create an “interim eligibility placement,” a 3-day period of temporary placement into emergency shelter for families to be utilized when an eligibility determination cannot be made on the initial date that a family appears seeking shelter. During the temporary period, which could be renewed up to three times, the Department of Human Services (“DHS”) would have the opportunity to perform a more thorough analysis of a family’s circumstances and needs for shelter and supportive services. Bill 21-352 would also authorize the Mayor to develop private rooms in order to replace the District of Columbia General Family Shelter (“D.C. General”) and provide shelter to families in private rooms rather than apartment-style units.

The Committee Print makes several modifications to this framework, chief among these are the addition of minimum requirements for shelter units used to replace the aging and inadequate D.C. General facility. There is widespread agreement that D.C. General is inadequate to meet the needs of families sheltered there and should be closed. In 2014, then-Mayor Vincent Gray offered a plan to replace D.C. General with a network of smaller shelters located throughout the city. The Bowser administration intends to follow this model and, in addition, seeks authorization to depart from the existing legal preference to provide apartment-style shelter.¹ Instead of the District's longstanding policy preference for apartment-style shelter, the Mayor seeks authorization to utilize private room units to replace D.C. General.²

Bill 21-352 is significant because it establishes one critical component of the District's approach to addressing family homelessness for the foreseeable future—at a minimum, the coming decades. Thus, the requirements we place in the law have real significance as a demonstration of our priorities and for meeting the basic needs of homeless families. The Executive has adhered strongly to the priority of making homelessness rare, brief, and non-recurring, and the Committee agrees that this is the correct goal. To that end, the District's goal should not only be to close D.C. General, but to replace the inappropriate existing facilities with new facilities that meet the needs of those they serve and to do so in a way that adheres to the standard of dignity we expect as a government. Thus, in seeking to make homelessness a rarity, we should also seek to provide our homeless population with housing that is safe, humane, and in the interest of public health. As such, the Committee Print for Bill 21-352, among other things, incorporates requirements for a minimum number of bathrooms in each building used to replace D.C. General. At a minimum, buildings comprised of D.C. General Replacement units must include at least one private room with a private bathroom per floor, at least one “family style” bathroom per each 5 D.C. General Replacement units, and at least 2 communal bathrooms per floor.

Significant systems change is currently underway with regard to how the District provides shelter and services to families and individuals experiencing homelessness.³ Replacement of D.C. General is one component of that systems change, albeit a very important one, as D.C. General is the District's primary family shelter facility. Though advocates have expressed concern about lowering the District's standard from apartment-style shelter units, consensus has developed that private rooms that meet some minimum standards can be sufficient to meet the needs of families experiencing homelessness while in shelter. To that end, the Committee Print for Bill 21-352 balances these concerns by providing the Executive with certain flexibility in development of shelter care for homeless families, while incorporating requirements into the minimum standard of what is to be provided.

¹ See HSRA 4-753.01(d)(1)

² See B21-352 as introduced

³ See Homeward DC

Homelessness in the District of Columbia

The District of Columbia has for decades faced challenges in providing adequate shelter and services to families experiencing homelessness and has struggled to meet its legal obligation to place families in “apartment-style” shelters.⁴ After the Council passed legislation in 2010 permitting the Mayor to shelter families in private rooms, the District failed to comply.⁵ Ultimately, the District’s placement of families in congregate shelter at recreation centers during January 2014 led to a class action lawsuit and a permanent injunction requiring the District to comply with the requirements of the law.⁶

During the same period of time, while facilities in which the District sheltered homeless families met, in some cases, the letter of the law, they failed to meet the spirit of it by failing to meet the standard for shelter that the District government considers safe and humane. Instead, until 2007, the District sheltered homeless families at the D.C. Village shelter in conditions described as “overcrowded,” “pest infested,” and “inhumane.”⁷ After the closure of D.C. Village, a former nursing home used to shelter homeless families, the District began sheltering families at D.C. General, a former hospital.⁸ Though D.C. General was initially intended to be a temporary shelter location, today it remains the District’s primary emergency family shelter, despite being beset by “vermin infestations, sexual predation by employees, and abuse among residents.”⁹ For these reasons, and many others, the both the Council and the Executive are anxious to replace D.C. General.

Families experiencing homelessness are in crisis. Various destabilizing and traumatic circumstances lead a family to experience homelessness. The Committee believes that, to the extent possible, design can be used to mitigate the effects of such circumstances. The design of emergency family shelter should include consideration of families’ concerns regarding privacy, safety, and cleanliness. The design should also take into account the high need for “reasonable accommodations” among families that include disabled persons, those with specific medical needs, and survivors of sexual assault and domestic violence. Further, shelter facilities should be designed in ways that minimize conflict among families and enable families to perform tasks, like getting children ready for school with sufficient time, in adequate space. Facilities’ design should also include consideration of providers’ demonstrated ability to manage facilities, including providing for families’ safety, privacy, and cleanliness. In closing and replacing D.C. General, the Committee believes the District has an opportunity to become a model for humane and effective homeless services, starting with the creation of a standard for shelter by using what has been learned over decades of dysfunction to protect the health, safety, and dignity of families in shelter.

⁴ *Id.*

⁵ *Id.*

⁶ See, Order for Permanent Injunction, July 21, 2015, Reid v. District of Columbia, Civil Action 2014 CA 001238, Judge Robert Okun.

⁷ See Washington Post, October 23, 2007, “District Closing ‘Inhumane’ DC Village”.

⁸ See Washington City Paper, Housing Complex, October 22, 2014, “Shelter Skelter: Why Shuttering D.C. General Won’t Be Easy”.

⁹ *Id.*

Interim Eligibility

Under current law, individuals and families experiencing homelessness have a right to shelter “in severe weather conditions.”¹⁰ Additionally, the Mayor is required to place families in apartment-style shelters or, if no apartment-style shelters are available, in private rooms.¹¹ Generally, those experiencing homelessness may access shelter from November 1st of each year through March 31st of the following year, or when a “hypothermia alert” is called.¹² A hypothermia alert is called when “the actual or forecasted temperature, including the wind chill factor, is 32 degrees Fahrenheit (F.) or below.”¹³ Because a family may experience homelessness due to factors other than weather and experience homelessness throughout the year, there is typically a build up in demand and an influx of families seeking shelter at the start of hypothermia season. This demand can strain the system and immediately fill any available shelter.

In an effort to diminish this influx, earlier this year DHS instituted a policy of “year-round access,” allowing families with no safe housing alternative to enter the shelter system outside of hypothermia season. This policy does not create a right to shelter outside of hypothermia season, but it is expected to reduce the number of families seeking shelter at the start of hypothermia season. According to the Bowser Administration, continuation and codification of its policy of “interim eligibility placement” during hypothermia season will further facilitate this year round access. Further, this temporary placement will better enable DHS to complete a comprehensive assessment of a families’ needs and options and allow it to offer alternatives to shelter, when appropriate.

Bill 21-352 would, in effect, create a temporary placement period during which the “right to shelter” would not automatically attach. Instead, DHS would have a period of up to 12 days to make a final eligibility determination. DHS and representatives of the Washington Legal Clinic for the Homeless, on behalf of other homeless advocates, have agreed to multiple amendments to requirements regarding interim eligibility that would clarify timelines and client rights with regard to eligibility determination, notice, and appeal. The Committee Print incorporates the substance of many of these suggested changes, including edits related to timelines for appeal of a denial of eligibility during an interim eligibility placement.

Private Rooms

The Council, the current Mayor and previous mayors, advocates, stakeholders, and District residents from across the city, have, since it first opened as a shelter, sought to have D.C. General closed and a more humane shelter or system of shelters established for the District’s most vulnerable families. In recent years, the District has allocated unprecedented dollar amounts to homeless services and funding for permanent housing for those experiencing homelessness.¹⁴ The

¹⁰ See Human Service Reform Act of 2005 § 9 (D.C. Law 16-35; D.C. Official Code 4-754.11).

¹¹ See id at § 7.

¹² See Interagency Council on Homelessness, District of Columbia Winter Plan: 2015-2016, available at: http://ich.dc.gov/sites/default/files/dc/sites/ich/page_content/attachments/Winter%20Plan_FY15-16.pdf.

¹³ Id.

¹⁴ See Bill 20-157, the “Fiscal Year 2016 Budget Request Act of 2015” and Bill 20-158, the “Fiscal Year 2016 Budget Support Act of 2015)

Administration has asserted that in order to close D.C. General, it must have authorization to replace D.C. General units with private rooms rather than apartment-style units, lowering the standard under existing law. This assertion is premised on data which show that the average length of stay for persons experiencing homelessness in the District and in other jurisdictions is notably longer when a person is sheltered in an apartment-style unit. While this data is not conclusive, DHS has argued that this correlation is a strong reason to move to private room shelter units.

The problems with D.C. General as a shelter are myriad. The building is an old, outdated facility with basic systems that work poorly and are costly to maintain, including its heating, cooling, electrical, and water systems.¹⁵ In addition, the facility has been reported to be infested with pests and vermin, including mice and bugs.¹⁶ Also, outbreaks of scabies and reports of filthy communal bathrooms have been made.¹⁷ Further, reports of drug dealing and fights in and around the facility are rampant.¹⁸ Beyond issues with the physical facility, numerous reports of staff misconduct, including recording residents while showering, have been made.¹⁹ Many of these issues were brought to the public's attention following the disappearance of Relisha Rudd, a child tragically abducted by a staff member at the facility in 2014.²⁰ Formerly a hospital, D.C. General was not intended to be used for the purpose of sheltering families. Rather than being used for one or two patients during short stays, units within D.C. General are used to shelter families with an average size of four persons.²¹ It currently shelters nearly 300 families. This large population and facility has proven difficult to manage.

Replacement of D.C. General with new, smaller facilities designed with the intention of housing families experiencing homelessness will immediately eliminate some of the most pressing problems that exist at D.C. General. New facilities will have new, reliable heating, cooling, electrical, and water systems. In addition, smaller facilities with fewer families will likely be easier to manage. However, while some issues that plague the current facility are resolved by moving to newer, smaller facilities, other issues remain and require the District to establish minimum standards and provide greater oversight over management of and services provided within shelters. For example, management may vary depending on the service provider, oversight from DHS, facility design, and from one administration to another. Therefore, facilities should be designed in a manner that promotes the highest level of consistency across providers and administrations.

Previously, the District has utilized existing facilities originally intended for other purposes to shelter families.²² However, these facilities have proven inadequate for meeting the needs of families experiencing homelessness, and government officials, clients, and advocates agree that

¹⁵ See Washington Post, October 23, 2007, "DC family homeless shelter beset by dysfunction, decay," available at: https://www.washingtonpost.com/local/dc-family-homeless-shelter-beset-by-dysfunction-decay/2014/07/12/3bbb7f50-f739-11e3-a3a5-42be35962a52_story.html.

¹⁶ See id.

¹⁷ See id.

¹⁸ See "Fox 5 Investigates: Drug market at DC General homeless shelter," available at: <http://www.fox5dc.com/news/1532192-story>.

¹⁹ See Washington Post, October 23, 2007, "DC family homeless shelter beset by dysfunction, decay."

²⁰ See Washington City Paper, Housing Complex, October 22, 2014, "Shelter Skelter: Why Shuttering D.C. General Won't Be Easy".

²¹ See ICH Report

²² Note re: DC Village, a former nursing home, and DC General, a former hospital

an alternative to facilities like D.C. General is necessary. Replacement of D.C. General offers the District a unique opportunity to design a system of shelter facilities with a focus on prioritizing the needs of clients and takes into account lessons learned over decades of providing shelter and services in inadequate facilities.

Length of stay

Though data provided by DHS shows that families sheltered in apartment-style units have, on average, the longest length of stay, the same data indicates that families in motel rooms have the shortest length of stay – despite access to a private bathroom.²³ In fact, the length of stay in those facilities is even shorter than the average length of stay for families at D.C. General – a facility with mostly communal bathrooms.²⁴ DHS is unable to identify any specific design features that lead to longer lengths of stay. In addition, there is no available research that identifies design features that lead a family experiencing homelessness to remain in shelter for a longer period of time. Without conclusive information, the focus must be on creating shelter that meets the basic needs of families experiencing shelter until they become stabilized through supportive services and are able to secure and maintain permanent housing.

In any event, addressing length of stay is a factor in developing a model to address homelessness, but it should not be the focus. Specifically, looking at what might alter the length of stay can be an important consideration, but it must be balanced against the safety, security, and health of the families what will locate in the facilities—for however long their stay.

Family Composition and Needs

Fifty-six percent of families experiencing homelessness in the District include two or more children.²⁵ In addition, 43% of families in shelter include a child under 24 months, and just under half of those children are infants.²⁶ Nearly half of all sheltered households include an adult male.²⁷ DHS also receives hundreds of “reasonable accommodations” requests – requests for private accommodations for persons with disabilities and medical needs – from families in the shelter system.²⁸ During Fiscal Year 2015, DHS received at least 280 such requests, representing “approximately 20% of all family shelter placements during the year.”²⁹ In addition, though data is unavailable due to privacy issues, we know that the family shelter system serves a large number of households that would require additional privacy due to domestic violence, sexual violence, or other forms of trauma.³⁰ The crises faced by families experiencing homelessness are often multi-faceted, and shelter is the first step toward stabilization. By creating facilities where families’

²³ See ICH Design Principles, September 30, 2015

²⁴ See *id.*

²⁵ See ICH Design Principles, September 30, 2015

²⁶ See *id.*

²⁷ See *id.*

²⁸ See ICH Design Committee Report

²⁹ See ICH Design Committee Report

³⁰ See ICH Design Committee Report (pg. 11 footnote)

safety, health, and privacy needs are met, they can focus on addressing other pressing issues to, ultimately, focus on completing the necessary steps to secure permanent housing.

ICH Design Guidelines Committee

Following the introduction of Bill 21-352, many advocates expressed concern about lowering the legal standard from apartment-style units to entirely private rooms. Advocates were concerned that private rooms would prevent families from accessing facilities for cooking and bathing privately, among other issues. After advocates and other stakeholders brought their concerns to DHS, the Mayor issued an Order creating a Design Guidelines Committee (“Design Committee”) through the Interagency Council on Homelessness for the purpose of providing “input and feedback to the Mayor on design guidelines” for D.C. General replacement units.³¹

The Design Committee was comprised of appointed members, including representatives of the District government, advocates, and service providers. The Design Committee met three times, and its meetings were open to the public. Staff from the Committee of the Whole attended Design Committee meetings held on October 7th and October 14th. It submitted a report to the Mayor on October 16, 2015.³² During Design Committee sessions, various design details and communal spaces were discussed, including computer labs, study areas, dining areas, kitchens, and proposed layouts of individual rooms.³³ While some consensus was reached on these areas, discussion regarding bathrooms did not lead to any consensus decision.³⁴

Bathrooms

DHS initially offered a “base case” proposal on bathrooms for each facility that contemplated a 50-unit facility with ten (10) units on each of five (5) floors.³⁵ On each floor, one unit would be equipped with a private bathroom; all families would have access to one (1) “family” bathroom equipped with a toilet, sink, and bathtub; women and men would each have access to a communal bathroom, each equipped with three (3) shower stalls, three (3) toilet stalls, and three (3) sinks at a total of 136 sq. ft. each.

During the course of discussion, many options were considered, with the Department of General Services (“DGS”) ultimately offering four options for how the “base case” might be amended. The options presented as possibilities beyond the “base case” are as follows:³⁶

- Option 1: Adds one additional private room with private bathroom per floor, per site
- Option 2: Adds one additional “family” bathroom per floor, per site

³¹ See Mayor’s Order 2015-225, “Establishment – Committee on Design Guidelines for Emergency Housing for Families Experiencing Homelessness,” September 25, 2015.

³² See ICH Report

³³ See ICH Report

³⁴ See ICH Report

³⁵ See ICH Report

³⁶ See ICH Report

- Option 3: Each private room includes a private bathroom
- Option 4: All units are apartment-style (efficiencies), including private bathroom and kitchenette

Overall, Design Committee participants agreed that “bathrooms in each room would be optimal.”³⁷ However, in presenting alternatives beyond the “base case,” DGS indicated that adding private bathrooms for each room would drive up the overall cost to develop each building and increase the space requirements for each unit.³⁸ DGS claimed that these additional cost and space requirements would ultimately delay closure of D.C. General “by between one and two years.”³⁹ Faced with the possibility of delaying closure of D.C. General, many participants voted for Option 2, the option, as presented by DGS that would allow families access to the most private bathrooms while allowing closure of D.C. General to remain on track for the start of Fiscal Year 2017.⁴⁰ However, the Design Committee report notes that “the overwhelming recommendation was to maximize private bathroom space however possible without delaying closing D.C. General.”⁴¹

Conclusion

The Committee is supportive of the Department of Human’s Services broad goals of creating a system of year-round access to shelter for families experiencing homelessness and closing and replacing the District of Columbia General Family Shelter. Year-round access will allow DHS to more effectively move families through the shelter system into permanent housing. In addition, closure of D.C. General and its replacement with new, smaller shelters has the potential to remake the provision of homeless services for families experiencing homelessness in the District.

More specifically, the Committee supports the creation of a temporary, “interim eligibility placement” for families. This placement will allow DHS to more thoroughly assess families’ needs and options in order to make an appropriate eligibility determination. The Committee agrees that amendments negotiated between DHS and the Washington Legal Clinic for the Homeless add necessary protections to assure the right to speedy appeals for those determined ineligible for shelter and services.

Finally, while the Committee believes that moving from the current preference for apartment-style shelter units to a standard that allows families to be sheltered in private rooms is reasonable, the Committee believes that private rooms must meet some minimum standards in order to meet the District’s expectation for health, safety, and dignity. To that end, the committee believes that a private room must include space to store and refrigerate food and medical supplies. In addition, buildings containing DC General Replacement units must meet a minimum standard with regard to bathrooms, though DHS is, of course, free to exceed the standards established in law.

³⁷ ICH Report

³⁸ See ICH Report

³⁹ ICH Report

⁴⁰ See ICH Report

⁴¹ ICH Report

II. LEGISLATIVE CHRONOLOGY

September 18, 2015	Bill 21-352, “Advancing Year Round Access to Shelter Policy and Prevention of Homelessness Amendment Act of 2015” is introduced by Chairman Mendelson, at the Request of the Mayor.
September 25, 2015	Notice of Intent to Act on Bill 21-352 is published in the <i>District of Columbia Register</i> .
September 25, 2015	Notice of a Public Hearing on Bill 21-352 is published in the <i>District of Columbia Register</i> .
October 13, 2015	The Committee of the Whole holds a public hearing on Bill 21-352.
November 3, 2015	The Committee of the Whole marks-up Bill 21-352.

III. POSITION OF THE EXECUTIVE

Bill 21-352 was submitted to the Council by the Executive. Laura Zeilinger, Director of the Department of Human Services, testified on behalf of the Executive in support of Bill 21-352 at the October 13, 2015 public hearing. Ms. Zeilinger described the ongoing systems change in homeless services in the District of Columbia. She noted DHS’s recently enacted interim eligibility process and asserted that codification of the practice would facilitate a policy of year-round access to shelter. Further, Ms. Zeilinger explained that authorization to lower the standard for family shelter from apartment-style to private rooms would facilitate the closure of D.C. General Family Shelter.

Director Zeilinger discussed the timeline for the proposed interim eligibility placement and noted that the temporary placement of up to 12 days would enable DHS to perform a more robust analysis prior to completing an eligibility determination. She explained that an adverse eligibility determination received during an interim eligibility placement would be subject to appeal. Director Zeilinger noted that DHS was working with the Washington Legal Clinic for the Homeless to negotiate changes in language that would provide for a speed, clear, and more robust appeals process while in an interim eligibility placement.

Finally, Director Zeilinger explained that utilizing private room units would enable DHS to close D.C. General and move forward with a strategy of smaller units in building throughout the District. Director Zeilinger testified that private units are the most effective and efficient way to provide family shelter. She emphasized that such units would protect families’ dignity. Director Zeilinger also stated that requiring specific design attributes, such a private bathrooms, in law would hinder the Administration’s ability to move forward with the closure of D.C. General.

IV. COMMENTS OF ADVISORY NEIGHBORHOOD COMMISSIONS

The Committee received no testimony or comments from any Advisory Neighborhood Commission.

V. SUMMARY OF TESTIMONY

The Committee of the Whole held a public hearing on Bill 21-352 on Tuesday, October 13, 2015. The testimony summarized below is from that hearing. Copies of written testimony are attached to this report.

Amber Harding, Staff Attorney, Washington Legal Clinic for the Homeless, testified in partial support of Bill 21-352, but emphasized the need to maximize privacy and safety for families in shelter. Ms. Harding expressed support for the closure of D.C. General Family Shelter, but called for private room replacement units to include private bathrooms, space for storage and refrigeration of food, and some ability to prepare food. She also called on the District to retain its existing apartment-style shelter units for families. Ms. Harding noted families' concerns related to health, cleanliness, logistics, and safety as reasons why private bathrooms are necessary. In addition, she noted families' concerns regarding the ability to store and cook food – even if only for a short period of time. Finally, Ms. Harding discussed DHS's data regarding length of stay in various types of shelter facilities and questioned whether DHS's focus on moving families out of shelter and hotels and D.C. General caused extended lengths of stay in apartment-style shelters, rather than the actual design of shelter units.

Marta Beresin, Staff Attorney, Washington Legal Clinic for the Homeless, testified in partial support of Bill 21-352, focusing on the interim eligibility component of the bill. Ms. Beresin expressed confidence in the commitment and abilities of the Director Zeilinger at DHS and support for codification of an interim eligibility placement lasting up to 12 days. However, Ms. Beresin expressed support for codifying the requirement that “safe” housing be required to expected to last for at least 14 days, and that it not jeopardize the tenancy of the host individual or family. Further, Ms. Beresin expressed that an appropriate appeals process must be in place to address incorrect eligibility determinations.

Tamaso Johnson, Policy Attorney, DC Coalition Against Domestic Violence, expressed concern regarding the potential impact of changes in Bill 21-352 on survivors of domestic violence experiencing homelessness. Mr. Johnson explained that the shared use of intimate spaces such as bathrooms may be especially detrimental to survivors of domestic violence. He called for the design to maximize the incorporation of private spaces and to specifically honor the recommendations of the ICH Design Committee through codified language.

Kate Coventry, Policy Analyst, DC Fiscal Policy Institute, testified in partial support of Bill 21-352, noting that she would support the bill in sufficient protections for families are incorporated into the bill, including safety protections and sufficient capacity to accommodate persons with disabilities. Ms. Coventry noted that plans to create facilities with communal bathrooms raise

concerns related to safety and logistics. In addition, she noted the importance of creating facilities that create adequate facilities for persons with disabilities. Ms. Coventry also expressed support for amendments related to interim eligibility agreed to by DHS and the Washington Legal Clinic for Homelessness.

Monica Kamen, Advocacy Coordinator, Fair Budget Coalition, testified in partial support of Bill 21-352, asking that the bill incorporate a requirement for private bathrooms and the ability to store food. She noted the difficulty faced by families who often remain in shelter for months when required to share private spaces such as bathrooms.

John Healy, Public Witness, testified in support of Bill 21-352, noting that the bill includes provisions that would accomplish important goals, including year-round access and closure of D.C. General. Mr. Healy expressed support for the use of private rooms rather than apartment-style units as a way to avoid unnecessary waits for shelter and to avoid the use of motel rooms at excessive expense.

Maggie Riden, Executive Director, DC Alliance of Youth Advocates, testified in partial support of Bill 21-352, particularly to the extent that it will facilitate the closure of D.C. General Family Shelter. Ms. Riden expressed that, though apartment-style shelter is ideal, private room units may be suitable if their design prioritizes safety, security, and minimization of conflict. She also noted that private space for bathing should be prioritized. She encourage the Committee to review and incorporate recommendations of the ICH Design Committee. Ms. Riden also encouraged the administration to ensure the review and revision of program to reflect the realities of the new sites, once built.

Deborah Shore, Executive Directors, Sasha Bruce YouthWork, testified in partial support of Bill 21-352, noting her support for year-round access, closure of D.C. General Family Shelter, and the construction of smaller shelter in all eight wards. Ms. Shore expressed support for the creation of an interim eligibility placement with edits agreed to by DHS and the Washington Legal Clinic for the Homeless. Ms. Shore encouraged the Committee to incorporate the recommendations of the ICH Design Committee. She also noted that design should be trauma-informed and prioritize privacy and safety.

Jessica Wasserman, Public Witness, testified in support of Bill 21-352, noting that the Ward 3 Democrats supported closure of D.C. General, year-round access, and the development of smaller shelters in each ward, including Ward 3. Ms. Wasserman noted that access to schools in Ward 3 would become an issue related to smaller shelters and expressed a desire to work with the administration to ensure access for students.

Nassim Moshiree, Staff Attorney, Washington Legal Clinic for the Homeless, testified in partial support of Bill 21-352 and shared information gleaned from interviews with families experiencing homeless regarding necessary shelter design features. She noted that nearly 80% of families interviewed expressed that private bathrooms are necessary for families in shelter, even if in shelter for less than three months. She also shared that 90% of families expressed a need to access storage and refrigeration of food and medicine. Ms. Moshiree shared comments from parents expressing concern regarding the use of communal bathroom facilities during the middle of the night, in

shared space with strangers, and for children of the opposite sex. She also shared comments regarding families' experiencing a lack of cleanliness in communal bathrooms in existing facilities.

Judith Sandalow, Executive Director, Children's Law Center, testified in partial support of Bill 21-352 and expressed support for closure of D.C. General. Ms. Sandalow emphasized advocates' lack of information to come to a reasonable conclusion regarding appropriate shelter design. She expressed the importance of closing D.C. General while also prioritizing families' safety and privacy.

Kelly Sweeney McShane, President & CEO, Community of Hope, testified in partial support of Bill 21-352, expressing support for year-round access to shelter and closure of D.C. General. Ms. Sweeney McShane noted her support for enhanced prevention and more rapid exits from shelter.

Jesse Lovell, Public Witness, testified in partial support of Bill 21-352, expressing support for year-round access. Mr. Lovell expressed concern about the proposed design of replacement shelters and emphasized the need to protect families' privacy and to utilize design to minimize conflict. He called on the Committee to include private bathrooms, or to at least maximize the number of bathrooms in each facility.

Lennette Ward, Public Witness, testified in partial support of Bill 21-352 and shared her experience as a resident of D.C. General. Ms. Ward expressed her belief that while private rooms would be feasible as family shelter, private bathrooms are necessary to meet families' needs. She also expressed the need to enhance services for homeless families.

Micah Bales, Communications & Outreach Manager, Homeless Children's Playtime Project, testified in support of Bill 21-352, specifically expressing support for shelter spaces that foster creativity and playtime for children. Mr. Bales also expressed support for private bathrooms, or at least a higher ratio of bathrooms to protect families' safety and privacy.

Michael Augustus Lee, Public Witness, testified in support of Bill 21-352 and encouraged improvement of case management services.

Laura Green Zeilinger, Director, Department of Human Services, testified on behalf of the Executive. Her testimony is summarized in Section II above.

The Committee received no testimony or comments in opposition to Bill 21-352.

VI. IMPACT ON EXISTING LAW

Bill 21-352 amends the Homeless Services Reform Act of 2005 (D.C. Law 16-35; D.C. Official Code § 4-751.01 *et seq.*).

VII. FISCAL IMPACT

The attached [DATE] fiscal impact statement from the District's Chief Financial Officer states that funds are sufficient in the FY 2015 through FY 2018 budget and financial plan to implement the bill.

VIII. SECTION-BY-SECTION ANALYSIS

Section 1 States the short title of Bill 21-352.

Section 2

- Subsection (a) Amends D.C. Official Code § 4-751.01 by adding definitions for “DC General Family Shelter replacement unit,” “interim eligibility placement,” and “private room.”
- Subsection (b) Amends D.C. Official Code § 4-753.01(d) to establish minimum requirements for the District's family shelter stock, including minimum standards for required bathrooms in buildings containing DC General replacement units; authorizes the Mayor to utilize DC General replacement units, in addition to apartment-style units; and requires that the Mayor maintain the District's existing stock of apartment-style family shelter.
- Subsection (c) Amends D.C. Official Code § 4-753.02 to establish a system of interim eligibility placements and requirements for how such placements shall be administered.
- Subsection (d) Amends D.C. Official Code § 4-754.11(a) to provide that a family's interim eligibility placement shall continue during an appeal, if timely filed.
- Subsection (e) Amends D.C. Official Code § 4-754.33 to establish notice requirements for denials of eligibility issued during an interim eligibility placement.
- Subsection (f) Amends D.C. Official Code § 4-754.41 to provide for review of denials of eligibility issued during an interim eligibility placement and timelines for fair hearings at the Office of Administrative Hearings.
- Subsection (g) Amends D.C. Official Code § 4-754.42 to establish requirements for administrative reviews of denials of eligibility issued during an interim eligibility placement.
- Subsection (h) Amends D.C. Official Code § 4-751.01 *et seq.* to add a new section 32, which establishes annual reporting requirements for DHS regarding interim eligibility placements.

Section 3 States the Fiscal Impact of Bill 21-352.

Section 4 Effective date.

IX. COMMITTEE ACTION

X. ATTACHMENTS

1. Bill 21-352 as introduced.
2. Written Testimony.
3. Fiscal Impact Statement for Bill 21-352.
4. Legal Sufficiency Determination for Bill 21-352.
5. Comparative Print for Bill 21-352.
6. Committee Print for Bill 21-352.

COUNCIL OF THE DISTRICT OF COLUMBIA
1350 Pennsylvania Avenue, N.W.
Washington D.C. 20004

Memorandum

To : Members of the Council

From : 
Nyasha Smith, Secretary to the Council

Date : September 21, 2015

Subject : Referral of Proposed Legislation

Notice is given that the attached proposed legislation was introduced in the Office of the Secretary on Friday, September 18, 2015. Copies are available in Room 10, the Legislative Services Division.

TITLE: "Advancing Year Round Access to Shelter Policy and Prevention of Homelessness Amendment Act of 2015", B21-0352

INTRODUCED BY: Chairman Mendelson at the request of the Mayor

The Chairman is referring this legislation to the Committee of the Whole with comments from the Committee on Health and Human Services.

Attachment

cc: General Counsel
Budget Director
Legislative Services



OFFICE OF THE
SECRETARY

2015 SEP 18 PM 1:29

MURIEL BOWSER
MAYOR

SEP 18 2015

The Honorable Phil Mendelson
Chairman
Council of the District of Columbia
1350 Pennsylvania Ave., N.W., Suite 504
Washington, D.C. 20004

Dear Chairman Mendelson:

Enclosed for consideration and enactment by the Council is the "Advancing Year Round Access to Shelter Policy and Prevention of Homelessness Amendment Act of 2015."

If enacted, the legislation would provide the District of Columbia with the tools necessary to offer families experiencing homelessness with access to emergency shelter year-round. Specifically, the permanent legislation would create an interim eligibility placement for families whom the Department of Human Services (DHS) is unable to determine to be eligible for shelter at the time of application. The interim eligibility placement is a three-day shelter placement which may be extended up to three times.

