

HSRA Regulations Subcommittee
on Standards, Rights, and Responsibilities

Subcommittee Briefing Book
Topics for Regulatory (or Other) Clarification

April 16, 2008

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1. Introduction

In November 2007, stakeholders interested in the development of regulations to implement the Homeless Services Reform Act (HSRA) met with Sakina Thompson (Assistant Attorney General, Office of the Attorney General, Department of Human Services) to develop a process for providing community input on draft regulations. A Work Group was formed, which divided into three subcommittees regarding (1) legal issues; (2) monitoring and enforcement; and (3) provider standards, client rights, and client responsibilities. These subcommittees have met monthly to address various agenda items, and have also reported back to the larger Work Group on a monthly basis.

In hopes of facilitating the regulatory process, and improving the homeless services provided in the District of Columbia, this briefing book discusses the specific topics identified by the Subcommittee for Standards, Rights, and Responsibilities as in need of regulatory clarification (or other action). For each topic raised, the Subcommittee provides the following information, as available:

- The statutory text related to each subcommittee agenda item;
- Specific issues raised in the context of the topic addressed;
- Proposals by the subcommittee for regulatory (or other) clarification; and,
- Client feedback on the topic from three sources:
 - 2008 Washington Legal Clinic for the Homeless Client Survey
 - Summary of Comments, ICH Public Meeting of December 17, 2008 (Prepared for SOME, Inc.)
 - Report on the Fall 2006 ICH Public Meeting (Prepared by N Street Village on behalf of the ICH, January 2007)

At the meeting to be held on April 22, 2008, the Work Group will categorize these items, and those raised by the legal issues and monitoring and enforcement subcommittees, as follows: appropriate for regulation; appropriate for program rules; requiring legislative change; requiring policy change; requiring budgetary change; and/or other. The Work Group will make recommendations as to how to pursue each of the needed changes, and hopes to work with the City to reach an understanding regarding which items will be incorporated into the current rulemaking.

Any questions about this briefing book, or the HSRA Work Group process, may be directed to the Subcommittee facilitators:

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2. *Severe Weather Shelter*

- Statutory text:
 - HSRA, Subchapter I. Definitions.
 - (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. HSRA § 4-751.01(20).
 - (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. HSRA § 4-751.01(21).
 - (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. HSRA § 4-751.01(35).
 - HSRA, Subchapter IV. Part B. Client Rights and Responsibilities. § 4-754.11. Client Rights.
 - Clients served within the Continuum of Care shall have the right to: ... (5) Shelter in severe weather conditions. HSRA § 4-754.11(5).
 - HSRA, Subchapter V. No Entitlement; Limited Use of Funds.
 - (a) No provision of this chapter shall be construed to create an entitlement (either direct or implied) on the part of any individual or family to any services within the Continuum of Care, other than shelter in severe weather conditions as authorized by § 4-754.11(5). HSRA § 4-755.01(a).
- Issues raised:
 - Gap between day and night shelters, such that a client may be forced to wait outside for several hours during hypothermic or hyperthermic conditions.
 - Clarify when the severe weather conditions are called triggering the opening of severe weather shelters, especially when the forecast predicts conditions that would require the provision of shelter under HSRA, Subchapter I, § 4-751.01(35) and HSRA, Subchapter IV, Part B, § 4-754.11(5).
 - Procedure for determining access to severe weather shelter when temperature rises slightly – for what period of time must the temperature change for severe weather conditions to no longer be in effect?
 - Logic of tying shelter to temperature alone, rather than to severe weather more generally, such as rain, snow, wind, lightening, etc.
 - Ability of couples to stay at the same severe weather shelter.

- Proposals:
 - Allow clients to remain at night shelters during severe weather conditions. However, this may not be feasible given the inability of certain shelters to remain open during the day.
 - Treat the 32 degree/95 degree threshold in the HSRA as a minimum/maximum, and impose a higher/lower threshold for opening of hypothermia/hyperthermia shelters in the regulations. Note that it is unclear whether this would conflict with the statute or would be treated as simply a regulatory addition.
 - Call severe weather alerts earlier.
 - Provide a regulatory right to shelter in other severe weather conditions that clarifies severe weather as being broader than hyper- and hypothermia conditions.
 - Provide a regulatory right for couples to stay at the same severe weather shelter.

- Client feedback:
 - **Summary of Comments, ICH Public Meeting of December 17, 2008 (Prepared for SOME, Inc.)**
 - “[w]hy is it necessary to put out residents when the temperature is at 35, and does it make any sense [when] we have space available to put people out?” (p. 100) [p. 5]
 - “raise that limit, to maybe 40 degrees, and ... if it gets above the limit, at maybe 2:00 in the afternoon, don’t close your shelters and kick ‘em out for two hours, until check-in time. ... what’s the point in putting them out for one or two hours once it gets above 32 degrees? ... you should raise it to maybe 35 degrees. Then once they- if the temperature rises, keep ‘em in the shelter until it gets to 40 degrees or higher.” (p. 32) [p. 6]
 - “I do think it’s a great idea to raise the threshold a little bit, just so there’s some wiggle room, and so that people aren’t getting put out when it’s still really, you know, pretty cold.” (p. 62) [p. 6]
 - **Report on the Fall 2006 ICH Public Meeting (Prepared by N Street Village on behalf of the ICH, January 2007)**
 - “I mean, when it's 40 degrees outside, it's cold too, with the wind chill factor. They'll wait until the temperature reached say 33, then they throw us outside. They say it's not freezing anymore. Because freezing is 32. So when it's 33 you're going out the door. You're freezing.” [p. 14]
 - “As most of the hypothermia shelters in this plan are going to be 12-hour shelters, what I'd like to know is, first of all, what is going to be done to provide space for these people during the day, day centers, especially downtown? As I brought up this morning, people complain about us being in the libraries, well, we don't have anywhere else to go.” [p. 14-15]
 - “As most of the hypothermia shelters in this plan are going to be 12-hour shelters, what I'd like to know is, first of all, what is going to be done to provide space for these people during the day, day centers, especially downtown?” [p. 30]
 - “Three times more homeless people died last summer than last winter, and I would like to know, is the Interagency Council in support of installing air conditioning at all shelters in the City, because the heat for homeless people is almost a much bigger problem than the cold.” [p. 30]

3. *Basic Facilities*

- Statutory text:
 - HSRA, Subchapter IV. Part C. Provider Standards.
 - Providers shall: ... (2) Maintain safe, clean, and sanitary facilities that meet all applicable District health, sanitation, fire, building, and zoning codes. HSRA § 4-754.21(2).
 - In addition to the standards in § 4-754.21, providers of severe weather shelter shall provide: ... (3) 24-hour, properly functioning toilet facilities. HSRA § 4-754.22(3).
 - In addition to the requirements in §§ 4-754.21 and 4-754.22, providers of low barrier shelter shall provide: ... (2) Hot shower facilities; and (3) Personal hygiene supplies. HSRA § 4-754.23(2, 3).
 - In addition to the requirements in §§ 4-754.21, 4-754.22, and 4-754.23, providers of temporary shelter and supportive housing shall provide: ... (5) Access to laundry facilities in the immediate vicinity of the shelter or supportive housing facility when all of the units are in one location. HSRA § 4-754.24(5).

- Issues raised:
 - Lack of access to laundry facilities, leading to hygiene issues and facilities issues, including infestation.
 - Lack of transportation services to interviews, appointments, etc. This may be a responsibility of Social Services, rather than shelters.
 - Ability to return to a night shelter during the day for access to restroom and shower facilities.
 - Availability of products for personal hygiene and cleanliness.

- Proposals:
 - Define personal hygiene to include a right of access to laundry facilities.
 - Include a regulatory right to transportation services, perhaps through van services or subsidization of other transportation options.
 - Clarify that access to 24-hour, properly functioning toilet facilities includes access during the day to the toilet and shower facilities of all shelter facilities.
 - Clarify that the requirement to maintain safe, clean, and sanitary facilities includes client rights to personal hygiene products and other cleaning supplies, and potentially also include a more specific requirement as to how often facility cleaning must take place. Note that this may also be an enforcement issue, rather than a gap in the statute/regulations.

- Client feedback:
 - **2008 Washington Legal Clinic for the Homeless Client Survey**
 - Consumers brought up basic needs and personal hygiene issues in every group discussion. Therefore, we included a question on the client survey designed to gather input in crafting regulations to implement sections 4-754.22(2) and 4-754.23(3) of the HSRA. The question asked “What minimum supplies should the staff give you when you enter the program?” We listed 10 answers that consumers had brought up in group discussions and told consumers they could circle more than one answer. The results, listed from most popular to least: [p. 1-2]
 - 96% circled “soap”
 - 95% circled “blanket”
 - 91% circled “towel”
 - 85% circled “laundry access”
 - 83% circled “toothpaste”
 - 83% circled “top sheet”
 - 83% circled “bottom sheet”
 - 81% circled “toothbrush”
 - 77% circled “deodorant”
 - 72% circled “shampoo”
 - Clients listed wash cloth, toilet paper and pillows in the “other” category
 - **Summary of Comments, ICH Public Meeting of December 17, 2008 (Prepared for SOME, Inc.)**
 - “How come they don’t have enough sheet or blankets for everybody?” (p. 51) [p. 4]
 - “How come they don’t ... get washed or rotated, or somebody ... cleans the beds....?” (p. 52) [p. 4]
 - “[A]t Franklin, why try to squeeze everyone into that one room? ... Why not just let those people stay in their rooms that they had the night before? I mean, they could get rest. I mean, God knows, we get little enough sleep as it is already [because of interruptions from others all night long and because of noise from unstable beds]. So if you’re going to be open, why not just let people sleep, or read....?” (pp. 62-63) [p. 4]
 - “[H]ave cleaning supplies available at all times. I don’t mean [just for work] detail people.” Allow people to mop around their own beds, spray the mattress with disinfectant. Some guys to like to be clean. (p. 97) [p. 4]
 - **Report on the Fall 2006 ICH Public Meeting (Prepared by N Street Village on behalf of the ICH, January 2007)**
 - “Need better extermination services more often for bedbugs, mice, rats, roaches.” [p. 10]
 - “And I’m going to tell you the shelters up there if you want to see a hell hole, that’s it. It’s unbelievable. It makes you feel sub-human to live in a place like that, and you have guys who come in every day at 4:00 that’s been up there for years and years, there’s no progress.” [p. 10]

4. Laundry Facilities

- Statutory text:
 - HSRA, Subchapter IV. Part C. Provider Standards. § 4-754.24. Additional standards for providers of temporary shelter and supportive housing.
 - In addition to the requirements in §§ 4-754.21, 4-754.22, and 4-754.23, providers of temporary shelter and supportive housing shall provide: ... (5) Access to laundry facilities in the immediate vicinity of the shelter or supportive housing facility when all of the units are in one location. HSRA § 4-754.24(5).

- Proposals:
 - The group proposed extending this requirement to low barrier shelters, and in particular including this as a component of the right to personal hygiene.
 - The group determined that clarification is needed of the phrase “immediate vicinity.”
 - Proposal #1: Laundry services must be accessible in the general neighborhood.
 - Proposal #2: Laundry facilities must be provided on site – otherwise, providers would have no control of the laundry facilities and it would not make sense for the statute to have imposed this requirement.
 - The group discussed the meaning of “access” to laundry facilities, and the fact that access may not be a reality if clients must pay for these services. This is clearly a resource issue, but it was noted that case management plans generally include budgeting for laundry purposes.
 - The group agreed that providers would support offering laundry services on their premises if DHS would pay for machines and installation. The group recognized this as a resource issue.

- Client feedback:
 - **2008 Washington Legal Clinic for the Homeless Client Survey**
 - Consumers frequently raised lack of access to laundry as a concern in group discussions. Many people brought this up in connection with storage issues. Consumers are concerned that they have to keep their dirty clothes in close proximity (in a foot locker for example) with their clean clothes. Consumers raised this as a hygiene issue as well as a barrier to employment.
 - As mentioned above, we included laundry access in a question on the survey.
 - 85% of consumers indicated that they thought laundry access should be a provider standard. [p. 2]

5. *Storage Space*

- Statutory text:
 - HSRA, Subchapter IV. Part C. Provider Standards. § 4-754.24. Additional standards for providers of temporary shelter and supportive housing.
 - In addition to the requirements in §§ 4-754.21, 4-754.22, and 4-754.23, providers of temporary shelter and supportive housing shall provide: ... (4) Private, secure space for the temporary storage of personal belongings. HSRA § 4-754.24(4).

- Issues raised:
 - The fundamental conflict is that facilities may not have sufficient space to provide additional storage to clients and space used for storage may potentially eliminate room for beds, but clients need more space for secure storage. Without it, they may not return to shelter, cannot effectively search for jobs, etc. The storage issue will likely need to be addressed separately for each type of provider in the Continuum of Care.
 - Secured storage and provision of locks.
 - When should storage be assigned, should reservations be permitted, when must stored belongings be removed, when are stored belongings abandoned?
 - It was noted that there is currently no requirement for the provision of storage in emergency/low barrier shelters. However, that could be changed in the regulations. WLCH noted that storage space seems to be an individual right that attaches immediately. The statutory right begins at the temporary housing level. Some members of the subcommittee felt the right to store immediately and securely should be recognized in all shelters.
 - The subcommittee noted that regulations regarding bags and storage must consider both the number of bags a person can bring into a shelter with them as well as the number of bags a person may store securely at the shelter. This will avoid problems associated with clients bringing more belongings each day.
 - The group determined that this was not only a resource issue, but also an issue of shelter management. However, if the group agreed that there must be some consistent rule so that clients can be made aware ahead of time how many bags they will be permitted.

- Proposals:
 - Generally:
 - Provide storage on a first-come, first-served basis, *i.e.*, no reservation of beds or storage. The group determined that this approach would contradict the statutory requirements for temporary shelter, which provides a right to storage to all clients, not only those arriving first.
 - Create secondary storage rooms where belongings could be kept temporarily, similar to a coat check. However, this would raise both space and staffing issues.
 - Clients should be notified of their storage rights and regulatory abandonment policies upon sign-in.

- The period of time for abandonment should be treated as a minimum in the regulations, *i.e.*, providers should be obligated to hold belongings for as long as space will allow beyond the minimum period.
 - If the client has a landlord-tenant relationship, that relationship should preempt any other provisions regarding abandonment of property.
 - A right to a specified amount of space may be infeasible given differences in shelter type and size. Still, a regulatory minimum standard for provision of physical space would be desirable.
 - Provide for centralized storage of clients' belongings, either at a single site in the District or at the providers' sites. This would require additional resources. The group reached consensus that secondary storage off site would be the most appropriate compromise resolution to the problem of inadequate storage space, given resource concerns.
- Emergency/low barrier shelter:
 - Provide immediate access to storage at check-in, if storage is available. This condition is necessary because of the inherent limits on storage space.
 - To ensure a first-come, first-served approach, clients must remove their belongings from storage in the morning (*i.e.*, 7 AM), at which point they may either:
 - Have no temporary storage options, or
 - Place their belongings in temporary storage during the day.
 - If belongings are not removed in the morning, they will be placed in temporary storage. After some period of time (3 and 7 days were both suggested for low barrier shelters, 2 and 3 days were suggested for emergency shelters), the property may be considered abandoned.
 - There was general agreement that imposing a strict standard with regard to the number of bags permitted could be problematic, since it might prevent individuals from taking advantage of severe weather shelters, which are intended to save lives. However, there was also concern that a standard such as the number of bags a client could "reasonably carry" would be too open-ended.
 - The subcommittee determined that 2-4 "medium-sized" bags per client may be a reasonable number to require providers to provide storage for in a severe weather shelter.
 - However, it was also suggested that bag restrictions not apply to severe weather shelters at all, given their purpose.
 - It was proposed that shelters be required to accommodate people with several bags if space is available.
 - Additionally, clients proposed that the regulations mandate that any extra space available in shelters be made available for secure storage.
 - The subcommittee noted that regulations regarding bags and storage must consider both the amount of bags a person can bring into a shelter with them as well as the amount of bags a person may store securely at the shelter.

- “And then it’s been seven days, and you find out, oh, well, nobody’s in charge of lockers right now, so you’re going to have to wait another week. ... How hard is it to say, Here’s a locker, put it under your bed, put your stuff in it, there you go. I mean, it’s not rocket science.” (p. 45) [p. 5]
- **Report on the Fall 2006 ICH Public Meeting (Prepared by N Street Village on behalf of the ICH, January 2007)**
 - “I have a problem when I leave the building and my belongings are gone.” [p. 12]
 - “At shelters in general, I know that they no storage at some times. And if you leave stuff out, you know, you might have meds; you might have identification. You come back and it's been thrown out by the staff; if they threw it out. They might have just kept it; the volunteers or whoever might have just kept it. But then, we can't store stuff, a lot of times.” [p. 12]
 - “We need lockers with personal locks on them. In the past 12 months, there has been a great amount of theft and it's because people don't have lockers.” [p. 12]

6. *Access to Information/Notice of Rights*

- Statutory text:
 - HSRA, Subchapter IV. Part C. Provider Standards. § 4-754.21. Common standards for all providers.
 - Providers shall:
 - (7) Provide clients with copies of printed information describing the range of services within the Continuum of Care;
 - (8) In accordance with § 4-753.02(c) and as openings occur, inform all clients of services for which they may be eligible;
 - (14) Provide notice of its Program Rules in accordance with § 4-754.33. HSRA § 4-754.21(7, 8, 14).
 - HSRA, Subchapter IV. Part D. Provider Requirements. § 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. HSRA § 4-754.33(a)(1, 2).
- Issue raised:
 - Based on the statutory language, a concern was raised that some severe weather/low barrier shelter providers may not realize that they can provide clients with assistance in accessing other services, and are prohibited only from requiring that clients take advantage of such assistance in order to remain in these types of shelter. Regulations should encourage these providers to offer information and referrals to interested clients, with the goal of helping clients take advantage of additional services related to housing, education, and employment.
- Proposal:
 - Regulations should address the provision of information on the range of services available to clients. DHS should draft printed information and supply it to providers, to be given to clients. DHS should also be responsible for conducting regular training of provider staff and management with regard to client rights and services.

- Client feedback:
 - **2008 Washington Legal Clinic for the Homeless Client Survey**
 - Based on the issues raised in the group discussions, and on sections 4-754.21(7) and (8) of the HSRA, we included the following survey question: “How should you get information about services, shelter, or housing programs?” The options were “posted on bulletin board,” resident meetings, “one on one meeting with case manager,” written handout, and other. We instructed consumers they could circle more than one. [p. 4]
 - 65% circled one on one meetings with case manager
 - 51% circled posted on bulletin board
 - 40% circled written handout
 - 37% circled resident meetings
 - Consumers also suggested having general oral announcements, the creation of a shelter newsletter that would inform residents of needed information or making announcements over the P.A. system
 - **Summary of Comments, ICH Public Meeting of December 17, 2008 (Prepared for SOME, Inc.)**
 - Are shelters permitted to make residents sign documents requiring conditions that are not stated in the HSRA? (pp. 27-28) [p. 2]
 - The clients have rights they don’t even know about. (p. 56) [p. 3]
 - **Report on the Fall 2006 ICH Public Meeting (Prepared by N Street Village on behalf of the ICH, January 2007)**
 - “Need better communication about services; a lot of people just don’t know about what is out here for them or where to go or how to go about getting what is here for them.” [p. 27]
 - “More than money is that everybody should put a little bit of effort and do their part to share information, educate others about services that are out there and where they can go for help.” [p. 27]

7. *Hours of Operations at Shelters*

- Statutory text:
 - HSRA, Subchapter I. Definitions.
 - (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. HSRA § 4-751.01(26).

- Issue raised:
 - Clients of low barrier shelters have expressed frustration with conflicts between the hours of operation and work schedules.

- Proposal:
 - Particularly because this would solve many of the problems associated with severe weather shelter, a designated minimum percentage of low barrier shelters should be open 24-hours a day.