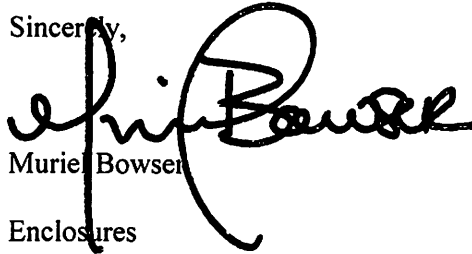
For various reasons, some families may be unable to provide DHS with the documentation necessary to determine eligibility for shelter at the time of application. Families may have experienced trauma, needed to make a quick escape from domestic violence, or have been moving from one place to another and are unable to locate the necessary documentation. Rather than making a hasty eligibility determination at this stage, DHS will engage more deeply with these families to determine if they are eligible for shelter, and in the interim, provide them with an interim eligibility placement into emergency shelter and the appropriate services needed to assist in meeting their specific needs.

The legislation will also create a new expedited appellate process for families who were denied shelter following an interim eligibility placement. For these families, they will have a right to request an administrative review with a DHS Administrative Review Officer, and the continuation of shelter pending the outcome of their administrative review. If the family is dissatisfied with the Administrative Review Officer's decision, they may file an appeal with the Office of Administrative Hearings.

Finally, the legislation allows the District to develop emergency housing that would create safe, clean, and modern development of rooms that are private while fulfilling the room requirements for families with amenities and services they need to succeed in the long run.


I urge the Council to take prompt and favorable action of this measure. If you have any questions, please contact Laura Zeilinger, Director of Human Services, at (202) 671-4355. I thank you in advance for your prompt attention to this matter.

Sincerely,

A handwritten signature in black ink, appearing to read "Muriel Bowser", written over the word "Sincerely,".

Muriel Bowser

Enclosures


Chairman Phil Mendelson
At the request of the Mayor

A BILL

IN THE COUNCIL OF THE DISTRICT OF COLUMBIA

Chairman Phil Mendelson, at the request of the Mayor, introduced the following bill, which was referred to the Committee on _____.

To amend the Homeless Services Reform Act of 2005 by adding definitions for the terms “District of Columbia General Family Shelter Replacement Units” and “Interim Eligibility Placement,” to authorize the Mayor or the Mayor’s designee to place families, who do not have another safe housing alternative, in a temporary interim eligibility placement while it determines eligibility for shelter and assesses what supportive services are needed to assist the family in obtaining sustainable permanent housing, to authorize the Mayor to provide shelter to families in private rooms that are developed for the purpose of closing the District of Columbia General Family Shelter and replacing its units, to add a special expedited appeals process for families who are denied shelter following an interim eligibility placement, and to add that clients have a right to continuation of an interim eligibility placement pending the outcome of an appeal of a denial of shelter following an interim eligibility placement.

BE IT ENACTED BY THE COUNCIL OF THE DISTRICT OF COLUMBIA, That this act may be cited as the “Advancing Year Round Access to Shelter Policy and Prevention of Homelessness Amendment Act of 2015”.

Sec. 2. The Homeless Services Reform Act of 2005, effective October 22, 2005 (D.C. Law 16-35; D.C. Official Code § 4-751.01 *et seq.*), is amended as follows:

1 (a) Section 2 (D.C. Official Code § 4-751.01) is amended as follows:

2 (1) Add a new subsection (13A) to read as follows:

3 “(13A) “District of Columbia General Family Shelter replacement units” means
4 those private rooms developed for the purpose of closing the District of Columbia
5 General Family Shelter with funds appropriated in the Fiscal Year 2016 Budget Request
6 Act of 2015, signed by the Mayor on July 9, 2015 (D.C. Act 21-99; 62 DCR 9658), as
7 amended, and all future funds appropriated for the purposes of closing the District of
8 Columbia General Family Shelter”.”

9 (2) Designate the existing subsection (25A) as subsection (25B).

10 (3) Add a new subsection (25A) to read as follows:

11 “(25A) “Interim eligibility placement” means a 3 day eligibility placement for
12 families, that may be extended up to 3 times, for the purpose of conducting a more in depth
13 assessment to facilitate an eligibility determination for shelter and provide families with
14 appropriate services.”.

15 (b) Section 7(d) (D.C. Official Code § 4-753.01(d)) is amended to read as follows:

16 “(d) (1) When the Mayor places families in shelter, the Mayor shall place them in
17 apartment-style shelters or District of Columbia General Family Shelter (DCG) replacement
18 units.

19 (2) If apartment-style shelters or DCG replacement units are not available, the Mayor is
20 authorized to place families in private rooms.

21 (3) For the purpose of closing DCG, and replacing its units, the Mayor:

22 (A) is authorized to use private rooms to replace the DGC units; and

23 (B) shall maintain within the District’s inventory apartment-style shelters.

1 (4) If eligibility for a family seeking shelter cannot be determined within the business day
2 in which the family applied for shelter, the Mayor may provide the family with an interim
3 eligibility placement.

4 (a) If a family determined ineligible for shelter is participating in prevention or diversion
5 services, and has a change in circumstances that their provider can attest would make them
6 eligible for shelter, the Mayor may find the family eligible for shelter without requiring a new
7 shelter application.

8 (b) Once an eligibility determination is made for an application for shelter following an
9 interim eligibility placement, the interim eligibility placement shall be concluded.

10 (c) Families who are denied an application for shelter following an interim eligibility
11 placement may request an Administrative Review pursuant to section _____ (D.C. Official Code
12 §4-754.42(b-1)).

13 (5) This subsection shall be applicable to all forms of shelter provided to families.”.

14 (c) Section 9(a) (D.C. Official Code § 4-754.11(a)) is amended as follows:

15 (1) Paragraph (18) is amended by striking the phrase “; and” and inserting “;” in
16 its place.

17 (2) Designate the existing paragraph 19 as paragraph 20.

18 (3) Add new paragraph 19 to read as follows:

19 “(19) Continuation of a family’s interim eligibility placement, pending the
20 outcome of an appeal requested pursuant to section _____ (D. C. Official Code § 4-754.42(b-1)),
21 if the family requests an appeal within 48 hours of receipt of written notice of a denial of an
22 application for shelter following an interim eligibility placement; and”.

23 (d) Section 26(a) (D.C. Official Code § 4-754.41(a)) is amended as follows:

1 (1) Designating the existing subsection (a) as (a)(1).

2 (2) Adding a new subsection (a)(2) to read as follows:

3 (a)(2) Except as required by subsection (a)(1), the Office of Administrative Hearings
4 shall grant a fair hearing to any client or client representative who wishes to appeal an
5 administrative review decision pursuant to section 26(b)(1) (D.C. Official Code §4-754.41(b)(1))
6 and section ____ (D.C. Official Code § 4-754.42(b-2)), and who requests such a hearing, orally
7 or in writing, within 15 days of the Administrative Review Officer issuing the administrative
8 review decision pursuant to section ____ (D.C. Official Code § 4-754.42(b-1)). A request for a
9 fair hearing shall be made to the client's provider, the Department, the Mayor, or the Mayor's
10 designee. If the request is made orally, the individual receiving the request shall promptly
11 acknowledge the request, reduce it to writing, and file the request for a fair hearing with the
12 Office of Administrative Hearings”.

13 (e) Section 26(f) (D.C. Official Code §4-754.41(f)) is amended as follows:

14 (1) Subsection (f)(2) is amended by replacing the phrase “; and” with “;”.

15 (2) Subsection (f)(3) is amended by striking the phrase, “In accordance with the
16 following additional requirements,” and inserting “Except as required by subsection (f)(4), in
17 accordance with the following additional requirements.”.

18 (3) Subsection (f)(3)(C) is amended by striking “.” and inserting “; and”.

19 (3) A new subsection (f)(4) is added to read as follows:

20 “(f) (4) For fair hearings filed with the Office of Administrative Hearings pursuant to
21 subsection (a)(2) , the following additional requirements shall apply:

22 (A) The hearing shall be held after the completion of an administrative review conducted
23 in accordance with section ____ (D.C. Official Code § 4-754.42(b-1)), and shall be conducted

1 within an expedited timeframe, which shall not exceed 4 days following the initial request for a
2 fair hearing;

3 (B) If a party fails to appear, the Administrative Law Judge designated to conduct the
4 hearing may enter a default decision in favor of the party present. The default may be set aside
5 only for good cause shown, and upon equitable terms and conditions; and

6 (C) The Administrative Law Judge shall issue a final decision within 48 hours of the
7 completion of the hearing”.”

8 (f) Section 27 (D.C. Official Code § 4-754.42) is amended as follows:

9 (1) Subsection (a) is amended to read as follows:

10 “(a) The purpose of the administrative review shall be to enable the Department to
11 ascertain the legal validity of the decision that is the subject of the fair hearing request pursuant
12 to section 26 (D.C. Official Code § 4-754.41) or the denial of a family’s application for shelter
13 following an interim eligibility placement pursuant to section 7(d)(4)(C) (§ 4-753.01(d)(4)(C)),
14 and, if possible, achieve an informal resolution of the appeal”.”

15 (2) Subsection (b) is amended by striking the term, “Any,” and inserting the
16 phrase, “Except as required by (b-1), any” in its place.

17 (3) New subsections (b-1), (b-2), and (b-3) are added to read as follows:

18 “(b-1) An administrative review of a denial of application for shelter following an interim
19 eligibility placement, conducted pursuant to subsection (a) of this section, shall be completed and
20 a decision rendered within 4 business days of receipt of the administrative review request, except
21 upon a showing of good cause as to why such deadline cannot be met. If good cause is shown, a
22 decision shall be rendered as soon as possible thereafter. If an extension of time for review is

1 required for good cause, written notice of the extension shall be provided to the client or client
2 representative prior to the commencement of the extension.”.

3 “(b-2) In accordance with section 9(a)(19) (D.C. Official Code § 4-754.11(a)(19)), any
4 family who requests an administrative review of a denial of application for shelter following an
5 interim eligibility placement within 48 hours of the denial of shelter shall continue to receive an
6 interim eligibility placement pending the outcome of the administrative review proceeding.”.

7 “(b-3) If a family who was denied an application for shelter following an interim
8 eligibility placement is not satisfied with the administrative review decision, the family may
9 within 15 days, request a fair hearing, to review the administrative review decision pursuant to
10 section 26(b)(1) (D.C. Official Code § 4-754.41(b)(1)).”.

11 (4) Subsection (d)(2)(D)(v) is amended to read as follows:

12 “(v) A statement that if the client is not satisfied with the administrative
13 review decision, a fair hearing pursuant to § 4-754.41 shall be held, or if the administrative
14 review was conducted pursuant to § 4-754.42(b-1), the client may, within 15 days, request a fair
15 hearing pursuant to section 26(b)(1) (D.C. Official Code § 4-754.41(b)(1)).”.

16 Sec. 3. Fiscal impact statement.

17 The Council adopts the fiscal impact statement of the Chief Financial Officer as the fiscal
18 impact statement required by section 602(c)(3) of the District of Columbia Home Rule Act,
19 approved December 24, 1973 (87 Stat. 813; D.C. Official Code § 1-602(c)(3)).

20 Sec. 4. Effective date.

21 This act shall take effect following approval by the Mayor (or in the event of veto by the
22 Mayor, action by the Council to override the veto), a 30-day period of congressional review as
23 provided in section 602 (c)(1) of the District of Columbia Home Rule Act, approved December

1 24, 1973 (87 Stat. 813; D.C. Official Code § 1-206.02 (c)(1)), and publication in the District of
2 Columbia Register.

3

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The Washington
LEGAL CLINIC
for the Homeless
A Voice for Housing and Justice

**Public Hearing
Committee of the Whole
“Advancing Year Round Access to Shelter Policy and
Prevention of Homelessness Amendment Act of 2015”
Amber W. Harding
October 13, 2015**

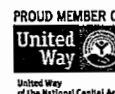
My name is Amber Harding and I am an attorney at the Washington Legal Clinic for the Homeless. The Legal Clinic envisions – and since 1987 has worked towards – a just and inclusive community for *all* residents of the District of Columbia, where housing is a human right and where every individual and family has equal access to the resources they need to thrive. My testimony will focus on the need to replace DC General with family shelters that maximize privacy and safety and can be easily converted into affordable housing when the need for shelter drops drastically over the next 5 years.¹

Mayor Bowser has made it a top priority of her Administration to “close DC General and replace it with smaller, more dignified community-based emergency housing located across DC.” We fully support this goal. DC General is not a place that anyone should ever have to live, not even for a short period of time, and DC has for far too long allowed homeless children and their parents to suffer from poor conditions, poor design, and poor services when they deserve better. As the Interagency Council on Homelessness Strategic Plan Guiding Principles state: “...people who have lost their homes ...deserve to be treated with dignity and respect. DC aims to provide person-centered, trauma-informed care that respects the dignity and ensures the safety of all individuals and families seeking assistance.” To this end, **we believe that DC General replacement units must at a minimum each have private bathrooms, refrigerators for medicine and food, and some equipment to prepare meals—and DC must at the same time preserve the current apartment-style inventory to serve the needs of large families and families with disabilities who cannot stay in the replacement units.**

The Mayor, via this bill, is asking the DC Council to lower the standard for DC General replacement units from “apartment-style” to private rooms. We believe that apartment-style shelters are the best environment for families. It is a long way to fall from apartment-style to private rooms. DC has been required to place families in apartment-style shelters since 1988 for good reason.² The private room fallback language

¹ The ICH Strategic Plan strives to lower family shelter units from 915 to 215 by 2020 with annual investments in affordable housing. See http://ich.dc.gov/sites/default/files/dc/sites/ich/page_content/attachments/ICH-StratPlan2.7-Web.pdf (Table 9).

² *Reid v. DC*: “The District has [long] been prohibited from placing homeless families in congregate shelters. This prohibition, dating back to 1988, is premised on an understanding that families have special needs that are best served by affording them apartment-style shelter—i.e., housing units with cooking facilities, bathroom facilities, and sleeping quarters.”



didn't get added until 2010, when the Fenty Administration proposed the private room language to *legalize* DC General. The law defines private rooms as just that, with no requirements around how families will bathe, eat, or take care of other basic necessities.

Shared living spaces create a host of problems for families that apartment-style settings do not. Shared spaces:

- Increase conflicts;
- Increase the risk of outbreaks of scabies, bedbugs and communicable diseases such as tuberculosis, or even more simply, colds and flu;
- Cause children and adults with health problems or disabilities to have declining health—with our current limited stock of apartment-style shelter units, such families often must wait months before an apartment-style shelter unit is available to accommodate their needs;
- Re-traumatize those who have experienced some kind of trauma or violence prior to coming to shelter (which is the majority of families³) due to increased conflict and the absence of privacy and security.⁴
- Can cause children to suffer from sleep deprivation and social withdrawal if they are unable to control interpersonal contact.⁵

Families have serious concerns about sharing bathrooms with other families, primarily the impact on their family's health, concerns about cleanliness, the logistics of middle of the night bathroom needs or getting the whole family ready to leave in the morning, and serious safety considerations. It is especially difficult for transgendered individuals, fathers with young daughters, and mothers with young sons to find a safe way to bathe and go to the bathroom in gender segregated group bathroom facilities. I've also represented DC General families in disability rights lawsuits related to the need for private bathrooms. One mom with a disability lost her bowels in the walk from her room to the bathroom on a nearly daily basis and had to rely on her teenage daughter to help clean her up—even that humiliating task had to be done in shared spaces. Another family had a little girl who couldn't bathe herself and had a compromised immune system. Her father began to sponge bathe her in their room after she contracted a urinary tract infection that resulted in hospitalization. 80% of the families we surveyed said it was critical to have a private bathroom and shower even if they were in shelter for less than 3 months.

The ability to store food and medicine and do some basic food preparation is the next highest priority for our clients. Families at DC General are often unable to eat the food that is brought in, either because of religious or dietary restrictions or because it is inedible. Allowing families to engage in basic food preparation in their rooms reduces the operating costs of the facilities because food doesn't have to be brought in. Cooking and eating meals together is also a critical tool to create and maintain family cohesion. According to numerous studies, children who sit down for meals at home with their families have better outcomes in life: less obesity, better nutrition, less delinquency, better educational outcomes, better psychological well-being, and more positive family relationships.⁶ 89% of the families we

³ For instance, in DC, by age 12, 83% of homeless children have been exposed to at least one serious violent event.

⁴ Elizabeth K. Hopper et al., *Shelter from the Storm: Trauma-Informed Care in Homelessness Services Settings*, 3, OPEN HEALTH SERVICES and POL'Y J. 80, 82 (2010) (defining trauma as "an experience that creates a sense of fear, helplessness, or horror, and overwhelms a person's resources for coping.")

⁵ See generally Gary W. Evans & Wachs, T.D. (Eds.), *Chaos and It's Influence on Children's Development: An Ecological Perspective* (2010), American Psychological Association.

⁶ "Do Family Meals Really Make a Difference?" Eliza Cook and Rachel Dunifon, <http://www.human.cornell.edu/pam/outreach/upload/Family-Mealtimes-2.pdf>.

surveyed said they needed space in their room to store food even if they are only in shelter for less than 3 months, the remaining 2% said that food storage could be done in shared space. 70% said that private cooking space (full or partial kitchen) was critical even in the first 3 months.

Lowering the standard for family shelter design should not be undertaken without good policy support for it, and the Administration has not provided this. They have pointed to data on length of stay to demonstrate that families stay longer in apartment-style settings than in private rooms. But that data shows that the shortest length of stay occurs in hotel rooms, which each have private bathrooms, microwaves, and refrigerators. The longest stays occur at Park Road shelter, which has five times the length of stay of one of the other apartment-style shelter, but has the smallest units of any apartment-style shelter—all efficiencies and one bedrooms. What apartment-style feature causes an increased length of stay if it isn't bathrooms, food storage or cooking, or number of bedrooms? The more likely reasons for any disparity are: 1) the DC government's prioritization of DC General and hotel residents for housing resources; 2) the diversion of families with higher housing barriers (large families, domestic violence survivors and families with disabilities) into the apartment-style shelters; and 3) service disparities among the different shelters. In our experience, homeless families are strongly motivated to move out of emergency shelters and improve their children's lives, no matter the design of the building.

While I don't believe that this Administration has any intention of recreating DC General, it is troubling to see this Mayor, who has invested historic resources, both human and fiscal, in ending homelessness, put to paper the same standard for family shelter that legalized the shelter we are trying to close down. We should not take lightly an effort to lower the standard for homeless families to less than what you or I would stand for for our families should we face a homeless crisis. If the Administration can demonstrate that there are serious cost constraints, then the law should reflect a standard that acknowledges that reality while protecting families. We believe that rooms with private bathrooms and some ability to store food and prepare meals will cost less than apartment-style shelters and will protect homeless families.

If we can agree that the most supportive and safe environment for families provides access to private bathing and cooking space, then we can start talking about how to solve any siting or fiscal challenges. I feel confident that this Administration, with your support, will be able to either find additional dollars outside of housing or homeless services to fund the development of safe shelter or will creatively design spaces within its current budget to meet the standard we've articulated.

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* admitted only in Australia



The Washington
LEGAL CLINIC
for the Homeless

A Voice for Housing and Justice

**Testimony before the DC Council
Committee of the Whole
Hearing on "Advancing Year Round Access to Shelter Policy and
Prevention of Homelessness Amendment Act of 2015"
Presented by Marta Beresin
October 8, 2015**

Good morning, Chairman Mendelson and members of the Council. My name is Marta Beresin and I am an attorney and policy advocate for the Washington Legal Clinic for the Homeless. The Legal Clinic envisions – and since 1987 has worked towards – a just and inclusive community for all residents of the District of Columbia, where housing is a human right and where every individual and family has equal access to the resources they need to thrive. Thank you for the opportunity to share with you this morning some thoughts about this bill.

This is an extraordinary time for homeless services in DC. Among other things, the Mayor has committed to closing DC General and replacing it with smaller, more service-enriched, safer shelters for families. In addition, she has committed to returning to providing year-round shelter access for homeless families who have no safe place to go. In my 15 years of working on affordable housing and homelessness issues in DC, I have never worked with a team more capable of achieving these two goals than Laura Zeilinger, DHS' director, and Kristy Greenwalt, our ICH director. This bill before the Council is a very small part of that vision, but the Legal Clinic recognizes its importance and, with adequate protections for vulnerable DC children, we would support this bill. . You've heard how we believe the private room language should be amended. I'm going to focus on the Interim Eligibility aspects of the bill.

The Interim Eligibility provisions would give the Mayor authority to place families in shelter on a temporary basis while an eligibility determination was being made. The Mayor could then remove families found ineligible using an expedited process. In most cases, the removal will occur when DHS helps the family secure a place to stay with relatives or friends.

Currently, the intake process for homeless families applying for shelter includes a process for determining whether families have safe places to stay with relatives or friends. WLCH has worked with hundreds of families a year who have gone through this process and there are many lessons we can learn from their experiences.



Lesson #1: Many placements that families have been doubled up in prior to applying for shelter are unsafe for a variety of complicated reasons, not all of which are easily discussed with intake workers. They're unsafe due to domestic violence, drug dealing, being dangerously overcrowded, or due to horrible housing conditions. Parents I've spoken to have traded sex for a roof over their children's heads, feared for their children's safety because they were staying with people they barely knew, risked their family's safety by staying where an abuser could find them, or stayed with a parent who abused them when they were children and feared that parent might do the same to their children. Some families have moved around so often (sometimes every night) that they have considered giving their child to a relative or friend or to CFSA to care for just so their child can have some stability. These are not easy things for a parent to talk about, particularly when the parent has just met the intake worker. We agree that a 3-12 day process is a more realistic timeframe for determining a family's eligibility when the issue is whether a family can safely reside with relatives or friends.

But the bill right now does not require that an identified diversion be safe. We believe that DHS officials are in agreement with amending the bill to require that diversions do not jeopardize the health or welfare of any family member and that they last at least 14 days.

Lesson #2: Placing a family with a relative or friend can put the host's tenancy at risk because most DC leases limit the length of time a tenant can have a guest. This is especially true where the host family resides in public or subsidized housing. We need to make sure that DC isn't inadvertently increasing homelessness with its shelter diversions. The bill should prohibit DC from diverting families from shelter to community placements that put another family's tenancy at imminent risk. I believe that DHS is in agreement with this amendment.

Lesson #3: Sometimes mistakes are made and families are denied shelter when they do not have a safe place to stay. Over the years, the Legal Clinic has worked with many families diverted to placements that would have put them at risk of domestic violence or other continued trauma. This is most often the result of miscommunication between an overworked intake worker and a distraught parent. The cushion of more time to make these determinations will certainly cut down on the number of mistakes made, but mistakes will still be made. An adequate notice and appeal system is essential to catching those mistakes. The bill provides for an expedited hearing process, which we support. But it needs some redrafting to ensure that proper notices are given to families, the appeal process is uncomplicated and seamless, and that families can remain in shelter pending the outcome of the two-step hearing process. DHS supports these amendments.

Lesson #4: Placements with relatives or friends do not typically last long. On average families live from pillar to post for six months prior to coming into shelter in DC, and placements vary greatly in their duration and stability. The bill says that if a diversion falls through, DHS may allow a family back into shelter without returning to FRC. But the bill does not require DHS to do so. And, while year-round access to shelter is the Mayor's goal, it is not currently the reality and is not guaranteed in the future. The Legal Clinic believes that the success of Interim Eligibility hinges on families being able to depend on year-round access to shelter or a right to return to shelter when placements fall through. Only then will families and hosts be willing to take the risk that diversions require. Because the Mayor does not support an expansion of the right to shelter outside of hypothermic nights, the bill should at least ensure families have a right to return to shelter if a diversion falls through. DHS is considering our suggested language to resolve this concern.

Finally, I would be remiss not to stress that while interim eligibility may work to ensure that some families are safely diverted from shelter, only significant increases in our affordable housing stock will prevent families from entering shelter on a wide-scale basis. Such investments, along with improvements to the Rapid Rehousing Program, will also ensure families have places to move to from shelter, ensuring the flow necessary to have a true, year-round safety net for families experiencing homelessness in the District of Columbia. We look forward to working with the Mayor, DHS and the ICH to not only improve this bill, but also to ensure that such adequate investments and improvements in affordable housing programs are made.



District of Columbia Council

Committee of the Whole

Public Hearing on Bill 21-352,

Advancing Year Round Access to Shelter Policy and Prevention of Homelessness Amendment Act of 2015

October 13, 2015

Testimony of Tamaso Johnson

Policy Attorney, DC Coalition Against Domestic Violence

Good afternoon Chairmen Mendelson, Councilmembers, and staff. My name is Tamaso Johnson and I am a Policy Attorney with the District of Columbia Coalition Against Domestic Violence (DCCADV).¹ I am here today because DCCADV believes that the lack of access to safe and affordable housing resources is one of the most pressing challenges facing survivors of domestic violence in the District today. Access to safe housing is not 'simply' an affordable housing or homelessness issue, for survivors of domestic violence it is a major public safety issue. We welcome the sensitivity toward survivors of domestic violence that this Council, as well as both Mayor Bowser and the Department of Human Services (DHS), under the leadership of Director Zeilinger, have shown. While we recognize that the District homeless services system is undergoing massive transformation and that some structural and legal changes are required to accomplish our shared community goals, we have concerns that the amendments proposed to the Homeless Services Reform Act (HSRA) by the *Advancing Year Round Access to Shelter Policy and Prevention of Homelessness Amendment Act of 2015* (the Act), as introduced, may risk inadvertent harm to families dealing with trauma related to domestic violence.

- I. **Many District families are homeless as a result of current or past domestic violence; the mainstream homeless services system is not appropriate for many of these survivors, but there are not enough domestic-violence-specific housing and shelter resources to serve them.**

The causes of homelessness are numerous, however for a second year in a row in 2015 “the most defining characteristic [of homeless families in the District-metro region was] an incidence of domestic violence”.² Across the region, the number of single adults currently homeless as a direct result of a domestic violence incident increased 65% from 2014 to 2015, and families whose homelessness resulted directly from abuse increase by 322%.³ In the District specifically, 27% of families reported a history of domestic violence, and 15% were currently homeless as a direct result of domestic violence. Experience with domestic violence is more common among homeless adults in the District than physical disability, chronic substance abuse, chronic health problems, severe mental illness, or being a military veteran.⁴ However, access to housing continues to be a significant unmet need for survivors, and community-based domestic violence service providers in DC are serving

¹ The DC Coalition Against Domestic Violence (DCCADV, The Coalition) is the federally-recognized statewide coalition of domestic violence service providers in the District. DCCADV's members include crisis and transitional shelter providers, legal service, and culturally specific organizations serving: African-American; Latino; Asian and Pacific Islander; Immigrant; and LGBTQ survivors of domestic violence.

² See: *Metropolitan Washington Council of Governments, Homelessness in Metropolitan Washington: 2015 Report*, at 27. Available at: http://www.mwcog.org/store/item.asp?PUBLICATION_ID=189.

³ *Id.*

⁴ *Id.* at 64.

increasing numbers of victims annually.⁵ DHS acknowledges that safe and confidential housing provided by domestic violence programs is often the best option for victims, and that there is not sufficient capacity at these programs currently to meet this need.⁶ We see a clear need for expanded collaboration, as well as increased investment in shelter and housing resources specifically for survivors of domestic violence, and we are working with local programs to quantify that need in a more concrete manner in order to facilitate targeted expansion of resources. However, we also know that families with this kind of trauma will still touch the mainstream District emergency shelter system for the foreseeable future.

II. Survivors will continue to utilize the mainstream family shelter system for the foreseeable future (due to lack of resources at domestic violence safe shelter and housing program) and may face re-traumatization and safety concerns being housed in communal style (“private room”) shelter.

Families who have experienced victimization, particularly domestic or sexual violence, may be further traumatized by living situations with a great deal of shared communal space with strangers. The sharing of ‘intimate’ spaces such as bathrooms may be particularly triggering for some families.⁷ Even if physical safety is possible within these communal arrangements, the potential for re-traumatization may create an environment that has negative mental and physical health implications for some families and children, and is counter-productive to longer-term stability, self-reliance, and preparation to exit shelter into sustainable housing. In testimony before the DC Council on July 2, 2014, we emphasized the safety and privacy needs of survivors in shelter and explained:

⁵ In a 2014 one-day census of domestic violence service providers in the District, 847 victims were served in one day, a 53% increase over the previous year. However, there were still 77 requests for services that programs were unable to meet due to lack of funding and staff, the majority of which related to housing.

⁶ See: District of Columbia Department of Human Services, *Fiscal Year 2015 Agency Performance Oversight Hearing: Responses to Pre-Hearing Questions from The Committee on Health and Human Services*, pg. 14. “DHS attempts to refer and place all victims of domestic violence in confidential domestic violence program locations. Unfortunately, there is not enough capacity in these programs to meet the full needs of domestic violence victims that seek shelter.” Available at: http://www.dccouncil.us/files/user_uploads/budget_responses/DHSResponsestoAOPreHearingQuestionsFULLFINAL_021215.pdf.

⁷ DCCADV believes that while not the sole concern related to shelter design, bathroom privacy and configuration is one of the key issues related to trauma and safety for survivors of domestic violence. Several potential bathroom designs have been discussed in the ICH Shelter Design Working Group that appear more financially viable than private bathrooms for every bedroom, but provide a higher degree of safety and privacy than mandated by the “private room” standard. Examples of these configurations include “cluster” bathrooms, which locate toilets and bathing facilities in a central block on each building floor, but provide semi-private “clusters” with individual toilets, sinks, and possibly showers behind locking doors inside a larger communal space.

“When individuals and children experience or witness domestic violence, their responses are varied and unique. Advocates speak of “triggers” for trauma because the extreme, overwhelming stress of the original traumatic experience(s) can instantly be re-lived by survivors as a result of environmental cues.”

Though at the time, this testimony addressed the use of recreation centers for family shelter, we believe these words remain equally salient as the District debates new standards for shelter design. For families with histories of domestic violence, apartment-style shelter (or some similar variant that maximizes private settings) may not simply be preferable but rather essential to healing, progress, and independence. We believe that the current “private room” communal standard, without further clarification, simply sets the bar too low for District families and should not be a first option for shelter placement or DC General (DCG) replacement.

If the District is truly committed to a trauma-informed approach to addressing homelessness, the question of shelter design and minimum standards represents an opportunity to put that philosophy into practice by honoring the trauma-specific experiences and needs of many homeless families. DCCADV is pleased to be currently participating in an expedited process, along with other stakeholders, facilitated by the Interagency Council on Homelessness (ICH) to offer the District guidance on important shelter design questions. We thank the Mayor, DHS, and ICH for engaging community members in this manner. However, the fact remains that as currently drafted, the Act requires DCG replacement units to only meet the bare minimum “private room” standard. Despite assurances offered by DHS and the Department of General Services (DGS) that the suggestions of the ICH Shelter Design Working Group will be incorporated into the procurement and contracting process for DCG replacement units, there remains no legal mandate to hold the District accountable to these promises. Amending the Act to clarify that DCG replacement units must meet a design standard beyond “private room”, as defined with input from the ICH Shelter Design Working Group, is a starting place. It should be made clear and unequivocal, whether in statute or elsewhere, that DCG replacement units must strive to minimize re-traumatization while maximizing the safety and privacy of families within the District’s financial and logistical constraints. We also believe that it is vital to maintain apartment-style shelter resources, and future investments in new or rehabilitated housing stock beyond DCG replacement should prioritize apartment-style units.

III. In order to serve all District families safely and appropriately, and facilitate the effective operation of the mainstream family shelter system, additional domestic violence-specific housing and shelter resources are necessary.