- Client feedback:
 - **Summary of Comments, ICH Public Meeting of December 17, 2008 (Prepared for SOME, Inc.)**
 - Person with job requiring flexible hours lost job because shelter had a curfew and staff were unwilling to allow him to work past that hour. (p. 30) [p. 4]
 - You leave at 7 a.m. and have to be back there at 2:30, 3:00 in the afternoon. This leaves inadequate time to look for a job. (pp 80-81) [p. 4]
 - “I came in a little late, ... ‘late’ there is like 3:15. ... I rushed over from the library cause I was trying to look for a job on the Internet... and I asked if I could go around the corner to the Whole Foods [because it’s one of the few places nearby where you can buy food with your Food Stamps]. ... [The supervisor said “you can’t do that.” ... [I]t’s either I can eat or I can have a roof over my head tonight. ... [H]ow am I supposed to choose between those two? [I hadn’t eaten since 8 a.m., so I went and returned shortly and was barred for three days.] “There’s no need to treat people like that.” (pp. 46-47) [p. 4-5]
 - “[The shelter’s operations are] 7 to 12 hours. ... If you got a job, [or two jobs] and you need to get in the shelter to wash up. But no, they don’t have enough funding for that. ... So you’re telling me, n the nation’s capital, you don’t have enough funding so I can get in and wash myself to go on my second job?” (p. 53) [p. 5]
 - “ I think there ought to be 24 hour shelters everywhere.” (p. 60) [p. 5]
 - “I think it’d be a great idea to have more 24 hour shelters.” (p. 62) [p. 5]
 - “They say New York operates 24/7. ... They get out of the cold... and rain.” (p. 95) [p. 5]

- “[A]ll the shelters that I’ve seen, they ... have ... ridiculous time schedules, that make it almost impossible for anybody who’s either looking for work or actually working.” (p. 80) [p. 5]
- **Report on the Fall 2006 ICH Public Meeting (Prepared by N Street Village on behalf of the ICH, January 2007)**
 - “I am homeless because I got beat up and I lost my job and I ended up in the hospital. I’ve been a hair dresser for 29 years, and I didn’t choose to be homeless. Working conditions, if you want to stay in the shelter and you have to be back by 4:00 how do you hold a job, right? Or 7:00 or whatever. It just doesn’t make any sense, so it’s one big mess.” [p. 13]
 - “When it comes down to the time when we come into this particular shelter, you meet in the rear of the building. If you can understand or visualize this little square which you’re placed at, you have a large amount of men full of testosterone, and other things and when they come in out of the cold or for shelter. I don’t necessarily agree with this because it’s a volatile situation, but sometimes brings about people getting into things.” [p. 13]
 - “They should all have rules that help you to get to work, basically and, you know, we have these early check-in times where, if you get there too late, you have to choose between having a bed and going to work. And that get’s to be a real problem.” [p. 13]
 - “(Why don’t they) put us out later. We have to get up at 5:30 and we have to be out and catch a van by 7:00 ... and when get to the places where we are, they don’t open until 7:30, so sometimes we’re there at 6:30 and have to wait enough hours to get (into) some place, the core services place, during the day. And if it’s raining, we can’t get in, and even at night when we come in at 7:00 and it’s raining, and we get there are 6:00, the van usually drops us off at 6:00, an hour before, and we’re still out in the rain and they won’t let us in.” [p. 14]
 - “So -- and on weekends also, places that are downtown for - that they send us transport(ation to places that) don’t open until 9:00, so that means we’re out from 6:30 until 9:00 on Saturdays and Sundays. And if it’s possible, could they let us -- release us later, a later time or if they’re open on weekends, something like that, and thank you for your time.” [p. 14]
 - “As most of the hypothermia shelters in this plan are going to be 12-hour shelters, what I’d like to know is, first of all, what is going to be done to provide space for these people during the day, day centers, especially downtown? As I brought up this morning, people complain about us being in the libraries, well, we don’t have anywhere else to go.” [p. 14-15]
 - “Every shelter should be a work shelter. And they should all have rules that help you get to work, basically, and you know, we have these early check-in times where, if you get there too late, you have to choose between having a bed and going to work. And that gets to be a real problem.” [p. 20]

8. *Client Input/Feedback*

- Statutory text:
 - HSRA, Subchapter IV. Part B. Client Rights and Responsibilities. § 4-754.11. Client rights.
 - Clients served within the Continuum of Care shall have the right to:
 - (1) At all times, be treated by providers and the Department with dignity and respect;
 - (3) Receive reasonable modifications to policies, practices, or procedures when the modifications are necessary to avoid discrimination on the basis of disability, unless the client's provider demonstrates that the modifications would fundamentally alter the nature of the services;
 - (4) Access services within the Continuum of Care free from verbal, emotional, sexual, financial, and physical abuse and exploitation;
 - (10) Provide input and feedback to providers on their delivery of services;
 - (11) File complaints with a provider or the Mayor regarding the provider's delivery of services or treatment of the client. HSRA § 4-754.11(1, 3, 4, 10, 11).
 - HSRA, Subchapter IV. Part C. Provider Standards. § 4.754.21. Common standards for all providers.
 - Providers shall:
 - (5) Receive and utilize client input and feedback for the purpose of evaluating and improving the provider's services;
 - (6) Establish procedures for the provider's internal complaint procedures;
 - (11) Provide reasonable modifications to policies, practices, and procedures when the modifications are necessary to avoid discrimination on the basis of disability, unless the provider demonstrates that making the modifications would fundamentally alter the nature of the services;
 - (13) Establish Program Rules in accordance with § 4-754.32;
 - (14) Provide notice of its Program Rules in accordance with § 4-754.33;
 - (15) Collect, record, and annually report to the Mayor all complaints, including requests for fair hearings or administrative reviews, made against or related to the provider during the year; and
 - (16) Establish procedures to revise practices and policies as may be necessary to ensure that clients may access services free from discrimination on the basis of disability. HSRA § 4-754.21(5, 6, 11, 13-16).
 - HSRA, Subchapter IV. Part D. Provider Requirements. § 4-754.32. Provider program rules.
 - (a) Pursuant to the limitations of subsections (b) and (c) of this section, providers may establish Program Rules related to the specific goals of their programs. The Program Rules shall include:
 - (4) A description of the internal complaint procedures established by the provider for the purpose of providing the client with an opportunity to promptly resolve complaints;
 - (5) A description of the procedures by which an individual with a disability may request a reasonable modification of policies or practices that have the

effect of limiting the right to access services free from discrimination on the basis of disability as established by § 4-754.11(2).

- (6) A description of the procedures and notice requirements of any internal mediation program established by the provider pursuant to § 4-754.39;
 - (7) A description of any schedule of sanctions that a provider may apply to clients who are in violation of the Program Rules, as authorized by §§ 4-754.34 through 4-754.38; and
 - (8) A description of a client's right to appeal any decision or action by the provider that adversely affects the client's receipt of services through fair hearing proceedings pursuant to § 4-754.41 and administrative review proceedings pursuant to § 4-754.42. HSRA § 4-754.32(4-8).
- HSRA, Subchapter IV. Part D. Provider Requirements. § 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.
 - (c) All providers shall give written and oral notice to clients of their transfer to another provider or of their suspension or termination from services at least 15 days prior to the effective date of the transfer, suspension, or termination, 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, including the appropriate deadlines for instituting the appeal; 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).
 - (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.
 - HSRA, Subchapter IV. Part D. Provider Requirements. § 4-754.39. Mediation.
 - (a) Providers are strongly encouraged to establish internal mediation programs to resolve disputes with clients.
 - (b) Any provider who chooses to establish an internal mediation program shall offer mediation services to any client of the provider, or the client's representative, who requests them.
 - (c) Upon receiving an oral or written request for mediation, the provider shall provide the client or the client's representative with reasonable written notice of:
 - (1) The time and place of any mediation proceedings; and
 - (2) The client's right to request a fair hearing for formal review of his or her complaint pursuant to § 4-754.41 and his or her right to request administrative review pursuant to § 4-754.42.
 - (d) The provider shall allow the client or the client's representative to review its records of the client prior to the mediation proceeding.
 - (e) The provider shall allow the client to be accompanied by a legal or other representative of the client's choosing in any mediation proceedings.
 - (f) Upon conclusion of the mediation proceedings, the provider shall notify the client of his or her right to request a fair hearing pursuant to § 4-754.41, and the deadline for making such a request, if he or she is not satisfied with the outcome of the mediation.
 - (g) No member of the provider's staff who was involved in the incident or incidents at issue in the mediation shall serve as a mediator during the proceedings.
- Issue raised:
 - Clients raised the issue of the difficulty of bringing their problems to the attention of the right person in a provider organization. Clients need a better mechanism of identifying who they should contact to help resolve issues.
- Proposals:
 - Communal facilities should hold regularly scheduled meetings of residents (at least every other month) to discuss issues related to the shelter environment. All shelters should provide an anonymous suggestion box to solicit client feedback, which should be regularly monitored and the suggestions addressed by providers in a reasonable amount of time.
 - Clients should have access to a third-party mediator for problems with shelters in a manner that would avoid triggering the formal grievance process. This issue will be referred to the Legal Issues Subcommittee. Additionally, subcommittee members will

brainstorm about who should serve as the mediator (DHS was proposed, although that would be quite similar to the formal grievance process).

○ Client feedback:

▪ **2008 Washington Legal Clinic for the Homeless Client Survey**

- Based on the group discussions, and sections 4-754.21(5) and (6) of the HSRA, we included the following question in the survey: “How often should staff hold community meetings to discuss problems people have with shelter, housing, supportive services, or case management?” We gave consumers the following choices: never, once a week, once a month, and other. [p. 4]

- 62% circled once a week
- 36% circled once a month
- 1% circled never
- A consumer wrote in that meetings should happen “as needed.”

▪ **Summary of Comments, ICH Public Meeting of December 17, 2008 (Prepared for SOME, Inc.)**

- “[I feel harmed rather than helped.] It’s almost like they kick you in the face, to a degree, because of the staff’s unprofessional [in]ability to help us, and I can imagine sometimes what it must be for someone dealing with mental issues [as well].” (p. 84) [p. 2]
- Too much discretion to staff: “...[T]he same list of sanctions [as apply to residents under HSRA] does not [but should] apply to staff persons. ... if you, as a staff person, threaten me, ... there’s no immediate recourse. You stay on your job ... until some kind of an investigation is done, which is usually done by ... other staff persons. ... I’ve dealt with it and ... it turned ... on me [threatened to put him out of Emery shelter] (pp. 25-27) [p. 2]
- “There’s no security [at HOR]. There are weapons on premises. We have drunkenness, drugging, people using drugs on premises, people drinking on premises, people coming in drunk on premises, and ... the staff is most concerned about is the number of ... shoes that you have under your bed.” (p. 41) [p. 3]

▪ **Report on the Fall 2006 ICH Public Meeting (Prepared by N Street Village on behalf of the ICH, January 2007)**

- “I just have a few complaints, about how that shelter's run and ... just the disrespect people who live there get from that.” [p. 10]

9. *Drug and Alcohol Testing*

- Statutory text:
 - HSRA, Subchapter IV. Part B. Client Rights and Responsibilities. § 4-754.11. Client rights.
 - Clients served within the Continuum of Care shall have the right to: ... (13) Be free from testing for drugs or alcohol except when:
 - (A) Program guidelines prohibit intoxication and a licensed social worker with experience identifying indications of drug or alcohol use or a certified addiction counselor determines that there is reasonable cause to believe that the client is engaging in drug or alcohol use; or
 - (B) A client consents to drug or alcohol testing as part of the client's case management plan developed in accordance with paragraph (12) of this subsection. HSRA § 4-754.11(13).

- Issues raised:
 - It was noted that there is difference between the terms “engaging in drug and alcohol use,” which is the phrase used in the statute, and more serious “intoxication.” The statute is intended to address serious alcohol and/or drug use that impedes a client’s progress toward achieving self-sufficiency. Accordingly, the provision should be revised to clarify that mere use of alcohol, i.e. a single drink, should not suffice to prompt drug and alcohol testing.
 - The frequency of testing, once legally initiated, should be established in a client’s case management program. Recovery programs may have other/clearer requirements for ongoing testing. Random testing, without client consent to the testing as a part of their program’s rules or their case management plan, is absolutely not permitted.
 - Providers need clarification of when testing may occur. The subcommittee confirmed its understanding that clients have a right to be free from testing for drug and alcohol except (1) when they voluntarily enroll in a program whose program guidelines prohibit intoxication and an experienced social worker or addiction counselor determines there is reasonable cause to believe the client is using drugs or alcohol; or (2) when a client consents to drug or alcohol testing as part of their case management plan. HSRA – Subchapter IV, § 4-754.11(13).
 - This issue has been referred to the legal subcommittee

- Client feedback: None.

10. Procedures for Hospitalization or Imprisonment

- Statutory text: None.

- Issue raised: This issue is related to program termination, and as such, is best addressed by the legal issues subcommittee, with the following recommendations:

- Proposals:
 - Providers shall (or shall be encouraged to) consider hospitalization and imprisonment with proper documentation when determining the consequences, or reversal of consequences, associated with abandonment and termination;
 - Providers shall use reasonable efforts to contact clients who have been away from shelter without contact for a period that would trigger consequences for client rights.

- Client feedback: None

11. Maintenance Responsibilities

- Statutory text:
 - HSRA, Subchapter IV. Part C. Provider Standards. § 4-754.21. Common standards for all providers.
 - Providers shall: ... (2) Maintain safe, clean, and sanitary facilities that meet all applicable District health, sanitation, fire, building, and zoning codes. HSRA § 4-754.21(2)

- Issue raised:
 - The HSRA requires that providers “maintain safe, clean, and sanitary facilities that meet all applicable District health, sanitation, fire, building, and zoning codes.” The group discussed whether the regulations should clarify that this is a minimum standard.

- Proposals:
 - Add language to this provision requiring providers who are leasing the shelter property to report to DHS (or other appropriate agency) if the property owner is not adequately maintaining the premises. This may not resolve problems, however, particularly given that the city may be the property owner, and sometimes waives Code requirements for itself.
 - Providers should be required to maintain adequate communication with clients about resolution of code violations or safety issues. Clients need a mechanism to report possible violations, and it was agreed that providers must provide the appropriate contact information. The subcommittee discussed the possibility of making the record of possible violations public, and specifically requiring providers to report violations to FSA.
 - Clients must have the right to leave a shelter without consequence if they believe their safety is in jeopardy (*i.e.*, from the smell of gas, etc.). It was suggested that this right be added to the client rights section of the regulations. This may also raise issues of monitoring and enforcement.

- Client feedback:
 - **Summary of Comments, ICH Public Meeting of December 17, 2008 (Prepared for SOME, Inc.)**
 - Elevator broken on and off at D.C. General (p. 29) [p. 3]
 - Hot water in Franklin (p. 33) [p. 3]
 - Franklin is not handicap-accessible, and you got a lotta guys on canes. (p. 33) [p. 3]
 - Dust in HOR exacerbates asthma (p. 42) [p. 3]
 - “How come they don’t have enough sheet or blankets for everybody?” (p. 51) “How come they don’t ... get washed or rotated, or somebody ... cleans the beds....? (p. 52) [p. 4]
 - Franklin has “real bad dead bolt problem and a bad roach problem.” (p. 51) [p. 4]

- Franklin's bathrooms are "nasty where the people are defecating on the showers." (p. 51) [p. 4]
- Franklin has an extreme bed bug situation. (p. 52) [p. 4]
- Ceiling tiles are missing (women's shelters) (p. 69) [p. 4]
- Water leaks almost daily (women's shelters) (p. 69) [p. 4]
- The heat or AC doesn't work properly (women's shelters) (p. 69) [p. 4]
- The shower stall knobs aren't installed (women's shelters) (p. 69) [p. 4]
- Toilet seats are broken (women's shelters) (p. 69) [p. 4]
- Sinks don't work (women's shelters) (p. 69) [p. 4]
- "These living conditions are inhumane. (women's shelters) (p. 69) [p. 4]

12. Privacy and Personal Space/Time

- Statutory text:
 - HSRA, Subchapter IV. Part B. Client Rights and Responsibilities. § 4-754.11. Client rights.
 - Clients served within the Continuum of Care shall have the right to: ... (14) Meet and communicate privately with attorneys, advocates, clergy, physicians, and other professionals. HSRA § 4-754.11(14).
 - HSRA, Subchapter IV. Part B. Client Rights and Responsibilities. § 4-754.12. Additional rights for clients in temporary shelter or supportive housing.
 - Clients residing in temporary shelter or supportive housing shall have the right to:
 - (3) Reasonable prior notice specifying the date and time of any inspections of a client's living quarters and of the provider staff member authorized to perform the inspection, except when, in the opinion of the provider's executive or program director, there is reasonable cause to believe that the client is in possession of a substance or object that poses an imminent threat to the health and safety of the client or any other person on the provider's premises and such reasonable cause is documented in the client's record;
 - (4) Be present or have an adult member of the family present at the time of any inspection unless, in the opinion of the provider's executive or program director, there is reasonable cause to believe that the client is in possession of a substance or object that poses an imminent threat to the health and safety of the client or any other person on the provider's premises and such reasonable cause is documented in the client's record;
 - (5) Reasonable privacy in caring for personal needs and in maintaining personal living quarters. HSRA § 4-754.12(3-5).
 - HSRA, Subchapter IV. Part C. Provider Standards. § 4-754.25. Additional standards for providers of transitional housing.
 - In addition to the requirements of §§ 4-754.21, 4-754.22, 4-754.23, and 4-754.24, all providers of transitional housing shall provide: ... (3) Access to private space and personal time. HSRA § 4-754.25(3).
- Issues raised:
 - The group discussed whether the right to privacy should be extended to low barrier shelters, and whether the privacy rights applicable to transitional shelters should be clarified.
 - The group discussed what it meant to have privacy in transitional shelter settings. A maximum number of 8 individuals per room was suggested. A maximum number of 8 individuals per room was suggested. The question was raised as to whether there would be a corresponding maximum number of individuals sharing a kitchen in “group home” settings.
 - The subcommittee also discussed clarifying privacy requirements for shower facilities at various levels of shelter through regulations.

- The subcommittee discussed the possibility of clarifying whether there should be any numerical limits on how many people could live together in “apartment style” or “group home” housing units.
 - The group agreed that the statutory language on this issue is vague and hard to interpret, and therefore in need of regulatory clarification. However, the group was not sure how to address the issue of privacy, given the reality that the layout of many shelters simply does not allow for it. The group agreed that it was not feasible to extend the rights to visitation and personal space/time beyond the statutory requirements.
 - A concern was raised that more privacy should be afforded to clients in a single-gender shelter if a transgender person was also being sheltered there. Currently, a client is permitted to seek shelter at the location accommodating the gender with which the client identifies. Providers must make accommodations to deal with the safety and privacy concerns of transgender people, but it is unclear how to address the concerns of clients who may not be comfortable with a transgender person of a different physical gender residing in the shelter due to their own privacy concerns. The group did not reach resolution of this issue, other than to decide that it should be addressed by regulation.
 - The group determined that privacy and personal space are primarily resource issues. However, because privacy rights are not extended to all shelter types, this may also be an issue of ensuring that providers appropriately define themselves.
- Client feedback: None

13. Child Care

- Statutory text:
 - HSRA, Subchapter IV, Part B. Client Rights and Responsibilities. § 4-754.13. Client Responsibilities.
 - (a) Clients receiving services within the Continuum of Care shall:
 - (5) Ensure that the client's minor children receive appropriate supervision while on the provider's premises;
 - (6) Utilize child care services when necessary to enable the adult client to seek employment or housing or to attend school or training, unless the client meets any of the exemptions of § 4-205.19g, or section 5809.4(b)-(e) of Title 29 of the District of Columbia Municipal Regulations, including any subsequent revisions. HSRA § 4-754.13(a)(5,6).
- Issue raised:
 - Clients are required to use child care services when necessary to allow them to fulfill their responsibility to seek appropriate housing, education, and employment, but in reality it is extremely difficult to find child care. Clients should not be penalized if no child care resources are available. In practice, clients are not terminated on this basis, but that should not mean that the community should accept the problems raised by the lack of adequate resources.
- Proposals
 - Add regulatory language stating that clients shall utilize child care services when necessary “to the extent such resources are available.” However, this language may create a pass to avoid the provision of appropriate resources by the city.
 - Add regulatory language stating that providers must assist clients in identifying and obtaining child care resources. It was suggested that this obligation may already be covered in case management requirements, but should be explicitly stated in the regulations.
- Other issues raised:
 - Clients receiving services within the Continuum of Care are also obligated to ensure that minor children receive appropriate supervision while on the provider’s premises.
 - The group discussed clarification of the concept of “appropriate supervision.” Children (including teens) cannot be left unattended on shelter premises, although some providers make an exception for older children. Most shelters require supervision by a parent or relative only, but some shelters allow clients to designate an alternative adult supervisor in writing.
 - There was discussion of defining appropriate supervision as supervision by an adult over the age of 18. However, the group determined that it would be inappropriate to impose such a rule in all circumstances, since a sibling or other responsible person under the age of 18 may also be able to provide appropriate supervision.

- The group determined that the definition of appropriate supervision should be handled in Program Rules. The group agreed that the definition should be conservative, for the safety of children residing in shelter, particularly in light of the fact that providers may have no information that would allow them to identify other residents who may pose a danger to children.
- Client feedback:
 - **Report on the Fall 2006 ICH Public Meeting (Prepared by N Street Village on behalf of the ICH, January 2007)**
 - Health care services for youth and child care were specific social service needs mentioned. [p. 20].

14. Seeking Housing, Employment, and Education

- Statutory text:
 - HSRA, Subchapter IV, Part B. Client Rights and Responsibilities. § 4-754.13. Client Responsibilities.
 - (a) Clients receiving services within the Continuum of Care shall:
 - (2) Seek employment, education, or training when appropriate, except when the client is residing in severe weather and low barrier shelter. HSRA § 4-754.13(a)(2).
 - HSRA, Subchapter IV, Part B. Client Rights and Responsibilities. § 4-754.21. Common standards for all providers.
 - Providers shall: ... (3) Assist clients to prepare for living in permanent housing, as deemed appropriate by the provider and the client. HSRA §4-754.21(3).
- Issues raised:
 - Clients receiving services beyond those provided in a severe weather or low barrier shelter must seek appropriate housing, employment, education, and training.
 - The group discussed what constitutes a client’s reasonable efforts to comply with these provisions, and determined that regulations should clarify that compliance with the client’s case management plan is sufficient. However, it was also noted that requiring clients to seek these services is inconsistent with the Housing First philosophy.
 - Although clients in severe weather and low barrier shelters may not be held to this standard as a requirement for shelter, the group determined that regulations should clarify that clients in these shelters may be encouraged and should be given help to seek appropriate housing, employment, and education.
- Client feedback:
 - **2008 Washington Legal Clinic for the Homeless Client Survey**
 - In the group discussions, consumers most often raised concerns with lack of case management (or problems with case management) and lack of services. Based on these discussions, and on section 4-754.21(3) of the HSRA, we included the following question in the survey: What would help people in your program get permanent housing? We used the services raised in our group discussions as the possible answers. [p. 1]
 - 64% circled case management
 - 63% circled metro or bus tokens
 - 61% circled job training
 - 55% circled help looking for jobs
 - 52% circled information about available apartments
 - 47% circled mental health services
 - 41% circled substance abuse services
 - 40% circled health services
 - 40% circled adult education classes

- 37% circled child care
 - Clients also mentioned wanting something that would address the special problems faced by the disabled and the elderly
- **Summary of Comments, ICH Public Meeting of December 17, 2008 (Prepared for SOME, Inc.)**
 - “Homeless people need shelter, food, education, and anything else than can [help them to] be an asset to our community and society. Transitional housing.” (p. 94) [p. 2]
 - “[I]nstead of giving grants for housing, maybe help give grants so they can get education [so they can work to be able to afford an apartment]. ... A lotta these people that are homeless barely have a high school diploma. ... How do you bridge the gap so these people can get some of these skilled type of jobs? ... Maybe train on how to use Excel, PowerPoint, Microsoft Word.” (p. 102) [p. 2]
 - **Report on the Fall 2006 ICH Public Meeting (Prepared by N Street Village on behalf of the ICH, January 2007)**
 - “At the downtown location is very important to us, as well, because I think the shelter that just got saved is between two Metro stations, Metro Center as well as McPherson. And it's near a lot of good bus routes. And that helps guys get to work. And I've heard guys have some trouble getting to work from other shelters, like Emery.” [p. 11]
 - “Every shelter should be a work shelter. And they should all have rules that help you get to work, basically, and you know, we have these early check-in times where, if you get there too late, you have to choose between having a bed and going to work. And that gets to be a real problem.” [p. 20]
 - “We need job training, with assistance in actual jobs after the training. Too many training programs do not follow up with assisting people in getting jobs afterward. And that's a skill almost in itself; how to get jobs.” [p. 20]
 - “We get little vans and DC General is like over 100 women, so there's bum rushing every morning and a lot of women don't have any money, so if they don't get the van they're kind of stuck because we're not located near any services that we need to get off the streets, or to be doing anything productive with ourselves, way out there away from downtown.” [p. 30]
 - “Can there be more shelters? Can they be located near transportation and close services?” [p. 30]

15. *Phone and Mail Services*

- Statutory text:
 - HSRA, Subchapter IV, Part C. Provider Standards. § 4-754.24. Additional standards for providers of temporary shelter and supportive housing.
 - In addition to the requirements in §§ 4-754.21, 4-754.22, and 4-754.23, providers of temporary shelter and supportive housing shall provide:
 - (3) Mail and phone services, or procedures for handling mail and phone messages, that enable the client to receive mail and messages without identifying the client as residing in temporary shelter or supportive housing;
 - (6) Reasonable access to phones during reasonable hours and during emergencies. HSRA § 4-754.24(3, 6).
- Issues raised:
 - The statutory right to phone and mail services is not extended to severe weather and low barrier shelters. The group considered extending this right through regulations.
- Proposals:
 - At the very least, clients should be given access to phone services in low barrier shelters.
 - Where providers are required by statute to provide access to phones during reasonable hours and emergencies, the group determined that reasonable hours means prior to “lights out,” and that emergencies should be interpreted broadly to include personal emergencies requiring immediate action or notification.
 - Rather than addressing this matter only in the sections on provider standards, the group proposed adding this to the sections on client rights.
- Client feedback: None.