While it is vital to minimize the trauma and disruption survivors may experience in the mainstream system, the District must commit to expanding the continuum of domestic violence housing—from emergency crisis shelter,

to transitional and scattered-site units, as well as domestic violence-specific rental assistance. Increased investment in shelter specifically tailored to the needs of domestic violence survivors and other victims of crime is an absolutely essential element of any comprehensive District public safety and homelessness strategy. Construction of new non-apartment-style shelter units and the kind of statutory change being proposed in this legislation is warranted if, and only if, domestic violence housing and shelter programs have sufficient resources to serve the families that need their help. We recognize that there is more that we all can and should be doing in the community to better meet the housing needs of survivors, and we applaud DHS and this Administration for the greatly increased and expanded collaboration between domestic violence providers and the homeless services system over the past year. This collaboration and knowledge sharing must continue and grow, but so too must access to resources for domestic violence programs and the survivors they serve. A working group of domestic violence providers is currently developing specific recommendations that include increased investment in emergency safe shelter; streamlined collaboration between providers; and, increased access to rental assistance and other prevention supports specifically for survivors. We look forward to continued collaboration with providers, government partners, and this Council to provide safe housing to all survivors who need it.

Thank you for the opportunity to testify, and for the continued support of this Council for domestic violence survivors. I am happy to answer any questions you may have.



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TESTIMONY OF KATE COVENTRY, POLICY ANALYST
At a Hearing on
Bill 21-352, Advancing Year Round Access to Shelter Policy and
Prevention of Homelessness Amendment Act of 2015
District of Columbia Committee of the Whole
October 13, 2015

Chairman Mendelson 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 also a voting member of the District's Interagency Council on Homelessness (ICH) and a member of the *ICH Committee on Design Guidelines for Emergency Housing for Families Experiencing Homelessness* that is creating recommendations for the new family shelters.

I am here today to testify in support of the Interim Eligibility policy if it includes amendments ensuring sufficient family protections are in place. I am also here to urge the Council to ensure that new family shelters are safe and can accommodate families who have disabilities that require more private space.

Replacing DC General

Replacing DC General is long overdue. The building is old and has constant problems with heating and cooling. It shelters too many families—up to 260 at a time—requiring greater security than a small shelter would, including metal detectors. It was never meant to be a shelter, so it lacks sufficient spaces for activities like studying or parenting classes. The proposed shelters address these issues. They will be new or newly renovated and will house no more than 50 families. Each shelter will have a computer lab, study areas, and meeting space for classes and other activities.

While DC's other family shelters consist of private apartments, the proposed shelters will primarily consist of a single private room per family, without kitchens, private bathrooms, or separate bedrooms. Private rooms take up less space than apartments, allowing the District to shelter more families at each site.

But private rooms will require families to share bathrooms, posing safety concerns, particularly as many families have experienced trauma. There are also logistical issues to be considered like how to ensure there are sufficient bathrooms so families will be able to get to school on-time. And sharing bathrooms can also create conflict that staff will need to be prepared to help resolve. Additionally some families have disabilities that require a private bathroom or cooking facilities to prepare special diets.

The *ICH Committee on Design Guidelines for Emergency Housing for Families Experiencing Homelessness*, created as a result of a mayoral order, has met twice to discuss these issues and has an additional meeting tomorrow before issuing its final report and recommendations on Friday. DCFPI appreciates the willingness of the Bowser Administration to seek input on the best way to design shelters to protect the safety and meet the needs of homeless families. I ask the Council to review the concerns outlined in that report and the recommendations for addressing them, prior to marking up this bill. Some of these suggestions may require additional capital and operating funding. DCFPI urges the Mayor and Council to work together to identify any funding needed to ensure that families are sheltered safely and that families with disabilities receive needed accommodations.

Interim Eligibility

The Interim Eligibility process will allow the Department of Human Services to place families into shelter when the agency is unable to determine the family's eligibility at the time of application and to work with the family for up to 12 days to explore alternatives to shelter. DCFPI supports this provision as a means for the District to ensure that a family has a safe place to stay while eligibility is being determined. We hope this will reduce the number of families who currently are required to visit the Virginia Williams Family Resource Center on multiple days to establish their eligibility and often end up staying in unsafe places during this process. We also support DHS's intention to offer mediation and financial assistance to families who may be able to return to a relative's or friend's house with this assistance.

DCFPI and other advocates have had some concerns that the legislation as drafted did not include sufficient protections for families, such as ensuring that any alternatives to shelter meet the Homeless Services Reform Act's definition of "safe housing." The Washington Legal Clinic for the Homeless and DHS have worked together to draft amendments to address these concerns and DCFPI strongly supports these amendments.

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



Maggie Riden, Executive Director DC Alliance of Youth Advocates
Testimony on: Bill 21-352, Advancing Year Round Access to Shelter Policy and
Prevention of Homelessness Amendment Act of 2015
Committee of the Whole
October 13, 2015

Good afternoon Chairman Mendelson and members of the committee, thank you for the opportunity to testify today. My name is Maggie Riden and I'm here in my capacity as the Executive Director of the DC Alliance of Youth Advocates. DCAYA is a coalition of over 130 youth serving organizations working to ensure policy and practice in the District of Columbia ensures all young people make a healthy and successful transition to adulthood. I am also a voting member of the District's Interagency Council on Homelessness (ICH) and a member of the ICH Committee on Design Guidelines for Emergency Housing for Families Experiencing Homelessness that is creating recommendations for the new family shelters.

I am here today to provide our feedback and recommendations on the proposed DC General replacement strategy and to urge this Council to ensure that new family shelters are safe and able to accommodate the diverse needs of both the parent and child residents.

We applaud the Mayor's focus on replacing DC General. The antiquated site has suffered from constant maintenance issues, holds far too many families and lacks sufficient space to provide additional programming (parenting classes, youth development programming, play space) that many would take advantage of, and benefit from.

The proposed shelter plan addresses many of these issues. They will be new or newly renovated, will house no more than 50 families, and as currently proposed will include space for study, play, meetings, programming and other activities. These are all critically needed.

The plan also proposes, as you've heard, the use of single-family private rooms with the expectation that families will share kitchens and bathrooms. While efficiency units or apartment style are ideal, we do understand that this may not be an option at this juncture given budget and site constraints. If we pursue a single room occupancy model, the design and management of communal spaces must prioritize safety and security, minimize opportunities for conflict and be truly welcoming of all residents- including children and adolescents.

As proposed, as many as 11 families would be sharing communal kitchens and baths. We realize this decision was made on the basis of space and cost. However, we must recognize that many of our families have a history of trauma, and private space for bathing- both parent and child- must be prioritized. There are also logistical issues- how to ensure there are sufficient bathrooms so families can get ready in the morning to arrive at school or work on time. Similarly, sharing bathrooms- or communal kitchen space- can create conflict that staff will need to be prepared to help resolve. Finally, there will be instances where families with a disability will require a private bathroom or cooking facilities.

The ICH Committee on Design Guidelines for Emergency Housing for Families Experiencing Homelessness, created as a result of a mayoral order, has met twice to discuss these issues and will be issuing a final report and recommendations on Friday. DCAYA appreciates the willingness of Mayor Bowser to seek input on the best way to design shelters and effectively meet the needs of families experiencing homelessness; and based on conversations to date have two core recommendations for this Council and DHS.

First, we strongly encourage this Council to review the concerns and recommendations outlined in the pending report prior to marking up this bill. Modest design adjustments like floor to ceiling bathroom partitions or mini-fridge and microwaves in every room, can go far in ensuring these new facilities are safe and able to meet the needs of some of our most vulnerable residents. Dignity and safety must be priorities in this redesign effort.

Second, while design is important to ensuring our new facilities are safe and welcoming, so are the policies and wrap around services at each site. I strongly encourage Mayor Bowser, this Council and DHS to use the opportunity afforded by new family shelter sites to revisit and refine existing shelter rules and on-site services. While these do have a cost; opportunities for parenting support classes or youth development programming during non-school hours are a great way to keep families engaged and connected during an otherwise chaotic and stressful time. Embedding these services into new facilities would go far.

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

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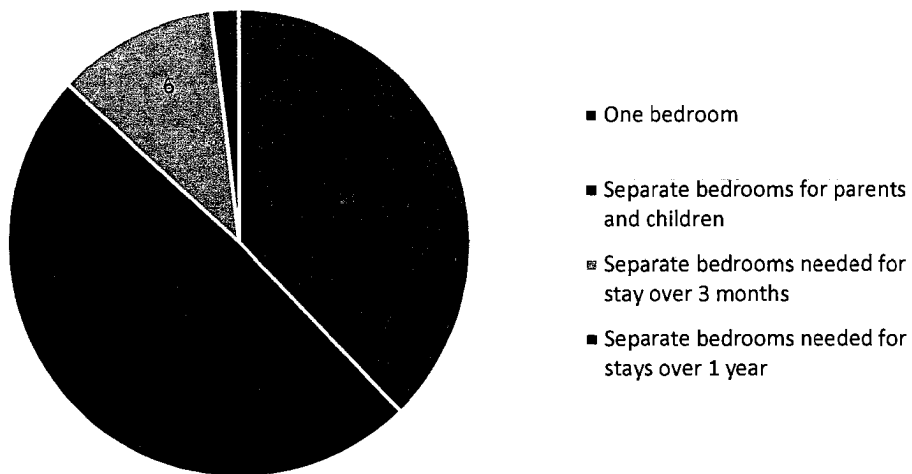
Room Configuration

Survey Question: Which of the following do you think family emergency shelters need to have?

The choices given: one bedroom for the whole family, separate bedrooms for parents and children.

1. When asked what kind of room configuration is needed if a family is in shelter for up to 3 months, up to 12 months, and for more than 1 year:

Families in Shelter Need:



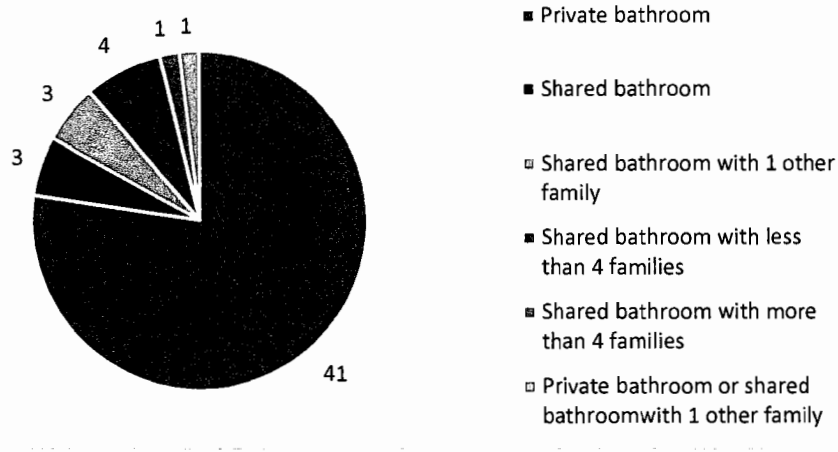
Bathrooms/Showers

Survey Question: Which of the following do you think family emergency shelters need to have?

The choices given: private bathroom/shower, shared bathroom/shower, shared bathroom/shower with 1 other family, shared bathroom/shower with less than 4 families, and shared bathroom/shower with more than 4 families.)

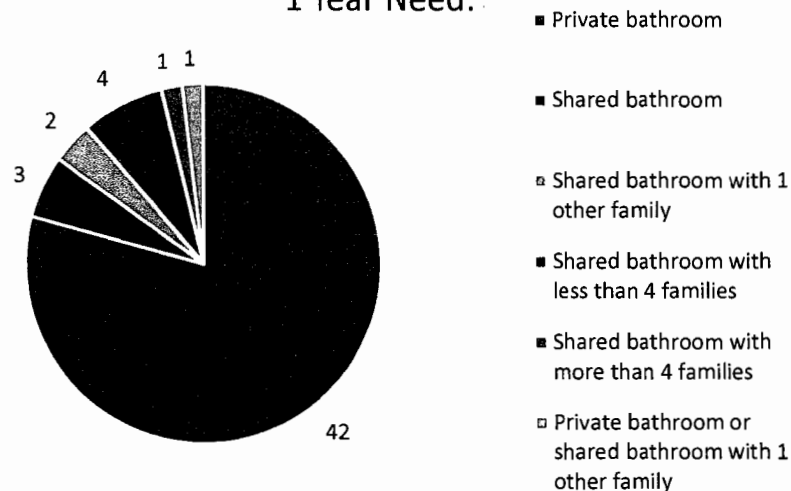
1. When asked what kind of bathroom is needed if a family is in shelter for up to 3 months:

Families in Shelter For Stays of Up to
3 Months Need:



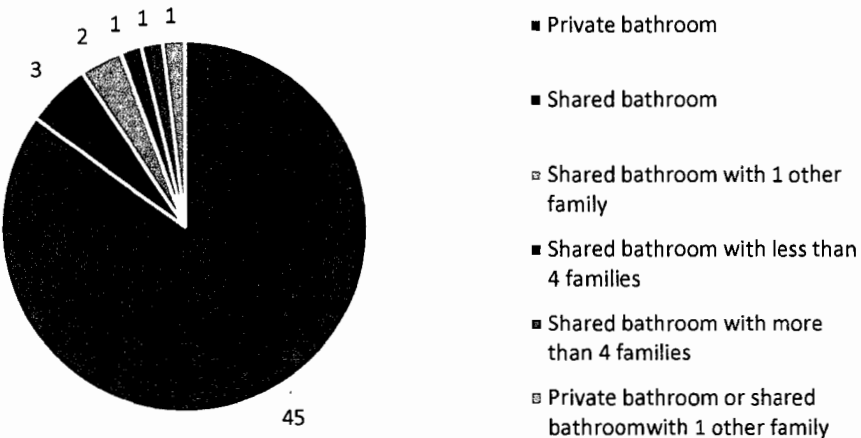
2. When asked what kind of bathroom is needed if a family is in shelter up to 12 months:

Families in Shelter For Stays of Up to
1 Year Need:



3. When asked what kind of bathroom is needed if a family is in shelter for more than 12 months:

Families in Shelter For Stays of More Than 1 Year Need:



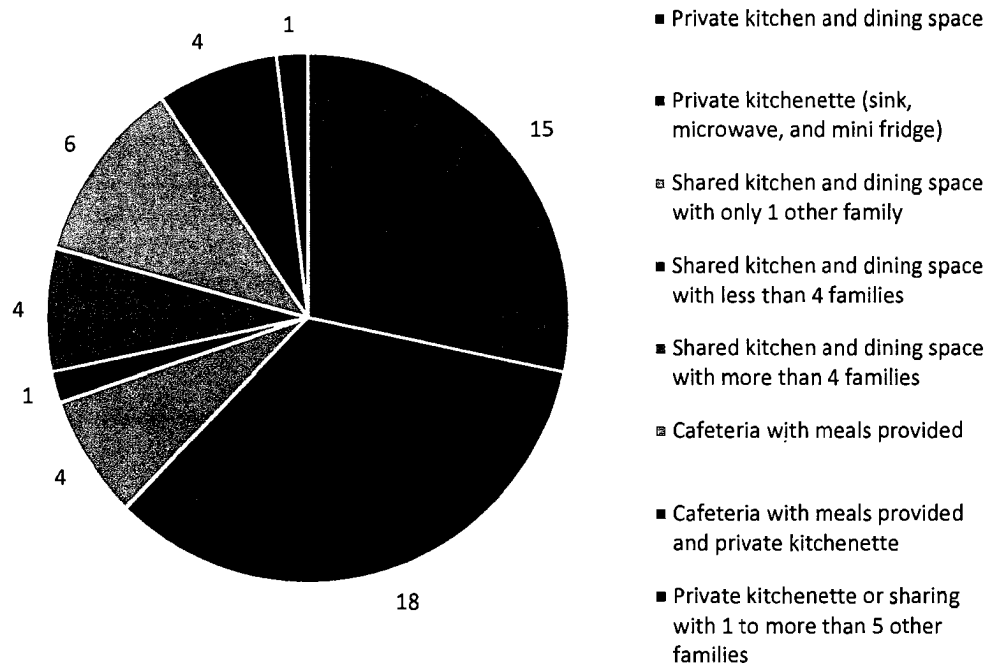
Kitchen/Food Access

Survey Question: Which of the following do you think family emergency shelters need to have?

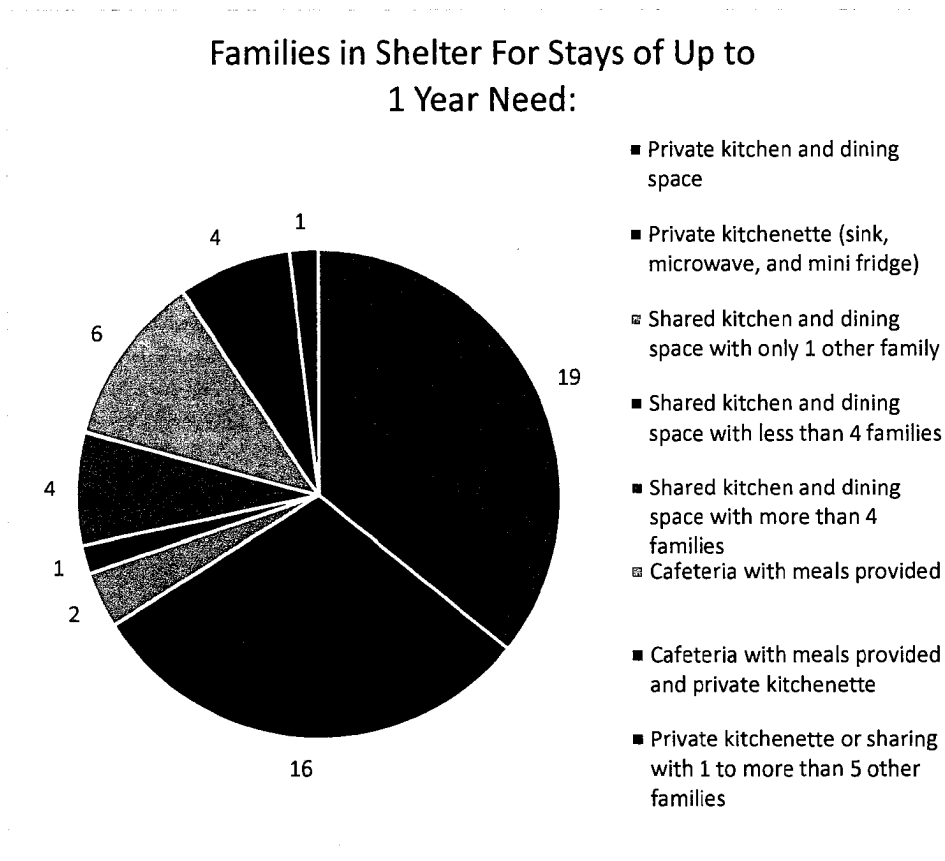
The choices given: private kitchen and dining space, private kitchenette (sink, microwave, and mini fridge), shared kitchen and dining space with only 1 other family, shared kitchen and dining space with less than 4 families, share kitchen and dining space with more than 4 families, cafeteria with meals provided

1. When asked what kind of cooking/food access is needed if a family is in shelter for up to 3 months:

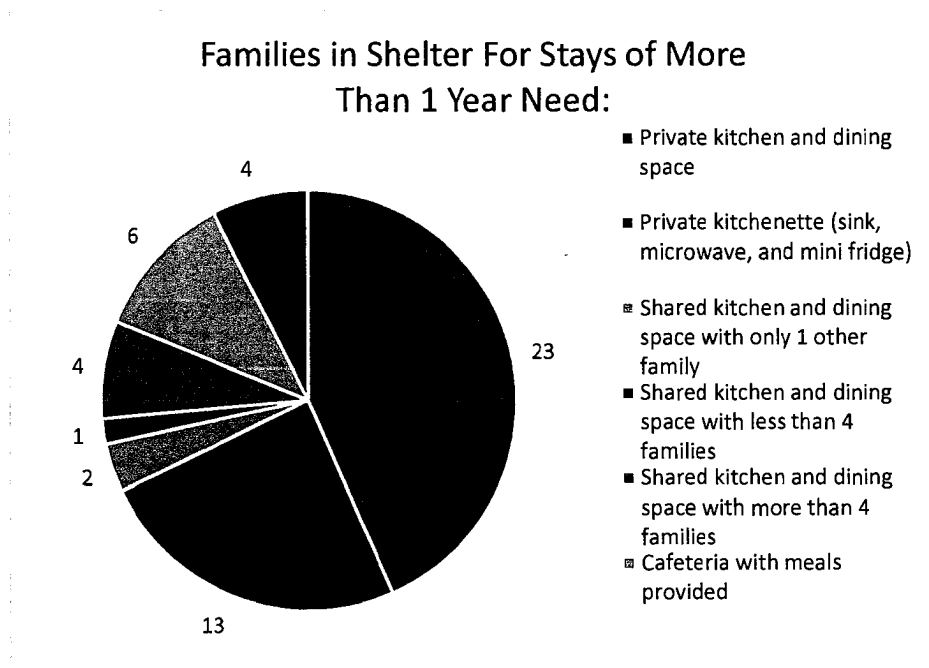
Families in Shelter For Stays of Up to 3 Months Need:



2. When asked what kind of food/cooking access is needed if a family is in shelter for up to 12 months:



3. When asked what kind of food/cooking access is needed if a family is in shelter for more than 12 months:



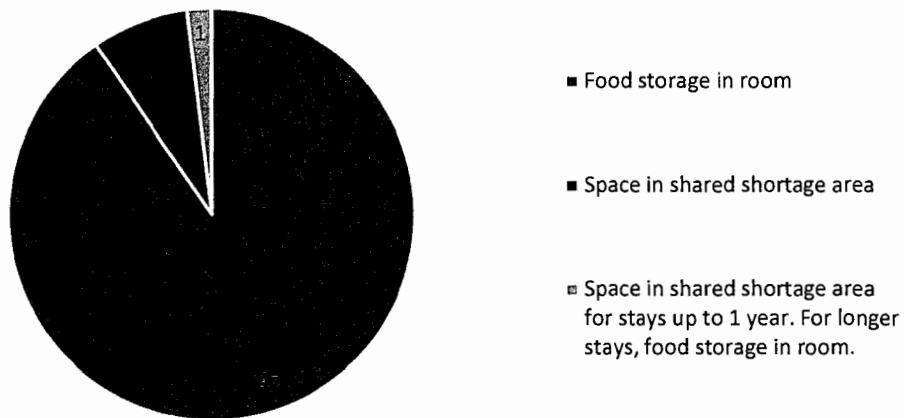
Food Storage

Survey Question: Which of the following do you think family emergency shelters need to have?

The choices given: space to store food in one's own room, space to store food in shared storage area, no place to store food.

1. When asked what kind of food storage is needed if a family is in shelter for up to 3 months, up to 12 months, and for more than 1 year:

Families in Shelter Need:



Thirty-eight respondents to the survey left comments on shared versus private bathrooms. The main criticisms of shared bathroom revolved around and privacy/ safety and cleanliness/sanitation.

Privacy and Safety – *comments include concerns over children having to use the bathroom in the middle of the night, anxiety associated with using the bathroom with strangers, concerns of parents who have children of the opposite sex*

Privacy is HUGE. Don't feel safe sharing bathrooms.

At DC General, I have my own bathroom in my room and I'm grateful for that. The people who have to share complain a lot, they don't feel like the bathrooms are clean. I wouldn't want to share a bathroom and my kids don't have to get up and go around the corner in the middle of the night to pee. We still share a shower with other people, but I have no complaints. I'm grateful for everything we have here.

I get anxious just thinking about my kids needing to use the bathroom in the middle of the night. It needs to be in our room.

At DC General, it was a big problem to have everyone use the same bathroom. Having a 12 year old boy, I didn't want him going to the men's bathroom alone but I also didn't think he should go into the women's bathroom with me.

Shared bathrooms pose a safety issue. You have to go with your child into the bathroom each time and they are not cleaned often enough.

This is so important for safety. All types of people come into shelter and it's not ok for me or my son to be using a shower or bathroom with strangers.

Children have to go to the bathroom in the middle of the night. They shouldn't have to wake up their parents to take them. Fathers have to take their daughters to the bathroom or to wash they and they can't do that in shared bathrooms.

Shared bathrooms aren't safe for kids. They should feel safe to go to the bathroom by themselves.

When I was at DC General before moving to Girard Street, there were lots of unsanitary things in the bathrooms. There was no privacy. My son wouldn't even be potty trained when he was there because he was scared of the bathrooms.

Cleanliness/Sanitation issues- *comments include concerns over communicable diseases, people taking responsibility to maintaining cleanliness, inconvenience of having to clean bathroom every time you need to use it.*

People have diseases others don't know about. It's a safety issue.

The public bathrooms are filthy. You really can't be having all different types of families and kids using the same bathrooms.

The bathrooms at DC General are never cleaned properly. It's up to the individual families to clean and people don't take responsibility.

Families often get sick at DC General because of the shared bathrooms. I have to bring Lysol and all of my cleaning products into the shared bathroom every day.

There's no way to have clean shared bathrooms. People just don't take the responsibility for them.

People treat shared bathrooms like public bathrooms. They're disgusting.

There is a scabies outbreak at DC General now and the bathrooms are not clean.

My daughter got ringworm our first night at DC General because of the shared bathrooms.

Shared bathrooms can be dirty and my daughter has health issues and needs a clean space. The shared bathrooms at DC General are so disgusting. Have you ever been to a public bathroom? Now picture doing that every time you or your kids have to go to the bathroom or take a shower.

It's a cleanliness issue. There are fights that break out and conflicts over the use and cleanliness of shared bathrooms.

Shared bathrooms are just not sanitary, especially for small children.

Had to share bathrooms with three other families, always had to clean before use to make sure everything was sanitized for my children. Time consuming and not very convenient when kids had to use the bathroom. Didn't feel clean.

It's important to sanitation and privacy to have your own bathroom.

Some people don't keep up the bathrooms. It's not sanitary to share with everyone.

Staff don't keep up with cleaning. Sometimes are sharing sinks with people washing their clothes there while you're trying to brush your teeth. Better to have private bathrooms you can clean yourself.

Everyone has different levels of cleanliness

Not everyone is clean; issues with spreading disease

Most of the bathrooms are nasty; people don't clean up.

The toilets at DC General are often not working and are often disgusting. At least if the toilet is in your own room, you have control over it and its cleanliness.

The ideal situation is to have our own private bathroom but not sure if this is possible. People don't clean up after themselves; DC General bathrooms were disgusting. If you do have to share a bathroom, at least sharing with one other family would create more of a sense of accountability.

Logistical concerns/other:

It becomes really hard sharing a bathroom with so many other people for a long period of time.

Space wise, sharing a bathroom with one other family is not horrible. Everyone's cleanliness level is not the same, so that will be hard, but it's the same problem you'd have with different people in one household.

Private bathrooms at least needed for very small children. We have to wash them in the sinks because DC General only has showers.

If you have young kids, you need to be able to give them baths. Older kids can shower themselves but small kids need baths.

Shared bathrooms might be ok for some families, but some do need their own.

Share bathrooms now and it's not a problem.



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Testimony Before the District of Columbia Council
Committee of the Whole
October 13, 2015

Hearing: Bill 21-352, Advancing Year Round Access to Shelter Policy and Prevention of
Homelessness Amendment Act of 2015

Judith Sandalow
Executive Director
Children's Law Center

Good afternoon Chairman Mendelson and members of the Committee of the Whole. My name is Judith Sandalow. I am the Executive Director of Children's Law Center¹ and a resident of the District. 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 8 children in DC's poorest neighborhoods – more than 5,000 children and families each year. Children's Law Center works with an increasing number of children living in unstable situations on the verge of homelessness, children who are still reeling from the trauma of having been homeless, and children whose health, and particularly their asthma, is compromised by the unhealthy living conditions of the DC General Shelter.

On behalf of the children with whom we work and the thousands like them, I want to celebrate Mayor Bowser's commitment to make homelessness brief, rare and non-recurring. I also applaud Mayor Bowser for taking concrete steps to close the DC General shelter and you, Chairman Mendelson, for moving quickly on this legislation. Replacing the chaotic, crumbling facility that is DC General Shelter is an important first step to protecting the safety and well-being of homeless children while successfully transitioning families to more permanent housing.

I am testifying today about the Advancing Year Round Access to Shelter Policy and Prevention of Homelessness Amendment Act of 2015. This legislation makes

changes to District laws that govern the types of new shelter facilities the Mayor can build, as well as how eligibility determinations for shelter may be made. There are some amendments necessary to the Act's interim eligibility processes. However, it is our understanding that after discussions with Washington Legal Clinic for the Homeless, DHS will be proposing amendments that resolve our concerns. I am therefore going to focus my testimony on the shelter design component of the bill.

The question of shelter design does not stand alone. It is one of many interlocking decisions that the District must make in closing DC General. The limited availability of appropriate buildings and accessible locations, the political realities of working with residents who live near the proposed shelter sites, the success of programs to build affordable housing, and price are just a few. To complicate matters, these factors are not static. They change over time.

How to change the current law to achieve the goal is complicated. On the one hand, the administration will need flexibility to manage the many, complex decisions it will have to make in order to close DC General. On the other hand, the proposed legislation gives the administration maximum ability to design the shelters, including design elements that I believe would repeat some of the mistakes made at the DC General shelter.

To ameliorate the risk that the new shelters will repeat mistakes made in the past, I urge the Mayor to continue seeking community feedback on shelter design

throughout the entire process. I have been a part of the Interagency Council on Homelessness' working group on shelter design, which was created by Mayoral Order on September 25, 2015 to provide input to the administration. What has become clear to me in the two short weeks that the working group has met is that the experiences of homeless families, as shared by homeless individuals themselves and through their advocates, provide critical information that should have a profound impact on shelter design. The groups report will be issued later this month. The Council should review the concerns outlined in the report and the solutions for addressing them prior to marking up the bill. The Council and the Mayor should work together to ensure that the designs for the new shelters address these concerns.

To provide some context for these issues, I will provide: (1) a brief description of families who seek shelter; (2) what we know and what we don't know about creating safe, healthy shelters for families; and (3) our perspective on the trade-offs that the District should consider.

Families Entering Shelter Are Not Just Homeless – They Are in Crisis

Many, even most, families who enter shelter are not suffering only from a failure to find housing. They are coping with a range of challenges that co-occur with and often pre-date their homelessness – challenges that have a fundamental impact on their daily lives and how they interact with others.

Studies of homeless mothers have found that roughly two-thirds have been victims of domestic violence, and many have lost their housing as they escaped abuse.² As many as two-thirds of homeless mothers are survivors of childhood physical abuse, while 43% were sexually molested as children.³ The National Center on Family Homelessness reports that, all told, “[o]ver 92% of homeless mothers have experienced severe physical and/or sexual abuse during their lifetime.”⁴

Homelessness children have a high rate of exposure to traumatic incidents and their health and well-being is significantly impaired by homelessness. By age 12, 83% of homeless children have been exposed to at least one serious violent event and roughly a quarter of homeless children have witnessed violence within their own families.⁵ Homeless children go hungry twice as often as other children,⁶ and are sick four times more often.⁷

What is the mental health impact of these traumatic experiences? Homeless mothers are three times more likely to suffer from PTSD as non-homeless mothers – more than one-third of homeless mothers in one study were found to be struggling with this condition.⁸ Homeless children experience emotional or behavioral problems, including depression and anxiety, at triple the rate of non-homeless children – one study revealed rates of anxiety, depression, and social withdrawal to affect almost half of homeless children studied.⁹ And whether or not any particular child has mental health diagnosis, data suggest that between exposure to violence, uncertainty over food

and health, and witnessing the struggles of their parents and primary caregivers, homeless children entering shelter do so with a generalized fear regarding their futures – fear that would inevitably impact how they interact with others in a shelter facility. According to NCFH, while homeless, three-quarters of children worry that they will have no place to live, 58% worry they will have no place to sleep, and 87% “worry that something bad will happen to their family.”¹⁰

What Makes a Shelter Safe and Healthy?