16. Health or Safety of Clients

- Statutory text:
 - HSRA, Subchapter I. Definitions.
 - (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. HSRA § 4.751(24).
 - HSRA, Subchapter IV, Part B. Client Rights and Responsibilities. § 4-754.13. Client Responsibilities.
 - (a) Clients receiving services within the Continuum of Care shall: ... (3) Refrain from the following behaviors while on a provider's premises:
 - (A) The use or possession of alcohol or illegal drugs;
 - (B) The use or possession of weapons;
 - (C) Assaulting or battering any individual, or threatening to do so; and
 - **(D) Any other acts that endanger the health or safety of the client or any other individual on the premises.** HSRA § 4-754.13(a).
 - HSRA, Subchapter IV. Part D. Provider Requirements. § 4-754.33. Notice of program rules.
 - (c) All providers shall give written and oral notice to clients of their transfer to another provider or of their suspension or termination from services at least 15 days prior to the effective date of the transfer, suspension, or termination, 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.** HSRA § 4-754.33(c).
 - HSRA, Subchapter IV. Part D. Provider Requirements. § 4-754.38. Emergency transfers of clients; emergency suspensions and terminations of services.
 - (a) **Whenever a client presents an imminent threat to the health or safety of the client or any other person on a provider's premises,** the provider, in light of the severity of the act or acts leading to the imminent threat, may immediately transfer, suspend, or terminate the client, without providing prior written notice of the transfer, suspension, or termination as required by § 4-754.33(c). HSRA § 4-754.38(a).
- Issues raised:
 - The group discussed the issue of medical danger. It was pointed out that certain clients refuse to seek medical attention when sick, which could be viewed as a endangering other shelter clients.
 - The issue of medical danger in these circumstances should be investigated and dealt with in regulations.

- Proposals:
 - Include language stating that clients have an obligation to seek appropriate medical care. It was noted that the statute already requires accommodation of individuals with medical conditions, and that medical conditions are a relevant factor in defining “appropriate” shelter and supportive housing.
 - There was some discussion of the fact that medical danger should not be a cause for termination, but rather should be handled by appropriate transfers and assistance. However, because clients cannot be forced to accept medical care, it was suggested that clients could be terminated if they refuse to seek specialized services or hospitalization when necessary. This concept could tie into existing public health laws and regulations.
 - The group noted that the statute provides for involuntary transfer to a more appropriate shelter; the problem, however, is that there are not appropriate shelters available for sick clients.
 - Regulations must further define medical danger.
 - There was concern that termination could be abused for non-contagious diseases, mental health issues, etc. Procedural safeguards are needed.
 - The group suggested that such procedural safeguards could include involvement by DOH. For example, if DOH determines that a client poses a medical danger, DOH may recommend to DHS that the client be transferred.
 - Even when not a contagious danger to others, shelters are not equipped to handle the nursing needs of elderly or ill clients. Clients must be reasonably accommodated to provide appropriate services, but it is unclear how to deal with clients who do not wish to be transferred to a more appropriate nursing facility.
 - Discuss resources needed to expand capacity of medical shelters or beds in the District.
 - Discuss resources needed for DHS to provide medical personnel in shelters.
-
- Client feedback:
 - **Summary of Comments, ICH Public Meeting of December 17, 2008 (Prepared for SOME, Inc.)**
 - “[H]ow can they help these people and make sure they get their meds? ... Shouldn’t there be a [professional] on staff [for that purpose]?” (pp. 74-75) [p. 1]
 - “Shelter providers, which I think ought to have a little psychology training, are very abusive. The environments are ‘untherapeutic.’ “ (p. 20) [p. 2]
 - “[I feel harmed rather than helped.] It’s almost like they kick you in the face, to a degree, because of the staff’s unprofessional [in]ability to help us, and I can imagine sometimes what it must be for someone dealing with mental issues [as well].” (p. 84) [p. 2]
 - “[T]he reason I don’t stay in shelters is the security is horrible. I’ve seen people get robbed, beat up. I’ve seen incidents where the guy’s pulled out a knife and the security’ll be back to laughing and playing video games, listening to music.” (p. 38) “I mean, they sit up in like one little cubicle for the whole night. They never patrol anything.” (p. 39) [p. 2]
 - Same person: “I’ve had to sleep with one eye open cause people would try to rob your stuff.” (p. 39) [p. 2]

- “There’s no security [at HOR]. There are weapons on premises. We have drunkenness, drugging, people using drugs on premises, people drinking on premises, people coming in drunk on premises, and ... the staff is most concerned about is the number of ... shoes that you have under your bed.” (p. 41) [p. 3]
- “[W]e are housed with mental residents, and it’s just a totally dangerous situation.” (pp. 41-42) [p. 3]
- “I don’t understand why mentally ill, and people that are trying to get off the street, are kind of mixed together, like if someone is mentally ill, how come they can’t get their adequate medication so they can get better?” (p. 51) [p. 3]
- A lot of people coming into the shelters are mentally disturbed and some even become staff members. (p. 70) [p. 3]
- “[T]ry to encourage people to bathe.” (pp. 96-97) [p. 3]
- Residents do not know they can call police to have person with lice taken away and deloused. (p. 56) [p. 4]
- **Report on the Fall 2006 ICH Public Meeting (Prepared by N Street Village on behalf of the ICH, January 2007)**
 - “Not enough safe (and) close-by shelters - drug use is rampant, hard for people trying to get and stay clean.” [p. 12]
 - “We have these health -- mental health issues where we have people who aren't really looking for their own kind of help and who don't belong at that shelter and they're just basically stuck there.” [p. 18]
 - “The biggest problems for us is where to find a long-term treatment program for addictions. People come in hurting, they have addictions, and if we don't have a long-term program for them, there's no hope.” [p. 19]
 - “You know, most important to me is the health situation. We have a lot of people in these shelters today that are HIV positive, handicapped disability, and living in an uncomfortable situation. And some of you really need to take a look at as far as to help people out with their situation because you know, it’s very unhealthy.” [p. 21]

17. *Bed Reservation*²

- Statutory text:
 - HSRA, Subchapter IV. Part C. Provider Standards. § 4-754.21. Common standards for all providers.
 - Providers shall: ... (3) Assist clients to prepare for living in permanent housing, as deemed appropriate by the provider and the client. HSRA § 4-754.21(3).
- Draft Regulatory Language, provided by Sakina Thompson:
 - ***INTAKE FOR INDIVIDUAL ADULTS***
 - *Intake for individual adults shall be conducted by the particular provider from whom the individual is seeking services.*
 - *Intake for individual adult severe weather shelter is on a first come, first served basis.*
 - *If, after admitted to a severe weather shelter, the individual leaves the facility for more than thirty (30) minutes after lights out, the bed or unit allocated to that individual will be considered abandoned and may be filled by another individual.*
 - *Intake for individual adult low barrier shelter is on a first come, first served basis, except that a provider shall make an exception for persons who have difficulty meeting the intake time due to work, a medical appointment, or other necessary obligation, to the extent feasible.*
 - Issues Raised:
 - The subcommittee discussed concerns that because the providers' obligation to make an exception for clients in the enumerated circumstances is mandatory only to extent feasible, the provider's discretion may be too broad in making these determinations. It must be clarified that the exception itself is not discretionary.
 - The issue was raised that there may be other circumstances in which an exception would be appropriate.
 - Proposals:
 - It was proposed that the exception be expanded to include medical conditions (including mental illness) that create difficulties in meeting intake time.
 - It was pointed out that a client's medical condition or mental illness would be an issue of "reasonable accommodation" and would not necessarily have to be stated explicitly in this intake provision. However, the general consensus was that, in order to avoid penalization or denial of a bed, the regulations should clearly state

² This topic is the only topic for which draft regulatory language has been provided to the standards, rights, and responsibilities subcommittee. The draft language is represented in italics, with the subcommittee's discussions in regular type.

that mental illness shall be considered if a client is unable to timely arrive at a shelter.

- *A low barrier program that offers an exception to the first come first served policy shall set forth, in the program's approved program rules, the criteria for such exceptions, the steps a client must take to qualify for this exception, and the basis upon which the client may lose the exception.*
 - Issues Raised:
 - A concern was raised that by placing this information in Program Rules, clients would not have sufficient notice of the availability of these exceptions.
 - However, the statute requires that clients be notified of the Program Rules, so this should be sufficient to inform the clients of their rights with respect to the possible exceptions to the intake policy that may be available to them.
 - *The number of beds or units a low barrier provider shall make available for the exception to the first come, first served policy is in each provider's discretion.*
 - Issues Raised: The group addressed the question of whether there should be a mandatory number or percentage of beds set aside for exceptions to the first come, first served policy rather than leaving the matter to the provider's discretion. There was concern that creating this level of discretion for what is intended to be a mandatory exception could allow providers to eliminate the exception altogether, by not allocating any beds to this program.
 - Proposals
 - #1: There should be a minimum percentage or number of beds set aside for the bed reservation exception program.
 - Proposal #1A: The exception should only be available to clients who make arrangements in advance. Thus, there should be a set number or percentage of beds available for reservation by eligible clients.
 - Proposal #1B: The exception should be available to all clients who experience the enumerated conditions, regardless of whether arrangements are made in advance. Thus, there should be a set number or percentage of beds both available for reservation and held for potential eligible late-comers.
 - Proposal #1C: The question of whether the reservation must be made in advance should be left to provider discretion in Program Rules to be reviewed by the city.
 - #2: All eligible clients should be permitted to reserve a bed in advance, regardless of the number or percentage of bed reservations this involves.
 - #3: There should be a maximum number or percentage of beds that may be reserved in advance, in order to ensure that all available beds are not reserved and that those who are ineligible for the late intake exception will also be accommodated.
 - #4: The scope of the bed set-aside should be left to provider discretion, but this issue should be required to be addressed in Program Rules, such

that the city will be able to review and ensure that the exception policy is being reasonably implemented.

○ Comments:

- The group recognized that there are two situations that could arise with regard to the bed reservation privilege. A client may be able to notify a provider in advance that he or she will be unable to make the standard intake time for an enumerated reason. However, in some cases, a client may not have been able to provide advance notice, but would still be eligible for the exception. Thus, one question was whether providers should reserve beds only for clients who arranged to reserve them in advance, or whether providers should also reserve a certain number of beds to prepare for unidentified clients eligible for the exception who were unable to make previous arrangements.
- Some group members stated that it would be unmanageable for providers to reserve beds for clients who have not arranged for a reservation in advance. Providers felt that there should be some affirmative notice to the provider or other action by the client required in advance of arriving late. Of course, if there was a bed still available after intake, it would be provided – beds would just not be held for some group of unidentified individuals who may or may not arrive late and be eligible for late intake. Thus, the exception would be limited to pre-approved late-comers.
- Other group members proposed that providers hold a certain minimum number or percentage of beds open for potential eligible late-comers, and then release the remaining beds to all clients by a certain deadline (which would be at some point several hours after standard intake). Thus, the exception would apply to all late-comers – to a point, regardless of whether they made prior arrangements. This suggestion was meant to address the reality that beds reserved for this program will not be available to other clients, and if reserved beds are held indefinitely for clients who have not made prior arrangements, clients who are actually present may be turned away to ensure room for potential clients who may never arrive.
- Providers firmly maintained their opposition to regulating the precise number or percentage of beds reserved for this program. Opening the program to clients without a pre-approved arrangement for late intake could make it unmanageable and result in keeping beds empty for potential clients at the expense of actual clients. However, clients eligible for the exception and able to make prior arrangements would be accommodated under the mandatory language of the proposed rule. Providers stated that the implementation of this exception should be left to their discretion in the context of Program Rules.

○ Resolution:

- The group reached consensus that the bed reservation privilege must be available to all eligible clients who notify the provider in advance.
- The issue of reserving a particular number of beds for this program is therefore only relevant to the extent that there are eligible clients unable to make prior arrangements. The group was unable to reach a consensus on this matter.

- *If, after admitted to a low barrier shelter, the individual leaves the facility for more than thirty (30) minutes after lights out, the bed or unit allocated to that individual will be considered abandoned and may be filled by another individual.*

- Client feedback:
 - **Summary of Comments, ICH Public Meeting of December 17, 2008 (Prepared for SOME, Inc.)**
 - “[W]hy do you have to get into a special program to stay in a shelter and work at the same time?” (p. 80) [p. 3]
 - Person with job requiring flexible hours lost job because shelter had a curfew and staff were unwilling to allow him to work past that hour. (p. 30) [p. 4]
 - “[A]ll the shelters that I’ve seen, they ... have ... ridiculous time schedules, that make it almost impossible for anybody who’s either looking for work or actually working.” (p. 80) [p. 5]
 - **Report on the Fall 2006 ICH Public Meeting (Prepared by N Street Village on behalf of the ICH, January 2007)**
 - “They should all have rules that help you to get to work, basically and, you know, we have these early check-in times where, if you get there too late, you have to choose between having a bed and going to work. And that get’s to be a real problem.” [p. 13]
 - “I am homeless because I got beat up and I lost my job and I ended up in the hospital. I’ve been a hair dresser for 29 years, and I didn’t choose to be homeless. Working conditions, if you want to stay in the shelter and you have to be back by 4:00 how do you hold a job, right? Or 7:00 or whatever. It just doesn’t make any sense, so it’s one big mess.” [p. 13]
 - “Every shelter should be a work shelter. And they should all have rules that help you get to work, basically, and you know, we have these early check-in times where, if you get there too late, you have to choose between having a bed and going to work. And that gets to be a real problem.” [p. 20]

18. Topics Deemed Appropriate for Program Rules

- Curfews
- Visitation
- Inspection of client belongings/quarters
- Cleanliness and related issues
- Training of providers
- Frequency of drug/alcohol testing

19. Topics Referred to Other Subcommittees

- Safe, clean, sanitary facilities – enforcement
- Repercussions against clients – enforcement
- Minimum inclusions in program rules – legal
- Notification/explanation of client rights – enforcement
- Reasonable accommodations – enforcement
- Discrimination – enforcement
- Definition of shelter types – legal
- Definition of severe weather shelter – legal
- Client access to third party mediation – legal
- Causes of termination – legal
- Drug and alcohol testing – legal
- Hospitalization and imprisonment – legal
- Definition of imminent threat/reasonable cause – legal
- Training and quality assurance – enforcement

20. Appendix 1 – Homeless Services Reform Act (HSRA)

Division I. Government of District. Title 4. Public Care Systems.
Chapter 7A. Services for Homeless Individuals and Families.

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Subchapter I. Definitions.

§ 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, 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.
- (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.

(18) "Homeless" means:

(A) Lacking a fixed, regular residence that does not jeopardize the health, safety, or welfare of its occupants, and lacking the financial ability to immediately acquire one; 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](#).

(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\(b\)](#).
- (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.
- (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.
- (32) "Resident of the District" means an individual or family who is living in the District voluntarily and not for a temporary purpose and who has no intention of presently moving from the District. The term "resident of the District" shall be interpreted and applied in accordance with [§ 4-205.03](#).
- (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, 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 up to 2 years or as long as necessary in order to prepare for self-sufficient living in permanent housing; and

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

(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.

Homeless Services Reform Act (HSRA) – Subchapter II

Subchapter II. Interagency Council on Homelessness.

§ 4-752.01. Establishment of Interagency Council on Homelessness.

(a) There is established in the District the Interagency Council on Homelessness for the purpose of facilitating interagency, cabinet-level leadership in planning, policymaking, program development, provider monitoring, and budgeting for the Continuum of Care of homeless services.

(b) The Interagency Council is composed of:

(1) The City Administrator, who shall serve as chairperson of the Interagency Council;

(2) The administrative head of each of the following entities or divisions thereof:

- (A) Department of Human Services;
- (B) Department of Mental Health;
- (C) Child and Family Services Agency;
- (D) Department of Housing and Community Development;
- (E) Department of Health;
- (F) District of Columbia Housing Authority;
- (G) Department of Corrections;
- (H) Department of Employment Services;
- (I) District of Columbia Public Schools;
- (J) District of Columbia Emergency Management Agency;
- (K) Office of Property Management; and
- (L) Metropolitan Police Department;

(3) A representative of any private entity designated to approve or allocate any grants or contracts, on behalf of the Mayor, for services within the Continuum of Care;

(4) A representative from a minimum of 4 and a maximum of 10 organizations that are providing services within the Continuum of Care;

(5) A minimum of 2 and a maximum of 5 homeless or formerly homeless individuals;

(6) A minimum of 2 and a maximum of 5 advocates for the District of Columbia's homeless population; and

(7) The Chairman of the Council, or his or her designee, and the Chairman of the committee of the Council having purview over homeless services, or his or her designee, both of whom shall be non-voting members.

(c) All non-government members of the Interagency Council described in subsections (b)(4)-(6) of this section shall be nominated for appointment by the Mayor and approved by the Council. The Mayor shall transmit to the Council, within 90 days of October 22, 2005, nominations of each non-government member of the Interagency Council for a 60-day period of review, excluding days of Council recess. If the Council does not approve or disapprove a nomination by resolution within the 60-day review period, the nomination shall be deemed approved.

§ 4-752.02. Powers and duties of the Interagency Council on Homelessness.

(a) The Interagency Council shall provide leadership in the development of strategies and policies that guide the implementation of the District's policies and programs for meeting the needs of individuals and families who are homeless or at imminent risk of becoming homeless.

(b) In fulfilling the responsibility described in subsection (a) of this section, the Interagency Council shall:

Homeless Services Reform Act (HSRA) – Subchapter II

(1) Coordinate an annual, community-wide needs-assessment and planning process to identify, prioritize, and target needs for services within the Continuum of Care. The needs-assessment shall take into account existing data and include input from at least one public hearing, which shall be held at least once each year;

(2) At least every 5 years, prepare and publish a strategic plan for services within the Continuum of Care that takes into account existing data and community input;

(3) Prepare an annual plan detailing how the District intends to provide or arrange for services within the Continuum of Care that takes into account existing data and community input;

(4) Review on a regular basis the efforts of each member of the Interagency Council to fulfill the goals and policies of the annual plan prepared pursuant to paragraph (3) of this subsection, including a review of the number and nature of contracts and grants entered into by each agency to provide services within the Continuum of Care;

(5) Prepare and submit to the Mayor an annual written report evaluating the efforts of each member agency of the Interagency Council to meet the goals and policies of the annual plan prepared pursuant to paragraph (3) of this subsection;

(6) Direct the Office of Property Management to identify vacant public buildings or tax-foreclosed buildings to be used as shelter and supportive housing facilities;

(7) Provide input into the District's planning and application for federal funds for services within the Continuum of Care. All applications for federal funds shall take into account the strategic plan developed by the Interagency Council prepared pursuant to paragraph (2) of this subsection;

(8) Have access to data collected and generated by a computerized information system as set up by the Mayor pursuant to [§ 4-753.02\(d\)](#). The data may include the number of beds or units available in the District's shelter and supportive housing facilities, the availability of supportive services in the District, and the current usage of and unmet demand for such beds, units, and services;

(9) By September 1 of each year, develop a plan, consistent with the right of clients to shelter in severe weather conditions, describing how member agencies will coordinate to provide hypothermia shelter and identifying the specific sites that will be used as hypothermia shelters; and

(10) Review reports of the fair hearings and administrative reviews requested or received by clients within the Continuum of Care, which shall include the provider party to the appeal, the subject matter of the appeal, and the final disposition of the appeal.

(c) The Mayor shall, no later than February 1 of each year, make available to all Interagency Council members the District's proposed budget breakdown of each agency's appropriations for services within the Continuum of Care. The Interagency Council shall give comments to the Mayor regarding the proposed budget.

(d) Each member agency of the Interagency Council shall:

(1) Conduct or commission an annual audit of any private entity designated by the agency to approve or allocate any grants or contracts, on behalf of the Mayor, for services within the Continuum of Care, and make available a report of the audit to all Interagency Council members;

(2) Offer training and technical assistance to its employees who directly provide services within the Continuum of Care and to any providers with which the member agency or its designee contracts to deliver the services; and

Homeless Services Reform Act (HSRA) – Subchapter II

(3) Report to the Interagency Council on a quarterly basis currently available data on the number of individuals and families that applied for homeless services and the number of homeless individual or families that were served by the agency and its contractors.

§ 4-752.03. Operation of the Interagency Council on homelessness.

(a) The Interagency Council shall meet not less than quarterly. All meetings of the Interagency Council shall comply with the following requirements:

(1) A quorum of one-third of the appointed representatives of member agencies, one-third of appointed representatives of providers of homeless services, and one-third of the appointed homeless or formerly homeless individuals or advocates must be present in order to conduct the business of the Interagency Council;

(2) The meetings of the Interagency Council, and the meetings of any committees it shall establish pursuant to subsection (c) of this section, shall be subject to the open meeting provisions of [§ 1-207.42](#); and

(3) The Interagency Council shall provide a reasonable opportunity at the beginning of each meeting during which members of the public may comment on matters relevant to the work of the Interagency Council.

(b) The Interagency Council shall enact rules of procedure or bylaws to guide the regular operation of the Interagency Council. The rules of procedure or bylaws shall be made available to the public upon request.

(c) The Interagency Council may establish committees to aid in conducting its business. No meeting of a committee of the Interagency Council shall qualify as a meeting of the Interagency Council for purposes of fulfilling the requirements in subsection (a) of this section.

(d) The Mayor shall, within 30 days of October 22, 2005, designate an existing department or agency to provide staff assistance and support to the Interagency Council.

Homeless Services Reform Act (HSRA) – Subchapter III

Subchapter III. Continuum of Care.

§ 4-753.01. Continuum of Care for individuals and families who are homeless.

- (a) The District's provision of homeless services shall be based on a Continuum of Care that offers a comprehensive range of services through various member agencies and is designed to meet the specific, assessed needs of individuals and families who are homeless or at imminent risk of becoming homeless. The District shall respond to the changing needs of individuals and families by ensuring that transfer between and among services within the Continuum of Care is fluid and allows clients to modify the intensity of services they receive to meet their needs, preferences, and changing circumstances.
- (b) The Continuum of Care may include the following range of services:
- (1) Crisis intervention for the purpose of preventing homelessness by enabling individuals and families at imminent risk of becoming homeless to remain in or access permanent housing; provided, that the Mayor shall not offer crisis intervention services authorized by this paragraph until the Chief Financial Officer has certified the availability of fiscal year 2006 funding pursuant to section 1016(5) of D.C. Law 16-33;
 - (2) Outreach and assessment, including the operation of a hotline, for the purpose of identifying the housing and supportive service needs of individuals and families who are homeless or at imminent risk of becoming homeless and linking them to appropriate services;
 - (3) Shelter to meet the housing needs of individuals and families who are homeless through the provision of:
 - (A) Severe weather shelter for the purpose of protecting lives in extreme hot and cold weather;
 - (B) Low barrier shelter for individuals for the purpose of sheltering and engaging individuals who avoid temporary shelter because of identification, time limit, or other program requirements; and
 - (C) Temporary shelter for individuals and families for the purpose of meeting short-term housing needs and other supportive service needs;
 - (4) Supportive housing to meet the longer-term housing needs of individuals and families who are homeless through the provision of:
 - (A) Transitional housing for the purpose of providing eligible individuals and families who are homeless with long-term housing and supportive services in order to prepare them for self-sufficient living in permanent housing; and
 - (B) Permanent supportive housing for the purpose of providing eligible individuals and families who are homeless or at imminent risk of becoming homeless with housing and supportive services;
 - (C) Housing First for the purpose of providing eligible individuals and families who are homeless with housing and supportive services;
 - (5) Supportive services for the purpose of providing individuals and families who are homeless or at imminent risk of becoming homeless with services that address their housing, employment, physical health, mental health, alcohol and other substance abuse recovery, child care, case management, transportation, and other health and social service needs which, if unmet, may be barriers to obtaining or maintaining permanent housing. These services may, but need not, be delivered through day programs, drop-in centers, shelters, and transitional and permanent supportive housing providers, or through referrals to other appropriate service providers.

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- (c) 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, the District shall make available appropriate space in District of Columbia public or private buildings and facilities for any person in the District who is homeless and cannot access other shelter. In doing so, the District shall not use District of Columbia Public School buildings currently being used for educational purposes without the prior approval of the Board of Education.
- (d) The Mayor shall not place homeless families in non-apartment style shelters.

§ 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 [§ 4-205.03](#); and
- (3) Meets any additional eligibility requirements that have been established pursuant to [§ 4-754.31](#) by the provider from whom services are sought.

(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.

(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.

(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 and age, 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.

(d) 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.

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Subchapter IV. Provision of Services for Homeless Individuals and Families.

Part A. Application of Subchapter.

§ 4-754.01. Application.

(a) The provisions in this subchapter shall apply to:

- (1) Each program within the Continuum of Care offered by the District of Columbia or by a provider receiving funding for the program from either the District of Columbia or the federal government, if such funds are administered, whether by grant, contract, or other means, by the Department of Human Services or its designee; and
- (2) Clients of programs covered under paragraph (1) of this subsection.

(b) In multi-program agencies, the provisions in this subchapter shall only apply to those programs that meet the criteria in subsection (a) of this section and clients of those programs.

(c) This section shall not be construed to expand or limit the requirements of any other provision of this chapter.

Part B. Client Rights and Responsibilities.

§ 4-754.11. Client rights.

Clients served within the Continuum of Care shall have the right to:

- (1) At all times, be treated by providers and the Department with dignity and respect;
- (2) Access services within the Continuum of Care free from discrimination on the basis of race, color, religion, national origin, language, culture, sex, age, marital status, personal appearance, sexual orientation, familial status, family responsibilities, matriculation, political affiliation, disability, and source of income, and in accordance with Unit A of Chapter 14 of Title 2, the Americans with Disabilities Act of 1990, approved July 26, 1990 (104 Stat. 328; [42 U.S.C. § 12101 et seq.](#)), the Rehabilitation Act of 1973, approved August 7, 1998 (112 Stat. 1095; [29 U.S.C. § 701 et seq.](#)), Title II of the Civil Rights Act of 1964, approved July 2, 1964 (78 Stat. 243; [42 U.S.C. § 2000a et seq.](#)), and [subchapter II of Chapter 19](#) of Title 2;
- (3) Receive reasonable modifications to policies, practices, or procedures when the modifications are necessary to avoid discrimination on the basis of disability, unless the client's provider demonstrates that the modifications would fundamentally alter the nature of the services;
- (4) Access services within the Continuum of Care free from verbal, emotional, sexual, financial, and physical abuse and exploitation;
- (5) Shelter in severe weather conditions;
- (6) At a reasonable time and with reasonable prior notice, view and copy, or have an authorized representative view and copy, all records and information that are related to the client and maintained by the client's provider, including any relevant personal, social, legal, financial, educational, and medical records and information, subject to the provisions of paragraph (7) of this subsection;
- (7) Confidential treatment by the Department and providers of personal, social, legal, financial, educational, and medical records and information related to a client or any member of a client's family, whether obtained from the client or from any other source, in a manner consistent with the confidentiality requirements of District and federal law;

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- (8) Engage in or abstain from the practice of religion, including the religion of a particular provider or other clients;
- (9) Upon request, be told the name and job title of any provider staff member
- (10) Provide input and feedback to providers on their delivery of services;
- (11) File complaints with a provider or the Mayor regarding the provider's delivery of services or treatment of the client;
- (12) Participate actively in development of any service plan for the client, be told of the progress made toward the goals of that service plan, and receive a review of the service plan upon request;
- (13) Be free from testing for drugs or alcohol except when:
 - (A) Program guidelines prohibit intoxication and a licensed social worker with experience identifying indications of drug or alcohol use or a certified addiction counselor determines that there is reasonable cause to believe that the client is engaging in drug or alcohol use; or
 - (B) A client consents to drug or alcohol testing as part of the client's case management plan developed in accordance with paragraph (12) of this subsection;
- (14) Meet and communicate privately with attorneys, advocates, clergy, physicians, and other professionals;
- (15) Timely notice, where required by [§ 4-754.33](#), of any decision by the Department or a provider that adversely affects the client's receipt of services within the Continuum of Care;
- (16) Appeal, where permitted by [§§4-754.41](#) and [4-754.42](#), of any decision by the Department or a provider that adversely affects the client's receipt of services within the Continuum of Care;
- (17) Be free from retaliation, punishment, or sanction for exercising any rights provided under this chapter; and
- (18) Continuation of shelter and supportive housing services without change, other than transfer pursuant to [§ 4-754.34](#) or emergency transfer, suspension, or termination pursuant to [§ 4-754.38](#), pending the outcome of any fair hearing requested within 15 calendar days of receipt of written notice of a suspension or termination.

[§ 4-754.12. Additional rights for clients in temporary shelter or supportive housing.](#)

Clients residing in temporary shelter or supportive housing shall have the right to:

- (1) Receive visitors in designated areas of the shelter or housing premises during reasonable hours and under such reasonable conditions as specified in the provider's Program Rules established pursuant to [§ 4-754.32](#);
- (2) Leave and return to the shelter or housing premises within reasonable hours as specified by the Program Rules established pursuant to [§ 4-754.32](#);
- (3) Reasonable prior notice specifying the date and time of any inspections of a client's living quarters and of the provider staff member authorized to perform the inspection, except when, in the opinion of the provider's executive or program director, there is reasonable cause to believe that the client is in possession of a substance or object that poses an imminent threat to the health and safety of the client or any other person on the provider's premises and such reasonable cause is documented in the client's record;
- (4) Be present or have an adult member of the family present at the time of any inspection unless, in the opinion of the provider's executive or program director, there is reasonable cause to believe that the client is in possession of a substance or object that poses an imminent threat to the health and safety of the client or any other person on the provider's premises and such reasonable cause is documented in the client's record;

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- (5) Reasonable privacy in caring for personal needs and in maintaining personal living quarters; and
- (6) Conduct their own financial affairs, subject to the reasonable requirements of Program Rules established pursuant to [§ 4-754.32](#) or to a service plan pursuant to [§ 4-754.11\(12\)](#).

§ 4-754.13. Client responsibilities.

- (a) Clients receiving services within the Continuum of Care shall:
 - (1) Seek appropriate permanent housing or Housing First, except when the client is residing in severe weather and low barrier shelter;
 - (2) Seek employment, education, or training when appropriate, except when the client is residing in severe weather and low barrier shelter;
 - (3) Refrain from the following behaviors while on a provider's premises:
 - (A) The use or possession of alcohol or illegal drugs;
 - (B) The use or possession of weapons;
 - (C) Assaulting or battering any individual, or threatening to do so; and
 - (D) Any other acts that endanger the health or safety of the client or any other individual on the premises;
 - (4) Ensure that children within the client's family and physical custody are enrolled in school, where required by law;
 - (5) Ensure that the client's minor children receive appropriate supervision while on the provider's premises;
 - (6) Utilize child care services when necessary to enable the adult client to seek employment or housing or to attend school or training, unless the client meets any of the exemptions of [§ 4-205.19g, or section 5809.4\(b\)-\(e\) of Title 29 of the District of Columbia Municipal Regulations](#), including any subsequent revisions.
 - (7) Respect the safety, personal rights, and private property of provider staff members and other clients;
 - (8) Maintain clean sleeping and living areas, including bathroom and cooking areas;
 - (9) Use communal areas appropriately, with attention to cleanliness and respect for the interests of other clients;
 - (10) Be responsible for one's own personal property; and
 - (11) Follow all Program Rules established by a provider pursuant to [§ 4-754.32](#).
- (b) Clients residing in temporary shelter and transitional housing shall participate in the provider's assessment and case management services.

Part C. Provider Standards.

§ 4-754.21. Common standards for all providers.

Providers shall:

- (1) Ensure staff members are appropriately trained, qualified, and supervised;

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- (2) Maintain safe, clean, and sanitary facilities that meet all applicable District health, sanitation, fire, building, and zoning codes;
- (3) Assist clients to prepare for living in permanent housing, as deemed appropriate by the provider and the client;
- (4) Collaborate and coordinate with other service providers to meet the client's needs, as deemed appropriate by the provider and the client;
- (5) Receive and utilize client input and feedback for the purpose of evaluating and improving the provider's services;
- (6) Establish procedures for the provider's internal complaint procedures;
- (7) Provide clients with copies of printed information describing the range of services within the Continuum of Care;
- (8) In accordance with [§ 4-753.02\(c\)](#) and as openings occur, inform all clients of services for which they may be eligible;
- (9) Deliver or provide access to culturally competent services and language assistance for clients with limited English proficiency;
- (10) Provide services free from discrimination on the basis of race, color, religion, national origin, language, culture, sex, age, marital status, personal appearance, sexual orientation, familial status, family responsibilities, matriculation, political affiliation, disability, and source of income, and in accordance with Unit A of Chapter 14 of Title 2, the Americans with Disabilities Act of 1990, approved July 26, 1990 (104 Stat. 328; [42 U.S.C. § 12101 et seq.](#)), the Rehabilitation Act of 1973, approved August 7, 1998 (112 Stat. 1095; [29 U.S.C. § 701 et seq.](#)), and Title II of the Civil Rights Act of 1964, approved July 2, 1964 (78 Stat. 243; [42 U.S.C. § 2000a et seq.](#));
- (11) Provide reasonable modifications to policies, practices, and procedures when the modifications are necessary to avoid discrimination on the basis of disability, unless the provider demonstrates that making the modifications would fundamentally alter the nature of the services;
- (12) Ensure confidential treatment of the personal, social, legal, financial, and medical records and information related to a client or any member of a client's family, whether obtained from the client or from any other source, consistent with the confidentiality requirements of District and federal law;
- (13) Establish Program Rules in accordance with [§ 4-754.32](#);
- (14) Provide notice of its Program Rules in accordance with [§ 4-754.33](#);
- (15) Collect, record, and annually report to the Mayor all complaints, including requests for fair hearings or administrative reviews, made against or related to the provider during the year; and
- (16) Establish procedures to revise practices and policies as may be necessary to ensure that clients may access services free from discrimination on the basis of disability.

[§ 4-754.22. Additional standards for providers of severe weather shelter.](#)

In addition to the standards in [§ 4-754.21](#), providers of severe weather shelter shall provide:

- (1) When severe weather conditions continue overnight, a clean bed with clean linens, pad, and blanket for each bed;
- (2) Basic needs, such as food and clothing and other supportive services, or information about where to obtain such basic needs and supportive services;
- (3) 24-hour, properly functioning toilet facilities;
- (4) Cool water, available via water cooler, fountain, or other means; and

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(5) Properly functioning heating and cooling systems during the appropriate seasons.

§ 4-754.23. Additional standards for providers of low barrier shelter.

In addition to the requirements in [§§ 4-754.21](#) and [4-754.22](#), providers of low barrier shelter shall provide:

- (1) Case management services with an appropriately trained, qualified, and supervised case manager, which shall include the development of a service plan;
- (2) Hot shower facilities; and
- (3) Personal hygiene supplies.

§ 4-754.24. Additional standards for providers of temporary shelter and supportive housing.

In addition to the requirements in [§§ 4-754.21](#), [4-754.22](#), and [4-754.23](#), providers of temporary shelter and supportive housing shall provide:

- (1) Assessment by an appropriately trained, qualified, and supervised case manager in order to identify each client's service needs;
- (2) Direct provision of, or referral to, appropriate supportive services to enable the client to fulfill the goals and requirements in the client's service plan;
- (3) Mail and phone services, or procedures for handling mail and phone messages, that enable the client to receive mail and messages without identifying the client as residing in temporary shelter or supportive housing;
- (4) Private, secure space for the temporary storage of personal belongings;
- (5) Access to laundry facilities in the immediate vicinity of the shelter or supportive housing facility when all of the units are in one location;
- (6) Reasonable access to phones during reasonable hours and during emergencies;
- (7) The opportunity to establish a voluntary savings or escrow account; and
- (8) In supportive housing and temporary shelters for families, access to immediate indoor or outdoor areas equipped with basic facilities for exercise and play for use by minor children.

§ 4-754.25. Additional standards for providers of transitional housing.

In addition to the requirements of [§§ 4-754.21](#), [4-754.22](#), [4-754.23](#), and [4-754.24](#), all providers of transitional housing shall provide:

- (1) Follow-up supportive services, for a minimum of 6 months, for clients who have transferred to permanent housing from their program, unless the client is receiving such supportive services from another provider;
- (2) An apartment-style or group home housing accommodation; and
- (3) Access to private space and personal time.

Part D. Provider Requirements.

§ 4-754.31. Monitoring and inspections of services.

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(a) The Mayor shall monitor and evaluate the services delivered by all programs covered by [§ 4-754.01](#).

(b) The Mayor shall inspect the premises of all providers operating programs covered by [§ 4-754.01](#). Inspections shall be conducted:

- (1) At least once during each calendar year;
- (2) Whenever the Mayor has reason to believe that a provider is not in compliance with the applicable standards established in this chapter or with other requirements or agreements; and
- (3) In a reasonable manner and during the regular hours of operation of the provider.

(c) During any inspection conducted pursuant to subsection (b) of this section, the provider shall make available for examination any records or other materials related to the delivery of its services, including records relating to clients and to internal complaints, in accordance with the confidentiality requirements of [§ 4-754.11\(7\)](#).

(d) The Mayor shall not delegate the responsibilities of this section to any agency or entity that serves as a provider of services covered by [§ 4-754.01](#).

§ 4-754.32. Provider program Rules.

(a) Pursuant to the limitations of subsections (b) and (c) of this section, providers may establish Program Rules related to the specific goals of their programs. The Program Rules shall include:

- (1) Any applicable special eligibility requirements for the purpose of limiting entry into the program to individuals or families exhibiting the specific challenges that the program is designed to address, except in severe weather shelter and low barrier shelter;
- (2) Rules regarding client responsibilities, including those listed in [§ 4-754.13](#);
- (3) A list of client rights, including those listed in [§ 4-754.11](#), and where appropriate, [§ 4-754.12](#);
- (4) A description of the internal complaint procedures established by the provider for the purpose of providing the client with an opportunity to promptly resolve complaints;
- (5) A description of the procedures by which an individual with a disability may request a reasonable modification of policies or practices that have the effect of limiting the right to access services free from discrimination on the basis of disability as established by [§ 4-754.11\(2\)](#).
- (6) A description of the procedures and notice requirements of any internal mediation program established by the provider pursuant to [§ 4-754.39](#);
- (7) A description of any schedule of sanctions that a provider may apply to clients who are in violation of the Program Rules, as authorized by [§§ 4-754.34](#) through [4-754.38](#); and
- (8) A description of a client's right to appeal any decision or action by the provider that adversely affects the client's receipt of services through fair hearing proceedings pursuant to [§ 4-754.41](#) and administrative review proceedings pursuant to [§ 4-754.42](#).

(b) Any Program Rules established by a provider shall be submitted to the Mayor for approval in accordance with the following requirements:

- (1) Within 90 days of October 22, 2005;
- (2) On a yearly basis thereafter, with any proposed changes clearly identified; and
- (3) Whenever a provider seeks approval to change its eligibility criteria, the rules of its internal mediation program or complaint procedures, or its schedule of sanctions.

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(c) No provider may enforce any provision within its Program Rules, other than those requirements or protections specifically enumerated by this chapter, unless:

- (1) The Program Rules were in existence before October 22, 2005, and less than 180 days has passed since October 22, 2005; or
- (2) The Mayor has approved the Program Rules pursuant to subsection (b) of this section.

§ 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](#).

(c) All providers shall give written and oral notice to clients of their transfer to another provider or of their suspension or termination from services at least 15 days prior to the effective date of the transfer, suspension, or termination, 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](#), including the appropriate deadlines for instituting the appeal; 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\(18\)](#).

(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.

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§ 4-754.34. Transfer of clients.

(a) A provider may transfer a client to another provider to ensure the client receives the most appropriate services available within the Continuum of Care whenever:

- (1) The client consents to the transfer; or
- (2) The provider identifies and secures for the client a placement with another provider that more appropriately meets the client's medical, mental health, behavioral, or rehabilitative service needs in accordance with the client's service plan.

(b) In addition to the circumstances under which a client may be transferred as described in subsection (a) of this section, a provider may transfer a client when a client fails or refuses to comply with the provider's Program Rules and the client responsibilities listed in [§ 4-754.13](#), or engages in any of the behaviors listed in [§ 4-754.36\(2\)](#); provided, that:

- (1) The client has received proper notice of the Program Rules, client responsibilities, and prohibited behaviors, as required by [§ 4-754.33](#); and
- (2) The provider has made a good-faith effort to enable the client to comply with the Program Rules so that the client is able to continue receiving services without a transfer.

(c) Transfers of clients under this section can be made through direct arrangements with other providers within the Continuum of Care or through coordination with the central intake center established pursuant to [§ 4-753.02\(c\)\(1\)](#). Such efforts shall be documented by the provider in the client's records.

§ 4-754.35. Suspension of services.

(a) If a client fails or refuses to comply with the provider's Program Rules and the client responsibilities listed in [§ 4-754.13](#), or engages in any of the behaviors listed in [§ 4-754.36\(2\)](#), the provider may suspend services to the client for an appropriate period of time in light of the severity of the act or acts leading to the suspension, but in no case for any period longer than 30 days. The suspension may be implemented only when:

- (1) The client has received proper notice of the Program Rules, client responsibilities, and prohibited behaviors, as required by [§ 4-754.33](#); and
- (2) The provider has made a good-faith effort to enable the client to comply with the Program Rules so that the client is able to continue receiving services without suspension.

(b) Prior to suspension of services, the provider shall make a reasonable effort, given the severity of the situation, to transfer the client to another provider within the Continuum of Care, in accordance with [§ 4-754.34](#).

(c) A provider may not suspend adult individuals or adult family members in a manner that results in minor children or dependent adults being left unattended in a shelter or supportive housing unit.

§ 4-754.36. Termination of services.

A provider may terminate its delivery of services to a client only when:

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(1) The provider documents that it has considered suspending the client in accordance with [§ 4-754.35](#) or has made a reasonable effort, in light of the severity of the act or acts leading to the termination, to transfer the client in accordance with [§ 4-754.34](#);

(2) The client:

- (A) Possesses a weapon on the provider's premises;
- (B) Possesses or sells illegal drugs on the provider's premises;
- (C) Assaults or batters any person on the provider's premises;
- (D) Endangers the client's own safety or the safety of others on the provider's premises;
- (E) Intentionally or maliciously vandalizes, destroys, or steals the property of any person on the provider's premises;
- (F) Fails to accept an offer of appropriate permanent housing or supportive housing that better serves the client's needs after having been offered 2 appropriate permanent or supportive housing opportunities; or
- (G) Knowingly engages in repeated violations of a provider's Program Rules; and

(3) In the case of terminations pursuant to subparagraphs (2)(F) and (2)(G) of this section, the provider has made reasonable efforts to help the client overcome obstacles to obtaining permanent housing.