There is little research or “best practices” literature that can guide decision-making on how to ensure that shelters are safe and healthy. What little research does exist on shelter design emphasizes that we must design both physical spaces and program rules to recognize the trauma that families bring with them when they enter homeless shelters. So, for example, experts note that, because many shelter residents have histories of physical or sexual abuse – abuse which has often taken place in private areas like bathrooms, it is important to design shelter bathrooms in a way that gives individuals as much privacy and control over that space as possible.¹¹

This research on shelter design is admittedly quite thin. Thus, the DC Council and the administration must also rely on experience and common sense, extrapolating principles from what we know about trauma and homelessness.

It is important to acknowledge that few of the policymakers responsible for making the key decisions related to shelter design have personal experience living in a

homeless shelter. Instead, the only congregate living situations that most people who have never been homeless might have experienced are college dorms and summer camps. These are not experiences that should be relied up to inform decisions about shelter design.

First, college dorms are not filled with people who have suffered significant trauma – but homeless shelters are. Research makes clear that trauma and PTSD change the way in which traumatized individuals react to everyday situations. Events that seem innocuous to those who have not been traumatized may trigger a person with PTSD into “fight or flight” mode and into actions that may seem incomprehensible even to him or herself. A woman, for example, who was sexually abused as a child during bath time, may go into “flight mode,” incapable of doing simple tasks when she smells the brand of shampoo or soap that was used when she was a child. When, at a shelter, this woman is paralyzed with anxiety, unable to work on finding permanent housing or attend to her children’s emotional needs, even she may not know why. The District is designing living spaces for families with trauma like the woman I just described, and must take into account that, among homeless families, trauma histories that include violence and abuse are not a rarity, but all too common.

The second reason why the experience of college dorms or summer camps is inapplicable is that they are the experiences of individuals without the responsibility to care for children – and the experiences of young adults who have not lived with the

level of instability that most homeless children have experienced. Here are two hypothetical, yet common, situations which illustrate this point and should impact shelter design:

A mother of a four-year-old son and a six-year-old daughter awakens in the middle of the night and needs to go to the bathroom. Does she wake her children to go with her, knowing that they will then be awake for hours, or does she leave them alone in the room? Whether she has a bathroom in her room, just across the hall or fifty feet away might change your answer.

A sixth grader asks if she can go to the computer room to do her homework, leaving her mother and two-year-old brother in their room. Whether the computer room requires parental supervision, whether it has a glass wall that allows her mother to watch her while also letting her toddler play, whether shelter staff is on-site, and whether it is on the same floor as their sleeping space may impact how you view the situation.

Given what we know about the destabilizing effects of congregate shelter facilities and the well-documented safety issues we have seen at DC General, it is important that, as we replace DC General with smaller facilities, we acknowledge the impact that trauma has on the children and families in these shelters. To do so is to ensure that families have as much control as possible over daily living by giving them enough privacy and space to themselves to allow them to conduct daily activities away from the crowd of fellow residents.

Trade-Offs

In my introduction I addressed many of the trade-offs that will have to be balanced. I would be remiss if I did not specifically address the issue of the increased cost of incorporating certain basic protections for families. While we have not seen up-

to-date cost projections, we recognize that these costs, and questions of where additional funds would have to come from, are real ones. At the moment, discussions around costs are being framed entirely as a trade-off between funding for shelters to replace DC General and spending on either affordable housing or services for other homeless populations (for example, single adults or youth). We hope that in considering the appropriate structure and design of DC General replacement shelters, the Council will commit to a different trade off – that, working with the Administration, it will identify additional funding from outside the homeless services system to support the small but necessary modifications to make replacement shelters more appropriate for families.

Conclusion

I look forward to continuing to work with the Mayor and the DC Council to close DC General Shelter, build replacement shelters that are safe and healthy for children and families, and create a continuum of housing and services so that homelessness truly becomes rare, brief and non-recurring.

Thank you for the opportunity to testify. I am happy to answer any questions.

¹ Children's Law Center fights so every child in DC can grow up with a loving family, good health and a quality education. Judges, pediatricians and families turn to us to be the voice for children who are abused or neglected, who aren't learning in school, or who have health problems that can't be solved by medicine alone. With 100 staff and hundreds of pro bono lawyers, we reach 1 out of every 8 children in DC's poorest neighborhoods – more than 5,000 children and families each year. And, we multiply this impact by advocating for city-wide solutions that benefit all children.

² Rog, Debra & Buckner, John. *Homeless Families and Children*. 2007 National Symposium on Homelessness Research (2007), pp. 5-7 – 5-8.

³ Bassuk, Ellen, et. al. *America's Youngest Outcasts: A Report Card on Child Homelessness*. National Center on Family Homelessness (November, 2014), p. 80.

<http://www.homelesschildrenamerica.org/mediadocs/282.pdf>

⁴ National Center on Family Homelessness. *The Characteristics and Needs of Families Experiencing Homelessness* (factsheet) (December, 2011), p. 3. <http://www.familyhomelessness.org/media/306.pdf>

⁵ *Id.* at p. 4.

⁶ Bassuk, Ellen & Friedman, Steven. *Facts on Trauma and Homeless Children*. National Child Traumatic Stress Network (2005), p. 2.

⁷ *See, supra*, note 3, at p. 4.

⁸ *See, supra*, note 3, at p. 4.

⁹ *See, supra*, note 3, at p. 5.

¹⁰ *See, supra*, note 3, at p. 6.

¹¹ *See*, Prescott, L., Soares, P., Konnath, K., and Bassuk, E. *A Long Journey Home: A Guide for Creating Trauma-Informed Services for Mothers and Children Experiencing Homelessness*. Rockville, MD: Center for Mental Health Services, Substance Abuse and Mental Health Services Administration; and the Daniels Fund; National Child Traumatic Stress Network; and the W.K. Kellogg Foundation (2008), pp. 15, 17. <http://homeless.samhsa.gov/ResourceFiles/ALongJourneyHome.pdf>;

See also, National Center on Family Homelessness. *Basic Principles of Care for Families and Children Experiencing Homelessness*, (discussing, among other things, the importance of building bathrooms with doors that can be locked). <http://www.familyhomelessness.org/media/86.pdf>

**GOVERNMENT OF THE DISTRICT OF COLUMBIA
DEPARTMENT OF HUMAN SERVICES**



**B21-352, Advancing Year Round Access to Shelter Policy and Prevention of
Homelessness Amendment Act of 2015**

Testimony of
Laura Green Zeilinger
Director

Before the

Committee of the Whole

Council of the District of Columbia

October 13, 2015, Council Chambers
John A. Wilson Building
1350 Pennsylvania Avenue, NW
Washington, D.C. 20004



Good afternoon Chairman Mendelson, members and staff of the Council. I am Laura Zeilinger, Director of the District of Columbia Department of Human Services (DHS). I am pleased to testify before you today on the *Advancing Year Round Access to Shelter Policy and Prevention of Homelessness Act of 2015*.

The District is undertaking large-scale systems change to achieve the goals we have set forth as a community: to make homelessness rare, brief, and nonrecurring. The legislative proposals currently before Council and on which this hearing is focused apply to the system of care for families. The amendments represent only a small piece of an effort that spans across multiple District and federal agencies, providers, and partners. Though the legislation is only a small piece, it is a critical piece.

This legislation, if passed as proposed, enables our community to finally close DC General, and to build for families safe and dignified places to overcome the crisis of homelessness with the supports to regain what all families need as a foundation to advance their potential—permanent housing in the community. No family should have to raise their children at DC General, or a facility like it, not even for a short time. It should not have taken the unforgettable tragedy of Relisha Rudd to shock our conscience and raise our awareness. Nevertheless, residents of the District of Columbia have rightfully demanded better of this city's leadership. On behalf of Mayor Bowser, I am here to urge the Council to support legislation that will enable a more effective homeless crisis response system for families and that will allow swift action to build smaller, safer, more dignified emergency housing facilities across the District, and close DC General.



More specifically, we are seeking the clear authority to develop new emergency housing facilities with private rooms. The authority is expressly limited to the development of units needed for the replacement of DC General, and does not diminish the current inventory of apartment-style shelter.

The second critical goal that this legislation advances is the ability to offer emergency shelter to families when housing emergencies happen. Year-round access to shelter was at the top of nearly every stakeholder's advocacy agenda when I arrived at DHS earlier this year. This legislation advances year-round access to family shelter—not as a right, but as good public policy—by creating an *interim eligibility* process. Interim eligibility allows DHS to offer shelter for a limited time in situations when deeper engagement with families is needed to determine when a shelter stay is appropriate.

But let me be clear, as critical as this legislative proposal is, it does not stand alone. It, by itself, does not create the systems change we seek. We've already begun year-round access to shelter; we need the legislation to give us new tools so we can continue it. We've already allocated funding to close and replace DC General; we need the legislation so we can do it the right way. We've made historic investments in the housing solutions that end homelessness; we need this legislation to ensure our shelter system supports moving people into these resources quickly and safely. Without the legislation as proposed, we risk turning back the progress we've made and closing the door on an opportunity that will actually make a difference in how, where, and when we serve families experiencing homelessness.

This legislation and the actions that move with it are specifically designed to develop a more effective crisis response system, which is the first strategy in Homeward DC, the District's strategic plan to end homelessness. The key areas of focus in this strategy include transitioning



to smaller, community-based emergency housing (including closing DC General), implementing a plan for year-round access to shelter, and redesigning the rapid re-housing program—all of which and more are either currently underway or will be as a result of this legislation.

First, we know exactly how an effective crisis response system should work, and it starts with centralized assessment—a place where families can come and be connected to an array of services and supports tailored to their specific needs and strengths. We are focused on improving client engagement and eligibility services at the Virginia Williams Family Resource Center, where families in the District come to apply for homeless services. It used to be that “homeless services” meant only emergency shelter, and that to be placed into shelter, you had to have absolutely no other option for safety. The failure in that approach is that we miss the opportunities to help families sooner, to help their current living situation become tenable and more stable, and in doing so prevent homelessness and the need for shelter. Our data shows that 20 percent of families placed in shelter last hypothermia season had applied for shelter *more than twice* before getting to the point where they had no other identifiable alternatives but shelter. This is exactly why last month we launched a new community-based prevention initiative that is able to take advantage of the early opportunities to help families avoid homelessness. So far, we are very encouraged by the results. In the first few weeks of the program, 130 families were referred to prevention services, which can provide an array of housing, employment, and conflict mediation services. None of those families have needed a shelter placement thus far.

But for some families, a short assessment at Virginia Williams is not enough time to truly understand their needs, and what service—whether its prevention, shelter, or otherwise—is needed to best support them. This is magnified by the fact that we are dealing with the very real, very dangerous possibility that a particular family might not have a safe place to be. We need to



be able to take the time to make an informed decision about which services families are eligible to receive, and families deserve to be in a safe place while we work together to determine that eligibility—particularly for emergency shelter. This is why we are proposing in the legislation to create an interim eligibility process. This will allow DHS to offer shelter for up to 12 days while we engage more deeply with the family to accurately assess eligibility for homeless services, and work with the family and their support network to determine if other safe housing options are available that could provide an appropriate alternative to a shelter stay.

There is not currently the authority in law for DHS to offer a shelter placement before an eligibility determination is complete. Therefore in the current legal structure, when shelter is an entitlement, once the District makes a *placement*, that placement may only be concluded by the family exiting, usually through a program like rapid rehousing, or through a termination. Terminations are not applicable to eligibility.

Nearly 80 percent of families placed in shelter had last stayed with friends and family. There are several reasons why those living situations may no longer be viable, but there is also the possibility a safe living arrangement can be reestablished under the right circumstances and with the right supports.

Certainly, an interim eligibility process is not warranted for every family. Eligibility for many families can be determined somewhat quickly. For the families who require deeper engagement through an interim eligibility placement, there are essential benefits and protections as part of this proposal:

- More families will have access to safe housing.
- Families with other safe housing arrangements identified will have access to services to support the stability of those arrangements.
- If alternate housing arrangements in the end prove non-viable, when conditions warrant, families will not have to start the shelter eligibility process over, but may receive immediate access to shelter.



- If a family disagrees with DHS' eligibility determination, they may request a fair hearing through the Office of Administrative Hearings (OAH) and remain in an interim eligibility placement.

In the weeks since the legislation was proposed, we have engaged with stakeholders, including the Washington Legal Clinic for the Homeless (Legal Clinic), on changes to the proposed amendments. The changes the Legal Clinic has proposed to interim eligibility generally fall into three categories: 1) aspects of interim eligibility that DHS intended to include in operating procedures, rather than law 2) wording that improves clarity, and 3) amendments that would keep business processes for appeals more consistent with other parts of the statute. I am going to offer a brief explanation of each.

1) Aspects of interim eligibility that DHS intended to include in operating procedures, rather than law

The Administration does not intend that families who come into an interim placement would be denied eligibility because there is a place they can stay for just a few nights. Our goal is to assist families to achieve stability without a shelter stay whenever that is possible. Therefore, we do not oppose adding language that other safe housing identified for the family must be reasonably expected to last 14 days, and that the family's presence in that housing shall not imminently jeopardize the tenancy of the household with whom the family is placed.

2) Wording that improves clarity

The Administration is also willing to clarify that a family will receive notice of their eligibility determination and if they wish to appeal a denial of shelter and stay in the interim placement while the appeal is pending, they may do that if they request a fair hearing within 48 hours or one business day of receiving notice, whichever is later.

3) Keeping the business processes for appeals more consistent with other parts of the statute



The Administration supports having the appeal process aligned with other parts of the Homeless Services Reform Act, which includes filing the initial request for review with OAH, rather than DHS as the trigger of DHS's administrative review. We maintain, however, that the agency administrative review is mandatory and must be completed before OAH can hear the case.

The Administration does not support changes to any provision that would expand the entitlement of shelter. Some stakeholders are advocating for a provision that instructs the Mayor (through the use of the word "shall" instead of "may") to find eligible for shelter any family who loses a safe housing arrangement within 14 days of placement after interim eligibility. This provision effectively expands the right to shelter. Moreover, it undermines our ability to make decisions based on individual circumstances, which at times are complicated by a whole host of factors that may not be in anyone's best interest to ignore. We have a duty to adhere to a set of standards for shelter eligibility and that duty would be compromised by the presumptive eligibility that the Legal Clinic is recommending.

While the Administration agrees in practice and procedure with what is the intention of their recommendation, we strongly oppose any measure that expands the legal entitlement to shelter and limits the ability of DHS to determine eligibility for District services.

That concern notwithstanding, I believe there is broad consensus among stakeholders that interim eligibility will be an effective and important tool to help us better engage with families, support families to achieve greater housing stability without shelter stays, and assess eligibility. Fundamental to the successful implementation of interim eligibility are the new homelessness prevention services that give families critical support sooner, before situations worsen, and can support the success of community placements.



The second part to developing an effective crisis response system is increasing access to quality shelter.

We have already begun providing year-round access to family shelter. We know that homelessness is not caused by cold weather. Emergency shelter must be available for families who need it, when they need it—no matter what the weather is like outside. In the past, after meeting a year’s worth of need in the five months of hypothermia season (where shelter is an entitlement) the District would close the doors and spend the next seven months focused exclusively on exits from shelters to prepare for hypothermia season all over again. This is not a sustainable model; it puts a strain on both the system and the families we serve. This is exactly why we made the policy shift this year to provide year-round access. Since April 1, we have placed 387 families in shelter. That compares to only 58 families placed during the same time last year. In fact, in the five months that followed hypothermia season this year, we actually had more applications for shelter than we did during the 5 months of hypothermia season. Though, as a result of more robust eligibility engagement and the introduction of other supports, our rate of shelter placement was a third of what it was during the hypothermia season. In addition, we have been able to exit families from shelter at a higher rate than ever before—an increase of 23 percent above last year—shortening the lengths of stay in shelter.

Length of stay is a critical metric for any crisis response system. Long episodes of homelessness are detrimental to children—impacting school performance, health and other indicators of well-being. What is better for families also makes sense for the system. The shorter the lengths of stay in shelter, the fewer overflow motel rooms we need and the more families we can serve. Length of stay data also weighs heavily when determining which types of shelter we should develop in our system.



This brings me to the closing of DC General and replacing it with smaller, community-based emergency housing facilities, which are dignified, safe, service-enriched, and located across the District. I think we all agree that this is the right thing to do. We have made the necessary investments, now we need the authority to do what is right for the District at this time—which is to replace DC General with private room units and not apartment style units.

There are several reasons why private room facilities are the right approach for our community to take for the purpose of closing and replacing DC General:

1. Private-room emergency housing facilities can be safe, dignified, and supportive.
2. Private-room facilities are effective and efficient—supporting shorter stays in shelter and lowering costs, which enables the community to meet the needs of families and close and replace DC General.
3. The private-room facilities that will replace DC General are much smaller, serving no more than 50 families at a time—resulting in a more supportive and private environment.

I know that there are questions around how we will create facilities that ensure this standard and that the whole community can be proud of and support. With our current plan, we will build replacement facilities specifically designed for the safety and well-being of families, and which stand in the starkest contrast to DC General. We can do all of this as well as balance the needs of our entire system and work responsibly within the budget this Council approved.

The Mayor has made it clear that everyone has a part to play in this effort, which is why she issued a Mayor's Order instructing a broad group of stakeholders (inclusive of experts in building design, service providers, and clients) to provide recommendations on the design



attributes in these new facilities. The community is invested in that process, and I think it will produce true design guideposts which will allow us to move forward, together.

What would jeopardize this progress is to prescribe in law—as some have suggested—specific design attributes (like a private bathroom and cooking facilities in each unit) without regard for the necessary cost and square footage implications that would impact our ability to develop the number of units we need to replace DC General. Further, adding a private bathroom and kitchen in each unit makes the unit an apartment, and we would not need a legislative fix to develop more apartments.

Our data shows a significant correlation between apartment-style units and long lengths of stay. Stays in shelter are shorter in private rooms. That correlation is not unique to the District, it's true in the data that we see from other jurisdictions like Seattle and New York City. That correlation also doesn't change when you look at lengths of stay based on destination at exit. Regardless of if a family exited shelter to permanent supportive housing, rapid rehousing or any other permanent housing situation; the longest lengths of stay are in apartment style shelters. There are several factors that can impact length of stay—and all of them are likely at work in this data, including where resources are focused on exits and where families with 'reasonable accommodations are placed. However, unit configuration is at work in the data as well, and we must consider that when making new investments into shelter. As I said earlier, long lengths of stay are detrimental to children and limit access to shelter because it limits the number of available units. For instance, if we had an average length of stay in shelter of 180 days per family and we were able to cut that down to 90 days, we could serve twice as many families in a year with the same number of shelter units. On the other hand, if we invest in the wrong types of shelter, and it drives up our length of stay, we would be serving fewer families in a year—or



more likely, spending more and more money on costly motel rooms. The more we spend on shelter and overflow motels, the less we are able to spend on the housing solutions that actually end homelessness.

In addition, the experience a family has in emergency shelter is not dictated solely by the building design. The services offered are at least as important if not more so than the design. I believe in the capacity, strength and resiliency of the families we serve. I also believe the vast majority of families can feel safe, supported, and engage in services while also sharing some dining and bathroom facilities while in emergency shelter. For those whose needs require the accommodation of private facilities, we can and will continue to meet their needs. It is misguided to assume that families cannot be safe and supported for a short amount of time in an environment that is not a single apartment. We must be intentional in the design, and also stay within the budget allotted by the Mayor and approved by Council. I ask that Council maintain the Mayor's flexibility to accommodate the recommendations of the design committee to the very best of our ability.

This brings us the third part of developing an effective crisis response system, which is increasing permanent housing resources. Emergency shelter is a critical part of the crisis response system—it provides the immediate safety and security people need when faced with homelessness. Shelter must be safe, dignified, and be able to appropriately serve people with histories of trauma—but shelter is not the solution to homelessness. Homes are the solution to homelessness. Our goal is to make sure every family has a kitchen to cook in, a family table to be around, bedrooms and bathrooms, and the privacy and dignity that comes with being in your own home. Mayor Bowser and this Council have made historic investments in the housing



solutions that work—affordable housing, permanent supportive housing, and rapid rehousing. Those investments must continue.

This legislation, and the actions that move together with it, are guided by the principle that homelessness is a problem we must solve; that, when members of our community experience homelessness, we all suffer; but conversely, when people are in permanent housing we all benefit.

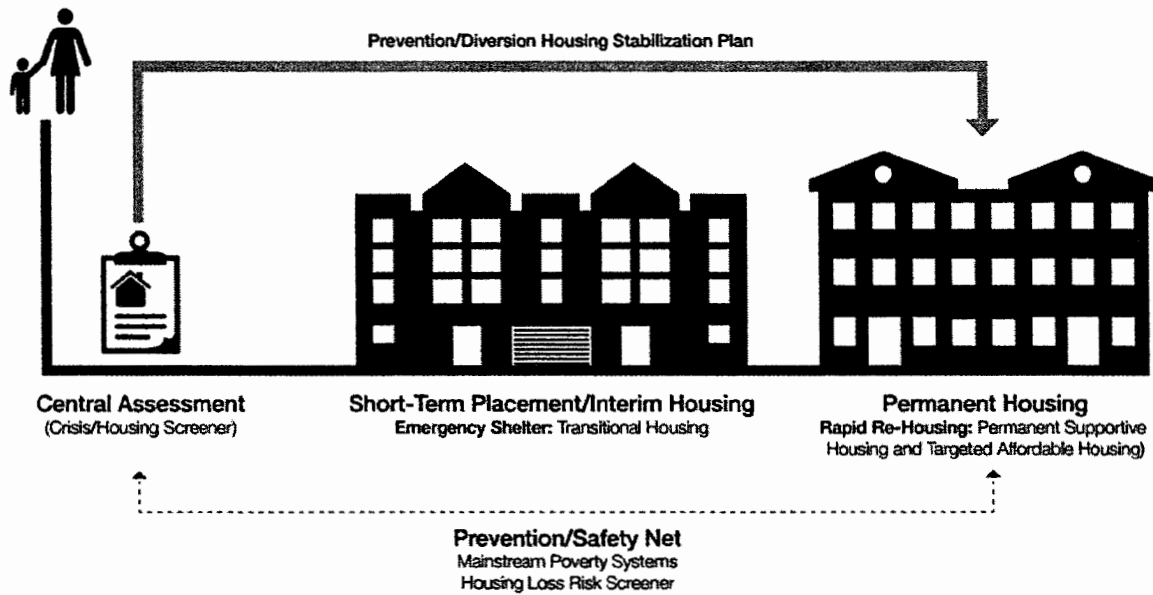
Thank you for the opportunity to testify today. I am prepared to answer any questions the Committee may have.



ATTACHMENTS:

Figure 1: What an Effective Crisis Response System Looks Like.

(Source: *Homeward DC*)



ATTACHMENTS:

Figure 2: Length of Stay Date from the District of Columbia

(Source: HMIS)

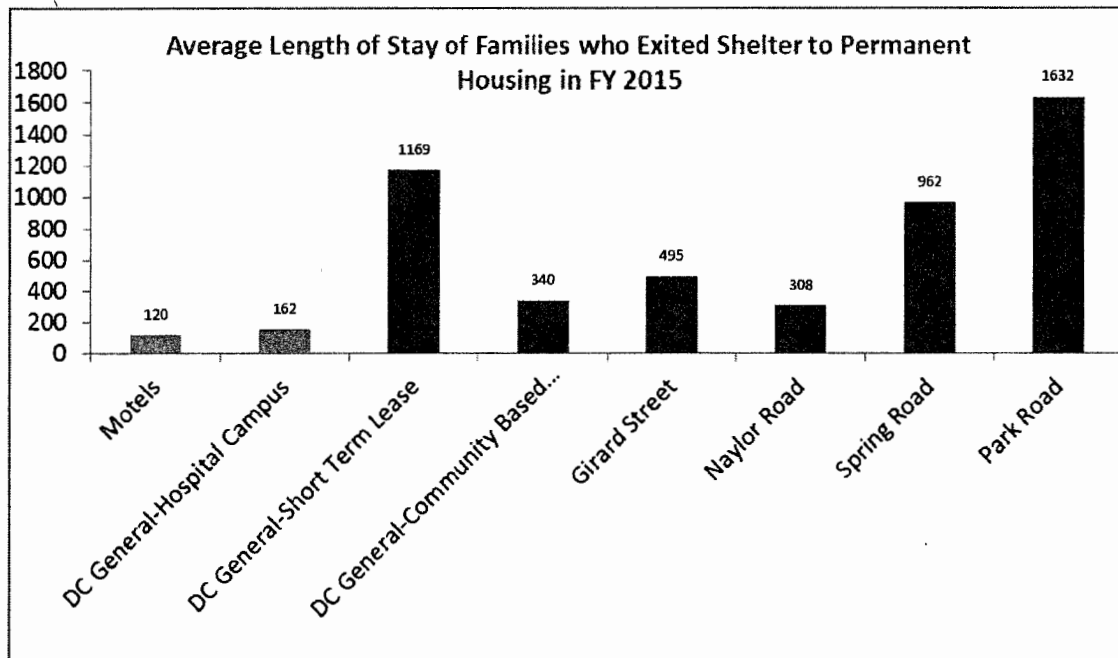
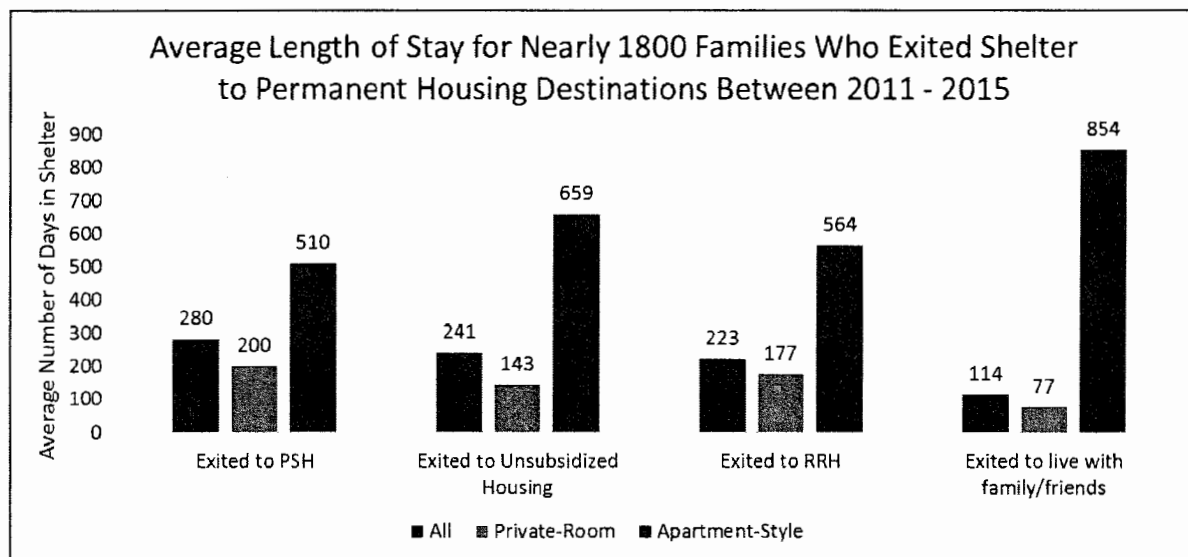


Figure 3: Length of Stay Date from the District of Columbia based on Destination at Exit

(Source: HMIS)



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Figure 4: Length of Stay Data from Seattle, WA
 (Source: Committee to End Homelessness in King County, WA)

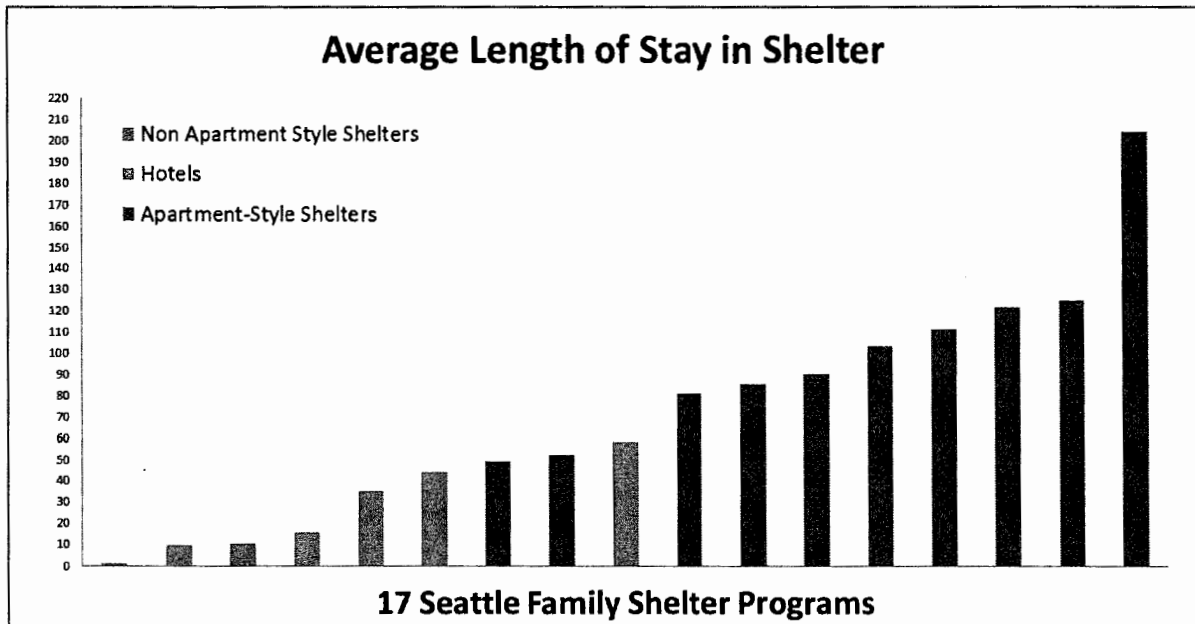
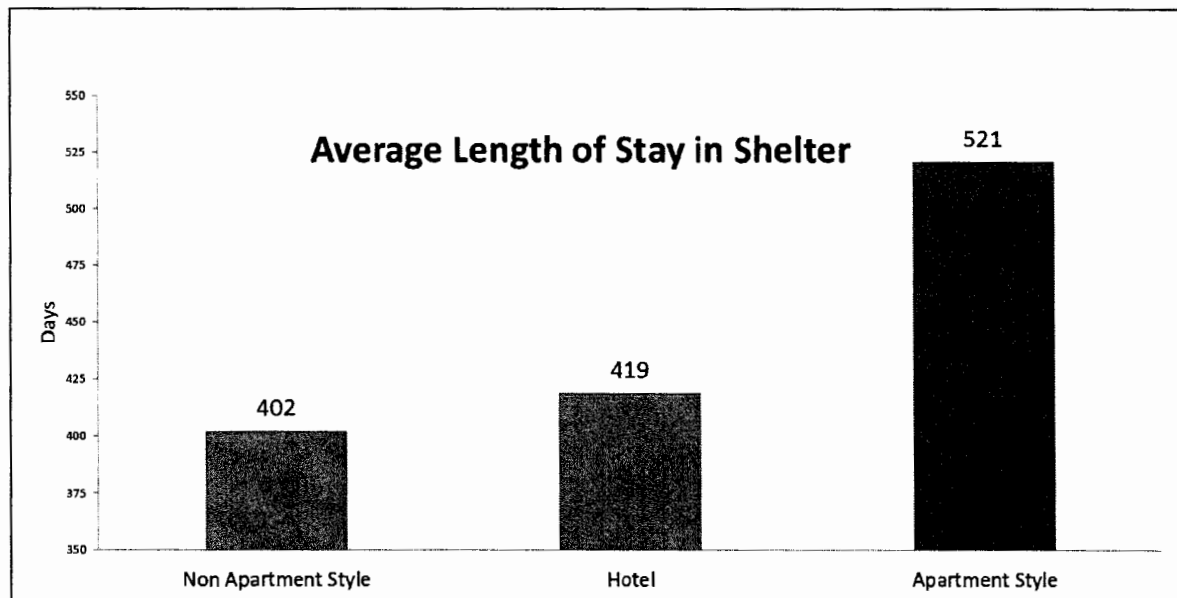


Figure 5: Length of Stay Data from New York City
 (Source: NYC Department of Homeless Services)



Testimony of DC for Democracy re: Bill 21-352 (October 13, 2015)

I want to thank Chairman Mendelson and the Committee of the Whole for holding this hearing today. My name is Jesse Lovell. I am here to represent the views of DC for Democracy, a member-driven, progressive grassroots organization. DC for Democracy is eager to see the day, sooner rather than later, when the District's low-income residents struggle a bit less with the cost of living in our city.

First, I want to say that DC for Democracy is encouraged to see our government moving forward with investments in affordable housing. We are encouraged to see movement toward establishing year-round access to DC's homeless shelters. We are encouraged to hear our leaders talking about our city's commitment to meet the goals set in the Interagency Council on Homelessness strategic plan to make homelessness "brief, rare and non-recurring" within the next 5 years. And we are relieved to see the District moving forward with a plan to replace DC General Family Shelter with smaller, better facilities around the city.

The District government has long recognized a need to provide a greater level of privacy and security for families given the added stress placed on parents and children who enter our homeless shelters. Studies have shown a high percentage of families in our homeless services system have experienced some form of physical abuse. DC social service agencies are directed to avoid, as much as possible, placing families in congregate living situations, with large numbers of families sharing toilets, bathing and cooking facilities. DC General has become the symbol of necessity trumping best practices for too long.

It is for these reasons that DC for Democracy shares many of the concerns that have been raised about the design of new family shelters. We all seem to agree that we should protect the privacy of families and that we should help them to maintain their cohesion as a family unit **as much as possible**. The question is, what does "as much as possible" mean? It generally means as much as the city's resources will allow, which is a notoriously tricky thing to define as revenue estimates and spending priorities change and emerge with little warning. Estimates for ground-up construction for the first 200 of 280 units needed to replace DC General indicate a significant (\$16 million) — but hardly enormous — difference between all apartment-style vs. all dormitory-room-style shelters.

While costs will continue to be debated (and operating costs should also be taken into account), a few recommendations: First, listen to DC General's families who have lived in shared facilities for extended periods of time. In recent surveys, many have reported conflicts erupting from long waits for bathrooms, disagreements over shared kitchen space and food storage problems. Second, consider the differing needs of different families. There was an acknowledgment in the Mayor's initial proposal that some "special needs" families will require units with private bathrooms. But who would actually qualify? There is also a question over how many family members might share a unit, and, by extension, how many

might share a single floor. Third, the DC Government should look at a range of proposals in issuing its Requests For Proposals (RFPs), some of which might reduce the costs now assumed for the building of 50-unit family shelters from scratch.

DC for Democracy believes that given the construction cost estimates presented so far, it should be possible to provide families with at least some of the private amenities they require, with priority given to private bathroom facilities. If private bathrooms are ultimately deemed not feasible, then we believe the greatest priority should be given to minimizing the number of families sharing bathrooms and bathing facilities. We believe families should also be provided with private food storage and cooking facilities (e.g., microwaves, hot plates).

Finally, looking at the longer term and the goals outlined in the Interagency Council on Homelessness strategic plan, DC for Democracy urges Council members to consider the longer term costs as well. As we approach 2020, we should be seeking out ways to build more affordable housing quickly. Having more family shelters that can be converted more easily into housing should save us money and time in the future.

Thank you.

**"Advancing Year Round Access to Shelter
Policy and Prevention of Homelessness Amendment Act of 2015"
Committee of the Whole**

**Testimony of Micah Bales
Homeless Children's Playtime Project**

October 13, 2015

Thank you for the opportunity to testify. My name is Micah Bales and I am the Communications & Advocacy Manager for the Homeless Children's Playtime Project. Our mission is to nurture healthy child development and reduce the effects of trauma among children living in five shelters and transitional housing programs in the District of Columbia. Our largest site is the DC General Emergency Family Shelter where we served 587 children and their families last year.

We look forward to the day that DC General is no longer needed and smaller replacement shelters are integrated into the community. The Mayor's commitment not to close DC General completely until all of the units are replaced is critical. Future shelters must be designed to provide "person-centered, trauma-informed care that respects the dignity and ensures the safety of all individuals seeking assistance," as stated by the ICH.

What does truly safe housing look like? We think having developmentally-appropriate spaces for youth is critical.

Shelter environments often restrict recreation, compromise children's mental and physical well-being, and even threaten their safety. Play provides a sense of belonging to children who operate within an atmosphere of transience and fleeting relationships. It is vital that our children have access to dedicated recreation spaces - environments where they can grow, learn, and develop the skills they will need to excel in life. We will be advocating for creative shelter designs that make provisions for dedicated program spaces suitable for children, teens, and adults. And of course, we will be happy to help implement the appropriate programs.

Clearly, apartment-style shelters are the best environment for families with children. Having the privacy of one's own bathroom, for example, solves a multitude of problems shared bathrooms present, like children waking up in the middle of the night and wetting the bed because they are too afraid to go down the hall to use the public restroom. Opposite gender parents struggle to provide supervision to their children while showering, and babies need access to bathtubs. We advocate for as many private bathrooms as possible to minimize the negative effects inherent in shared bathrooms.

We appreciate the budgetary concerns that the city faces when replacing DC General's 280 private rooms with the kind of livable spaces that families need to stabilize their families in the middle of crisis. We understand that some tough choices must be made. Yet we are convinced that these choices should not have to compromise child safety and family dignity. We urge the Council and the Mayor to create a model they would feel good about sending their own children to: a safe landing to get back on one's feet and find the permanent housing that all families need.

We are proud to serve as a resource to the DC Council, DHS, and the ICH in ensuring that the needs of families experiencing homelessness are met. We share the Mayor's vision that by 2020 homelessness will be rare, brief, and non-recurring. Right now, we have a real opportunity to positively impact the lives of some of our most vulnerable families for years to come. Let's make sure that together, we get it done swiftly and we get it done right.

Thank you for the opportunity to speak to you today.



D A S H

DISTRICT ALLIANCE FOR SAFE HOUSING

Chairman Phil Mendelson

Committee of the Whole

**Advancing Year Round Access to Shelter Policy and Prevention of Homelessness
Amendment Act of 2015 (Bill 21-352)**

October 13, 2015

Written Testimony of:

Peg Hacskaylo

Executive Director

District Alliance for Safe Housing (DASH)

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Thank you for the opportunity to submit written testimony. The District Alliance for Safe Housing's mission is to be an innovator in providing access to safe housing and services for survivors of domestic violence and their families as they rebuild their lives on their own terms. Since our founding in 2006, the District Alliance for Safe Housing (DASH) has facilitated a continuum of housing services for primarily low-income women and their children in need of support finding, and keeping, a range of housing options in order to become safe from violence. We are now Washington, DC's largest dedicated safe housing program for survivors.

DASH understands there are concerns with Bill 21-352, especially as it relates to changes in the preference for placing homeless families in apartment-style settings to private rooms. We believe that it is critical that statutory changes to the Homeless Services Reform law provides safe interim placement/community placement options and ultimately lead to long term housing solutions. DASH's primary goal in submitting written testimony is to ensure policy makers are aware of our commitment to helping survivors of domestic violence and sexual assault access safe housing options in the District of Columbia and our desire to raise awareness regarding the systemic barriers facing survivors and the innovative approaches necessary to break down these barriers. DASH is currently working closely with the Department of Human Services (DHS) to implement approaches to reduce these barriers. This testimony will outline DASH's approach, the systemic housing issues facing survivors and our partnership with DHS to implement best practices that create a more accessible and safe housing continuum of care.

DASH Programs and Services

Programs like DASH offer victims and their families safe housing and options to move forward with their lives. In 2014, DASH safely housed 152 individuals and families in our

programs and prevented another 352 from falling into homelessness by facilitating their placements in emergency, transitional, and permanent housing through our Housing Resource Center (HRC). We have also been piloting a couple of promising approaches to addressing the housing needs of victims of domestic violence.

Our Survivor Resilience Fund (SRF) initiative provides emergency financial assistance to victims of domestic violence in order to help them avoid homelessness. This is a public/private partnership which, over the last twelve months, has helped 83 survivors and their families obtain or remain in permanent housing and become safe from violence for an average of a little more than \$2,200 per person. Our ongoing evaluation of that project shows that, in interviews with survivors six months after our intervention, 89% were still housed and safe from abuse.

Another program, our Empowerment Project, is modeled on many Rapid-Rehousing programs across the country, where – through our network of landlords and property management companies - we provide survivors the opportunity to sign a lease on an apartment unit of their choice and a rental subsidy for up to two years, after which participants assume paying the rent and remain in their units permanently. 80% of the families in this program have been able to maintain safe, affordable, and permanent housing in the community, offering a promising model for moving survivors quickly out of homelessness.

Domestic Violence and Homelessness: Overview and Systemic Barriers

Survivors of abuse face enormous barriers to safety and independence in the District. In 2013, there were almost 33,000 domestic violence-related calls made to the Metropolitan Police Department and the number of civil protection orders sought by victims increased seven percent that same year. But despite this growing need, the number of safe places for victims to find safe

housing cannot keep pace. On a one-day census count in 2014, 847 victims were served by local domestic violence service providers, but another 77 requests for services went unmet, with 36% of those being for housing (2014 Domestic Violence Counts, National Network to End Domestic Violence). In fact, domestic violence is consistently cited as a major cause of homelessness among women in the U.S. (National Alliance to End Homelessness 2014). Furthermore, local and national domestic violence advocates report that a lack of safe housing options is one of the leading reasons why people in abusive relationships are unable to leave and achieve safety for themselves and their children.

The District of Columbia has the largest local incidence of homelessness in the area and the number of single adults who became homeless as a result of domestic violence increased 27% from 2013 to 2014 (2014 Point in Time Count of Homeless Persons in the Metro Washington Region). The number of families who are in the homeless system due to domestic violence increased as well (ibid). In fact, Domestic violence shelters saw a 57% increase in the number of victims accessing their programs last year (NNEDV, 2014). Our average resident seeking access to emergency housing is a 26 year-old single African-American female with 2 children under the age of 5, who has a High School Diploma and makes approximately 50% or less than the average median income for the area.

The gap in safe housing options is particularly problematic because experiencing domestic violence creates additional barriers for survivors to find and maintain safety. For example, economic abuse can leave survivors destitute. Additionally, survivors of domestic violence are more vulnerable to housing discrimination, even with local and federal fair housing protections in place. Survivors are often required to jump over additional hurdles before granted program admission, such as obtaining a protection order, a certain number of counseling sessions

prior to entry, or agreeing to participate in programs as a contingency to maintaining their housing.

In addition to these barriers, in the District, there has been a fragmented process whereby survivors struggle to access housing within the DHS system from domestic violence specific programs outside the homeless service continuum. Homeless shelter programs are typically not ideal for survivors and their children, yet large numbers of survivors find their way to the homeless system seeking refuge because domestic violence housing programs are filled to capacity. One of the most significant systemic issues facing the District is that access to the housing programs within DHS' homeless continuum has hinged on the "door" a survivor goes through to find safety. For example, if a survivor and her children go to the Virginia Williams Family Resource Center (VWFR) to obtain emergency homeless shelter, the family will likely be referred to an emergency homeless shelter or potentially be housed in an emergency hotel, and then be referred to a longer term, transitional or supportive housing program. This survivor will also have access to various voucher programs made available to families residing in the homeless system.

If that same survivor and her family finds immediate safety through a domestic violence specific crisis shelter or emergency housing program, she and her children are not able to seamlessly transfer directly into a DHS transitional housing program without first becoming homeless again. After timing-out of a short shelter stay, the survivor and her children are back to square one. They must take all their belongings and turn to VWFR for an emergency homeless shelter referral. Once in the DHS homeless system they will hopefully receive a transitional housing referral.

Partnership: DASH and DHS Addressing Systemic Barriers to Safe Housing

DASH¹ and DHS are actively collaborating on a number of initiatives to ensure that survivors of domestic and sexual violence have safe housing options in the District. As part of this collaboration, DASH has recently started to provide staff, co-located at VWRC and the DC General Shelter (“DCG”), to make sure that homeless families who have experienced domestic violence receive an appropriate response to their situations, including access to safety, confidentiality, and trauma-informed care. This arrangement has resulted in training for workers in both programs on the dynamics of domestic violence and working with victims, as well as to expedite survivors’ referral to victim services programs. DASH is also working with DHS to coordinate DASH’s HRC services for survivors with VWRC and DCG. This means conducting individualized housing counseling and providing support to survivors referred by VWRC and DCG staff to HRC. We also offer case file reviews. Due to confidentiality and safety concerns, survivors can opt into this process, while at VWRC, consenting to allow DASH advocates to discuss their situation with DHS caseworkers during case review where direct referrals can be made.

The ultimate goal of this DHS collaboration is to have a coordinated entry system in the District of Columbia. This partnership will help the District implement a more seamless process to ensure survivors and their children have access to DHS’s housing continuum. We are heading in the right direction and believe a coordinated entry process will reduce some the issues currently plaguing survivors trying to access and maintain safe housing.

¹In addition to this partnership with DHS, DASH has been active with the city’s Interagency Council on Homelessness as they worked to develop their new 5-Year Strategic Plan to End Homelessness to make sure it is responsive to and incorporates the needs of domestic violence survivors. This plan is a smart and thoughtful roadmap for ending homelessness in the District, and when taken in conjunction with a complementary plan for safe housing for victims in the city which is currently being developed, will serve to ensure that victims’ needs are comprehensively addressed in the housing continuum. This collaboration will also ideally include support for coordinated entry and assessment of survivors accessing housing along the spectrum; resources to enable domestic violence programs to facilitate survivors’ access to the housing continuum of care to prevent them from falling into homelessness or remaining in violent households; and, the ability to facilitate survivors’ access to longer-term housing supports, including Rapid-Rehousing and Permanent Supportive Housing, as well as enrollment for tenant-based housing vouchers, so that victims aren’t shut out of options which could ensure their long-term safety and stability.

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Aisha Lee

My name is Aisha Lee and I was living at the Quality Inn on NY Avenue from April 2nd through May 27th of this year. I am now in permanent housing in the SE. I became homeless when I was staying in NE, after I had problems with my landlord and I have trouble keeping jobs a long time because of my disability. I applied for disability and did not get it. I went to Virginia Williams and they said that if it is not 30 degrees, we can't help you and they didn't do anything for me. I went in 2011 and 2012. After a while, I thought they were never going to help me so what was the point? I then went from place to place with my daughter. We slept in abandoned buildings and in laundry rooms. The last place I went to was the place where my daughter was inappropriately touched. I kept trying to get help in the beginning, but I couldn't get any and because I didn't, now my daughter is going through stuff. We only got help because my daughter was touched, otherwise we would be in the same place we were in before, I'm sure of it. I think places that the city places you need to be up to standard. They need to be inspected correctly, need to make sure safe, need to provide a safe place for kids to play. At the Quality Inn, the kids weren't allowed to play in the rooms, we were right by a major highway, and across the street there was a hotel full of prostitutes. I think that kids need fresh air and space to run around, and any housing should offer that. I feel like we are being punished to live like this, I feel like no one cares. We need somewhere that is safe to stay for us and our children. A lot of people accept what is going on, but you don't have to live like that, regardless of where the money comes from, regardless of any of that, we need appropriate places to live. Thank you for the opportunity to speak.

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Asia Fulmore
Written Testimony

My name is Asia Fulmore. I am the mother of two children and have been homeless for two years and 5 months. I was homeless before for seven months. Before I entered shelter I was living from house to house. The house that I was staying at more recently was overcrowded and had bed bugs. There were many different crimes happening at this house that included drugs. There was a lot of unhealthy behavior that was taking place at the house. One day the police raided the space. They pulled me aside and told me they were warning me and that I needed to get my children out of that house. That same night we left and slept in an abandon shed off Texas Avenue. I went to FRC the next day was placed in shelter for one night that same day. I had to go back and prove I had nowhere else to go and have been in the hotels ever since.

I have not met with my case manager since I came into shelter. She is new and keeps scheduling my appointment at 4pm. I have to pick up my son at 3:30pm so I have not been at the hotel to meet with her. I keep asking for a different time but have not been given one. Because I have not met with her I have not been offered any housing or help. I need some kind of stable housing right now. I need to go back to school and get my high school diploma or GED. I have tried to take the test several times and keep failing because I cannot focus and I am stressed. If I had housing I would be able to focus on school and begin to plan for my future and my children. I need some kind of housing that goes by your income. This will allow me to finish my education and start planning for my future so I can increase my income.

I also think families need a shelter with separate sleeping spaces, a private kitchen and bathroom. People are not the same. Some people may be nasty and others may be neat. People may not keep their spaces clean enough for others if they share. This can cause many issues. People may also fight because they do not clean up in the same way.

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Anonymous Written Testimony

I have now been living in DC General for almost a year. I am a survivor of domestic violence. When I first went to Virginia Williams, I was turned down and told it wasn't cold enough. I went back to my abuser and then when it was colder, I went back and was placed in DC General. Now that I am in shelter, I am getting basically no help. I have only been offered rapid rehousing. I did not take it because I have no family here so if I did take it, I wouldn't be able to work on weekends which would be a problem, and after a year I would not be able to pay the rent myself. So I am trying to find something else that works. I think in order to move out of homelessness we need more vouchers and low income apartments that I can actually afford. I have found it very stressful living in DC General and living with so many people. I have my own bathroom but not my own shower and I wish I had my own. The showers at DC General have mold, people leave hair there, and people don't clean up after themselves. DC General has problems with scabies, bed bugs, and mice. I do not think it is fair that the only way to get a permanent housing voucher is if you have a mental disability. I think the city government and Mayor should offer more help and more resources for the families in DC General.

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Dequeatta Tyree
Written Testimony

Hello, my name is Dequeatta Tyree. I have been homeless since February, and living at DC General. I had previously been staying with a relative who had Section 8 housing, but who has now passed away due to lung cancer. When I first went to Virginia Williams, I got shelter the same day since they had a placement open that same day. I was staying with my sister, who has public housing, but there wasn't really any room for us anyway and she didn't want to lose her Section 8 voucher.

Now that we are in DC General, me and my children are left alone and don't get a lot of help because none of us have any mental health issues. Those with mental health issues, they check with them more. For me, it took me three weeks to get a case manager. I don't get as much help because of the circumstances and because I'm able to have a job and provide some for my kids.

They have talked with me about rapid rehousing, which I did not refuse but I think it is a set up to end up back as a homeless person, and I've let them (my case manager and the higher case manager) know that. They took me to look at a 2-bedroom, that costs \$1100/month. What if I can't find a job where I can afford this within a year? Then I'm just back where I started. If you are going to pay this much for rapid rehousing, what about putting us on the list for Section 8 housing? I think everyone should get things equally.

My children are vegetarian and I told the shelter staff this and Virginia Williams when we were placed here. When they provide beef or meat as a meal, they should also have a cup of noodles or something cheap that can accommodate others like my children who do not eat meat. A new shelter needs to make accommodations for people's dietary needs, rather than making

families go buy food with money they want to be saving. I have had to buy myself a heater and a fan because they don't work here. DC General Staff has said they are waiting on purchase orders for fans to come in, but these are things that should already be provided to the residents. These are things that shelters should be giving to residents, not making them go buy things.

Shelters should make sure that you have the chance to meet with your case manager every week. I work, so I leave before my case manager gets there and am home after she leaves so I have to try to call her on the phone and can't talk to her as much as people who stay at the shelter all day can. The shelters should provide free education programs, especially for adults, so they can get their associates' degrees and other education. Shelters should really try to provide financial help and education and that would help people going into the future and not just leave them here to get pushed out. If we have that, then I think no one would be in here for more than a year.

For personal reasons, the bathrooms are a big issue, since they don't have enough staff to constantly clean them. Every time my kids take a shower, I have to wipe the shower down, so they don't transport anything or germs. Sometimes they can get really dirty especially when kids are allowed in there without supervision. It is better if there was a single bathroom in rooms in the future; the only issue is that when people do have the single bathrooms at DC General, they have flooded. The rooms in new shelters should also have things that work (like AC and heat) and families shouldn't have to go out and buy things themselves. The rooms should have all working lights. The new shelters should have more than one microwave on a floor because whenever you have to heat up your food, you have to wait in a long line. The snacks are an issue because they say they will provide stamps to kids but then say you should go to the vending machines. We don't get food stamps because we have income. We can't also eat every meal at

the shelter because there is meat in it, so I'm forced to go out and find a meal for the kids. That is why I'm spending money on things I shouldn't have to worry about while in this situation and that the shelter should be providing.

I also think that the shelter system needs to provide better security. It is not safe for the residents there a lot of the time. We recently had a fire drill because someone was smoking in their room in the middle of the night. My question is how they get that in, if they have a scanner and a metal detector? If you can smell the weed or the drug, why are we even going through a fire drill? But when we go back inside, we don't go through the metal detectors or scanners, we just go back in through a door, and that is how weapons get in and that's how drugs get in. People will go to their cars and grab those things because they know they aren't going to get checked.

If I had the chance to talk to the Mayor face to face about the shelter system, the number one issue is that there is not enough affordable housing over DC, period. The affordable housing that was affordable is no longer affordable and that is putting us in this situation. I have been on Section 8 waiting lists since 1999.

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Ashley Barnes
Written Testimony

My name is Ashley Barnes and I am currently living at the Motel 6 on Georgia Avenue.

I have two children and one on the way. I have been homeless for the past year and a half, after my mom downgraded and took me off of her lease. I first went to Virginia Williams last summer, when it was just me and my son after my aunt's house had burnt down and we had nowhere to go. They told me that they could not help me because it was not cold enough. They kept telling me to quit my job so that they could place me in a church, but I had to be there at 4pm and I did not get off my job until 3pm and then had to go pick up my son. It was bad advice, why would you tell me to quit my job? They were not helping me find shelter. I got into contact with someone over top of them and that person placed me the same day that I contacted her. The Motel 6 on Georgia Avenue is nice, there have been no incidents or anything. I do struggle with transportation because I have no money to get back and forth and my kids go to school in the SE while the hotel is in the NW. They do not serve breakfast there, only coffee and tea. They have microwaves downstairs not in the room and no refrigerators in the room so we have to eat before we get there. I wish there was a refrigerator; I stayed in another hotel for a week before I got here and that hotel had a microwave and a refrigerator. It makes it more convenient because you could buy food and things. Here there's nothing so have to get what you get before you get here. In order to not end up homeless again I need more transportation that is the only thing that is really bothering me. I do not have the funds to get back and forth every day. I have to take the train and bus in the morning and then have to do it again in the afternoon. I think that shelters should have a kitchen for families and everyone should have their own fridge

because everyone eats differently. You should also have your own microwave because it would be convenient for them. Everyone uses same microwaves, where I am now, there is a line and you have to wait. A lot of people send their kids, and they may not do it right, leaving foil in there. I think everyone needs their own space. I've only been at the hotel for 3-4 weeks, and I do think that it falls on families to keep in contact with their social worker and case manager and do what you are supposed to do and it will work better. My case manager is working with me, and calls me regularly to check up and stuff.

I do think the government needs more resources for homeless families. People go to Virginia Williams and they tell people that they can't help them. You have to wait until it is 20 degrees below and have to wait until it gets cold out to get approved for shelter and even if they get approved, no guarantee that they will be placed. Once you are homeless and get approved for shelter, then they should immediately send you there and give you help, and shouldn't have to keep coming back and back. People are looking at you sideways, and they need more resources as far as shelter. Some people really have to go through a lot to be placed. If you have immediate shelter for the homeless, really make it immediate, and if you get approved, place them and don't tell them there is nowhere for them to go, especially when they have 4-5 kids that they have to keep bringing back. Things happen and people go through things.

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Tiana Brown
Written Testimony

My name is Tiana Brown and I have been homeless for two years now. I was in DC General for a year and a half and am now in Community of Hope on Girard Street. Before I became homeless, me and my three boys were staying at a hotel, but when I lost my job, I couldn't afford the motel anymore. We did not really have anywhere secure to stay so I stayed in the streets really, in bus stations and train stations.

When we first went to Virginia Williams it was a tough experience. They say that they try to help but in my experience when people go there and have nowhere else to go, Virginia Williams makes them come back and forth for a while. I went back and forth for three days in the wintertime, and they asked me different questions and tried to call different family members to see if they could pay electricity bills or other bills if me and my family could stay with them. For me, everybody in my family told me no, so I had no place to go. On like the fifth day, they said they were going to place us in DC General. I did not know anything about family shelter or hypothermia shelter since it was my first time living in DC. Once we got there, we were provided a room, it wasn't the best. It was a lot to take in and very stressful. But I kept my family together and had to do what I had to do.

DC General should never be considered a place where you want to take your kids. The building is terrible. The staff can be rude at times, the bosses are rude. Everybody there looks down on the residents there and it makes the residents depressed. I was depressed after living there and it got to the point where I was talking to a therapist. It was hard but it was either that or bus or train stations. They offered me rapid rehousing but I did not want to take it. There was

no way that I could find a job, an apartment and income to pay ½ my rent. They did not explain to me that every month that you are on rapid rehousing, the percentage you have to pay goes up and you have to pay the market rent at the end. It sends people right back to the shelter at the end of the day.

There is more to this than just being homeless. It's not that I wasn't getting any help, but I'm being pushed out in a situation that I knew I wouldn't be able to handle. I have kids and they are trying to now push rapid rehousing on me again at Girard Street and coming from DC General, and knowing how that went, I'm not financially stable for rapid rehousing. I don't think anyone is financially stable enough for rapid rehousing to be honest. When it comes to housing options, I think the system is all about favoritism, I don't think it is fair. I have three kids and no job, and am getting TANF and food stamps and all they offer me is rapid rehousing and rapid rehousing doesn't even last the entire full year.

I think the city should provide a family counselor for homeless residents and an outlet to have for people to talk to. We only have case managers to talk to and their job is not to be our psychiatrists. I think in order to not be homeless again we need help from a financial advisor. The shelters do not personalize services to us. They see us in a situation and the people working there are getting paid for what they do. It doesn't make a difference to them. It doesn't matter to them if we're good or not, they have a whole new case and a whole new family the next day.

I think that the new shelters should keep the cafeterias because with separate kitchens, the shelters would be even more filled than DC General with rodents. I think that special needs or disabled people should be the ones that are provided their own bathrooms and refrigerators should be provided to people who have special diets.

I want the DC Council to know that my situation is harder than what it seems. I have been very depressed since DC General and am not the same person anymore. I think that the government needs to provide fair housing and family counseling in the future. Vouchers should not just be given to people that are complaining about everything. It should be done more fairly.

I also think that putting in the playground at DC General when it is right across from the jail is ridiculous because it is so unsafe. You just don't know who is going to be around. I was very close to Relisha Rudd and our kids played together. DC General doesn't do background checks, you don't know who is working there; it could be perverts or molesters. I think kids should have a place to play outside, but safely. People at DC General or in shelters are already on the streets and always in danger. The security guards at DC General do not care. DC needs to provide better security for the kids and families at DC General and at apartment style settings.

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Anonymous Written Testimony

I would prefer to keep my identity anonymous. I have been homeless 30 days now and am now staying in a motel. I am on a medical exemption, and have IBS, depression, hemorrhoids. My kids are also both very sick and this stops me from working and I'm unable to maintain rent. When I first went to Virginia Williams, they did not have a decent attitude there. The issue there was that I went a whole month in advance of being evicted, and told to come back when I had nothing. And that is what I did, with my kids and my luggage. They did not help me until the first of September but I went in in July and in August. Before I moved into the Days Inn, I met with Parcell Brooks, who was not helpful. I told her that conditions were really not good, and she did not do anything. Her demeanor was standoffish and not welcoming. When I got in, she asked me “what are you here for” – I said well I don't know because no one has said anything to me, and I did not know where to start. Ms. Brooks did not go into detail about what they could help me with and no help was provided.

I was then placed in a Comfort Inn and then a Days Inn on the first of October. Since I've been here, I haven't talked to any sort of government officials; no one has notified me by phone or came to me and said anything. People that sit in the front lobby, do not do anything, they just watch people sign in and out. One lady there really went above and beyond what she was supposed to do. My daughter has PTSD, she really panicked when we first go there, she can't be around more than 3-4 people. I came back down and spoke to the lady in the front, who asked if I needed any help. No case manager has called me yet whatsoever.

I was offered rapid rehousing in July and I haven't turned it down yet. No one is coming around saying do you need help with tokens to go see places or with application fees or with child care. I don't know what to do. My son is very sick and my daughter has been sexually assaulted twice and suffers from PTSD. My daughter still goes to therapy every week and my son used to. I need some help to get adequate housing to get out of homelessness and out of the motel. I do not have time or money to get anywhere that I have to go. My son cannot walk very far; I just am about to request a wheelchair and a brace because he can't walk. I wonder why the government is not helping disabled families more. We are sicker than others, and I'm not saying we are better, but we have different circumstances. People are not providing a lot of navigation; I need help from someone to get stuff situated. I don't want to go into rapid rehousing because my conditions are not going to only last a year; my son is getting worse every year. A neurosurgeon at Children's Hospital said it's going to get worse every year, my son is walking bent over more and more and getting worse. My daughter can't be around crowds of people because she panics severely.

I have to get to a situation that is healthy and where we can all heal. We are getting treatment from doctors but need a full treatment from others. I can't do that where we are now. At the last hotel, there were prostitutes going in and out, everyone was doing drugs. People here are standing outside all night. I want the government to know that the food isn't good and not enough. I'm on medication and my son and daughter are too and the food is not enough. My daughter is waking up in the middle of the night and standing by the window because she is so hungry. The city only provides lunch and dinner and the hotel provides the breakfast. Last night, I had to go beg the caterers hired outside for food. I don't get my food stamps till the 10th

and should be saving money shouldn't I? I've spent over 500/600 dollars since moving to the motel to get food. We are eating very unhealthy food, mainly fast foods.

I also feel disrespected by those that are supposed to be helping us. I have personally stood in the lobby and the workers use curse words and talk about clients that walk around and downstairs, these so called workers that come, they say very negative comments about people that live there. Even though it is a hotel, there is a very lackadaisical attitude with the workers; they are talking about birthday parties, cell phones, things that are not supposed to be heard in a work environment, ridiculous to be paid to treat people like garbage. Who are you to do so?

I think that city shelters for families need a nurse of staff that needs to be helping people out. I think shelters need to allow people to prep their own food and store their own food. People don't need a lengthy stay but a shelter needs to have a kitchen or something and be somewhere that people can stay for 3-6 months and that is it because other people need help too. I think there should be someone there at the shelter that works for the government that can help with vouchers for food, clothes, and transportation. There needs to be more individualized help and programs.