[§ 4-754.37. Alternative sanctions.](#)

(a) A provider may employ lesser sanctions as alternatives to the transfer, suspension, or termination of services authorized in [§§4-754.34](#) through [4-754.36](#).

(b) Any alternative sanction applied shall be authorized in the schedule of sanctions included in the provider's Program Rules and may include loss of special privileges and imposition of additional responsibilities.

[§ 4-754.38. Emergency transfers of clients; emergency suspensions and terminations of services.](#)

(a) Whenever a client presents an imminent threat to the health or safety of the client or any other person on a provider's premises, the provider, in light of the severity of the act or acts leading to the imminent threat, may immediately transfer, suspend, or terminate the client, without providing prior written notice of the transfer, suspension, or termination as required by [§ 4-754.33\(c\)](#).

(b) The provider shall endeavor to provide written notice, consistent with the requirements of [§ 4-754.33\(d\)](#), to any client transferred, suspended, or terminated pursuant to subsection (a) of this section at the time that the action is taken. If it is not possible or safe to provide written notice at the time of the action, a subsequent written notice shall be provided to the client within 15 days, or, if the client's whereabouts are unknown, upon request within 90 days of the transfer, suspension, or termination. The time period during which the client may request fair hearing proceedings to appeal the transfer, suspension, or termination pursuant to [§4-754.41](#) shall not begin until the client has received the subsequent written notice.

(c) No client transferred, suspended, or terminated pursuant to subsection (a) of this section shall have the right to request mediation of the action from the provider pursuant to [§ 4-754.39](#) or to continue to receive shelter or supportive housing services without change pending appeal pursuant to [§ 4- 754.11\(18\)](#).

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(d) Whenever a provider transfers, suspends, or terminates a client pursuant to subsection (a) of this section, the provider shall immediately notify the Department of the action. The notification shall include the following information:

- (1) The identity of the client who was transferred, suspended, or terminated;
- (2) The nature, date, and time of the action taken by the provider;
- (3) The provider staff member authorizing the transfer, suspension, or termination; and
- (4) The act or acts leading to the transfer, suspension, or termination.

(e) Whenever the Department receives a notification pursuant to subsection (d) of this section, the Department shall issue a written finding of whether the emergency transfer, suspension, or termination order complies with the requirements of this section. The notification shall be issued within 24 hours of receipt of the notification by the Department. If the Department finds that the order was improperly issued, the Department shall reinstate the client's access to the services received prior to the issuance of the order, pending the outcome of a hearing pursuant to [§§ 4-754.41](#) and [4-754.42](#).

§ 4-754.39. Mediation.

(a) Providers are strongly encouraged to establish internal mediation programs to resolve disputes with clients.

(b) Any provider who chooses to establish an internal mediation program shall offer mediation services to any client of the provider, or the client's representative, who requests them.

(c) Upon receiving an oral or written request for mediation, the provider shall provide the client or the client's representative with reasonable written notice of:

- (1) The time and place of any mediation proceedings; and
- (2) The client's right to request a fair hearing for formal review of his or her complaint pursuant to [§ 4-754.41](#) and his or her right to request administrative review pursuant to [§ 4-754.42](#).

(d) The provider shall allow the client or the client's representative to review its records of the client prior to the mediation proceeding.

(e) The provider shall allow the client to be accompanied by a legal or other representative of the client's choosing in any mediation proceedings.

(f) Upon conclusion of the mediation proceedings, the provider shall notify the client of his or her right to request a fair hearing pursuant to [§ 4-754.41](#), and the deadline for making such a request, if he or she is not satisfied with the outcome of the mediation.

(g) No member of the provider's staff who was involved in the incident or incidents at issue in the mediation shall serve as a mediator during the proceedings.

Part E. Administrative Hearings and Review.

§ 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

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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, other than shelter or supportive housing, to:
 - (A) Transfer the client to another provider;
 - (B) Suspend provision of services to the client for a period longer than 10 days; or
 - (C) Terminate services to the client; or
- (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
 - (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](#).

(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; 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.

(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.

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(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.

§ 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.

(c) An administrative review must be completed before the Office of Administrative Hearings shall grant a fair hearing to any client or client representative.

(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.

Subchapter V. No Entitlement; Limited Use of Funds.

§ 4-755.01. No entitlement to services.

(a) No provision of this chapter shall be construed to create an entitlement (either direct or implied) on the part of any individual or family to any services within the Continuum of Care, other than shelter in severe weather conditions as authorized by [§ 4-754.11\(5\)](#).

(b) No provision of this chapter shall be construed to require the District to expend funds for individuals or families who are eligible for services within the Continuum of Care, beyond the level of the District's annual appropriation for services within the Continuum of Care.

§ 4-755.02. Limitation on use of District monies.

(a) No public funds shall be used for payment of goods or services from any vendor or organization that engages in discriminatory practices.

(b) No District funds shall be used to support the delivery of services that are not authorized by this chapter or by rules issued pursuant to this chapter.

(c) All District funds appropriated to fund or support services within the Continuum of Care shall be used in accordance with District contract and procurement regulations and District grant regulations.

Subchapter VI. Additional Mayoral Authority.

§ 4-756.01. Contracting authority.

The Mayor may execute contracts, grants, and agreements as necessary to implement the provisions of this chapter.

§ 4-756.02. Rulemaking authority.

The Mayor, pursuant to subchapter I of Chapter 5 of Title 2, may issue rules to implement the provisions of this chapter. The proposed rules shall be submitted to the Council for a 45-day period of review, excluding Saturdays, Sundays, legal holidays, and days of Council recess. If the Council does not approve or disapprove the proposed rules, in whole or in part, by resolution within this 45-day review period, the proposed rules shall be deemed approved.

21. Appendix 2 – 2008 Washington Legal Clinic for the Homeless Client Survey Results Summary

Case Management/Services

Issues Raised

In the group discussions, consumers most often raised concerns with lack of case management (or problems with case management) and lack of services. Based on these discussions, and on section 4-754.21(3) of the HSRA, we included the following question in the survey: What would help people in your program get permanent housing? We used the services raised in our group discussions as the possible answers.

Proposals

- 64% circled case management
- 63% circled metro or bus tokens
- 61% circled job training
- 55% circled help looking for jobs
- 52% circled information about available apartments
- 47% circled mental health services
- 41% circled substance abuse services
- 40% circled health services
- 40% circled adult education classes
- 37% circled child care
- Clients also mentioned wanting something that would address the special problems faced by the disabled and the elderly

Basic Facilities

Issues Raised

- Lack of hot water in showers and poor access to showers
- Bug infestations (especially bed bugs)
- Shelters aren't meeting basic needs
- Hard to keep up with personal hygiene in shelters

Proposals

Consumers brought up basic needs and personal hygiene issues in every group discussion. Therefore, we included a question on the client survey designed to gather input in crafting regulations to implement sections 4-754.22(2) and 4-754.23(3) of the HSRA. The question asked "What minimum supplies should the staff give you when you enter the program?" We listed 10 answers that consumers had brought up in group discussions and told consumers they could circle more than one answer. The results, listed from most popular to least:

- 96% circled “soap”
- 95% circled “blanket”
- 91% circled “towel”
- 85% circled “laundry access”
- 83% circled “toothpaste”
- 83% circled “top sheet”
- 83% circled “bottom sheet”
- 81% circled “toothbrush”
- 77% circled “deodorant”
- 72% circled “shampoo”
- Clients listed wash cloth, toilet paper and pillows in the “other” category

Laundry Facilities

Issues Raised

Consumers frequently raised lack of access to laundry as a concern in group discussions. Many people brought this up in connection with storage issues. Consumers are concerned that they have to keep their dirty clothes in close proximity (in a foot locker for example) with their clean clothes. Consumers raised this as a hygiene issue as well as a barrier to employment.

Proposals

As mentioned above, we included laundry access in a question on the survey.

- 85% of consumers indicated that they thought laundry access should be a provider standard.

Storage Space

Issues Raised

Storage space is another issue that consumers often brought up in group discussions. Consumers stated concerns that it takes too long to be assigned a locker, that the cramped storage made it difficult to keep clothes clean because they had to be mixed with dirty clothes, there is no appropriate storage space for work clothes, and that people have to cram all of their belongings together in a tight space.

We put two questions on the client survey that reflected about storage space to gather input on ideas brought up in the workgroup meetings. The first question asked “How much stuff should people be allowed to keep with them in your program?” The answers listed were 1 bag, 3 bags, whatever people can fit into the space, and other.

The other storage question asked “if someone leaves shelter or housing and the staff doesn’t know where they are, how long should the staff keep the person’s belongings?” The answers listed were 3 days, 7 days, 14 days, and other.

Proposals

Non-transitional housing³ consumers gave the following answers to the survey when asked “How much stuff should people be allowed to keep with them in your program?”

- 63% circled “whatever people can fit into space”
- 24% circled 3 bags
- 13% circled 1 bag
- One consumer wrote in 2 bags, and another wrote 1-2 lockers full

Consumers gave the following answers when asked “if someone leaves shelter or housing and staff doesn’t know where they are, how long should the staff keep the person’s belongings?”

Consumers who stay in hypothermia shelter or on the street:

- 22% circled 3 days
- 67% circled 7 days
- 11% circled 14 days

Consumers who stay in low-barrier shelter:

- 38% circled 3 days
- 25% circled 7 days
- 38% circled 14 days

Consumers who stay in temporary shelter:

- 32% circled 3 days
- 27% circled 7 days
- 41% circled 14 days

Consumers that stay in transitional housing:

- 12.5% circled 3 days
- 25% circled 7 days
- 62.5% circled 14 days

³ Transitional housing consumers are excluded from this question because the workgroup decided to exclude them from the conversation about storage space.

Access of Information/Notice of Rights

Issues Raised

- Consumers need access to information about different programs and services that are available
- Provider staff needs to know how to connect people to different services and resources (identification, eyeglasses, dental care, etc.)

Proposals

Based on the issues raised in the group discussions, and on sections 4-754.21(7) and (8) of the HSRA, we included the following survey question: “How should you get information about services, shelter, or housing programs?” The options were “posted on bulletin board,” resident meetings, “one on one meeting with case manager,” written handout, and other. We instructed consumers they could circle more than one.

- 65% circled one on one meetings with case manager
- 51% circled posted on bulletin board
- 40% circled written handout
- 37% circled resident meetings
- Consumers also suggested having general oral announcements, the creation of a shelter newsletter that would inform residents of needed information or making announcements over the P.A. system

Client Input/Feedback

Issues Raised

- Inability of consumers to successfully resolve problems within the shelter by speaking with staff. Based on the group discussions, and sections 4-754.21(5) and (6) of the HSRA, we included the following question in the survey: “How often should staff hold community meetings to discuss problems people have with shelter, housing, supportive services, or case management?” We gave consumers the following choices: never, once a week, once a month, and other.

Proposals

- 62% circled once a week
- 36% circled once a month
- 1% circled never
- A consumer wrote in that meetings should happen “as needed.”

22. Appendix 3 – 2008 Washington Legal Clinic for the Homeless Client Survey Instrument

The District is looking at ways to improve its services to people who are homeless. The District has asked the Washington Legal Clinic for the Homeless to reach out to people who are homeless for input. We will not tell the District your name; we will just give them the results of the survey. If you have any questions you can contact Andy Silver at (202) 328-5516 or andy@legalclinic.org.

Survey

1. Where do you usually stay? _____

2. What minimum supplies should the staff give you when you enter the program? (you can circle more than one)

- | | |
|-----------------|-------------------|
| a. Towel | f. Toothbrush |
| b. Soap | g. Toothpaste |
| c. Top sheet | h. Deodorant |
| d. Bottom sheet | i. Shampoo |
| e. Blanket | j. Laundry access |

k. Other: _____

3. How much stuff should people be allowed to keep with them in your program?

- a. 1 bag
- b. 3 bags
- c. Whatever people can fit into the space
- d. Other: _____

4. What would help people in your program get permanent housing? (you can circle more than one)

- | | |
|-----------------------------|---|
| a. Case management | f. Child care |
| b. Health services | g. Job training |
| c. Substance abuse services | h. Help looking for jobs |
| d. Mental health services | i. Information about available apartments |
| e. Metro or bus tokens | j. Adult education classes |

k. Other: _____

5. How should you get information about services, shelter, or housing programs? (you can circle more than one)

- a. Posted on bulletin board
- b. Resident meetings
- c. One on one meeting with case manager
- d. Written handout
- e. Other: _____

6. If someone leaves shelter or housing and the staff doesn't know where they are, how long should the staff wait before giving the bed to someone else?

- a. 1 day
- b. 3 days
- c. 7 days
- d. Other: _____

7. If someone leaves shelter or housing and the staff doesn't know where they are, how long should the staff keep the person's belongings?

- a. 3 days
- b. 7 days
- c. 14 days
- d. Other: _____

8. How often should staff hold community meetings to discuss problems people have with the shelter, housing, supportive services, or case management?

- a. Never
- b. Once a week
- c. Once a month
- d. Other: _____

9. How can the government make sure the staff at your program is doing what they are supposed to do? (you can circle more than one)

- a. By visiting the program once a year
- b. By visiting the program a few times a year
- c. By talking to residents about the program
- d. By showing up at the program without telling staff they are coming
- d. Other: _____

23. Appendix 4 – Summary of Comments, ICH Public Meeting of December 17, 2007 (Prepared for SOME, Inc.)

Summary of Comments, ICH Public Meeting, December 17, 2007

Prepared by: Nechama Masliansky, February 7, 2008

1. Outcomes from the hearing:
 - a. Chapman Todd referred (transcript, pp. 8 and 86) to Survey form that participants were invited to complete and to give to George Shepard. *Was that Survey filled out? How many participants completed it? What did it show?*
 - b. Some people asked to be contacted for follow through. (e.g., pp. 85-86)
2. Hearing format:
 - a. “Why don’t we set down and have a panel discussion, or even a conversation about these issues, across the table from one another....?” (p. 90)
3. Notice of the ICH’s public events:
 - a. Flyers get covered with other notices. (pp. 66-67)
 - b. The [fall 2007] town hall meeting was “exclusive,” “where only certain staff people were asked to participate, and I found that highly offensive.” (p. 60)
4. Outcomes from ICH:
 - a. “So far, nothing’s come across, except for a lot of food. There’s no services. There’s no work. There’s no assistance. There’s no mental health treatment.” (p. 20)
5. General scope of services:
 - a. Not finding a comprehensive program in Washington, DC, and need for multiple services for homeless persons with mental illness. (pp. 34-36)
 - b. Malcolm House is really helping me. (p. 48)
 - c. “I get help from the government but it’s not enough. It’s like I get 270—257 a month, and with all I have to do, I get \$5 to survive on a month. If it wasn’t for the little bit of food stamps I get, I wouldn’t have any.” (p. 48)
 - d. “Set up rooms, apartment, housing, get ‘em a better job, employment services, financial services, stuff like that... Gear them up and train ‘em up, so they can sustain a roof over their head.” (pp. 54-55)
 - e. “We would do better by our women if we had the case managers to assist them with employment applications, income maintenance applications, family support workers to assist them with housing applications and housing searches, and social workers to do service plans to help identify an individual’s goals and psycho-social assessments, and then direct an individual to the appropriate mental health agency.” (pp. 68-69)
 - f. “[I]f you’re going to have hypothermia shelters where people are going to stay ... maybe you can send a counselor or teacher that could show them ... training skills, so they can get off the street.” (p. 73)
 - g. “[H]ow can they help these people and make sure they get their meds? ... Shouldn’t there be a [professional] on staff [for that purpose]?” (pp. 74-75)
 - h. “So what I’d like to see is a reorganization of the system, so that people can actually work and be in the shelter at the same time, until ... they can afford to get out and get their own place.” (p. 81; examples of how this can work, p. 82)
 - i. “Homeless people need shelter, food, education, and anything else than can [help them to] be an asset to our community and society. Transitional housing.” (p. 94)
 - j. “[I]nstead of giving grants for housing, maybe help give grants so they can get education [so they can work to be able to afford an apartment]. ... A lotta these people that are homeless barely have a high school diploma. ... How do you bridge the gap so these

people can get some of these skilled type of jobs? ... Maybe train on how to use Excel, PowerPoint, Microsoft Word.” (p. 102)

6. Parity of women’s and men’s programs:

- a. “[W]e are very seriously underresourced. Unfortunately, our budgets are not equal to the men’s programs, although we face the exact same challenges, some even greater, when we are dealing with a pregnant, mentally ill, addicted woman who happens to be homeless....” (p. 68)

7. Shelter providers:

a. Staff training and shelter environments as places to live:

- i. “I think that shelters ought to be the basis for psychological help.” (p. 60)
- ii. “Shelter providers, which I think ought to have a little psychology training, are very abusive. The environments are ‘untherapeutic.’ “ (p. 20)
- iii. “[I feel harmed rather than helped.] It’s almost like they kick you in the face, to a degree, because of the staff’s unprofessional [in]ability to help us, and I can imagine sometimes what it must be for someone dealing with mental issues [as well].” (p. 84)
- iv. “Why are the staff at Franklin Shelter threatening me right now?” (p. 22)
- v. Too much discretion to staff: “...[T]he same list of sanctions [as apply to residents under HSRA] does not [but should] apply to staff persons. ... if you, as a staff person, threaten me, ... there’s no immediate recourse. You stay on your job ... until some kind of an investigation is done, which is usually done by ... other staff persons. ... I’ve dealt with it and ... it turned ... on me [threatened to put him out of Emery shelter] (pp. 25-27)
- vi. Are shelters permitted to make residents sign documents requiring conditions that are not stated in the HSRA? (pp. 27-28)
- vii. “[T]he reason I don’t stay in shelters is the security is horrible. I’ve seen people get robbed, beat up. I’ve seen incidents where the guy’s pulled out a knife and the security’ll be back to laughing and playing video games, listening to music.” (p. 38) “I mean, they sit up in like one little cubicle for the whole night. They never patrol anything.” (p. 39)
- viii. Same person: “I’ve had to sleep with one eye open cause people would try to rob your stuff.” (p. 39)
- ix. “There’s no security [at HOR]. There are weapons on premises. We have drunkenness, drugging, people using drugs on premises, people drinking on premises, people coming in drunk on premises, and ... the staff is most concerned about is the number of ... shoes that you have under your bed.” (p. 41)
- x. Staff (at HOR) “pretty much has this sense of ‘I don’t care’ attitude. The counselors, case managers. ... [To help myself and get out of this routine] I need [transportation] assistance. [Case manager says can’t help with that.]” (p. 42)
- xi. Staff at the various shelters. “[T]hey don’t seem to have any comprehension of what it’s like to be homeless.” (p. 43)
- xii. “[T]he organizations need to have a severe level of sanctions upon them, that let them know that this is not going to be tolerated.” (p. 84)
- xiii. Security staff at Franklin “yelling and screaming [at residents] for like no apparent reason.... hysterical... and that creates a mood that affects everybody else. ... And the staff has to understand that their actions are going to set the tone for how people react to them, and I don’t think they have any conception of that.” (p. 44)
- xiv. Kudos to the new program director at Franklin (p. 56)
- xv. Staff [at Franklin] “is very disorganized ... it’s just totally idiotic.” (p. 57)
- xvi. Overcrowding in Franklin cafeteria on Hypothermia days. (p. 58)

- xvii. And then as men come in off the streets, they are sent into the already overcrowded cafeteria. (p. 58)
- xviii. The clients have rights they don't even know about. (p. 56)
- xix. "[S]ecurity, they're worried about you bringing two cookies into the building and then there's stealing stuff from right under your bed." (p. 45)
- xx. "[W]hy do you have to get into a special program to stay in a shelter and work at the same time?" (p. 80)
- xxi. "[W]e are housed with mental residents, and it's just a totally dangerous situation." (pp. 41-42)
- xxii. "I don't understand why mentally ill, and people that are trying to get off the street, are kind of mixed together, like if someone is mentally ill, how come they can't get their adequate medication so they can get better?" (p. 51)
- xxiii. A lot of people coming into the shelters are mentally disturbed and some even become staff members. (p. 70)
- xxiv. "[T]ry to encourage people to bathe." (pp. 96-97)
- b. Physical plant:
 - i. Elevator broken on and off at D.C. General (p. 29)
 - ii. Hot water in Franklin (p. 33)
 - iii. Franklin is not handicap-accessible, and you got a lotta guys on canes. (p. 33)
 - iv. Dust in HOR exacerbates asthma (p. 42)
 - v. "How come they don't have enough sheet or blankets for everybody?" (p. 51)
"How come they don't ... get washed or rotated, or somebody ... cleans the beds....?" (p. 52)
 - vi. Franklin has "real bad dead bolt problem and a bad roach problem." (p. 51)
 - vii. Franklin's bathrooms are "nasty where the people are defecating on the showers." (p. 51)
 - viii. Franklin has an extreme bed bug situation. (p. 52)
 - ix. Ceiling tiles are missing (women's shelters) (p. 69)
 - x. Water leaks almost daily "
 - xi. The heat or AC doesn't work properly "
 - xii. The shower stall knobs aren't installed "
 - xiii. Toilet seats are broken "
 - xiv. Sinks don't work "
 - xv. "These living conditions are inhumane."
 - xvi. Residents do not know they can call police to have person with lice taken away and deloused (p. 56)
 - xvii. Residents do not know they can step outside for 15 minutes to smoke a cigarette (p. 57)
 - xviii. Need to know how to get shelter fumigated for bed bugs. (pp. 60-61) (John L. Young)
 - xix. "[A]t Franklin, why try to squeeze everyone into that one room? ... Why not just let those people stay in their rooms that they had the night before? I mean, they could get rest. I mean, God knows, we get little enough sleep as it is already [because of interruptions from others all night long and because of noise from unstable beds]. So if you're going to be open, why not just let people sleep, or read....?" (pp. 62-63)
 - xx. "[H]ave cleaning supplies available at all times. I don't mean [just for work] detail people." Allow people to mop around their own beds, spray the mattress with disinfectant. Some guys to like to be clean. (p. 97)
- c. Hours:

- i. Person with job requiring flexible hours lost job because shelter had a curfew and staff were unwilling to allow him to work past that hour. (p. 30)
 - ii. Central Union hours:
 - 1. You leave at 7 a.m. and have to be back there at 2:30, 3:00 in the afternoon. This leaves inadequate time to look for a job. (pp 80-81)
 - 2. "I came in a little late, ... 'late' there is like 3:15. ... I rushed over from the library cause I was trying to look for a job on the Internet... and I asked if I could go around the corner to the Whole Foods [because it's one of the few places nearby where you can food with your Food Stamps]. ... [The supervisor said "you can't do that." ... [I]t's either I can eat or I can have a roof over my head tonight. ... [H]ow am I supposed to choose between those two? [I hadn't eaten since 8 a.m., so I went and returned shortly and was barred for three days.] "There's no need to treat people like that." (pp. 46-47)
 - iii. "[The shelter's operations are] 7 to 12 hours. ... If you got a job, [or two jobs] and you need to get in the shelter to wash up. But no, they don't have enough funding for that. ... So you're telling me, n the nation's capital, you don't have enough funding so I can get in and wash myself to go on my second job?" (p. 53)
 - iv. "I think there ought to be 24 hour shelters everywhere." (p. 60)
 - v. "I think it'd be a great idea to have more 24 hour shelters." (p. 62)
 - vi. "They say New York operates 24/7. ... They get out of the cold... and rain." (p. 95)
 - vii. "[A]ll the shelters that I've seen, they ... have ... ridiculous time schedules, that make it almost impossible for anybody who's either looking for work or actually working." (p. 80)
- d. Lockers:
- i. "[Y]ou can't get a locker cause you're not into the programs and stuff, ... and to me, security's just terrible." (p. 39)
 - ii. "But you can't get a locker because you haven't been there for seven days. Well, what am I supposed to do with all my stuff for seven days until I can get a locker?" (p. 45)
 - iii. "And then it's been seven days, and you find out, oh, well, nobody's in charge of lockers right now, so you're going to have to wait another week. ... How hard is it to say, Here's a locker, put it under your bed, put your stuff in it, there you go. I mean, it's not rocket science." (p. 45)
- e. Food:
- i. "I'm on food stamps... it's roughly \$5 a day. ... If you don't have a kitchen, \$5 a day is nothing. You can't buy a sandwich... [People need closer to \$7 a day, \$10, \$12.]" (pp. 64-65)
 - ii. "But the other thing is, even if you're trying to buy like snacks, like say you want to buy some granola bars, or Trail Mix, ... none of the shelters will let you keep any of that stuff. So what are you supposed to do with it? ... my storage unit is way out on New York Avenue. [I can't go there every day for snacks.] I can't actually just buy food and stockpile it. So basically I have to buy stuff and eat it right then, which is a lot more expensive...." (pp. 65-66)
 - iii. "Central Kitchen, \$1.5 million. You got roaches coming outta their food." (p. 93)
8. Hypothermia:
- a. "[w]hy is it necessary to put out residents when the temperature is at 35, and does it make any sense [when] we have space available to put people out?" (p. 100)
 - b. Borderline of 32/33 degrees is tricky; people can get put out of shelter and have nowhere to go.

- i. “raise that limit, to maybe 40 degrees, and ... if it gets above the limit, at maybe 2:00 in the afternoon, don’t close your shelters and kick ‘em out for two hours, until check-in time. ... what’s the point in putting them out for one or two hours once it gets above 32 degrees? ... you should raise it to maybe 35 degrees. Then once they- if the temperature rises, keep ‘em in the shelter until it gets to 40 degrees or higher.” (p. 32)
 - ii. “I do think it’s a great idea to raise the threshold a little bit, just so there’s some wiggle room, and so that people aren’t getting put out when it’s still really, you know, pretty cold.” (p. 62)
- 9. Libraries:
 - a. MLK: Express computers – people hog them. (p. 40)
 - b. In general: “The D.C. public library is a public space, and it is open to the public, if you are not breaking the laws in the library, if you are being responsible, and using the library for what a library is used for.” (p. 59)
- 10. A place to go:
 - a. “I am standing out there, in between two jobs, nowhere to go, no phone to call. ... I am a human being. ... I am also a veteran.” (pp. 53-54)
 - b. Need for day center. Closing of Day Center. (pp. 75-76)
- 11. Transitional living.
 - a. Costs:
 - i. “I have a job. The job that I have does not make enough for me and my daughter to get a two bedroom. It costs for a two bedroom, it’s like in the 900, plus utilities, for which we can’t afford. My name’s been on the list ... for almost six years now. ... [W]here can I go, or give me some type of resources, ... because my time [in the transitional housing] is up ... [at the] end of January.” (pp. 49-50)
 - b. Housing First:
 - i. It’s cheaper. Test program for 25-26 men with mental illness. (p. 76)
- 12. More shelters:
 - a. Use schools that are being closed (p. 87)
- 13. Economics of the City:
 - a. Influx of upper middle class, pressures on middle and lower class. “And the untouchables don’t have a chance.” (pp. 88-89)
- 14. Until We’re Home (p. 77)
- 15. National Homeless Memorial Day Vigil (p. 77)
 - a. Organizer had “received 33 names of individuals who have died in the District this year. (p. 78)

24. Appendix 5 – Report on the Fall 2006 ICH Public Meeting (Prepared by N Street Village on behalf of the ICH, January 2007)

**Report on the Fall 2006
Public Hearings on Homelessness in
Washington, DC**

Interagency Council on Homelessness

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Introduction

The passage of the Homeless Service Reform Act in Washington, DC, in 2005 compelled the formation of an Interagency Council on Homelessness (ICH) for the purpose of facilitating interagency, cabinet-level leadership in planning, policymaking, program development, provider monitoring, and budgeting for the Continuum of Care of homeless services (Sec. 4(a), HSRA). The Interagency Council is composed of the City Administrator who serves as its chairperson, the administrative heads of twelve departments (Human Services, Mental Health, Child and Family Services, Housing and Community Development, Health, Housing Authority, Corrections, Employment Services, Public Schools, Emergency Management, Property Management, and Police) (Sec. 4(b)(1)(2)(A-L)), as well as a maximum of twenty community advocates, consumer advocates, and representatives of provider agencies (Sec. 4(b)(4-6)). In fulfilling its responsibility the Council is tasked with coordinating an annual, community-wide needs-assessment and planning process to identify, prioritize, and target needs for services within the Continuum of Care. The needs-assessment is to take into account existing data and include input from at least one public hearing, the results of which are to be used in the preparation of an annual plan detailing how the District intends to arrange for services within the Continuum of Care for that year (Sec. 5(b)(1,3)).

In the fall of 2006 the newly established ICH met and planned its inaugural public hearing event. Since this was the first such annual process, the planning committee determined that a series of four hearings should be held in various parts of the city so as to encourage and facilitate as much participation by community members and stakeholders as possible. The hearings were held in the followings locations and dates:

Martin Luther King, Jr. Library, 901 G Street NW, Thursday, October 19th
 Kennedy Recreation Center, 1401 7th Street NW, Tuesday, October 24th
 THEARC Theater, 1901 Mississippi Avenue, SE, Monday, October 30th
 Sacred Heart Church, 16th Street & Park Road, NW, Thursday, November 2nd

All members of the community were invited to attend and persons currently or formerly experiencing homelessness were particularly encouraged to attend. Publicity was done through flyers and email, provider communication, The Community Partnership web site, and advocacy networks such as the Coalition of Homeless and Housing Organizations (COHHO). At each two-hour hearing a brief introduction regarding the purpose of the Interagency Council on Homelessness and the hearings was presented and followed by opportunity for public comment by all attendees. Speakers were limited to three minutes each. Written surveys were also distributed at the hearings and throughout the community during the period of the hearings for anyone unable or unwilling to attend or speak directly. Spanish translation services were available at all of the hearings and American Sign Language translation was available at the MLK Library site. All of the hearings were professionally transcribed.

The hearing and survey process drew a large number of participants. At least 300 people (approximately) attended the hearings (with some duplication), 89 participants

testified (with some duplication), and 166 surveys were received. Although the hearings and surveys involved wide participation, it is important to note that the comments were not necessarily representative of the entire homeless population in DC.

Report Methodology

The public input summarized in this report is drawn from the transcripts of the public hearings and the written comments from the surveys. The quantitative results of the survey were compiled and are presented as a series of graphs at the end of this report. ATLAS.ti, a qualitative data analysis program, was used to organize the public input. A list of general categories was developed from reading through the transcripts and the survey comments; the general categories were then organized conceptually. The list of categories is found in the table of contents. Individual comments from the hearings and survey were assigned to categories using the data analysis software. Due to the interconnected nature of many issues in homelessness, comments are often linked to multiple categories. Summaries of the comments in each category are presented in this report.

Each section in this report begins with a summary of the comments pertaining to that category. The number of times that a category was mentioned during the hearings is listed in brackets [] next to each category title. The frequency of mentions gives a rough picture of the relative attention given to each category. Next, individual quotes from the hearings and surveys are presented; these quotes are not a comprehensive list of comments in that category, but rather a representative expression of comments from the hearings. Each section ends with a summary of the solutions and proposals offered by the participants in each category.

Comment

The following compilation of information gathered from the public hearings is a clear indication of the emergent and numerous problems that exist for the homeless and extremely low-income residents of the District, and the public input amounts to a dramatic call for an immediate and aggressive plan to address both short and long-term problems and needs.

In interpreting the hearing content, the number of times a particular issue is mentioned—the ‘frequency of mention rate’ which is designated in brackets beside each topic heading—could be said to indicate the relative weight of that item within the scope of the comment categories. Nonetheless, it is important to recall that these hearings can only give a representative sampling of perspectives from stakeholders and one might find that infrequently mentioned items were of much greater significance in certain sectors that are underrepresented. It is important to delineate, however, those

items which accumulated fifteen or more mentions. These items clearly have substantial significance:

Hours of shelter operation – 15

Quality of emergency shelter – 17

Capacity to serve families – 17

Need for more or improved drug and alcohol treatment – 19

Need for more or improved mental health treatment – 20

Need for more or improved job training and placement services – 21

Need for improved affordable housing supply and quality – 45

The relative emphasis on the last item, in comparison with the others (it received more than twice as many mentions as the next most frequently mentioned item) underscores the central theme of all of our discussions – housing is the single most important element of the solution(s) we are seeking. The related services and supports that are also mentioned are undeniably critical in making housing truly effective, but they are without substance unless paired with real options for permanent, affordable, decent, and safe housing.

Additionally, though separated for the purposes of reporting the content, the issues raised by hearing participants and survey respondents are closely interrelated and frequently interdependent; for example, the relationship between adequate wages and housing affordability, or the relationship between eviction prevention and high levels of demand for emergency shelter. This is underscored by the fact that many separate categories contain similar or identical proposals for change or solution. Any effective response or meaningful change over time will require a holistic and thorough approach that appreciates this interdependence and positively addresses both the individual as well as the environmental variables.

Lastly, it is noteworthy that during the hearing process itself there was some positive progress. The hearings were well attended by members of the newly formed Committee to Save Franklin Shelter (CSFS) who had an immediate agenda of addressing the impending closure of the shelter where they were living. Through their effective advocacy and articulate presentations at the hearings, there was an affirmative response by the then-Deputy Mayor for Children, Youth, Families and Elders who was able to make arrangements for the Franklin facility to remain as a shelter, and a commitment was made to the CSFS advocates to include them in a planning process for the renovation of that space. Additionally, it is noteworthy that many participants registered their strong appreciation for the process of the hearings and the opportunity to voice their opinion and offer their recommendations for change. Hope and expectations in the community were raised by the process of these hearings and it is now incumbent upon the ICH to move forward with an ambitious agenda for change and improvement for the city's most vulnerable residents.

Review of All Public Hearing Commentary

I. Housing Continuum

A. Prevention of Homelessness

1. Eviction Prevention / Emergency Assistance [7]

Participants spoke of the need for prevention as a primary goal of the homeless Continuum of Care. Participants emphasized that individual and family problems can be minimized by remaining in housing and that the process of becoming 're-housed' is lengthy and compounds many of the problems that preceded eviction of housing loss. Also mentioned was the difficulty in getting accurate and timely information – for instance, finding out how and where one might apply for any emergency assistance funds that do exist. One particular statement noted that some continuum of care benefits that might assist someone at imminent risk for homelessness required that the applicant already be verifiably homeless before accessing the benefits. This would place an individual in the precarious position of releasing any remaining housing access in order to leverage new resources.

Quotes:

“I have tried to seek assistance but now they say that I have to be homeless. In other words, they have presented many obstacles that have prevented me from stabilizing my situation. And I have experienced a lot of deception with the so-called programs that allege to be providing assistance.”

“I want to tell you that I was about to become homeless... the situation was that it was that it was not going to only me but my wife and three kids too...I will say that prevention is very important. Not only prevention but job opportunities...I was helped by a program called Hermano Pedro ...the best thing that has happened is that I got a job with them.”

“I'm presently residing in a transition home and I'm benefiting from that participation. We find ourselves in these situations many time based on drug addiction and other circumstances that impact upon our lives. One of the main priorities should be on prevention and the availability of affordable housing. And we really have to put a lot of emphasis on the issue of prevention.”

Proposals made by participants:

- Emergency rental and eviction prevention financial assistance
- Job opportunities and adequate wages from employers
- Reduced / minimized barriers to housing programs

2. Adequate Wages [6]

The subject of wages surfaced a number of times, focusing on the fact that wages in many jobs (especially in the low-skill or low-experience market) are seriously inadequate to provide for the basic needs of an individual, or especially a family. Additionally it was noted that the high cost of housing and drastic scarcity of affordable housing in many safe and desirable neighborhoods means that low wage jobs are seldom sufficient to afford decent housing.

Quotes:

“I have fought very hard in this life. And with a little bit of money that I make, I have tried to forge ahead. And earning \$7.00 an hour with the rent and food, it is very hard to make ends meeting. I have had to go to court again because of domestic violence. And I have to depend on assistance for rent. And my continuous visits to the court has also impeded me from securing assistance. And due to those continuous court appointments, I lost my job. And that's the reason why I was seeking assistance.”

“When you're in financial difficulties you get an SRO, the creditors still come knocking at your door – (you're) twenty thousand dollars in debt. (Employment) services that are being offered - it's entry level programs which is six, seven dollars an hour. It doesn't help.”

“I am struggling to maintain the rent of a cheap three bedroom, so now I'm forced to work a full-time job, a few part-time jobs, just to keep that roof over my kids' heads. I have three boys, who don't...have a chance, because they are locked in the house, because we can't let them out ... because of the neighborhood and where I live at.”

Proposals made by participants:

- Decrease barriers to housing subsidies (Section 8 etc.) to decrease housing cost and thereby making low wages more meaningful
- Increase legal minimum wage
- Enhance supply of affordable housing

B. Emergency Shelters

1. Access to Emergency Shelter [4]

Participants mentioned the need for immediate access to emergency shelter for those in need. There were particular comments indicating concern for a shortage in supply of family shelter. Questions were raised about downtown shelter availability and the status of previously operated shelter sites, such as Randall and Gales School.

Quotes:

“Getting more shelters and keep them open all day. People are already homeless so why put them in the streets everyday.”

“We see at least 50 men in front of (Randall), being bussed to other locations. Randall is a fully-operating facility, we want to know if there's going to be any plans made to reopen it ... if it's not being used ... it seems abhorrent that you've got people standing in front of a place that was formerly used to house folks, and then it's not being used anymore, but it's fully functional.”

“I have a concern about the beginning of the continuum ... we get calls a lot (from) families ... who are living in a car, or living in terrible conditions, with small children who are developing and growing, whose mental, physical, emotional well-being is being affected by the experiences they are going through because they have no where to live and they go to the Virginia Williams Family Center and there's no room for them, and they need help now.”

Proposals made by participants:

- More emergency shelter supply
- Special need for more emergency shelter downtown
- Special need for more to emergency shelter for families
- Better information delivery – helping those in need quickly identify resources

2. Quantity of Shelter [5]

Participants mentioned concern regarding the quantity of emergency shelter and several specific comments addressed the need for more shelter space for women, families and youth. Some speakers referenced the loss over the past several years of shelter space at Randall and Gales School; others noted the recent lost of Hermano Pedro, a two-year old shelter space for women in Columbia Heights which was lost to fire in 2006 but is scheduled to be re-opened.

Quotes:

“I guess I want to put on your agenda exploring a new facility for women which is decent and more decent than Open Door, DC Village, DC General rather, and John Young. I think that has been a glaring omission in the development activities with regard to services for the folks who are homeless. Thank you.”

“I never dealt with this before so this is different for me ... (and) in that search for a shelter, we couldn't find out and I got told that there was no place for me. And when – when we tried to – when I was trying to search for a shelter, they told me there was one place and that place was located in Anacostia in the grounds of St. Elizabeth. And that for me was a very scary place for (me) ... so, when this (hearing) came about, I wanted to let people know that it would be great to have more shelters (for) youth.”

Proposals made by participants:

- More shelters
- More shelters for women, youth, and families
- Improved information access about emergency shelter for those in need

3. Quality of Shelter [17]

Many hearing participants and survey respondents spoke to the question of quality of emergency shelter. There were several comments indicating praise for some specific shelters (these tended to be the small and private shelters) or comparisons between shelters, but the predominant number of comments were criticisms. Criticism of shelters ranged from issues of cleanliness and basic safety to hours and staff training – these specific areas are delineated below in items I.B.4 – I.B.9.

Quotes:

“Need better extermination services more often for bedbugs, mice, rats, roaches.”

“A lot of people do not go into the shelters because of the way that they are treated.”

“I just have a few complaints, about how that shelter's run and ... just the disrespect people who live there get from that.”

“And I'm going to tell you the shelters up there if you want to see a hell hole, that's it. It's unbelievable. It makes you feel sub-human to live in a place like that, and you have guys who come in every day at 4:00 that's been up there for years and years, there's no progress.”

“You have drugs in the shelters, you have crack in the shelters, you have heroin in the shelters.”

“The shelter system in this town is horrible and needs to be upgraded, especially for women and children.”

Proposals made by participants:

- Universal standards to govern shelter quantity
- More funding to improve shelters
- Using strong existing models to guide improvement in other parts of system

4. Location of Shelters [3]

Several participants made specific mention of the location of present shelter(s) and reflected the community’s concern over the past few years with the decline in downtown shelter locations as seen in the movement of shelter space to the grounds of St. Elizabeths Hospital and the DC General campus.

Quotes:

“At the downtown location is very important to us, as well, because I think the shelter that just got saved is between two Metro stations, Metro Center as well as McPherson. And it's near a lot of good bus routes. And that helps guys get to work. And I've heard guys have some trouble getting to work from other shelters, like Emery.”

“We get little vans and DC General is like over 100 women, so there's bum rushing every morning and a lot of women don't have any money, so if they don't get the van they're kind of stuck because we're not located near any services that we need to get off the streets, or to be doing anything productive with ourselves, way out there away from downtown.”

Proposals made by participants:

- Participants requested information regarding the new usage of old downtown shelter space such as Randall or Gales School
- More downtown shelter locations; locations where people are attached and have easy access to public transportation, employment training, and opportunities

5. Property Security at Shelters [4]

Participants mentioned concern for the safety and security of personal belongings at shelters, citing an absence of locker or storage availability and strict or inconsistent shelter policies that result in loss or theft of belongings.

Quotes:

“I have a problem when I leave the building and my belongings are gone.”

“At shelters in general, I know that they no storage at some times. And if you leave stuff out, you know, you might have meds; you might have identification. You come back and it's been thrown out by the staff; if they threw it out. They might have just kept it; the volunteers or whoever might have just kept it. But then, we can't store stuff, a lot of times.”

“We need lockers with personal locks on them. In the past 12 months, there has been a great amount of theft and it's because people don't have lockers.”

Proposals made by participants:

- Personal locker access at all shelters
- Storage policies that allow clients to keep belongings overnight or throughout the day

6. Safety Inside Shelters [6]

Participants registered their concern about safety inside shelters due to violent or threatening behavior of residents, absence of security personnel, or, in some cases, the inadequacy of security personnel performance or hours.

Quotes:

“Not enough safe (and) close-by shelters - drug use is rampant, hard for people trying to get and stay clean.”

“I feel some of the shelters in the city needs more help with staff, condition of the facilities, and police assistance with violence people.”

“We have a lot of problems with the security ... not doing their jobs...they spend the night asleep at their posts. And the staff doesn't complain about it because the staff spends the night asleep at their posts, as well. What really concerns us is that these guys are walking around with firearms ... they're carrying guns. And if they're carrying those guns in the shelter because they're worried about violence from the inmates, for lack of a better term...then why are they falling asleep?”

“They have a security staff that comes in at 7:00 p.m. and it really doesn't make sense if the shelter is going to open at 4:30 that the security doesn't come in until seven o'clock after all the clients have already come inside, lord knows what they've brought in there. You know, if they are really concerned about our security and they think it's important enough to have a security staff checking in

bags and what not, they should be doing that when the guys first come into the shelter at 4:30.”

“I'm in the street because of need. I don't have family here. I am sick. And I'm facing danger in the street... (but) in the shelters I face more danger than out in the street.”

Proposals made by participants:

- Improved oversight and training of security personnel
- Extended hours of security personnel

7. Shelter Rules [10]

Several participant comments addressed rules in shelters that were inconsistent or problematic for residents. Examples of these were comments that mentioned curfew hours that prohibited residents from accepting employment or rules prohibiting residents from taking naps in their bed space prior to a certain hour.

Quotes:

“When it comes down to the time when we come into this particular shelter, you meet in the rear of the building. If you can understand or visualize this little square which you're placed at, you have a large amount of men full of testosterone, and other things and when they come in out of the cold or for shelter. I don't necessarily agree with this because it's a volatile situation, but sometimes brings about people getting into things.”

“They should all have rules that help you to get to work, basically and, you know, we have these early check-in times where, if you get there too late, you have to choose between having a bed and going to work. And that get's to be a real problem.”

“I think they should have the right to go to their place where they sleep. They should not have to be hindered for three and four hours in a community room and kept from their personal place where they stay in the night shelter. I think that's another issue that should be worked on and that should be changed.”

“I am homeless because I got beat up and I lost my job and I ended up in the hospital. I've been a hair dresser for 29 years, and I didn't choose to be homeless. Working conditions, if you want to stay in the shelter and you have to be back by 4:00 how do you hold a job, right? Or 7:00 or whatever. It just doesn't make any sense, so it's one big mess.”