I also want to tell the Council that I see a lot of mental people in this situation. Me and my children are on medication now. I am unable to take my medication in days. I know I'm not mentally there because I can't take medication that I need to take every day. It could really do something to my body if I just stopped it but I need it with food and I can't take it with this food. I need the government to know that people here are really really sick and they shouldn't be in this type of environment in motels around these types of people.

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Danielle Rayside
Written Testimony

My name is Daniele Rayside and I am a mother of two. I was homeless two years before I got placed into shelter. I left DC to move with my significant other for work in Baltimore. When we lost our home to a fire and I started to experience domestic violence I decided to return home to DC. I was staying with family before I got placed at the hotel through Virginia Williams. The first place I went after I left my family home was Virginia Williams to try and get placed. They turned me down three times. The first day I went I sat in the waiting room until the COB but was not seen by anyone. The second day I sat and got an appointment at the end of the day to meet with a worker the next day. The next day I had a meeting with two people at Virginia Williams. I had to repeat my story to them again. I also had my worker from Washington Hospital Center come and help me advocate for placement. The worker had to explain how long I was homeless and why I desperately needed to be placed. The people at Virginia Williams then called everyone who I stayed with including my Pastor. Everyone told them I could not stay with them any longer and after the worker realized I had exhausted all of my support they placed me in a hotel and now I stay at DC General.

Now that I am at DCG I think the case workers need to tell people all the housing options out there for them. When I first met with my case worker I was told about Rapid Rehousing. I was not told about transitional housing until I asked about it. I was told you only have two options Rapid Rehousing or Permanent Supportive Housing. I did my SPDAT and I qualify for PSH. Now I am not saying I do not want it but I want to go back to work. Staying in transitional

housing for one or two years and finding a job would have help me stabilize my family so I do not need support. I think I should be given the option to get my life back on track. I know RRH does not have the best reputation. There are many people who have returned to shelter after having RRH. The decrease in help led to people becoming homeless. This program did not give people the chance to build the foundation. If you have stable employment it could work but if not it is a big risk. That is not appealing to people.

I think shelter design should depend on family composition. I think some families need more than room. For example, I have a little boy and he is getting older. I have to change and shower with him. This is getting uncomfortable. Also I have to take him with me to the woman's bathroom with me. He can possibly see other people naked and the bathroom can be dirty because the volume of people using the bathroom. I do not want my son seeing other women or seeing menstrual cycle products that have been used. Right now there is no safety because of the shared bathroom. Once the bathroom window was scrapped and you could see inside. You could see woman showering. I had to fight to get fix. They eventually fixed it but we should not have to be exposed like that with shared space.

There should also be an option for us to prepare our own food. The food they currently make for us is not good for us. The food they serve is just as bad as buying carryout if not worst. Sometimes the food is raw or overcooked. It should not serve to people. We should have the option to cook for ourselves. I do think it is unfair to share a kitchen but for 2 families max should have to share. Trying to share with more families might make it difficult. It may be hard to schedule meal prep time and keep the space clean. I also think we need to have a space to store food so we can store food and make sure our children have healthy options. If we all had food storage we would be able to care for our families and cook for them.

One more thing I do have big issue with or think that we should have is private space is because of the cleanliness of others. There are so many episodes of scabies, ringworms, and other illness that is dangerous. Some people are not as clean as others. You never know what you will catch. Once I just rested my arm on the counter and it broke out very badly in rash I never seen before. If shelters were smaller and had more private spaces this type of thing will not be happening and they would be cleaner.

Also, although I have not had any issues there are shared spaces with couples or single fathers I do have some concerns as someone coming from DV situation. Sharing space with males that I do not know makes me uncomfortable. I do not think single fathers should be forced to give up their children or that two parent households need to be separated. I think there are other solutions. Men should be a part of their children lives, I just think the system should consider how others feel. I think there should have a space for men with children, two parent household, and single women so all families should be safe. Possibly each family make up on their own floor or own building. No man should be separated from his family but women should feel safe particularly if you are coming from a situation when were not safe before. Also think they should have space for expected mothers as well. I thank you.

Committee of the Whole
Chairman Mendelson
“Advancing Year Round Access to Shelter Policy and Prevention of Homelessness Amendment
Act of 2015” Hearing
October 13, 2015
Donita Montgomery

My name is Donita Montgomery. I have been living at DC General since June 9th. When I first went to Virginia Williams, it was a terrible experience. I had been staying with my sister and went to Virginia Williams, but since it wasn't hypothermia season there was nothing they could do for me. I had a vehicle at the time, so I slept in my car for a week with my kids, going to different people's homes so my kids could take showers. I went back to Virginia Williams on June 9th when it was getting colder at night. They were really nasty to me, told me that they couldn't do anything for me. The manager had someone go check my car to see if people were actually sleeping there and then told me that they didn't have a place for me. I find that disturbing.

Now that I'm in DC General, I'm not getting any help. I think people need immediate housing and help finding housing to move out of homelessness. I have a housing choice voucher, but no place for me to go. The director was supposed to get back to me with properties a week ago, and never did. I think that shelters in the future should be apartment style. People in here are not as clean as me, and people need their own space. The way people are living in here is unacceptable. The facilities need to be smaller, there are too many families. Shelters should have drug testing and if people fail, they should be put into drug programs. It's just a mess, and the city needs to reevaluate the entire situation. I think the mayor should come and spend the night here or spend time here to really see how people are really living here at DC General.

Thank you for listening.

Committee of the Whole
Chairman Mendelson
“Advancing Year Round Access to Shelter Policy and Prevention of Homelessness Amendment
Act of 2015”
October 13, 2015
Tiphany Adams Parker

My name is Tiphany Adams Parker. I have now been homeless almost three months. I'm staying at the Days Inn, but it took a heck of a fight to get here. When I first went to Virginia Williams, they told me that they couldn't help me. They gave me three weeks to figure out rapid rehousing, and during that I emailed/contacted the person from Virginia Williams to no avail. I had to go back to explain that my daughter has psychiatric issues, and my husband is sick. It was a big mess, and was a horrible experience.

I've just taken the SPDAT but I have huge issues with rapid rehousing, and don't have enough income to get a place, so we may be here forever waiting to get a place. Rapid rehousing is set up to fail; it is a drop off point, and not a true fix. The government is throwing money in the pithole. Not having housing is really affecting my daughter, who suffers from psychological issues. I'm trying to work until my disability comes through since I also have health issues.

We are now at the Days Inn, but we were moved from the Quality Inn after we found mice feces in the room. I think shelters need to provide more all-around wrap around services for families. They should provide more social workers and case workers. The communal spaces of shelters should be kept clean. In an ideal world, I think each family should have its own space in a shelter, like an apartment style setting. It creates accountability for families. If families have their own space that they're in charge of, then it holds them more accountable, and they have to be responsible for their space. It will also help give us life skills along the way so when we get our own space, we can maintain it. I think the process to get shelter is ridiculous. I think that the

government needs to know that rapid rehousing is doomed to fail and that everyone needs their own space.

Thank you for the chance to speak.

DC Council Testimony
Erelah Vardikos
October 13, 2015

As a mother of four children who has experienced homelessness firsthand, I can honestly say that DC General should not remain open. I am one of the families that were placed in DC general for 8 months. During my stay at DC General as a resident I received very poor case management, no assistance in finding housing, and no services to help me move forward. The first 6 months the only case management I received was meeting my case manager once a week (Mrs. Fason) and she just wanted to know if I was budgeting my money. Mrs. Fason misplaced my Spadat assessment which helps determine what type of housing assistance I qualified for. My case manager never documented my attempts to receive accommodations for my family to find a safer and healthier environment. I reached out to her on several occasions about the drug use in the facility, and I reported every incident that was inappropriate and all violent outbursts from other residents that occurred towards me and my children. None of the incidents that I reported were documented; they were ignored.

My children were exposed to drug use and constant outburst of violence from other residents in DC general. These experiences have made my children relive trauma of abuse (we were supposed to be in a safe haven, a shelter from domestic violence). Instead my children were constantly witnessing violence; it was scary living in the facility where a lot of residents are on edge and constantly in conflict with each other. Fighting over bathroom space was common; a lot of residents preferred to use the family restroom but there were only limited family restrooms. This preference was due to safety issues-- no one wants their children using restrooms with strangers.

I reached out to the mayor and sent a letter in reference to the situation in DC General. My letter indicated that our stay at DC General was a detrimental environment for my children's health psyche, mental and physical well-being. I reported three incident where my children were placed in an unsafe situation. Nothing was documented and no steps were taken to help us. In the recreational TV room there are cameras but there is a lack of supervision on the staff's behalf. Residents would come in the TV room and drink liquor while holding a toddler in one hand. In one incident two females came in and threw a bouncy ball over my daughter's head several times. My daughter was 9 years old. She was very frightened. No one came in to help or even say anything to the residents. There are special police officers in the facility and there are cameras. The staff members at DC general could not keep up with all the violent outbursts and just refused to intervene and often just ignored what was occurring even at the expense and the safety of other residents.

Smaller facilities would only make it safer, because there will be better surveillance and staff members would not be so overwhelmed and would monitor better. All this misconduct fighting over TV time-- this is evidence that shelters should have more private settings and less families in one facility. It is hard to bunch up a whole bunch of strangers together in one setting and expect everyone to get along. There should be consideration for smaller settings --an efficiency would be ideal with your own restroom and your own refrigerator to eliminate any fighting between residents. Building a better structure will prevent further incidents as well.

As I reflect on all these outburst of violence that occurred towards me and my children, yes, it was scary, but most of these incidents that occurred were outburst from residents who were frustration and wanted their space. There is never an excuse for adults to conduct themselves in a violent way. Thank God my children did not get physically hurt but they have to live with the aftermath of all the trauma and violence that they witnessed. I legitimately feared for my children's safety. During my stay at DC general I had balls thrown at my 9 year old daughter's head and a female mother curse and threaten my 11 year old son only because he was looking at her eating. The special police officers came to watch, the staff members just stood there as I had to defend myself and tell this woman to not cursed at my son because she was intimidating him. I told the resident we are escaping from domestic violence and her conduct was inappropriate and she was scaring my son. After this incident my children were afraid to eat in the cafeteria because they were afraid to look at people. They thought that someone might have another violent outburst so we became confined to our room, even during meals, to avoid any more exposure to violence.

I finally was assigned new case manager. Her name was Mrs. Seagers. She was actually trying to help me. However when she would forward my request for help to her superiors my case manager seldom ever received a response in return, or sometimes received delayed responses, and often times no responses from supervisors. I made several requests to receive reasonable accommodations because my children where continuously getting sick (asthma attacks) due to drug use in the facility. I informed staff members when I smelled drugs-- the stench was strong and overwhelm. There were times staff members would agree that they smelled weed in the hallway coming from the rooms. Staff told me they could not be accusatory and accuse anyone even though you can clearly smell it coming from under the door. No rules were enforced and no steps were taken to prevent these things from occurring. My 9 year old daughter had to increase her asthma medication because she could not breathe at night because of the smoking.

When I first became a resident in DC general (Jan 2015) there were about 6 evacuations due to residence smoking in the building. Once it was so cold and my children were in the shower I had to wrap them up quickly and take them out without jackets because of the fire alarm went off we had to evacuate in the cold. This uncomfortable incident could have been prevented if the rules were in forced. No drugs in the facility. I was transferred from the second floor to the fifth but the same issues occurred and my daughter's asthma progressively got worse. My 9 year old daughter had difficulty breathing at least 3 days a week. Still no steps were taken to resolve the issue, or address the drug use in the facility.

I will not deny that my experiences at DC general were horrible but this is not the reason that I am speaking out today. I am speaking out in the hope that better facilities will be built, better case management will be provided, and definitely better training for staff members to be able to handle situations that may come up. Better structure and better training for staff members is highly needed. My complaints were not documented or acknowledged by staff. After several months of complaining, a doctor's letter and medical documentation for reasonable accommodation (3weeks after constantly complaining and writing letters to the mayor and reaching out to Marta from the coalition of the homeless), I was finally given a meeting with Mrs. Brooks. It should never take a course of months or weeks to respond to complaints of

acts of violence, complaints of drug use or complaints of someone's children consistently getting sick. This is what I refer to when I say poor case management.

Finally I had a chance to speak with a supervisor (the shelter director) in person to let her know that I have made ample complaints in reference to a horrible living situations, and in reference to my children consistently getting sick, and to make her aware of the drug use and violent outbursts me and my family had been experiencing. Mrs. Brooks told me that she had not seen any documentation in reference to these incidents I claim had occurred. I reported them but there was a lack of response on the staff behalf in reference to these incidents and a neglect to document what I reported. When I finally had a chance to discuss my situation with the supervisor, Mrs. Brooks said that maybe these women were just young girls and that's why they conducted themselves that way. My attempt to reach out to the supervisor was undermined --she spoke to me as if she did not believe what I reported. That was not the case-- these women were 30 and 40 year old women conducting themselves this way. Even if they were young girls this conduct was highly inappropriate and unsafe. Mrs. Brook said she has dealt with several incidents where females comfort other people's children. I was basically told to just be considerate, that everyone is frustrated and she's had to deal with these situations before. I was also told that if my allegations about drug use in the facility were true there would be evacuations. I really felt like I was not being heard.

Finally, Marta from the coalition of the homeless helped me get a reasonable accommodations transfer to a hotel room. This is a better living arrangement and you are exposed to no violence. I think this is greatly due to the fact that everyone has their own refrigerator, their own bathroom, and less exposure to each other. This is proof that a more private setting would make for better living situations for the homeless. My opinion is based on living at DC general --it is not safe, there is a lack of structure and it does not provide a correct setting in order to prevent acts of violence. I support the closing of DC general and the opening of better facilities in order to ensure the safety of families. Investing money towards DC General is a waste of money because it has poor case management, lack of structure and bad surveillance due to a large setting. It is too large to monitor properly. If smaller facilities are built and better case management is put in place it could help reduce homeless families from becoming homeless again.

It is waste of funding to invest in a facility that does not provide proper case management in order to have families move forward and become self-sufficient. Families in large over-crowded facilities are exposed to more frustrated families. It leads to situations that result in fights over space and privacy that result in violence. It does not help the homeless move forward. They're exposed to worse living conditions than they had prior to becoming homeless. It's smarter to invest in a better structures, and less clients in a facility will allow staff to be able to manage client complaints better, and the ability to help families move forward will prove to be quicker. I hope future shelters will be better managed. I thank you for your time and dedication and I really hope this helps.

Intrieri, Alana (Council)

From: gerry suchy <gerry@gmsdesigns.net>
Sent: Monday, October 19, 2015 12:58 PM
To: Intrieri, Alana (Council)
Subject: The proposed changes to the HSRA

To the Committee of the Whole,

As a homeless advocate living and working in the District of Columbia I am strongly opposed to any changes to the HSRA. In my opinion, homeless children (and their parents, but especially children's) rights need more than a promise from the Mayor's office, they need to be written in law and enforceable in Court. I thus urge you to, in your deliberations on this important matter, to reject the interim eligibility proposal as written.

Thank you.

gerry suchy

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Members of the Committee,

Introduced at the request of the Mayor by Chairman Mendleson is an amendment to DC's Right to Shelter Law (Homeless Services Reform Act/HSRA):

- Bill 21-352, Advancing Year Round Access to Shelter Policy and Prevention of Homelessness Amendment Act of 2015

This bill exists in the context of an affordability crisis, individuals and families are on the eve of displacement everywhere from Museum Square, to Barry Farms, Congress Heights. Even DC General, the Districts family shelter families are already facing tremendous problems as a result of displacement into even more unsafe living conditions.

The Bill (An Amendment to the HSRA) has two major parts (a) Interim eligibility placement and (b) a change in the legal requirement as to family conditions (reducing the standard from apartment style accommodations to private rooms) . The Washington Legal Clinic for the Homeless has a great primer on conditions in their blog [here](#). ***I urge you to join the Legal Clinic in asserting that the lower standard for families is unacceptable.***

The Bill's changes establishing "interim eligibility" has had far less attention but are, in my opinion, just as important. Now, when a family whom has been denied shelter has their housing situation fall through in hypothermia season, say, their uncle was evicted, that family can go back to the Virginia Williams Resource Center and re-apply for shelter as a matter of right. The Mayor's office would have the interim eligibility mean that the family would be able to re-apply, but not as a matter of right but rather as a matter of "policy and practice." ***In my opinion, homeless children's (and their parents, but especially children's) rights need more than a promise from the Mayor's office, they need to be written in law and enforceable in Court. I thus urge you to, members of the Committee to reject the interim eligibility proposal as written.***

Furthermore, the bill's **definition of "DC General Replacement Units"** (Beginning Page 2, Line 3) is purposefully vague and should be rejected. The bill would allow any and all costs related to the closure (See lines 7,8) (demo work, potentially even services on the property for future buyer etc.) to be categorized as Replacement Units, which is deceptive to citizens whom believe these funds are going to families future housing, which they might not be.

The Committee should seek further guidance from the Office of the Attorney General regarding the Legal Sufficiency determination. The Council, as well as citizens need more than a signature. Although the telephone offer is gracious, it would be preferable for the reasons for the sufficiency review to be done in writing. I thus ask that the Committee ask for the legal reasons for the sufficiency determination.

Homeless families haven't had adequate time or information to respond to the Council's change in the laws that affect their livelihoods so substantively. The Council & the Committee should provide and prominently display these changes for homeless families to participate. ***The last hearing was so lacking in direct testimony from families themselves that another hearing must be held of which they need to be given direct notice.***

The HSRA was enacted to mandate by law that the DC provide shelter as a matter of right. It is a law that commands, rather than asks, the Mayor and by extension the Administration to care for homeless individuals and families. We must not allow the Mayor to strong-arm the Council into undermining this critical right for homeless persons. The Mayor must not be allowed to act as the executive and the legislature, deciding by which standards it would like to be bound. ***Thus, I ask you to, reject this bill, in its entirety, as an attempt to penny-pinch on the homeless cutting families out of needed services and limiting the protections currently afforded by law in the Homeless Services Reform Act.***

Thank you very much,

Diana Pillsbury,

Advocate for People Experiencing Homelessness.

Testimony of
Msgr. JohnENZler, President and CEO
Catholic Charities of the Archdiocese of Washington
before the Committee of the Whole
Council of the District of Columbia
October 19, 2015

I am Msgr. JohnENZler, President and CEO of Catholic Charities of the Archdiocese of Washington. I want to add my voice of concern against some of the changes proposed in the *Advancing Year Round Access to Shelter Policy and Prevention of Homelessness Amendment Act of 2015*. Yes, we need to get families out of DC General as fast as possible, but we can't move them into private rooms that are simply inadequate to their needs.

Our homeless families have a right to dignity just like the rest of us. That includes living spaces that have private bathrooms, refrigeration for food and medicine, and some way for low-income families to prepare food to feed their family. We are simply shuffling these families from one bad situation to another if we lower the standards we hold ourselves to. I know this is not an easy situation at all, but remember the great excitement of Pope Francis' visit just a month ago, when he surrounded himself in our homeless residents and urged our community to stand in solidarity with the homeless. We must hold ourselves to that standard as we consider how to treat our families who are homeless.

Informing Family Shelter Redesign: Family Shelter Survey Results
by The Washington Legal Clinic for the Homeless
October 19, 2015

Introduction:

The Washington Legal Clinic for the Homeless (Legal Clinic) envisions – and since 1987 has worked towards – a just and inclusive community for all residents of the District of Columbia, where housing is a human right and where every individual and family has equal access to the resources they need to thrive. As noted most eloquently by the UN Special Rapporteur on Human Rights and Extreme Poverty, “Poverty has many dimensions, extending far beyond a lack of income to include deprivation of choices, capabilities and power. Persons experiencing extreme poverty live in a vicious cycle of powerlessness, stigmatization, discrimination, exclusion and material deprivation. Lack of participation in decision-making is thus a defining feature and cause of poverty, rather than just its consequence.” Efforts to end family homelessness will be most effective when they are rooted in the input of families who have a lived experience of homelessness, and when they are based on the belief that these families know what will be most effective to help them move towards stability.

To that end, when we first learned that Mayor Bowser was considering changing the legislative standard for family shelter from apartment-style to private rooms for the shelters that will replace DC General, we wanted to make sure that families who live or have lived in homeless shelters had a seat at the decision-making table, at the head of the table if at all possible. Our experience over the years is that it is very difficult for people experiencing homelessness, particularly families, to actively participate in policymaking or the legislative process because they are often struggling just to take care of daily necessities and there are many psychological and logistical barriers to participating in DC Council hearings or government task forces.

Therefore, we decided to facilitate the sharing of the stories and opinions of homeless families as well as we could by creating and implementing a survey. The Department of Human Services agreed that such information would be helpful to the process of planning for the closure of DC General, and they reviewed and approved the survey tool and made sure that we could access shelters in order to reach more homeless families. We very much appreciate DHS’s partnership in soliciting the input of homeless families on what those families believe is critical to protect their health and safety in shelter, and what services are necessary to assist them in moving out of shelter as quickly as possible.

All of the families who participated in our survey have experienced various levels of emergency shelter services in the District and can speak authoritatively to what has helped or hurt their families in shelter. We conducted outreach for our surveys at nine different shelter sites, including DC General, all of the apartment-style shelters, and hotels. We also reached out to families in domestic violence shelters and community-based shelter units. Fifty-three families participated in our survey. Each survey was administered either over the phone or in person with a family.

At the beginning of each survey, families were given the following introduction: “The DC government is planning to make some changes to the family shelter system. Part of their plan is to close DC General Family Shelter and replace it with smaller, more humane shelters around the city. We want to get your thoughts on what features you feel are necessary to have in an emergency shelter for families. We encourage you to base your response on your experiences in shelter and what you think you and your children require to feel safe and healthy. We also want to know what resources would help your family move out of shelter and regain stability.”

This report will be focused on the survey results as they pertain to what physical or architectural features are critical to families in a homeless shelter.

Question 1: Number of Children

Answer Options	Response Percent	Response Count
One	34.0%	18
Two	37.7%	20
Three	17.0%	9
Four	7.5%	4
Five	1.9%	1
Other (please specify)	1.9%	1
<i>answered question</i>		53
<i>skipped question</i>		0

Question 2: At what shelter are you staying?

Answer Options	Response Percent	Response Count
DC General	56.6%	30
New Beginings - Park Road	3.8%	2
COH - Girard Street	5.7%	3
COH - Hope Apartments	0.0%	0
Valley Place	0.0%	0
Hotels	13.2%	7
Spring Road	1.9%	1
JHP - Naylor Road	1.9%	1
New Day Transition (10) (Way of the Word)	0.0%	0
Other (please specify)	17.0%	9
<i>answered question</i>		53
<i>skipped question</i>		0

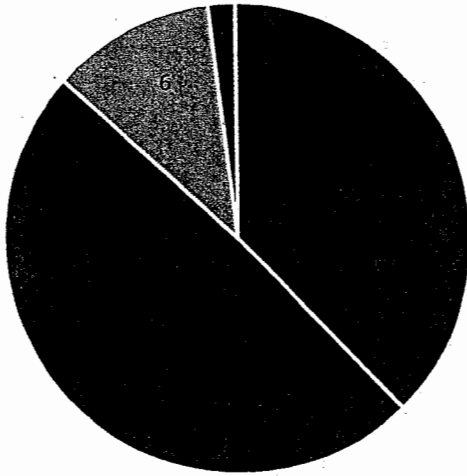
Question 3: (Bedrooms) Which of the following do you think family emergency shelters need to have? (53 responses)

- A. One bedroom for the whole family
- B. Separate bedrooms for parents and children

(Respondents answered this question for each of the following time periods: 0-3 months in shelter, 4-12 months in shelter, over 1 year in shelter)

Results: When asked what kind of room configuration is needed if a family is in shelter for up to 3 months, up to 12 months, and for more than a year, nearly half (49%) of those surveyed reported that families need separate bedrooms for parents and children even if the family is in shelter for less than 3 months. Six additional families reported that separate bedrooms would be necessary when considering the possibility of being in shelter for longer than 3 months, bringing the percentage of families who felt that separate bedrooms would be necessary for shelter stays longer than 3 months to 60% of all families surveyed.

Families in Shelter Need:



- One bedroom
- Separate bedrooms for parents and children
- ▨ Separate bedrooms needed for stay over 3 months
- Separate bedrooms needed for stays over 1 year

Comments:

Thirty-four families left comments and explanations of their responses to the question on bedroom configuration. There were three major areas of concerns raised in the comments in regards to entire families sharing one room versus having separate bedrooms for parents and children. These were 1) family members of different sexes and ages sharing one space and the privacy concerns that raises, 2) lack of privacy or space as a contributing factor to intra-family conflict, anxiety, and depression; and 3) practical space considerations of large families. Some of these comments include:

"My children are of different ages and sexes and they need separate rooms."

"At DC General, I shared a room with my daughter and it felt a little off. She was coming of age and had started her period and she really needed her privacy and didn't have that sharing a room with her dad. Moving to Spring Road shelter worked out for us because now we are in a one bedroom – she takes the bedroom and I sleep in the front room. She has her privacy and it's healthier for her."

"Not having any privacy is hard on both parents and kids. My 7 year old and my 10 year old get into a lot of fights because they're stuck in a small room together."

"Everyone feels boxed in when it's just one room – there's no room for clothes, there's no food storage, anything that would be comfortable. You box an entire family into a room for months and you're going to get a lot of fights and depressed kids."

"Shelter shouldn't be so comfortable because it's not a home, it's temporary. But if you have 4 kids, then separate bedrooms should happen because otherwise you are all on top of each other."

The majority of the comments from families who reported that sharing one bedroom would be adequate for families in shelter centered around cost considerations, the hope that shelter stays would be brief and temporary, and the desire to accommodate as many families in shelter as possible. Some of these include:

"If giving each family a room will help them let more families in and move families out faster, then that works."

"I love the idea of an apartment style shelter, but if it costs too much, it's ok to be in one bedroom."

"Putting families in one room would allow space for more families."

"As long as rooms are big enough, it's fine to share a room for the whole family."

Question 4: (Bathrooms/Shower) Which of the following do you think family emergency shelters need to have? Check one for each time period. (53 responses)

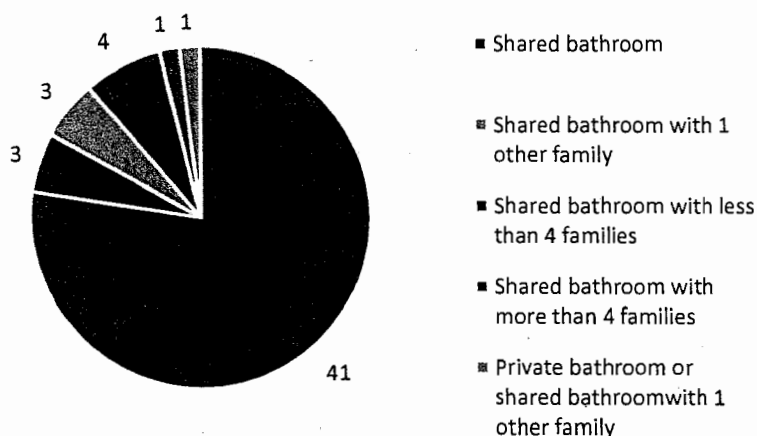
- A. Private bathroom and shower for each family
- B. Shared bathroom and shower
- C. Shared bathroom and shower with only one other family
- D. Shared bathroom and shower with less than 4 families
- E. Shared bathroom and shower with more than 4 families

(Respondents answered this question for each of the following time periods: 0-3 months in shelter, 4-12 months in shelter, over 1 year in shelter)

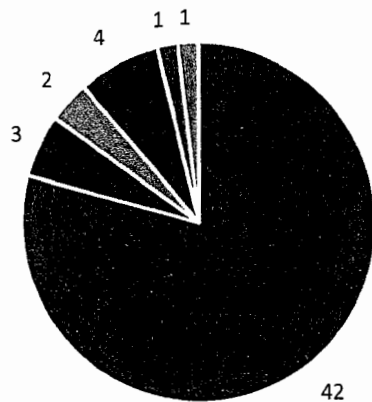
Results: When asked what kind of bathroom/shower configuration is needed if a family is in shelter up to 3 months, 79% of families surveyed said it was critical to have a private bathroom and shower even if they were in shelter for less than 3 months. That number rose to 85% of families stating that a private bathroom and shower were necessary when considering the possibility of being in shelter for longer than 1 year.

Families in Shelter For Stays of Up to

3 Months Need: ■ Private bathroom

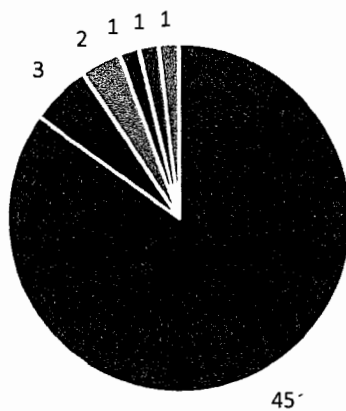


Families in Shelter For Stays of Up to 1 Year Need:



- Private bathroom
- Shared bathroom
- ▣ Shared bathroom with 1 other family
- Shared bathroom with less than 4 families
- Shared bathroom with more than 4 families
- ▣ Private bathroom or shared bathroom with 1 other family

Families in Shelter For Stays of More Than 1 Year Need:



- Private bathroom
- Shared bathroom
- ▣ Shared bathroom with 1 other family
- Shared bathroom with less than 4 families
- Shared bathroom with more than 4 families
- ▣ Private bathroom or shared bathroom with 1 other family

Comments:

Thirty-eight respondents to the survey left comments on shared versus private bathrooms. The main criticisms of shared bathroom revolved around and privacy/ safety and cleanliness/sanitation. Under privacy and safety, comments include concerns over children having to use the bathroom in the middle of the night, anxiety associated with using the bathroom with strangers, concerns of parents who have children of the opposite sex. Some of these comments include:

"Privacy is HUGE. Don't feel safe sharing bathrooms."

"I get anxious just thinking about my kids needing to use the bathroom in the middle of the night. It needs to be in our room."

"At DC General, it was a big problem to have everyone use the same bathroom. Having a 12 year old boy, I didn't want him going to the men's bathroom alone but I also didn't think he should go into the women's bathroom with me."

"Shared bathrooms pose a safety issue. You have to go with your child into the bathroom each time and they are not cleaned often enough."

"This is so important for safety. All types of people come into shelter and it's not ok for me or my son to be using a shower or bathroom with strangers."

"Children have to go to the bathroom in the middle of the night. They shouldn't have to wake up their parents to take them. Fathers have to take their daughters to the bathroom or to wash they and they can't do that in shared bathrooms."

"Shared bathrooms aren't safe for kids. They should feel safe to go to the bathroom by themselves."

"When I was at DC General before moving to Girard Street, there were lots of unsanitary things in the bathrooms. There was no privacy. My son wouldn't even be potty trained when he was there because he was scared of the bathrooms."

Under cleanliness, comments included concerns over communicable diseases and people taking responsibility for maintaining cleanliness, and the inconvenience of having to clean the bathroom:

"The public bathrooms are filthy. You really can't be having all different types of families and kids using the same bathrooms."

"Families often get sick at DC General because of the shared bathrooms. I have to bring Lysol and all of my cleaning products into the shared bathroom every day."

"There's no way to have clean shared bathrooms. People just don't take the responsibility for them."

"People treat shared bathrooms like public bathrooms. They're disgusting."