Proposals made by participants:

- shelter hours and rules to accommodate employment for residents
- allowances for people to sleep prior to evening hours
- limits on lengths of possible stay for residents

8. Hours of Operation in Shelters [15]

Many participants spoke about their concerns regarding hours of operation in shelters. Among the problems cited were the frequent requirements for individuals to spend time waiting outside during inclement or severe weather or during morning and evening hours due to the conflicting hours of operation among various programs. Numerous participants objected to the fact that overnight and hypothermia shelters require participants to leave early in the morning and remain outside the entire day. Some referred to inconsistent or unclear rules in shelter hours.

Quotes:

“Like when the weather's bad and everything, like the last couple of days, people are standing outside. (You can see) 30 or 40 guys standing out there in the rain ... in front of the shelter. Instead of opening the shelter to go inside in bad weather, we're standing in the rain.”

“(Why don't they) put us out later. We have to get up at 5:30 and we have to be out and catch a van by 7:00 ... and when get to the places where we are, they don't open until 7:30, so sometimes we're there at 6:30 and have to wait enough hours to get (into) some place, the core services place, during the day. And if it's raining, we can't get in, and even at night when we come in at 7:00 and it's raining, and we get there are 6:00, the van usually drops us off at 6:00, an hour before, and we're still out in the rain and they won't let us in.”

“I mean, when it's 40 degrees outside, it's cold too, with the wind chill factor. They'll wait until the temperature reached say 33, then they throw us outside. They say it's not freezing anymore. Because freezing is 32. So when it's 33 you're going out the door. You're freezing.”

“So -- and on weekends also, places that are downtown for - that they send us transport(ation to places that) don't open until 9:00, so that means we're out from 6:30 until 9:00 on Saturdays and Sundays. And if it's possible, could they let us -- release us later, a later time or if they're open on weekends, something like that, and thank you for your time.”

“As most of the hypothermia shelters in this plan are going to be 12-hour shelters, what I'd like to know is, first of all, what is going to be done to provide space for these people during the day, day centers, especially downtown? As I

brought up this morning, people complain about us being in the libraries, well, we don't have anywhere else to go.”

Proposals made by participants:

- Improved coordination between overnight shelters and daytime services to limit the amount of time people are left waiting outside
- Increased downtown shelter space to minimize transportation and timing problems between overnight and daytime services
- Alteration of shelter hours
- Increased daytime programming at overnight shelters
- Increased daytime hours to accommodate severe and inclement weather

9. Shelter Staff [6]

Several participants mentioned concerns regarding shelter staff, and at least three responses noted appreciation for some specific staff. Concerns about staff generally focused on questions of fairness in decision-making, respectful treatment of residents and awareness of client rights in the shelter setting.

Quotes:

“Most days are fair but not always.”

“We need people, personnel, who want to care for people. We need personnel who love people and are compassionate [Applause] and are not in it for the money. We need people who are not going to give up and they're going to stick with people in the end.”

Proposals made by participants:

- Raise the required standards for hiring of staff
- Train staff in client rights and responsibilities
- Improved oversight of staff performance

C. Affordable and permanent housing

1. Affordable Housing [45]

This category received by far the greatest frequency of comments. The responses clearly demonstrate the urgency that is felt by the community regarding the critical shortage in affordable housing for all low-income residents of the District. Some participants remarked on the connections between job training and placement services, adequate living wages, and housing affordability, though most referred to the fundamental problem of an inadequate supply of housing. Some participants included notes on the recent rapid development of luxury residential and commercial real estate in downtown DC, which stands in stark contrast to the problems faced by homeless residents of the District.

Quotes:

“As a female with disabilities, I feel like an abandoned and uncared for individual with no direction to turn to. More guidance for help with housing (affordable) to be able to be with my two children and not on the streets!”

“Clearly (I am) in agreement with what so many have said – (there is a) great lack of decent affordable housing. (We) need to provide special help for parents on SSI with documented disabilities who are seeking to maintain their apartments after transitional housing programs. (And we) need for some ... financial assistance for families at end of transitional housing who need a supplement each month to pay rent. These are working parents trying very hard.”

“Section 8 has enormous waiting list and is actually now closed to any new intakes.”

“We need more low-income housing and better shelter living conditions for people or families. (We need to) fix up these abandoned buildings and apartments. (We need) training, education, and skills so we can get a better job that pays good wages or salaries. Stop building these condos. I can't purchase one. Poverty in Washington, DC. This is the Nation Capital neglected.”

“Need more affordable housing and better jobs. Minimum wage needs to be \$10.00 in DC.”

“(A) major issue is the lack of affordable housing for low-income residents. Section 8 has enormous waiting list and is actually now closed to any new intakes”

“I've been signed up down 1133 housing for almost seven years. I haven't received a letter nowhere. I done double checked down there. Okay. Now what

about people that cannot afford -- a lot of people doesn't get an income, but I do. And I still can't afford no house nor apartment.”

“Back when I was homeless, I always wanted to know was I ever going to be able to find low income housing. Because I notice nowadays you have to have good credit for everything. (And) I would call for low income (apartments) and they would say you have to have a clear criminal background. There's a lot of issues that homeless people face... it's just discouraging to be in the shelter, knowing that you're not going to get anywhere.”

Proposals made by participants:

- Increased supply of affordable housing – through new development as well as through refurbishment of abandoned property
- Manage other costs and benefits to offset housing prices - adequate living wages, easy access to Medicaid, and other health benefits for all in need
- Easy access to education and training
- Decrease private commercial and residential real estate development
- Require inclusionary zoning with new real estate development
- Address and reduce barriers to re-housing after leaving shelter – such as poor credit or criminal histories

2. Access to Permanent Housing [2]

All of the comments in the affordable housing category can be inferred to apply to permanent housing, but this last category is noted because there were some specific comments related to the ability of individuals to move off of the subsidized housing rolls or to move from transitional housing to permanent options.

Quotes:

“Should have better and more help to individuals - residents that are homeless; to Section (8) and subsidized housing and more faster. And not just temporary shelter! And the ones that make you leave-out, at every morning at (5-7) AM in the morning with (all your property) on your - (back) each day! What can a person achieve with that condition???”

“Provide the homeless people with permanent housing especially the people who been on the Housing waiting list for over 10 years.”

“I've been signed up down 1133 housing for almost seven years. I haven't received a letter nowhere”

Proposals made by participants:

- Addressing extreme backlog on public housing wait lists

II. Social Services and Related Needs

1. Mental Health [20]

Hearing participants expressed particular concern about the adequacy and accessibility of mental health services for homeless residents. Large caseload sizes and the number of psychiatrists raised concerns about the ability of homeless residents to receive appropriate mental health care. Some participants also felt that there are not enough mental health services to reach all homeless residents in need, particularly families. A worry was expressed that there are too many barriers for vulnerable residents to effectively access mental health care. Some participants also felt that the location of mental health services make it difficult for homeless residents to reach mental health care.

A number of hearing participants emphasized the need to integrate mental health and substance abuse services. Co-occurring mental illness and substance abuse was seen as a barrier to residents obtaining housing.

Several participants also expressed concern about mentally ill homeless residents who do not want to receive mental health treatment. Finding a way to provide treatment to people uninterested in mental health services seemed a priority to participants.

Quotes:

“I guess one of the things that I see every day that I'm out there is a greater need for mental health and addiction services, and those services being immediate access and low barrier, because we've got a lot of people who really don't have the ability to jump through multiple hoops, filling out multiple forms, going to multiple agencies, and when they are ready for help are ready right now.”

“We have these health -- mental health issues where we have people who aren't really looking for their own kind of help and who don't belong at that shelter and they're just basically stuck there.”

Proposals made by participants:

- Strengthening the integration of mental health and substance abuse services
- Training for mental health staff about the realities of homelessness
- Mental health screenings at shelters
- More housing targeting people with disabilities
- Increasing outreach to homeless residents with a mental illness
- Communicating all available options for mental health services, in addition to public mental health clinics

2. Alcohol and Drug Treatment [19]

Hearing participants expressed the most concern about the accessibility of substance abuse treatment. Locations that are difficult to reach were mentioned as barriers to treatment. Many participants recommended that substance abuse services be located on-site at shelters, including family shelters. Participants described several experiences where on-site substance abuse treatment was successful.

Participants also expressed concern about the adequacy of existing substance abuse treatment to meet treatment needs in the city. Some participants also felt that there are not enough resources for detox, substance abuse treatment, and long-term treatment. Participants felt that co-occurring mental health and substance abuse issues are a major area to be addressed.

Participants reported difficulty transitioning from prison to substance abuse treatment after release. One participant felt that the number of liquor stores in the city make alcohol too accessible. Participants also mentioned that the environments at shelters make it difficult for residents to maintain sobriety. Participants reported that some eligibility rules, such as requiring a clean urine screen before drug treatment, have been barriers to alcohol and drug treatment.

Quotes:

“The biggest problems for us is where to find a long-term treatment program for addictions. People come in hurting, they have addictions, and if we don't have a long-term program for them, there's no hope.”

“And they need the something to be out where they are; not expecting them to go where they are.”

Proposals made by participants:

- Making substance abuse treatment available on-site at shelters, or at easily accessible locations
- Strengthening the integration of mental health and substance abuse services
- Educate shelter residents about alcohol and drug treatment
- The District government should cover Saboxene as an alternative to Methadone
- Alcohol and drug treatment is cost-effective

3. Job Training and Placement [21]

Hearing participants strongly voiced the need and desire for job training and job placement. Several participants commented that employment services are an important element in the prevention of homelessness. Participants described effective job training and placement as an effort that helps individuals obtain jobs with good wages, actively

connects job-seekers to work opportunities, teaches job search skills, targets individuals who have difficulty finding employment, and is accessible to all job-seekers.

Hearing participants expressed concern about helping 'hard-to-place' individuals find employment. Participants mentioned several factors that make it difficult for individuals to find employment: criminal backgrounds, low job skills, and low education levels.

Accessibility to employment and employment services was a priority of hearing participants. Participants explained that shelter hours often make it difficult for people who are working or looking for work; creating more "work shelter" programs or beds that provide flexibility for work schedules was recommended by many participants. Participant recommendations for making employment services accessible included providing child care, allowing people to work while attending education or job training programs, offering job training or referral services on-site at shelters, and making sure employment services are accessible to non-English speaking individuals or persons who do not use computers. Some participants also felt that men are underserved in the area of employment services.

Quotes:

"Every shelter should be a work shelter. And they should all have rules that help you get to work, basically, and you know, we have these early check-in times where, if you get there too late, you have to choose between having a bed and going to work. And that gets to be a real problem."

"We need job training, with assistance in actual jobs after the training. Too many training programs do not follow up with assisting people in getting jobs afterward. And that's a skill almost in itself; how to get jobs."

Proposals made by participants:

- Create more work shelters or work shelter beds. Make shelter rules that accommodate job-seekers and working residents
- Provide language-accessible employment training and offer education in English as a Second Language
- Offer job training or referrals on-site at shelters
- Target employment services for 'hard-to-place' individuals such as ex-offenders
- Keep a list of people looking for work at shelters so that employers can contact shelters directly to hire individuals

4. Social Services [5]

Hearing participants expressed the general need to have enough social services. They felt that since the homeless population is growing, social services need to expand as well. Health care services for youth and child care were specific social service needs mentioned.

Quotes:

“The bottom line is there are more people becoming homeless everyday and programs are not being created everyday so therefore are not enough programs to service the needs of the people.”

Proposals made by participants:

- Ensure that there are enough social services to meet the needs of the homeless population

5. Non-English Language Services [4]

Hearing participants stressed the importance of providing services in Spanish. Offering training in English was also seen as important. Participants commended housing programs that target linguistically-isolated individuals.

Quotes:

“Education in Spanish is very, very critical.”

Proposals made by participants:

- Spanish language services and English language training

6. Health Care Services [6]

The health of homeless individuals was a topic raised by hearing participants, who pointed out the high rate of health problems among the homeless, ranging from minor illnesses to HIV and physical disabilities. A number of health issues for homeless families were of particular concern to hearing participants: high risk pregnancies, lack of knowledge about nutrition, medically fragile infants living in shelters, developmental delays in children living in shelters, learning disabilities in adults, and lack of knowledge about managing health care needs. Hearing participants also reported that many homeless individuals have difficulty accessing health care.

Quotes:

“You know, most important to me is the health situation. We have a lot of people in these shelters today that are HIV positive, handicapped disability, and living in an uncomfortable situation. And some of you really need to take a look at as far as to help people out with their situation because you know, it’s very unhealthy.”

Proposal of Hearing Participants:

- Offer health screenings at shelters
- Offer health care or health care counseling on-site at shelters

7. Other Concerns [9]

Other concerns regarding homelessness raised by hearing participants included financial difficulties, high debt, violence and safety concerns in DC neighborhoods, conditions in public housing, violence against homeless individuals, and the lack of a dinner program for homeless men other than the mobile van programs.

Quotes:

“When you’re in financial difficulties you get an SRO, the creditors still come knocking at your door. Twenty thousand dollars in debt. Services being offered, it’s entry level programs which is six, seven dollars an hour. It doesn’t help...I would like to see, definitely see, something being done for people in financial difficulties.”

“Our families haven’t been called for vouchers of public housing for about two and a half years. Now a few have been called, and some of them are rejecting the public housing choices they get because they are worse, they are worse, they are going down hill from where they live now.”

“We’ve been talking a lot about how violence is a serious problem in these communities. We’ve also been talking a lot about homelessness is a serious problem in these communities. Violence against the homeless is a serious problem as well.”

Proposals made by participants:

- Offer services to support homeless individuals in debt or financial difficulties
- Create a dinner program for homeless men

III. Needs of Specific Populations

1. Youth [11]

Several hearing participants wanted to draw attention to the issue of youth homelessness. Participants pointed out that it is difficult to accurately determine the number of homeless youth, partly because many youth do not consider themselves homeless when staying with friends. Service providers for homeless youth explained that youth shelters are often full, and youth need to be referred to adult shelters. As a result, participants advocated for increasing the capacity of youth shelters.

Several homeless youth explained that they are homeless because they feel unsafe at home, but they described similar concerns about safety in homeless shelters. Participants reported that gay youth feel particularly unsafe at shelters. Hearing participants also shared that homelessness can be especially damaging to youth attending school, causing many people to drop out. Participants emphasized the importance of offering job training programs to homeless youth.

Quotes:

“Now, for a young person, a youth, to feel that way, because they have not place to stay, no where to go, or the place that they had to stay or to go is dangerous for them, it’s not safe for them, then what is the future?”

“Some of these [homeless youth], you know what I’m saying, are still in school, still trying to graduate, but can’t graduate because not knowing where they are going to go, not knowing where they are going to sleep at, so they are left with dropping out of school.”

“I believe there should be shelters towards gay people, especially gay youth because they don’t feel comfortable at a place because they feel like their life is even worse like in danger.”

Proposals made by participants:

- Create more shelters for homeless youth
- Provide job training for homeless youth
- Improve methods for counting homeless youth
- Create shelter environments where gay youth can feel safe

2. Capacity to Serve Families [17]

The need for more shelter capacity for families was a consistent emphasis of hearing participants. Participants explained that there are many families who need emergency shelter that are unable to find an opening, which can be especially difficult for children. Hearing participants raised concerns that the existing shelter system makes it difficult

for married couples and families to avoid being split up. Participants complained about the poor quality of family shelters, and explained that it is difficult to stay clean and sober in the shelter environment. Participants also felt that there is a lack of affordable housing for families.

Concerns about medical issues for families in shelters were raised by participants. Medical concerns included high-risk pregnancies, chronic illnesses, and the need for assistance to help families manage their health care. Health care, mental health care (especially for depression and exposure to violence), and substance abuse treatment were identified as needs of families staying in emergency shelters.

Participants also expressed concern for families' financial situations. Participants explained that many families have difficulty making adequate wages to pay for rent and living expenses. Supporting a family is also very difficult if only receiving disability payments. Participants supported existing programs that help families with shelter, housing, and moving costs.

Quotes:

“The most pressing concern for me is the mental health that’s not being provided for families. There’s a lot of violence in the shelter, children exposed to it everyday, as well as the adults, and depression is very high on the rampage.”

“I have concerns about families, because I work with homeless families. I have a concern about the beginning of the continuum, because we are transitional housing for homeless families we get calls a lot, and there are families who call us who are living in a car, or terrible living conditions, with small children who are developing and growing, whose mental, physical, and emotional well-being is affected by the experiences they are going through because they have no where to live and they to the Virginia Williams Family Center and there’s no room for them, and they need help now.”

Proposals made by participants:

- Increase shelter capacity for homeless families
- Make more emergency financial assistance available to prevent homelessness
- Create more affordable housing
- Offer health care, mental health care, and substance abuse treatment on-site at shelters for families
- Offer child-care services on-site at family shelters

3. Services for Persons with Disabilities [8]

Concerns regarding persons with disabilities were raised by some hearing participants. Concerns included the lack of handicapped accessibility in many shelters and day programs, the adequacy of Social Security disability income to meet financial needs,

and the difficulty for persons with disabilities to maintain housing after leaving transitional housing programs.

Quotes:

“There’s a whole lot of...handicapped people and like some of us – a lot of services with the transportation don’t accommodate them, and also some of the facilities have steps and they can’t even get into the day places.”

Proposals made by participants:

- Revise a comprehensive plan for people that are disabled
- Provide special help for parents on SSI with documented disabilities who are seeking to maintain their apartments after transitional housing programs
- Prioritize housing for people that are disabled

4. Services for Victims of Domestic Violence [2]

Hearing participants expressed concern about the needs of victims of domestic violence. Participants reported that there is an inadequate supply of emergency beds for victims of domestic violence. Domestic violence can also cause homelessness because victims can have too many court obligations to maintain employment, which can result in losing housing.

Proposals made by participants:

- Increase the number of shelter beds for victims of domestic violence

5. Prisoner Re-entry and Ex-Offenders [6]

Hearing participants explained that prison can result in homelessness; ex-offenders being released from prison face difficulty reintegrating into society, and few services are offered to help with the transition. Hearing participants shared that a criminal history is often a significant barrier to obtaining a job or finding housing.

Quotes:

“I would call for low income [housing] and they would say you have to have a clear criminal background. There’s a lot of issues that a lot of homeless people face. And I think those need to be addressed as well. Because otherwise, it’s just discouraging to be in the shelter, knowing that you’re not going to get anywhere.”

“What I am saying is that when we get out, you’re offered nothing. They come on the telecom and they tell us a lot of things until we get into town that don’t integrate into the society because of changes.”

Proposals made by participants:

- Job placement services for ex-offenders
- Expunging criminal records

6. Special Needs Populations [12]

Other special needs populations identified by hearing participants included individuals with major medical needs, developmental disabilities, pregnant women, veterans, seniors, and women. Individuals with major medical needs often do not have adequate medical services in shelters. Shelter rules and hours can also be difficult for people with medical needs. Some hearing participants felt that there are inadequate services for homeless women.

Quotes:

“One of the things that I had seen was a lot of women were staying in abandoned houses, abandoned cars, and having to engage in a lot things that were very, very difficult for them.”

“Dire lack of emergency housing and subsidized housing for pregnant women and their families.”

“I want to put on your agenda exploring a new facility for women which is more decent than Open Door, DC Village, DC General rather, and John Young.”

Proposals made by participants:

- Provide medical staff at shelters
- Making shelter hours and rules accommodating of residents' health situations, such as allowing temporary medical rest
- More care for veterans
- Targeting housing for seniors
- Improving shelter capacity and quality for women

IV. Coordination of Services, Interagency Collaboration, and Communication with Homeless Consumers

1. Communication and Information Dissemination [13]

Communication and spreading information about resources and services was a major theme for hearing participants. Participants felt that many services are being offered in the District, but it is difficult for homeless individuals, especially people who are newly homeless, to learn what services exist and where they are located. Hearing participants identified the importance of actively communicating information about services to people who are homeless through outreach.

Hearing participants mentioned several examples of areas that need improved communication. Participants emphasized the need to communicate client rights and responsibilities to all homeless individuals and service providers. Participants reported that it is difficult to find out where meals are being served. Temporary changes in the hours shelters are open also need to be better communicated.

Quotes:

“Need better communication about services; a lot of people just don’t know about what is out here for them or where to go or how to go about getting what is here for them.”

“More than money is that everybody should put a little bit of effort and do their part to share information, educate others about services that are out there and where they can go for help.”

Proposals made by participants:

- Create a central intake or central referring agency that can inform homeless individuals about services
- Create a manual of resources and services, to be distributed to homeless individuals
- Read client rights and responsibilities to all clients
- Ensure that service providers are aware of client rights and responsibilities

2. Support for the Hearings Process [5]

Hearing participants offered support for the process of public hearings. Holding hearings in shelters was offered as a recommendation for future hearings.

Quotes:

“Please continue to do these things. I know that it’s tough, but I think that one of the most important things for the Interagency Council is to get some community

input; to really serve as a bit of an interface with folks who aren't always part of the process. And so, I think your continued outreach is extremely important and I'm very glad that you're doing this."

"I am homeless, and I'm glad to be here today, that you people can hear what has to be said about homeless people."

"I think that we're going to need to have some additional hearings in the future for this simple reason that we have guys that are not used to approaching their government and approaching the agencies that are there to help them. And, therefore, we're going to need to foster more involvement with their government and show them that they have a stake in their government."

Proposals made by participants:

- Continue to hold public hearings on homelessness

3. Police Relations [4]

Issues of the police relations with homeless persons were raised by several participants. Homeless individuals can have difficulty seeing the police as an ally, so supportive actions by police during hypothermia season can be misinterpreted as a response to a complaint about the homeless individual.

Quotes:

"The problem is that guys who are sleeping on the street, they don't see the cops as their friends. You know, they see them as the enemy, because those are the guys who hassle them, those are the guys who run them out of wherever they are trying to sleep, or, you know, these guys might have a drug problem, but for a whole plethora of reasons they see the cops as the enemy, not as their friend. So, what can be done to improve that relationship between the police and the homeless?"

"One of the main things that is faced unfortunately is a lot of discrimination by the police and middle class people and then instead of helping, they just point fingers at us."