"There is a scabies outbreak at DC General now and the bathrooms are not clean."

Question 5: (Kitchen/Cooking Access) Which of the following do you think family emergency shelters need to have? Check one for each time period. (53 responses)

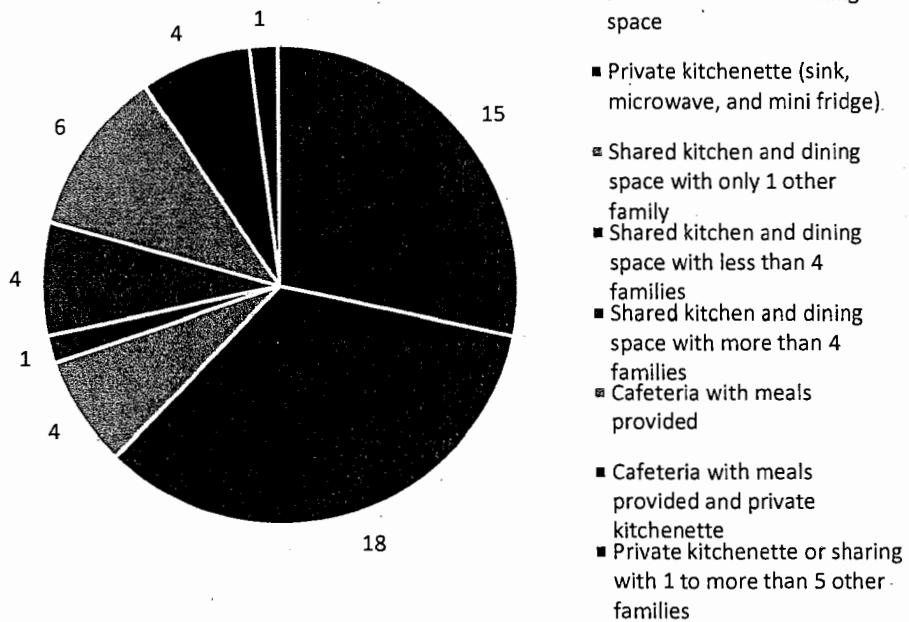
- A. Private kitchen and dining space
- B. Private kitchenette (sink, microwave, and mini fridge)
- C. Shared kitchen and dining space with only 1 family
- D. Shared kitchen and dining space with less than 4 families
- E. Shared kitchen and dining space with less than 5 families
- F. Shared kitchen and dining space with more than 5 families
- G. Cafeteria with meals provided

(Respondents answered this question for each of the following time periods: 0-3 months in shelter, 4-12 months in shelter, over 1 year in shelter)

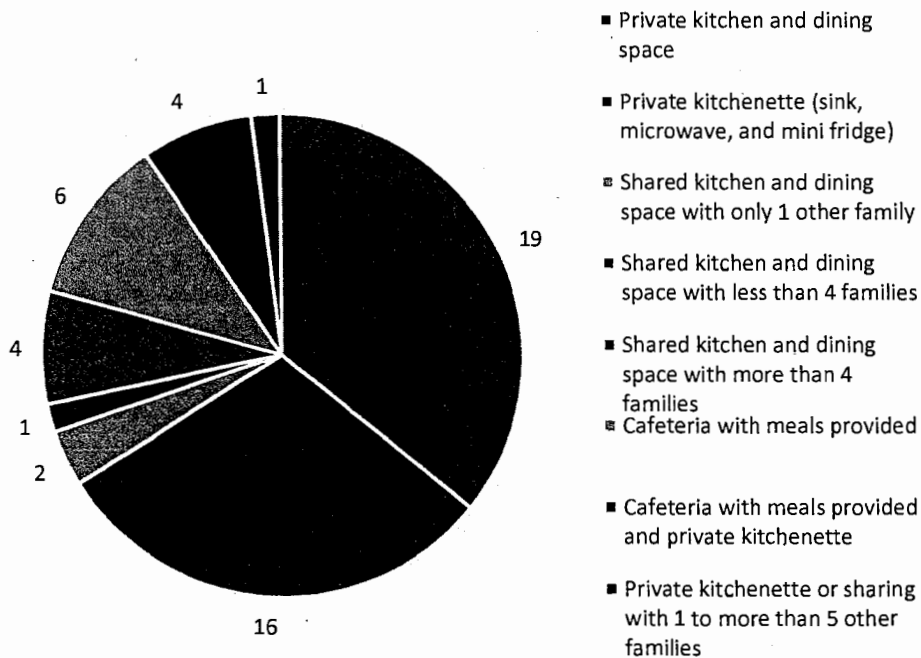
Results: When asked what kind of kitchen/cooking access is needed for families in emergency shelter, nearly 70% of families stated that some sort of access to private cooking facilities is necessary even if in shelter for less than 3 months (30% responded that a private kitchen is necessary, while another 40% responded that a private kitchenette is necessary). 6 families (11%) responded that only a cafeteria with meals provided is necessary, while an additional 4 families responded that a cafeteria, if paired with access to a private kitchenette, would be adequate. In all, 89% of families responded that some access to cooking facilities is necessary in emergency shelter (whether private kitchen, private kitchenette, or shared kitchen facilities) regardless of the length of shelter stay.

The number of responses stating that a private kitchen and dining space is necessary went up with the increased expected length of stay in shelter, with 43% of families feeling it necessary to have a private kitchen if in shelter for longer than 1 year, while 75% of families surveyed responded that they would need some sort of access to private cooking facilities (whether private kitchen or private kitchenette) if in shelter for longer than 1 year.

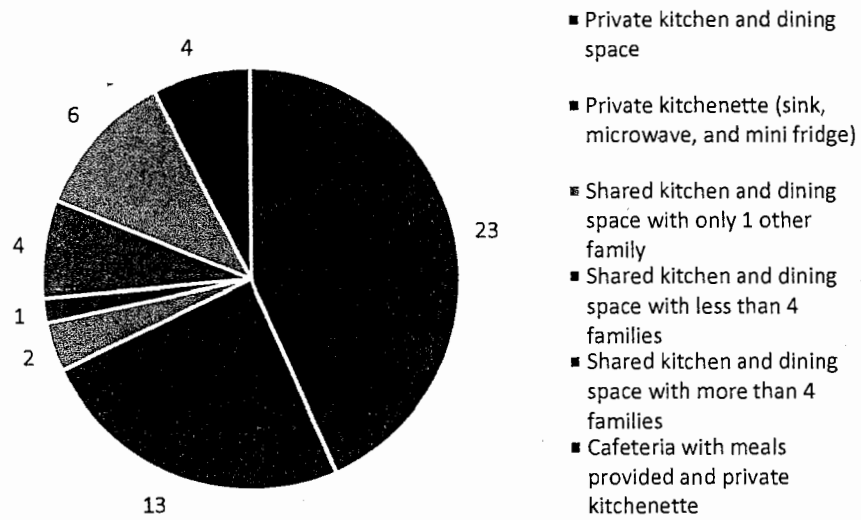
Families in Shelter For Stays of Up to 3 Months Need:



Families in Shelter For Stays of Up to 1 Year Need:



Families in Shelter For Stays of More Than 1 Year Need:



Comments:

The comments on access to kitchen/cooking facilities were largely focused on concerns over cafeteria meals meeting dietary and allergy needs, the importance of being able to control when and how your children eat, and concerns about the quality of food served in the cafeteria at DC General. Some of these include:

"I want to be able to provide healthy meals for my family. I also have allergies and dietary requirements that can't be met by cafeteria food."

"With babies and kids who are on special diets, you have to cook to make sure they're healthy and are getting all the right nutrients. At DC General, the food made me very sick and I couldn't take care of my kids' needs because I was always getting sick from the food."

"Need to control what my kids eat so we can keep a healthy diet."

"It makes better sense for us to prepare our own meals than eating the junk food the shelter offers. Having control over our own food would help a lot with family dynamics and a feeling by our kids that we're together and ok. It gives back a sense of independence and unity between parents and children."

"No one likes the food being served in the cafeteria, but we're limited because we don't have a minifridge to store our own food. A fridge and a microwave would really come in handy, especially with small kids and infants."

"If anyone in the family has health problems or nutritional issues, parents need to be able to heat and store their own food. Kids deserve to have home cooked meals."

"Should be able to get quick meals in the middle of the day, like heating up a tv dinner. We should be able to do that because people get hungry at different times. People with certain dietary issues might need to cook."

Question 6: (Food storage space) Which of the following do you think family emergency shelters need to have?
Check one for each time period. – (52 responses)

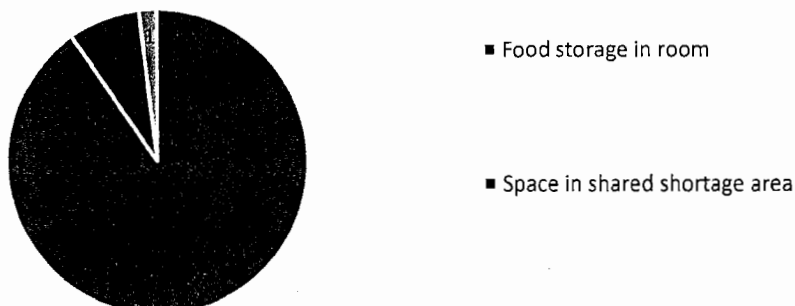
- A. Space to store food in one's own room
- B. Space to store food in shared storage area
- C. No place to store food

(Respondents answered this question for each of the following time periods: 0-3 months in shelter, 4-12 months in shelter, over 1 year in shelter)

Results: 90% of families felt that space to store food in their own room was necessary, regardless of the expected length of time in shelter. 8% of families reported that families need space to store food in a shared

storage area. One family reported that a shared storage space was needed for stays up to 1 year but that families need storage in their own rooms for stays over 1 year.

Families in Shelter Need:



Comments:

The comments on storage space centered on the need to have private storage space to keep things like medication, baby formula, and snacks/food for kids. Comments also reflected concerns that any system that would include a shared storage space would lead to conflicts and to food theft.

"When you have baby formula, it's hard to get what you need at DC General. The hall monitors have a big attitude about heating up the milk and sometimes they burn it because they don't care. People should be treated like adults and allowed to heat and keep their own food."

"A shared storage space for food would just lead to fights."

"So much food goes bad without a space to store it. Think everyone should have a small fridge."

"Storing your own food lets you eat healthier, have food to take your medication with and for kids when they need snacks."

"At DC General, I had to have the staff heat up the milk for the kids and often there were problems -- they would take a long time or they would microwave the milk for too long which is not healthy."

"Having a minifridge would allow me to store food in a way that will keep it safe from rodents and bugs. Right now I put things in bags, but that's not as good."

"People have been at DC General for years without a refrigerator or a microwave. Not everything should be handed to us, but those are basics."

Question 7: (Community Space) Which of the following do you think family emergency shelters need to have? Check one for each time period. (52 responses)

- A. Place for kids to do their homework
- B. Playground and place space outside
- C. Computer Lab

(Respondents answered this question for each of the following time periods: 0-3 months in shelter, 4-12 months in shelter, over 1 year in shelter)

Results: 88% of families (46 of 52) of families reported that families need a place for kids to do their homework, 87% of families (45 of 52) reported that families need a playground and play space outside for children, and 96% of families (50 of 52) reported that families need a computer lab. These responses remained consistent regardless of the length of stay in shelter.

Question 8: Please share any other space or features that you think a family shelter needs (27 responses)

Results: 33% of the families (9 of 27) that responded to this question reported that some sort of laundry was necessary to have at the shelter, 5 families reported that an emergency shelter should have a health clinic or nurse station for children, 6 families reported that a daycare would be helpful to have at a shelter, 2 families responded that a family shelter should have a community room for visitors, and one family wrote "Generally, just more privacy."

**Committee of the Whole Public Hearing on Bill 21-352, Advancing Year Round Access to
Shelter Policy and Prevention of Homelessness Amendment Act of 2015
2:00 PM on Tuesday, Oct 13, 2015**

- My name is John Healy. I have been a DC voter, taxpayer, and home owner for the last 27 years in Ward 3.
- Thank you to the DHS and ICH Team for their leadership in putting forward, for the first time in those 27 years, and over all of the previous attempts by prior DC administrations, a plan that will actually make real progress in ending family homeless.
 - Never has such a comprehensive, concrete, achievable plan been put in place and funded anywhere in the nation.
- Thank you also to the Council for your leadership in supporting the implementation of the proposed plan and also backing it up with the needed, unprecedented funding.
- Based on my prior personal experience in developing and implementing successful homeless services solutions, the plan, as proposed by DHS & ICH, has all of the needed benchmarks of what successfully works to end family homelessness including:
 - Take a housing 1st approach.
 - Provide year round shelter instead of just during hypothermia season.
 - Grant up to 12 days of provisional shelter to give time to verify the family's qualifications
 - Close DC General and opening Ward based family shelter & assessment centers, including in my home Ward 3 that provides private room emergency short term family shelter and includes the needed wrap around services and amenities to ensure that we quickly return these families to their own homes.
 - A plan benchmarked to best practices from cities across the country that are making progress in ending family homelessness.
- As the Council has heard in previous hearings and supported by the 1st hand experience that has been gained by one of DC's leading providers of family shelter, and to best help families, private rooms are the better way to go rather than forcing all families to either wait for apartment style short term shelter or forcing them into the hotels that have been contracted for the current winter plan. (See Community of Hope's testimony at the Council's 9/28/15 hearings).
- Specifically, I ask the Council to act to pass the Mayor's legislative proposals included in **Bill 21-352** especially regarding:
 - Develop ward based family emergency shelters that would be private room shelter that includes the wrap around amenities and services that are needed to ensure these families quickly return to their own housing and successfully continue on their families' journey.
 - Provide families with year round shelter not just during hypothermia season
 - Provide interim placement of up to 12 days for families.
 - Use an expedited appellate process for any family who might be initially denied shelter.

- Today on the anniversary of the laying of the cornerstone of the White House in 1792 and the laying of the cornerstone of the Supreme Court in 1932, I invite the Council to lay another cornerstone to end family homelessness in DC by passing the Mayor's Bill 21-352.
- Again I wish to express my thanks to DHS, ICH and the DC Council for your leadership to make real progress to ending family homelessness in DC

Respectfully, John Healy, Ward 3 resident, taxpayer, homeowner and voter

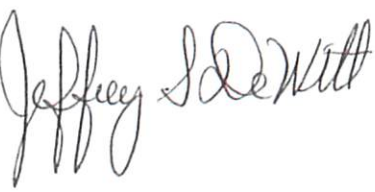
Government of the District of Columbia
Office of the Chief Financial Officer



Jeffrey S. DeWitt
Chief Financial Officer

MEMORANDUM

TO: The Honorable Phil Mendelson
Chairman, Council of the District of Columbia

FROM: Jeffrey S. DeWitt
Chief Financial Officer 

DATE: September 16, 2015

SUBJECT: Fiscal Impact Statement – Year Round Access to Shelter and Prevention of Homelessness Amendment Act of 2015

REFERENCE: Draft Bill shared with the Office of Revenue Analysis on September 2, 2015

Conclusion

Funds are sufficient in the fiscal year 2016 through fiscal year 2019 budget and financial plan to implement the bill.

Background

This legislation allows¹ the Department of Human Services (DHS) to temporarily house a family seeking emergency shelter when DHS needs more than one business day to determine whether the family is eligible for emergency shelter. This temporary placement (which DHS calls an interim eligibility placement) will be for three days, but DHS can extend the placement up to three times, for a total of twelve days. If DHS determines a family is not eligible for emergency shelter, the legislation allows the family to appeal the decision.

This legislation is part of a larger policy change by the Mayor regarding the way the District shelters homeless families. The District used to admit families into emergency shelters only during severe weather,² as the law requires it to³, but now the District will start admitting families into emergency

¹ By amending the Homeless Services Reform Act of 2005, effective October 22, 2005 (D.C. Law 16-35; D.C. Official Code § 4-751.01 *et seq.*)

² Whenever the actual or forecasted temperature, including the wind chill factor, falls below 32 degrees Fahrenheit, or whenever the actual or forecasted temperature or heat index rises above 95 degrees Fahrenheit.

³ The Homeless Services Reform Act of 2005, effective October 22, 2005 (D.C. Law 16-35; D.C. Official Code § 4-751.01 *et seq.*)

The Honorable Phil Mendelson

FIS: "Year Round Access to Shelter and Prevention of Homelessness Amendment Act of 2015," Draft Bill shared with the Office of Revenue Analysis on September 2, 2015

shelters year round, regardless of weather conditions. This legislation is part of the system DHS is setting up to determine eligibility for emergency shelter year round.

Financial Plan Impact

Funds are sufficient in the fiscal year 2016 through fiscal year 2019 budget and financial plan to implement the bill.

Temporarily placing families in shelter for three to twelve days while DHS determines a family's eligibility will not cause the agency to house more families in emergency shelters than in previous years. If anything, it will reduce the number of families in emergency shelter at any given time, since in previous years the agency would admit a family into emergency shelter before determining the family's eligibility, and there were no official time limits on lengths of stay. The bill has no fiscal impact since it will not increase the number of families in emergency shelter.

Pursuant to Council Rule 803(e)(5), the following Comparative Print for **Bill 21-352**, the “**Interim Eligibility and Minimum Shelter Standards Amendment Act of 2015**,” shows the changes proposed in the attached Committee Print.

* * *

§ 2

D.C. OFFICIAL CODE § 4-751.01 *Definitions.*

For the purposes of this chapter, the term:

(1) "Administrative Procedure Act" or "APA" means Chapter 5 of Title 2.

(2) "Adult" means any individual who:

(A) Has reached the age of majority under District law as defined in § 46-101; or

(B) Qualifies as an emancipated minor under District law.

(3) "Apartment style" means a housing unit with:

(A) Separate cooking facilities and other basic necessities to enable families to prepare and consume meals;

(B) Separate bathroom facilities for the use of the family; and

(C) Separate sleeping quarters for adults and minor children in accordance with the occupancy standards of Title 14 of the District of Columbia Municipal Regulations (Housing).

(4) "Appropriate permanent housing" means permanent housing that does not jeopardize the health, safety, or welfare of its occupants, meets the District's building code requirements, and is affordable for the client.

(5) "Appropriately trained and qualified" means having received specialized training designed to teach the skills necessary to successfully perform one's job and to work compassionately with individuals and families who are homeless or at imminent risk of becoming homeless.

(6) "Basic necessities" means a dinette set, refrigerator, stove, exhaust fan or window, storage cabinets, cookware, flatware, and tableware.

(7) "Client" means an individual or family seeking, receiving, or eligible for services from a program covered by § 4-754.01.

(8) "Continuum of Care" means the comprehensive system of services for individuals and families who

are homeless or at imminent risk of becoming homeless and designed to serve clients based on their individual level of need. The Continuum of Care may include crisis intervention, outreach and assessment services, shelter, transitional housing, permanent supportive housing, and supportive services.

(9) "Crisis intervention" means assistance to prevent individuals and families from becoming homeless, which may include, but need not be limited to, cash assistance for security deposits, rent or mortgage payments, utility assistance, credit counseling, mediation with landlords, and supportive services.

(10) "Culturally competent" means the ability of a provider to deliver or ensure access to services in a manner that effectively responds to the languages, values, and practices present in the various cultures of its clients so the provider can respond to the individual needs of each client.

(11) "Day program" means a facility that provides open access to structured activities during set hours of the day to meet the supportive services needs of individuals and families who are homeless or at imminent risk of becoming homeless.

(11A) "DC General Family Shelter replacement unit" means a private room that includes space to store and refrigerate food, and that is constructed by or at the request of the District government for the purpose of sheltering a homeless family.

(12) "Department" means the Department of Human Services.

(13) "District" means the District of Columbia government, its agents, or its designees.

(14) "Drop-in center" means a facility that delivers supportive services that may include food, clothing, showers, medical services, and employment services.

(15) "Drug" means a controlled substance as defined in § 48-901.02(4), or the Controlled Substances Act of 1970, approved October 27, 1970 (84 Stat. 1242; 21 U.S.C. § 801 et seq.).

(16) "Family" means:

(A) A group of individuals with at least one minor or dependent child, regardless of blood relationship, age, or marriage, whose history and statements reasonably tend to demonstrate that they intend to remain together as a family unit; or

(B) A pregnant woman in her third trimester.

(17) "Group home" means a housing unit with:

(A) Sleeping quarters that may be shared;

(B) Shared cooking and bathroom facilities; and

(C) Other basic necessities to enable individuals or families to prepare and consume meals.

(17A) "Gender identity or expression" shall have the same meaning as provided in § 2-1401.02(12A).

(18) "Homeless" means:

(A) Lacking a fixed, regular residence that provides safe housing, and lacking the financial means to acquire such a residence immediately, including any individual or family who is fleeing, or is attempting to flee, domestic violence and who has no other residence and lacks the resources or support networks to obtain safe housing; or

(B) Having a primary nighttime residence that is:

(i) A supervised publicly or privately operated shelter or transitional housing facility designed to provide temporary living accommodations; or

(ii) A public or private place not designed for, or ordinarily used as, a regular sleeping accommodation for human beings.

(19) "Housing First" means a program that provides clients with immediate access to independent permanent housing and supportive services without prerequisites for sobriety or participation in psychiatric treatment. Clients in Housing First programs may choose the frequency and type of supportive services they receive and refusal of services will have no consequence for their access to housing or on continuation of their housing and supportive services.

(20) "Hyperthermia shelter" means a public or private building that the District shall make available, for the purpose of providing shelter to individuals or families who are homeless and cannot access other shelter, whenever the actual or forecasted temperature or heat index rises above 95 degrees Fahrenheit. The term "hyperthermia shelter" does not include overnight shelter.

(21) "Hypothermia shelter" means a public or private building that the District shall make available, for the purpose of providing shelter to individuals or families who are homeless and cannot access other shelter, whenever the actual or forecasted temperature, including the wind chill factor, falls below 32 degrees Fahrenheit.

(22) "Individual with a disability" means a person with a physical or mental impairment that substantially limits the major life activities of the person.

(23) "Imminent risk of becoming homeless" means the likelihood that an individual's or family's circumstances will cause the individual or family to become homeless in the absence of prompt government intervention.

(24) "Imminent threat to the health or safety" means an act or credible threat of violence on the grounds of a shelter or supportive housing facility.

(25) "Interagency Council" means the Interagency Council on Homelessness established pursuant to § 4-752.01.

(25A) "Interim eligibility placement" means a short-term shelter placement for a family, for the purpose of conducting an in-depth assessment to facilitate an eligibility determination for shelter and appropriate supportive services pursuant to section 8(a)

(25A)-(25B) "LGBTQ" means a person who self-identifies as lesbian, gay, bisexual, transgender, gender nonconforming, queer, or questioning their sexual orientation or gender identity and expression.

(26) "Low barrier shelter" means an overnight housing accommodation for individuals who are homeless, provided directly by, or through contract with or grant from, the District, for the purpose of providing shelter to individuals without imposition of identification, time limits, or other program requirements;

(27) "Member agency" or "member agencies" means the District agencies or divisions thereof represented on the Interagency Council pursuant to § 4-752.01(b).

(27A) "Office" means the Office of Shelter Monitoring established pursuant to § 4-754.51.

(28) "Permanent supportive housing" means supportive housing for an unrestricted period of time for individuals and families who were once homeless and continue to be at imminent risk of becoming homeless, including persons with disabilities as defined in 24 C.F.R. § 582.5, for whom self-sufficient living may be unlikely and whose care can be supported through public funds.

(28A) [Not funded].

(28A) "Private room" means a part or division of a building that has:

- (A) Four non-portable walls that meet the ceiling and floor at the edges so as to be continuous and uninterrupted; provided, that the room may contain a window if the window comes with an opaque covering, such as blinds or shades;**
- (B) A door that locks from both the inside and outside as its main point of access;**
- (C) Sufficient insulation from sound so that family members sheltered in the room may have a conversation at a normal volume and not be heard from the exterior;**
- (D) Lighting within the room that the occupants can turn on or off as desired; and**
- (E) Access to on-site bathroom facilities, including a toilet, sink, and shower.**

(29) "Program Rules" means the set of provider rules, client rights, and complaint and appeal procedures, including those enumerated in this chapter, proposed by a particular provider for the purpose of governing the behavior and treatment of its clients and approved by the Mayor subject to § 4-754.32.

(30) "Provider" means an individual or entity within the Continuum of Care that operates a program covered by § 4-754.01.

(31) "Public assistance" means government-funded payments in or by money, medical care, remedial care, shelter, goods or services to, or for the benefit of, needy persons.

(31A) "Rapid Re-Housing" means a program that provides a homeless individual or family with financial assistance to obtain permanent housing, by providing some or all of a security deposit, first month's rent, short-term rental subsidy, and supportive services to help the recipient become self-sufficient.

(32) "Resident of the District" means an individual or family who:

- (A)** Is not receiving locally administered public assistance from a jurisdiction other than the District;
- (B)** Is living in the District voluntarily and not for a temporary purpose and who has no intention of presently moving from the District, which shall be determined and applied in accordance with § 4-205.03; and
- (C)** Demonstrates residence by providing:
 - (i)** A mailing address in the District, valid within the last 2 years;
 - (ii)** Evidence that the individual or family has applied or is receiving public assistance from the

District;

(iii) Evidence that the individual or a family member is attending school in the District; or

(iv) Written verification by a verifier who attests, to the best of the verifier's knowledge, that the individual or family lives in the District voluntarily and not for a temporary purpose and has no intention of presently moving from the District.

(32A) "Safe housing" means housing that does not jeopardize the health, safety, or welfare of its occupants and that permits access to electricity, heat, and running water for the benefit of occupants.

(33) "Sanction" means an adverse action taken by a provider affecting the delivery of services to a client, and may include loss of privileges or denial, reduction, delay, transfer for inappropriate or punitive reasons, suspension, or termination of services.

(34) "Service plan" means a written plan collaboratively developed and agreed upon by both the provider and the client, consisting of time-specific goals and objectives designed to promote self-sufficiency and attainment of permanent housing and based on the client's individually assessed needs, desires, strengths, resources, and limitations.

(35) "Severe weather conditions" means the outdoor conditions whenever the actual or forecasted temperature, including the wind chill factor or heat index, falls below 32 degrees Fahrenheit or rises above 95 degrees Fahrenheit.

(36) "Severe weather shelter" means hyperthermia shelter or hypothermia shelter.

(37) "Shelter" means severe weather shelter, low barrier shelter, and temporary shelter.

(38) "Supportive housing" means transitional housing and permanent supportive housing.

(39) "Supportive services" means services addressing employment, physical health, mental health, alcohol and other substance abuse recovery, child care, transportation, case management, and other health and social service needs which, if unmet, may be barriers to obtaining or maintaining permanent housing.

(40) "Temporary shelter" means:

(A) A housing accommodation for individuals who are homeless that is open either 24 hours or at least 12 hours each day, other than a severe weather shelter or low barrier shelter, provided directly by, or through contract with or grant from, the District, for the purpose of providing shelter and supportive services; or

(B) A 24-hour apartment-style housing accommodation for individuals or families who are homeless, other than a severe weather shelter, provided directly by, or through contract with or grant from, the District, for the purpose of providing shelter and supportive services.

(41) "Transitional housing" means a 24-hour housing accommodation, the purpose of which is to facilitate the movement of homeless individuals and families to permanent housing within 2 years or a

longer period approved by the provider, provided directly by, or through contract with or grant from, the District, for individuals and families who:

(A) Are homeless;

(B) Require a structured program of supportive services for less than or equal to 2 years or a longer period approved by the provider in order to prepare for self-sufficient living in permanent housing; and

(C) Consent to a case management plan developed collaboratively with the provider.

(41A) "Verifier" means a District resident or a provider who knows where an individual or family seeking shelter lives and who produces evidence of his or her employment as a provider in the case of a provider, or own District residency in the case of a District resident by providing a:

(A) Valid District driver's license or nondriver's identification;

(B) District voter registration card;

(C) Valid lease, rental agreement, rent receipt, deed, settlement papers, or mortgage statement for a residence in the District;

(D) Valid homeowner's or renter's insurance policy for a residence in the District;

(E) District property tax bill issued within the last 60 days;

(F) Utility bill for water, gas, electric, oil, cable, or a land-line telephone issued within the last 60 days; or

(G) Pay stub issued within the last 30 days showing a District address and District withholding taxes.

(42) "Weapon" means any pistol or other firearm (or imitation thereof), or other dangerous or deadly weapon, including a sawed-off shot gun, shot gun, machine gun, rifle, dirk, bowie knife, butcher knife, switch blade knife, razor, black jack, billy club or metallic or other false knuckles, as referenced in § 22-4502, and any air gun, air rifle, canon, torpedo, bean shooter, sling, projectile, dart, BB gun, spring gun, blow gun, other dangerous missile or explosive, or other dangerous weapon or ammunition of any character, as referenced in Chapter 23 of Title 24 of the District of Columbia Municipal Regulations.

(43) "Youth" means a person who is under 24 years of age.

D.C. OFFICIAL CODE § 4-753.01(d)

Continuum of Care for individuals and families who are homeless.

* * *

~~(d) (1) Except as provided in paragraph (2) of this subsection, the Mayor shall not place homeless families in non apartment style shelters.~~

~~—(2) The Mayor is authorized to place homeless families in non apartment style shelters that are private rooms only when no apartment style shelters are available.~~

~~—(3) [Not funded].~~

(d)(1) Except as provided in paragraph (2) of this subsection, when the Mayor places a family in shelter pursuant to this act, the shelter shall be one or more apartment-style units, or one or more DC General Family Shelter replacement units.

(2) Buildings composed of DC General Family Shelter replacement units shall include a minimum of:

_____ (A) One DC General Family Shelter Replacement unit per floor that includes a private bathroom, including a toilet, sink, and bathtub or shower;

_____ (B) For every five DC General Family Shelter Replacement units, one private, lockable bathroom that includes a toilet, sink, and bathtub, which shall be accessible to all residents; and

_____ (C) At least two multi-fixture bathrooms per floor, which shall include multiple toilets, sinks, and showers.

(3) If an apartment-style unit or a DC General Family Shelter replacement unit is not available when the Mayor places a family in shelter pursuant to this act, the Mayor is authorized to place that family in one or more private rooms that are not apartment-style units, or DC General Family Shelter replacement units.

(4) The Mayor shall maintain within the District's shelter inventory a minimum of 121 apartment-style units; provided, that an apartment-style unit shall not be considered part of the District's shelter inventory if the unit remains unavailable for use for a period that exceeds 30 days.

(5) Once constructed, the Mayor shall maintain within the District's shelter inventory a minimum of 280 DC General Family Shelter replacement units; provided, that a DC General Family Shelter replacement unit shall not be considered part of the District's shelter inventory if the unit remains unavailable for use for a period that exceeds 30 days.

* * *

D.C. OFFICIAL CODE § 4-753.02
Eligibility for services within the Continuum of Care.

(a) An individual or family is eligible to receive services within the Continuum of Care if the individual or family:

(1) Is homeless or at imminent risk of becoming homeless;

(2) Is a resident of the District, as defined by § 4-751.01(32), except that low-barrier shelters and severe weather shelters operating as low-barrier shelters shall not be required to receive demonstration of residency or prioritize District residents, pursuant to subsection (b) of this section; and

(3) Meets any additional eligibility requirements that have been established pursuant to § 4-754.31 by the provider from whom services are sought.

(a-1) Notwithstanding subsection (a)(2) of this section, the Mayor may exclude certain services within the Continuum of Care from the residency requirement; provided, that the Mayor publishes which services are excluded from the requirement.

(b) No individual or family may be deemed ineligible for services solely because the individual or family cannot establish proof of homelessness or residency at the time of the individual or family's application for assistance. The District shall give priority, however, to an individual or family who establishes proof of residency and homelessness at the time of application for assistance.

(c) (1) The Mayor shall operate at least one central intake center for families for the purposes of:

(A) Assessing the eligibility of families for services within the Continuum of Care and making appropriate referrals for those services; and

(B) Serving as a resource center for families who are seeking information about the availability of services within the Continuum of Care.

(1A) The Mayor shall operate an intake center specializing in crisis intervention services and located in close proximity to the Landlord and Tenant Branch of the Superior Court of the District of Columbia.

(1B) Intake workers shall provide the following for each individual seeking services:

(A) An overview of the shelter's policies in regards to the protection of residents based upon actual or perceived sexual orientation and gender identity;

(B) The opportunity for the individual to disclose whether he or she requests special placement or care based on safety concerns due to actual or perceived sexual orientation status or gender identity; and

(C) The opportunity to disclose, voluntarily and only following a discussion of the shelter's policies and accommodations for LGBTQ populations and ability to safeguard confidential information, the individual's sexual orientation and gender identification and expression; provided, that the intake worker and all staff shall conduct this discussion in a culturally competent manner.

(1C) (A) No later than 180 days after February 26, 2015, the Mayor shall issue a grant to a community-based organization to establish one or more intake and drop-in center for youth, including minors and youth-headed families, for the purposes of:

(i) Assessing the eligibility of youth for services within the Continuum of Care and making referrals, including to the Child and Family Services Agency as appropriate; provided, that homelessness alone is not a valid reason for an allegation of abuse or neglect;

(ii) Coordinating as necessary with the intake centers for families operated pursuant to paragraph (1) of this subsection;

(iii) Contacting the parent or guardian of an unaccompanied minor within 72 hours of the minor's request for services within the Continuum of Care; and

(iv) Tracking outcomes, utilization rates, and turn-aways of youth across service providers.

(B) Grants issued pursuant to this paragraph shall be administered pursuant to the requirements set forth in part B of subchapter XII-A of Chapter 3 of Title 1 [§ 1-328.11 et seq.]

(2) Families who are eligible for services within the Continuum of Care shall receive appropriate referrals to the first available provider based on the chronological order in which they apply for assistance, consistent with any additional eligibility requirements established pursuant to § 4-754.32 by the provider from whom services are sought.

(3) Any family who is determined to be eligible for services pursuant to subsection (c)(1)(A) of this section, but who is not immediately served due to lack of capacity, shall be placed on one or more waiting lists for the services sought and shall be served in the order in which appropriate referrals become available.

(4) Notwithstanding paragraph (2) of this subsection, in determining what is an "appropriate referral," the Mayor shall consider relevant factors, including prior receipt of services, disability, family size, affordability of housing, age, and whether an individual is an LGBTQ homeless youth, and may use these factors to prioritize a family's placement in shelter or other service.

(5) The Mayor shall not impose or apply eligibility criteria that exclude or tend to exclude an individual with a disability or any class of individuals with disabilities from fully and equally enjoying any services within the Continuum of Care, unless such criteria are shown to be necessary for the provision of the services.

(c-1)(1) If eligibility for a family seeking shelter cannot be determined pursuant to section 8(a) on the business day on which the family applies for shelter, the Mayor may place the family in an interim eligibility placement for a period not to exceed 3 days.

(2) The Mayor may extend an interim eligibility placement no more than 3 times; provided, that an interim eligibility placement shall not exceed a period of 12 days, except as otherwise provided in sections 8(c-1)(6) and 9(a)(20).

“(3) The Mayor shall issue an eligibility determination pursuant to section 8(a) to a family placed in an interim eligibility placement within 12 days of the start of the interim eligibility placement.

“(4) If the Mayor does not issue an eligibility determination within 12 days of the start of an interim eligibility placement, the interim eligibility placement shall conclude and the family shall be considered eligible for shelter.

“(5) If the Mayor determines that a family in an interim eligibility placement is eligible for shelter the Mayor may place that family in shelter, subject to the requirements of section 7(d).

“(6) If the Mayor determines that a family in an interim eligibility placement is ineligible for shelter pursuant to section 8(a), or if the District identifies safe housing to which the family has access, the interim eligibility placement shall conclude on the date indicated in the written notice issued pursuant to section 19-(b-1) or (c) (D.C. Official Code § 4-754.33 (b-1) or (c)), unless the family has filed a timely fair hearing request pursuant to section 26 (D.C. Code § 4-754.41).

“(7) The Mayor may consider a family that was placed in an interim eligibility placement but was determined to be ineligible for shelter because the family has access to other safe housing for the same housing and case management services offered by the Department of Human Services to family shelter residents.

“(8) If the Mayor determines that a family is ineligible for shelter because the family has access to safe housing and the family subsequently loses access to that safe housing within 14 days of the Mayor’s determination, the Mayor may place the family in shelter without requiring a new shelter application if the Mayor determines that:

“(A) The family is participating in prevention and diversion services; and

“(B) The family has no access to other safe housing that complies with paragraph (9) of this subsection.

“(9) For purposes of this subsection, safe housing must, in addition to meeting the definition of “safe housing” set forth in section 2(32A), satisfy the following criteria:

“(A) The family shall be expected to have access to the safe housing for at least 14 days; and

“(B) To the best of the provider’s knowledge, the family’s presence in the safe housing shall not imminently jeopardize the tenancy of any household already occupying the safe housing.”

“(10) Nothing in this subsection shall require the Mayor to provide shelter to a family if there is no existing capacity in the shelter system or if the Department has exhausted its appropriation for family shelter services.”

(d) (1) The Mayor shall operate a computerized information system to collect, maintain, and distribute up-to-date information regarding the number of beds or units available in shelter and supportive housing in the District, the availability of supportive services, and the current usage and unmet demand for such beds, units, and services.

(d) (2) Intake providers shall enter the information provided pursuant to subsection (c)(1B) of this section in the computerized information system.

D.C. OFFICIAL CODE § 4-754.11(a)

Client Rights.

* * *

(19) Be treated in all ways in accordance with the individual's gender identity and expression, including:

- (A)** Use of gender-specific facilities including restrooms, showers, and locker rooms;
- (B)** Being addressed in accordance with the individual's gender identity and expression;
- (C)** Having documentation reflect the individual's gender identity and expression;
- (D)** Being free from dress codes that are in conflict with the individual's gender identity and expression;
- (E)** Confidentiality of information regarding the individual's gender identity and expression; and
- (F)** Being free from discrimination in the provision of health care and mental health

services related to the individual's gender identity and expression.

(b) [Not funded].

(20) Continuation of a family's interim eligibility placement, pending the outcome of a fair hearing requested pursuant to section 26, if the family requests a fair hearing within 48 hours or before the close of the next business day, whichever occurs later, following receipt of written notice provided pursuant to section 19(b-1) of a denial of an application for shelter following an interim eligibility placement.

D.C. OFFICIAL CODE § 4-754.33

Notice of Program Rules.

* * *

(a) (1) All provider shall give prompt and effective notice of their Program Rules by:

(A) Posting a copy of their Program Rules on the provider's premises in a location easily accessible to clients and visitors; and

(B) Giving every new client written notice of the provider's Program Rules, and reading and explaining the written notice to the client.

(2) The client and the provider staff member delivering the notice pursuant to paragraph (1)(B) of this subsection shall both sign a statement acknowledging the client's receipt of the notice and indicating the client's awareness, understanding, and acceptance of the Program Rules.

(b) All providers shall give to any client to whom they have denied services oral and written notice of the right to appeal the denial, including information about how to request a fair hearing pursuant to § 4-754.41 and administrative review pursuant to § 4-754.42.

(b-1) All providers shall give to any client in an interim eligibility placement prompt oral and written notice that the Mayor has denied eligibility for shelter placement and that the interim eligibility placement will end 48 hours or at the close of the next business day, whichever occurs later, following the client's receipt of the written notice.

(c) All providers shall give written and oral notice to clients of their transfer to another provider or of their suspension, termination, or discontinuation from services at least 15 days before the effective date of the transfer or the suspension, termination, or discontinuation of services except:

(1) When the sanction results from the client's imminent threat to the health or safety of someone on the premises of the provider in accordance with § 4-754.38; or

(2) When the sanction is a suspension of supportive services for a period shorter than 10 days.

(d) Any notice issued pursuant to subsection (b) or (c) of this section must be mailed or served upon the client and shall include:

(1) A clear statement of the sanction or denial;

(2) A clear and detailed statement of the factual basis for the sanction or denial, including the date or dates on which the basis or bases for the sanction or denial occurred;

(3) A reference to the statute, regulation, policy, or Program Rule pursuant to which the sanction or denial is being implemented;

(4) A clear and complete statement of the client's right to appeal the sanction or denial through fair hearing proceedings pursuant to § 4-754.41 and administrative review proceedings pursuant to § 4-754.42, or the client's right to reconsideration pursuant to rules established by the Mayor in accordance with § 4-756.02, including the appropriate deadlines for instituting the appeal or reconsideration; and

(5) A statement of the client's right, if any, to continuation of benefits pending the outcome of any appeal, pursuant to § 4-754.11(18).

(d-1) Any written notice issued pursuant to subsection (b-1) of this section must be served upon the client and shall include:

(1) A clear statement of the denial;

(2) A clear and detailed statement of the factual basis for the denial, including the date or dates on which the basis or bases for the denial occurred;

(3) A reference to the statute, regulation, policy, or Program Rule pursuant to which the denial is being implemented;

(4) A clear and complete statement of the client's right to appeal the denial through fair hearing proceedings pursuant to section 26 and administrative review proceedings pursuant to section 27, including the appropriate deadlines for instituting the appeal; and

(5) A statement of the client's right, if any, to continuation of an interim eligibility placement pending the outcome of any appeal, pursuant to section 9(20).

(e) Providers shall establish procedures to provide effective notice of rights, rules, sanctions, and denials to clients with special needs, including those who may be mentally impaired or mentally ill, or who may have difficulty reading or have limited English proficiency.

D.C. OFFICIAL CODE § 4-754.41

Fair hearings.

* * *

(a) The Office of Administrative Hearings shall grant a fair hearing to any client or client representative who wishes to appeal a decision listed in subsection (b) of this section and who requests such a hearing, orally or in writing, within 90 days of receiving written notice of the adverse action. A request for a fair hearing shall be made to the client's provider, the Department, the Mayor, or the Mayor's designee. If the request is made orally, the individual receiving the request shall promptly acknowledge the request, reduce it to writing, and file the request for a fair hearing with the Office of Administrative Hearings.

(b) A client or client representative may request a fair hearing to:

(1) Appeal an administrative review decision made pursuant to § 4-754.42;

(2) Review any decision of a provider of services to:

(A) Transfer the client to another provider;

(B) Suspend provision of services to the client for a period longer than 10 days;

(C) Terminate services to the client; ~~or~~

(D) Deny an application for services; or

(E) Deny eligibility for shelter following an interim eligibility placement.

(3) Obtain any legally available and practicable remedy for any alleged violation of:

(A) The provider standards listed in part C of this subchapter; or [§§ 4-754.21 through 4-754.25]; or

(B) The client rights listed in §§ 4-754.11 and 4-754.12, including the denial of a request by an individual with a disability for a reasonable accommodation or modification of policies or practices.

(c) The Mayor shall treat a fair hearing request made by a client representative in the same manner as it would be treated if it were made directly by the client; provided, that the Mayor subsequently receives written documentation authorizing the client representative to act on behalf of the client in accordance with the requirements of § 4-210.05.

(d) In accordance with § 4-754.11(18), any client who requests a fair hearing within 15 days of receipt of written notice of a suspension or termination of shelter or supportive housing shall continue to receive shelter or supportive housing pending a final decision from the fair hearing proceedings. This right to continuation of shelter or supportive housing pending appeal shall not apply in the case of an emergency suspension or termination pursuant to § 4-754.38.

(d-1) In accordance with section 9(20), any client in an interim eligibility placement who requests a fair hearing within 48 hours or before the close of the next business day, whichever occurs later, of receipt of written notice of a denial of eligibility for shelter placement shall continue in that interim eligibility placement pending a final decision from the fair hearing proceedings.

(e) Upon receipt of a fair hearing request, the Mayor or the Mayor's designee shall offer the client or client representative an opportunity for an administrative review by the Department of the decision that is the subject of the fair hearing request.

(f) All fair hearings shall be conducted in the following manner:

(1) In accordance with the requirements for the review of contested cases as provided in Chapter 5 of Title 2;

(2) In accordance with Chapter 18A of Title 2 [§ 2-1831.01 et seq.]; and

(3) In accordance with the following additional requirements:

(A) The hearing shall be held within a reasonably short time following the request, such time not to exceed 15 days following the initial request for hearing;

(B) If a party fails to appear, the Administrative Law Judge designated to conduct the hearing may enter a default decision in favor of the party present. The default may be set aside only for good cause shown, and upon equitable terms and conditions; and

~~**(C)** The Administrative Law Judge shall issue a final decision within 15 days of the completion of the hearing.~~

(C) Except as provided in subparagraph (D) of this section, the Administrative Law Judge shall issue a final decision within 15 days following the completion of the hearing.

(D) The Administrative Law Judge shall issue a final decision in a review requested pursuant to section 26(b)(2)(E) within 48 hours, not including weekends or holidays, following the completion of the hearing.

(4) For a fair hearing requested from the Office of Administrative Hearings pursuant to section

(b)(2)(E) of this section, the following additional requirements shall apply:

(A) The fair hearing shall be held no later than 4 business days after the Office of Administrative Hearings receives an administrative review decision issued pursuant to section 27; and

(B) If a party fails to appear, the Administrative Law Judge designated to conduct the hearing may enter a default decision in favor of the party present; provided, that the default decision may be set aside only for good cause shown, and upon equitable terms and conditions.

(g) Materials and documents filed with the Office of Administrative Hearings during fair hearing proceedings shall be maintained in compliance with § 2-1831.13(d), the Health Insurance Portability and Accountability Act of 1996, approved August 21, 1996 (Pub. L. No. 104-191; 110 Stat. 1936), and any other District or federal law pertaining to confidentiality of records.

(h) The Mayor or the Mayor's designee shall maintain a file of final fair hearing and administrative review decisions, indexed by issue, with identifying information redacted. The file shall be accessible to clients, their representatives, and other persons upon request to the Mayor or the Mayor's designee.

D.C. OFFICIAL CODE § 4-754.42

Administrative review.

* * *

(a) The purpose of the administrative review shall be to enable the Department to ascertain the legal validity of the decision that is the subject of the fair hearing request, and, if possible, achieve an informal resolution of the appeal.

(b) Any administrative review conducted pursuant to subsection (a) of this section shall be completed within 15 days of the receipt of the administrative review request, except upon showing of good cause as to why such deadline cannot be met. If good cause is shown, a decision shall be rendered as soon as possible thereafter. If an extension of time for review is required for good cause, written notice of the extension shall be provided to the client or client representative prior to the commencement of the extension.

(b-1) An administrative review of a denial of application for shelter following an interim eligibility placement, conducted pursuant to subsection (a) of this section, shall be completed and a decision rendered no later than 4 business days following receipt of the administrative review request, except upon a showing of good cause as to why such deadline cannot be met. If good cause is shown, a decision shall be rendered as soon as possible thereafter. If an extension of time for review is required for good cause, written notice of the extension shall be provided to the client or client representative prior to the commencement of the extension.

(c) An administrative review shall be completed before the Office of Administrative Hearings shall grant a fair hearing to any client or client representative; except, that the Office of Administrative Hearings may grant a hearing prior to the completion of the administrative review, on proper notice to all parties, to decide if a notice required by § 4-754.33(b) or (c) (other than a notice of an emergency action) has not been given or is invalid on its face.

“(c-1) The administrative review of a denial of an application for shelter following an interim eligibility placement conducted in accordance with subsection (b-1) shall not be waived; except that, the Office of Administrative Hearings may grant a fair hearing prior to the completion of the administrative review, on proper notice to all parties, to decide if a notice required by section 19, other than a notice of an emergency action, has not been given or is invalid on its face

(d) All administrative reviews shall be conducted in the following manner:

(1) In accordance with the administrative review procedures described in § 4-210.07;
and

(2) In accordance with the following additional requirements:

(A) The client or client representative shall have the right to submit issues and comments in writing to the Department; and

(B) The client or the client representative shall have the right to review provider's records regarding the client, or the records of other related service providers regarding the client, prior to the administrative review proceeding;

(C) The administrative review shall be conducted by an employee of the Department;

(D) The administrative review decision shall be issued in writing, in a manner readily understood by the client, and shall include:

(i) A clear and detailed statement of the factual basis supporting the administrative review decision;

(ii) A clear and detailed statement of the actions proposed to be implemented, including any sanctions, probationary periods, or any denial, transfer, suspension, or termination of services to be imposed;

(iii) A reference to the statute, regulation, Program Rule, or policy pursuant to which the administrative review decision is made;

(iv) Notice that the client's request for a hearing shall be considered formally withdrawn upon submission of a signed statement confirming such withdrawal; and

(v) A statement that if the client is not satisfied with the administrative review decision, the fair hearing shall be held.

D.C. OFFICIAL CODE § 7-751.01 *et seq.*

NEW SECTION 32

Interim Eligibility Reporting Requirements

“Sec. 32. The Department, no later than February 1 of each year, shall provide a report to the Council of the District of Columbia and the Interagency Council on Homelessness that shall include the following information:

“(a) Number of families placed in an interim eligibility placement;

“(b) Average length of stay in an interim eligibility placement;

“(c) Number of eligibility denials during and subsequent to an interim eligibility placement;

“(d) Number of appeals of eligibility determinations during and subsequent to an interim eligibility placement;

“(e) Number of interim eligibility appeals resolved via administrative review;

“(f) Average time for issuance of decision for review of interim eligibility appeal via administrative review;

“(g) Number of interim eligibility appeals brought to the Office of Administrative Hearings;

“(h) Average time for issuance of decision for review of interim eligibility appeal via the Office of Administrative Hearings;

“(i) Final placement outcome for each family placed into an interim eligibility placement.”.

4
5
6 A BILL

7
8 21-352

9
10 IN THE COUNCIL OF THE DISTRICT OF COLUMBIA

11
12
13
14 To amend the Homeless Services Reform Act of 2005 to authorize the Mayor to place a family
15 that does not have a safe housing alternative in a temporary interim eligibility placement
16 pending a determination of eligibility for shelter and an assessment of the supportive
17 services necessary to assist the family in obtaining sustainable permanent housing; to
18 authorize the Mayor to provide shelter to a family in a private room meeting certain
19 minimum standards and constructed for the purpose of closing the District of Columbia
20 General Family Shelter; to add an expedited appeals process for a family that is denied
21 shelter following an interim eligibility placement; and to provide that a family may
22 continue in an interim eligibility placement pending the outcome of an appeal of a denial
23 of shelter.

24
25 BE IT ENACTED BY THE COUNCIL OF THE DISTRICT OF COLUMBIA, That this act may
26 be cited as the “Interim Eligibility and Minimum Shelter Standards Amendment Act of 2015”.

27 Sec. 2. The Homeless Services Reform Act of 2005, effective October 22, 2005 (D.C.
28 Law 16-35; D.C. Official Code § 4-751.01 *et seq.*), is amended as follows:

29 (a) Section 2 (D.C. Official Code § 4-751.01) is amended as follows:

30 (1) A new paragraph (11A) is added to read as follows:

1 “(11A) “DC General Family Shelter replacement unit” means a private room that
2 includes space to store and refrigerate food, and that is constructed by or at the request of the
3 District government for the purpose of sheltering a homeless family.”.

4 (2) Designate the existing paragraph (25A) as paragraph (25B).

5 (3) A new paragraph (25A) is added to read as follows:

6 “(25A) “Interim eligibility placement” means a short-term shelter placement for a
7 family, for the purpose of conducting an in-depth assessment to facilitate an eligibility
8 determination for shelter and appropriate supportive services pursuant to section 8(a).”.

9 (3) A new paragraph (28A) is added to read as follows:

10 “(28A) “Private room” means a part or division of a building that has:

11 (A) Four non-portable walls that meet the ceiling and floor at the edges so as
12 to be continuous and uninterrupted; provided, that the room may contain a window if the window
13 comes with an opaque covering, such as blinds or shades;

14 (B) A door that locks from both the inside and outside as its main point of access;

15 (C) Sufficient insulation from sound so that family members sheltered in the
16 room may have a conversation at a normal volume and not be heard from the exterior;

17 (D) Lighting within the room that the occupants can turn on or off as desired;
18 and

19 (E) Access to on-site bathroom facilities, including a toilet, sink, and
20 shower.”.

21 (b) Section 7(d) (D.C. Official Code § 4-753.01(d)) is amended to read as follows:

1 “(d)(1) Except as provided in paragraph (2) of this subsection, when the Mayor places a
2 family in shelter pursuant to this act, the shelter shall be one or more apartment-style units, or
3 one or more DC General Family Shelter replacement units.

4 (2) Buildings composed of DC General Family Shelter replacement units shall
5 include a minimum of:

6 (A) One DC General Family Shelter Replacement unit per floor that
7 includes a private bathroom, including a toilet, sink, and bathtub or shower;

8 (B) For every five DC General Family Shelter Replacement units, one
9 private, lockable bathroom that includes a toilet, sink, and bathtub, which shall be accessible to
10 all residents; and

11 (C) At least two multi-fixture bathrooms per floor, which shall include
12 multiple toilets, sinks, and showers.

13 (3) If an apartment-style unit or a DC General Family Shelter replacement unit is
14 not available when the Mayor places a family in shelter pursuant to this act, the Mayor is
15 authorized to place that family in one or more private rooms that are not apartment-style units, or
16 DC General Family Shelter replacement units.

17 (4) The Mayor shall maintain within the District’s shelter inventory a minimum of
18 121 apartment-style units; provided, that an apartment-style unit shall not be considered part of
19 the District’s shelter inventory if the unit remains unavailable for use for a period that exceeds 30
20 days.

21 (5) Once constructed, the Mayor shall maintain within the District’s shelter
22 inventory a minimum of 280 DC General Family Shelter replacement units; provided, that a DC

1 General Family Shelter replacement unit shall not be considered part of the District's shelter
2 inventory if the unit remains unavailable for use for a period that exceeds 30 days.

3 (c) Section 8 (D.C. Official Code § 4-753.02) is amended as follows:

4 (1) A new subsection (c-1) is added to read as follows:

5 “(c-1)(1) If eligibility for a family seeking shelter cannot be determined pursuant to
6 section 8(a) on the business day on which the family applies for shelter, the Mayor may place the
7 family in an interim eligibility placement for a period not to exceed 3 days.

8 (2) The Mayor may extend an interim eligibility placement no more than 3 times;
9 provided, that an interim eligibility placement shall not exceed a period of 12 days, except as
10 otherwise provided in sections 8(c-1)(6) and 9(a)(20).

11 “(3) The Mayor shall issue an eligibility determination pursuant to section 8(a) to
12 a family placed in an interim eligibility placement within 12 days of the start of the interim
13 eligibility placement.

14 “(4) If the Mayor does not issue an eligibility determination within 12 days of the
15 start of an interim eligibility placement, the interim eligibility placement shall conclude and the
16 family shall be considered eligible for shelter.

17 “(5) If the Mayor determines that a family in an interim eligibility placement is
18 eligible for shelter the Mayor may place that family in shelter, subject to the requirements of
19 section 7(d).

20 “(6) If the Mayor determines that a family in an interim eligibility placement is
21 ineligible for shelter pursuant to section 8(a), or if the District identifies safe housing to which
22 the family has access, the interim eligibility placement shall conclude on the date indicated in the
23 written notice issued pursuant to section 19-(b-1) or (c) (D.C. Official Code § 4-754.33 (b-1) or

(c)), unless the family has filed a timely fair hearing request pursuant to section 26 (D.C. Code § 4-754.41).

“(7) The Mayor may consider a family that was placed in an interim eligibility placement but was determined to be ineligible for shelter because the family has access to other safe housing for the same housing and case management services offered by the Department of Human Services to family shelter residents.

“(8) If the Mayor determines that a family is ineligible for shelter because the family has access to safe housing and the family subsequently loses access to that safe housing within 14 days of the Mayor’s determination, the Mayor may place the family in shelter without requiring a new shelter application if the Mayor determines that:

“(A) The family is participating in prevention and diversion services; and

“(B) The family has no access to other safe housing that complies with paragraph (9) of this subsection.

“(9) For purposes of this subsection, safe housing must, in addition to meeting the definition of “safe housing” set forth in section 2(32A), satisfy the following criteria:

“(A) The family shall be expected to have access to the safe housing for at least 14 days; and

“(B) To the best of the provider’s knowledge, the family’s presence in the safe housing shall not imminently jeopardize the tenancy of any household already occupying the safe housing.

“(10) Nothing in this subsection shall require the Mayor to provide shelter to a family if there is no existing capacity in the shelter system or if the Department has exhausted its appropriation for family shelter services.”.

1 (d) Section 9(a) (D.C. Official Code § 4-754.11(a)) is amended as follows:

2 (1) Subparagraph (19)(F) is amended by striking the phrase “expression.” and
3 inserting “expression; and” in its place.

4 (2) A new paragraph 20 is added to read as follows:

5 “(20) Continuation of a family’s interim eligibility placement, pending the outcome of a
6 fair hearing requested pursuant to section 26, if the family requests a fair hearing within 48 hours
7 or before the close of the next business day, whichever occurs later, following receipt of written
8 notice provided pursuant to section 19(b-1) of a denial of an application for shelter following an
9 interim eligibility placement.”.

10 (e) Section 19 (D.C. Official Code § 4-754.33) is amended as follows:

11 (1) A new subsection (b-1) is added to read as follows:

12 “(b-1) All providers shall give to any client in an interim eligibility placement prompt
13 oral and written notice that the Mayor has denied eligibility for shelter placement and that the
14 interim eligibility placement will end 48 hours or at the close of the next business day, whichever
15 occurs later, following the client’s receipt of the written notice.”.

16 (2) A new subsection (d-1) is added to read as follows:

17 “(d-1) Any written notice issued pursuant to subsection (b-1) of this section must be
18 served upon the client and shall include:

19 (1) A clear statement of the denial;

20 (2) A clear and detailed statement of the factual basis for the denial, including the
21 date or dates on which the basis or bases for the denial occurred;

22 (3) A reference to the statute, regulation, policy, or Program Rule pursuant to
23 which the denial is being implemented;

(4) A clear and complete statement of the client’s right to appeal the denial through fair hearing proceedings pursuant to section 26 and administrative review proceedings pursuant to section 27, including the appropriate deadlines for instituting the appeal; and

(5) A statement of the client’s right, if any, to continuation of an interim eligibility placement pending the outcome of any appeal, pursuant to section 9(20).”.

(f) Section 26 (D.C. Official Code § 4-754.41) is amended as follows:

(1) Subsection (b)(2) is amended as follows:

(A) Subparagraph (C) is amended by striking the word “or”; and

(B) A new subparagraph (E) is added to read as follows:

“(E) Deny eligibility for shelter following an interim eligibility placement.”

(2) A new subsection (d-1) is added to read as follows:

“(d-1) In accordance with section 9(20), any client in an interim eligibility placement who requests a fair hearing within 48 hours or before the close of the next business day, whichever occurs later, of receipt of written notice of a denial of eligibility for shelter placement shall continue in that interim eligibility placement pending a final decision from the fair hearing proceedings.”

(3) Subsection (f) is amended as follows:

(A) Paragraph (3) is amended as follows:

(i) Subparagraph (C) is amended to read as follows:

“(C) Except as provided in subparagraph (D) of this section, the Administrative Law Judge shall issue a final decision within 15 days following the completion of the hearing.”.

1 (ii) A new subparagraph (D) is added to read as follows:

2 “(D) The Administrative Law Judge shall issue a final decision in a review
3 requested pursuant to section 26(b)(2)(E) within 48 hours, not including weekends or holidays,
4 following the completion of the hearing.”.

5 (B) A new paragraph (4) is added to read as follows:

6 “(4) For a fair hearing requested from the Office of Administrative Hearings
7 pursuant to section (b)(2)(E) of this section, the following additional requirements shall apply:

8 “(A) The fair hearing shall be held no later than 4 business days after the
9 Office of Administrative Hearings receives an administrative review decision issued pursuant to
10 section 27; and

11 “(B) If a party fails to appear, the Administrative Law Judge designated to
12 conduct the hearing may enter a default decision in favor of the party present; provided, that the
13 default decision may be set aside only for good cause shown, and upon equitable terms and
14 conditions.”.

15 (g) Section 27 (D.C. Official Code § 4-754.42) is amended as follows:

16 (1) A new subsection (b-1) is added to read as follows:

17 “(b-1) An administrative review of a denial of application for shelter following an
18 interim eligibility placement, conducted pursuant to subsection (a) of this section, shall be
19 completed and a decision rendered no later than 4 business days following receipt of the
20 administrative review request, except upon a showing of good cause as to why such deadline
21 cannot be met. If good cause is shown, a decision shall be rendered as soon as possible
22 thereafter. If an extension of time for review is required for good cause, written notice of the

1 extension shall be provided to the client or client representative prior to the commencement of
2 the extension.

3 (2) A new subsection (c-1) is added to read as follows:

4 “(c-1) The administrative review of a denial of an application for shelter
5 following an interim eligibility placement conducted in accordance with subsection (b-1) shall
6 not be waived; except that, the Office of Administrative Hearings may grant a fair hearing prior
7 to the completion of the administrative review, on proper notice to all parties, to decide if a
8 notice required by section 19, other than a notice of an emergency action, has not been given or
9 is invalid on its face”.

10 (h) A new section 32 is added to read as follows:

11 “Sec. 32. The Department, no later than February 1 of each year, shall provide a report to
12 the Council of the District of Columbia and the Interagency Council on Homelessness that shall
13 include the following information:

14 “(a) Number of families placed in an interim eligibility placement;

15 “(b) Average length of stay in an interim eligibility placement;

16 “(c) Number of eligibility denials during and subsequent to an interim eligibility
17 placement;

18 “(d) Number of appeals of eligibility determinations during and subsequent to an interim
19 eligibility placement;

20 “(e) Number of interim eligibility appeals resolved via administrative review;

21 “(f) Average time for issuance of decision for review of interim eligibility appeal via
22 administrative review;

1 “(g) Number of interim eligibility appeals brought to the Office of Administrative
2 Hearings;

3 “(h) Average time for issuance of decision for review of interim eligibility appeal via the
4 Office of Administrative Hearings;

5 “(i) Final placement outcome for each family placed into an interim eligibility
6 placement.”.

7 Sec. 3. Fiscal impact statement.

8 The Council adopts the fiscal impact statement of the Chief Financial Officer as the fiscal
9 impact statement required by section 602(c)(3) of the District of Columbia Home Rule Act,
10 approved December 24, 1973 (87 Stat. 813; D.C. Official Code § 1-602(c)(3)).

11 Sec. 4. Effective date.

12 This act shall take effect following approval by the Mayor (or in the event of veto by the
13 Mayor, action by the Council to override the veto), a 30-day period of congressional review as
14 provided in section 602 (c)(1) of the District of Columbia Home Rule Act, approved December
15 24, 1973 (87 Stat. 813; D.C. Official Code § 1-206.02 (c)(1)), and publication in the District of
16 Columbia Register.