4. Government Coordination with Consumers [8]

Participants supported the hearings as a way for homeless individuals to communicate with the government. Participants used the hearings as a forum to talk with government officials about the renovations of the Franklin School shelter. Representation on the Interagency Council on Homelessness by current or formerly homeless individuals was commended, and participants recommended expanding homeless membership on the Interagency Council to maximum levels. Including a person currently in the emergency shelter system was specifically recommended.

5. Overall Coordination of Services [11]

Hearing participants felt that homeless services in the District need to be better coordinated. The participants identified several specific areas for improved coordination. Participants suggested increasing linkages between public assistance programs and homeless shelters. Participants felt that the Interagency Council could play an important role in coordinating budgets of government agencies. Coordination of the hours of operation for shelters, agencies, and programs would benefit homeless individuals who currently have to be outside during certain times of the day, such as early in the morning. Participants also suggested coordinating services by offering more services on-site at shelters; positive examples of such coordination in the past were mentioned, including a time when medication was delivered to shelters. The coordination of mental health, substance abuse, health, and housing services was also raised as a priority for homeless services. Such coordination has the potential to reduce the barriers that homeless individuals may face when seeking treatment.

Quotes:

“We advocate for integrated mental health, HIV, and housing services that compliment drug treatment.”

“I think you need to coordinate more services to be of help to the men and women in the shelters.”

Proposals made by participants:

- Coordinate hours of operation among homeless service providers
- Use the Interagency Council to coordinate budgets of government agencies
- Coordinate mental health, substance abuse, health, and housing services

6. Severe Weather Planning [7]

Homeless services during severe weather were a concern of hearing participants. Participants worried that there is not enough shelter capacity for the 2006-2007 winter. Participants also wondered why homeless individuals are sometimes transferred between shelters, and they stressed the importance of interagency coordination in severe weather planning. Participants often raised concerns that homeless individuals do not have a place to go in the daytime during cold weather, especially downtown. Participants wondered whether the hypothermia threshold should be defined as a warmer temperature to protect homeless individuals from temperatures that are cold but not freezing. Excessive heat was also mentioned as a problem that requires attention.

Quotes:

“As most of the hypothermia shelters in this plan are going to be 12-hour shelters, what I'd like to know is, first of all, what is going to be done to provide space for these people during the day, day centers, especially downtown?”

“Three times more homeless people died last summer than last winter, and I would like to know, is the Interagency Council in support of installing air conditioning at all shelters in the City, because the heat for homeless people is almost a much bigger problem than the cold.”

Proposals made by participants:

- Increase shelter capacity during winter season
- Raise temperature required to initiate hypothermia action
- Open day centers for homeless individuals during cold weather
- Ensure that shelters have adequate air conditioning during hot weather

7. Transportation Needs [9]

Issues of transportation came up throughout many comments during the hearings. Participants explained that many homeless services are widely dispersed throughout the city and it can be difficult for individuals to find transportation between services. Participants felt that shelters should be placed in locations accessible to transportation.

Participants raised some concerns about the shuttle transportation that is provided between shelters and services in the city. Some homeless individuals have difficulty with the transportation if it is not handicapped accessible. Participants also complained that the shuttles often do not keep a reliable schedule. Hearing participants raised concerns about the hours of the shuttle service; individuals are often dropped off significantly earlier than shelters or services open, so they sometimes have to wait outside in the rain or other bad weather. Some participants did not feel that there is adequate shuttle transportation for women.

Quotes:

“We need reliable bus service from Randall Shelter to 801 East. And those people who are at Randall Shelter or who wait for the bus at Randall Shelter are standing in the rain, sleet, snow. It would be nice to have a dry place for them to wait for the bus. We need a bus that is on schedule.”

“We get little vans and DC General is like over 100 women, so there's bum rushing every morning and a lot of women don't have any money, so if they don't get the van they're kind of stuck because we're not located near any services that we need to get off the streets, or to be doing anything productive with ourselves, way out there away from downtown.”

“Can there be more shelters? Can they be located near transportation and close services?”

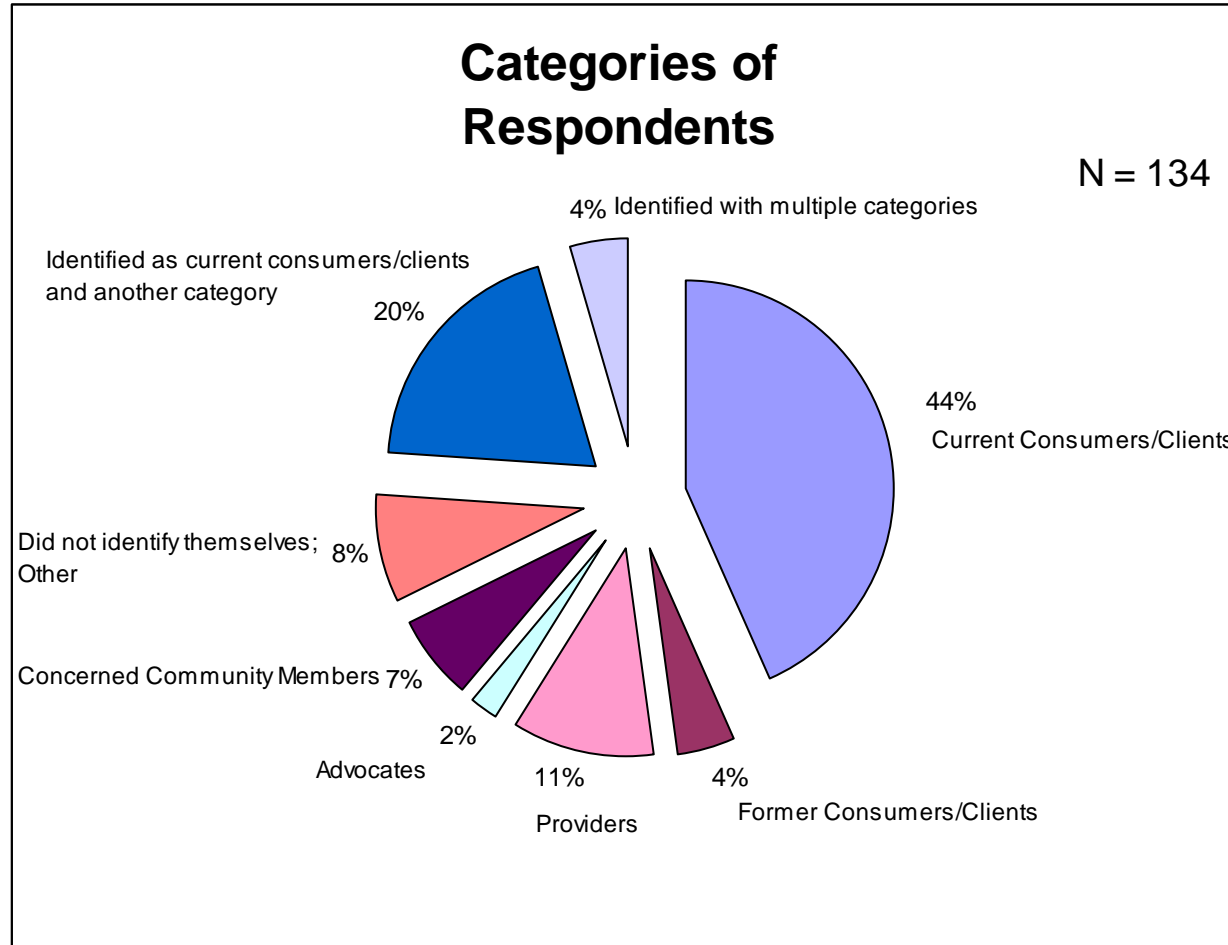
Proposals made by participants:

- Improve reliability of shuttles and coordinate shuttle hours with shelter and agency hours
- Locate shelters near accessible transportation
- Provide covered areas where individuals are picked up or dropped off by shuttles

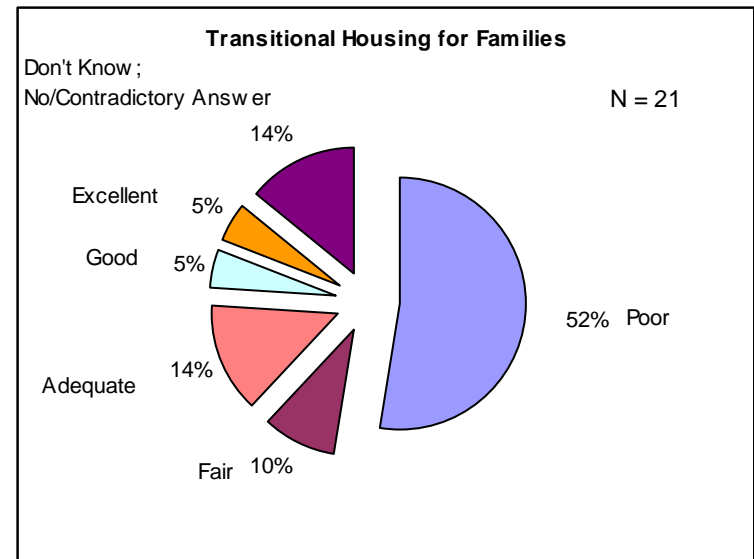
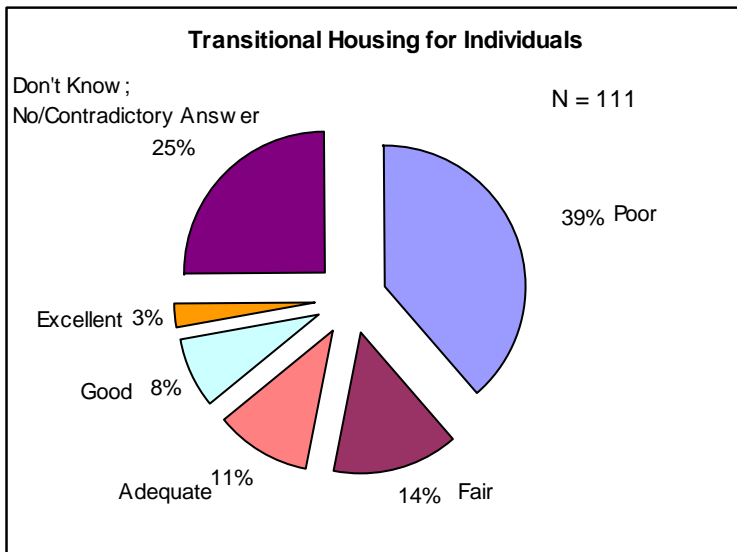
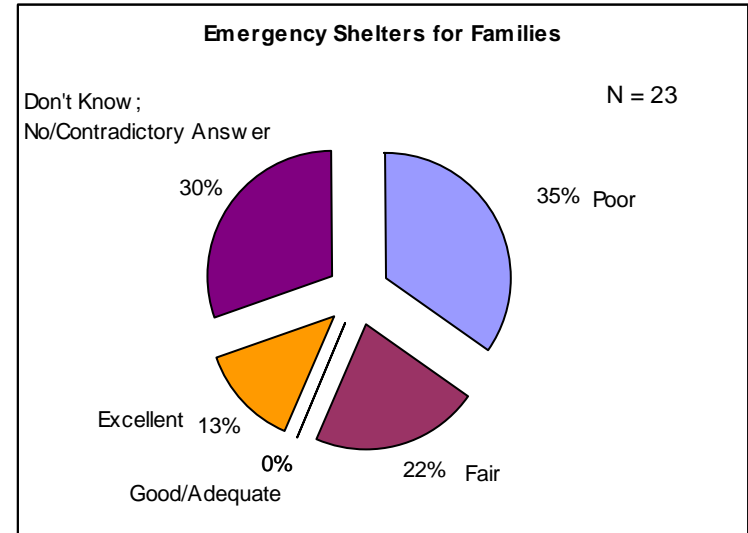
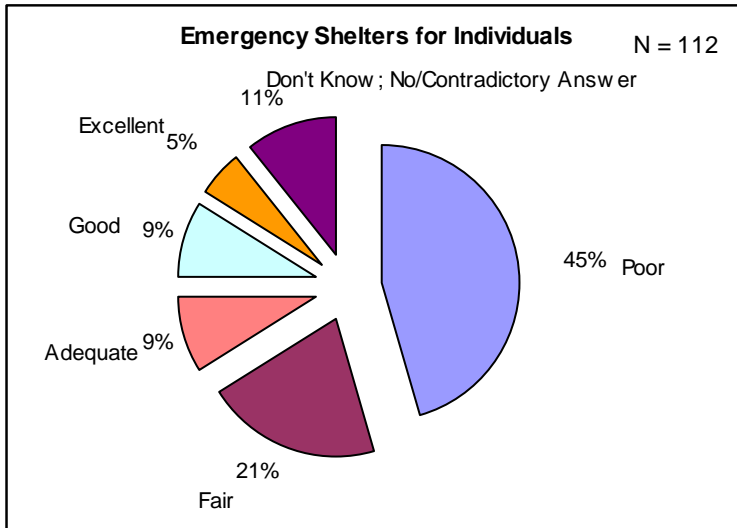
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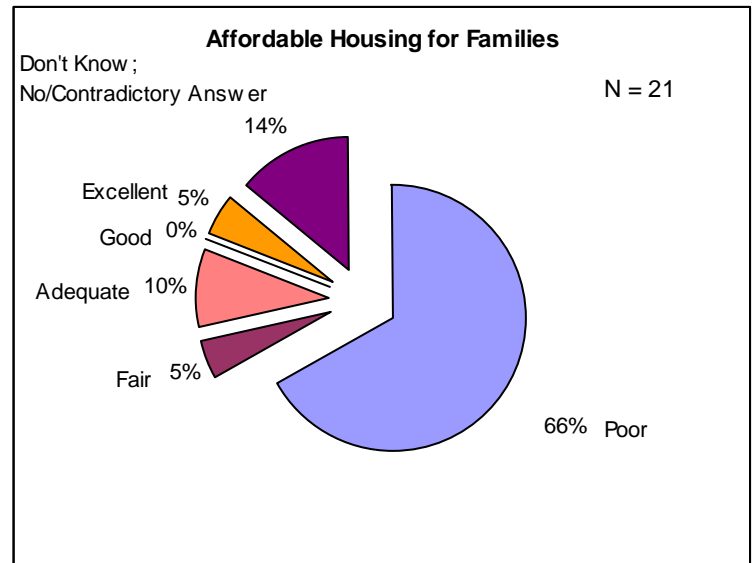
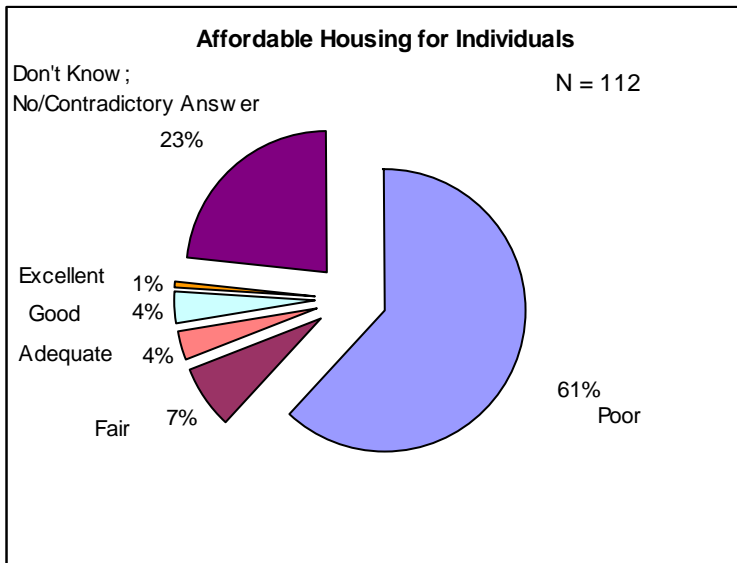
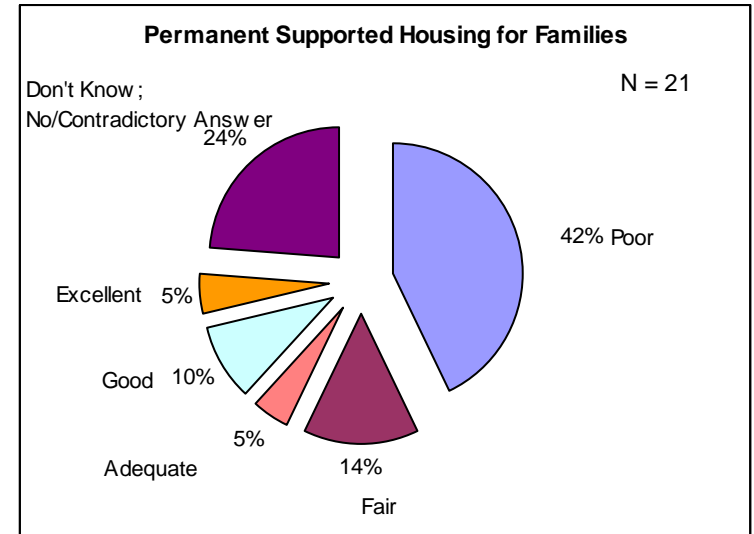
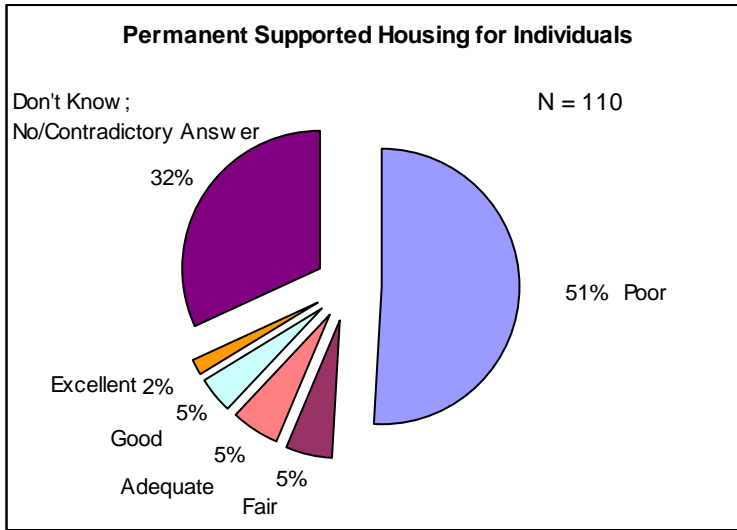
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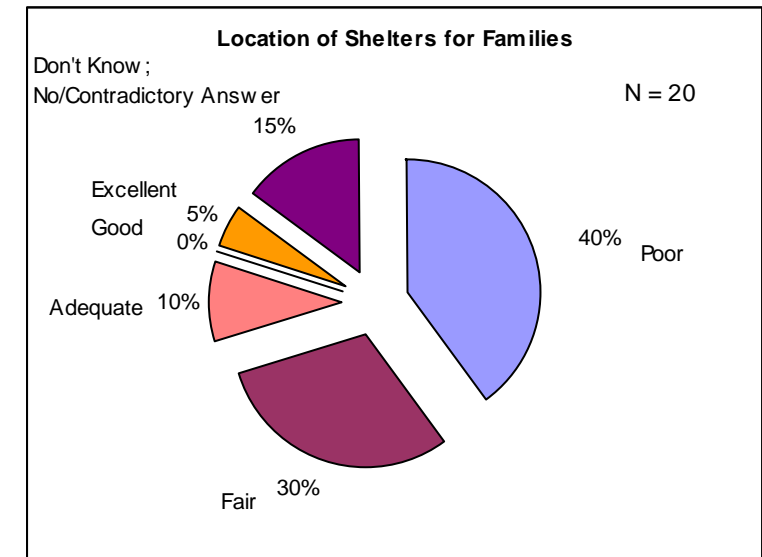
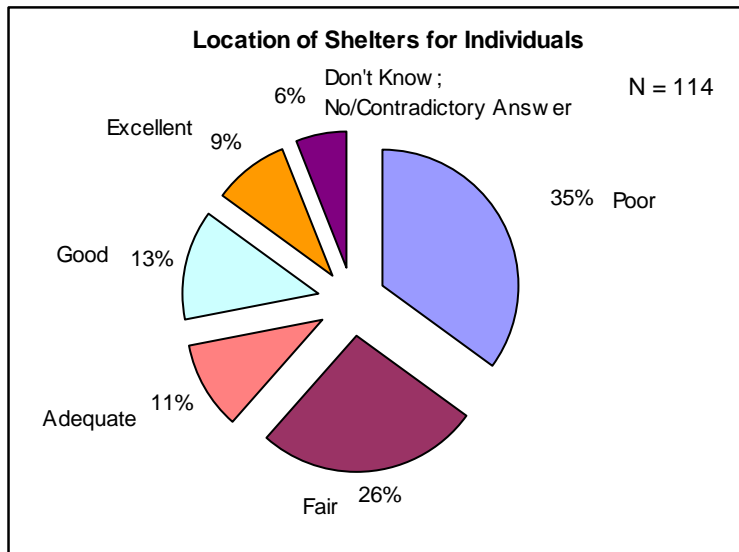
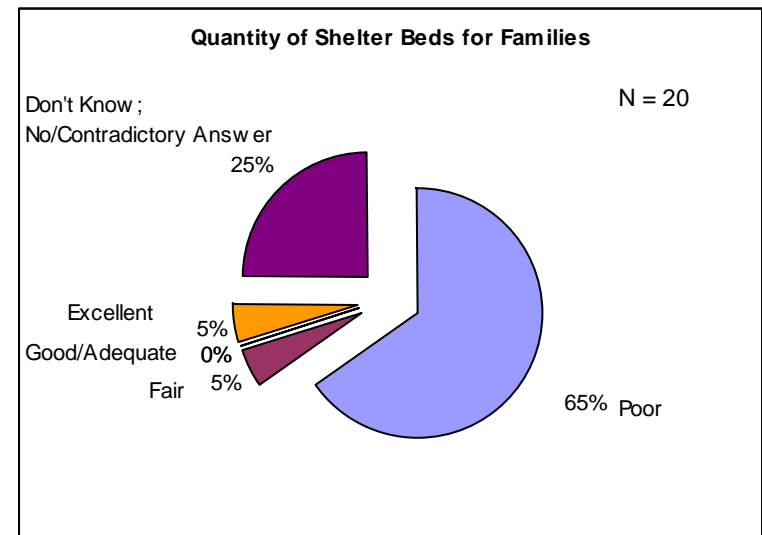
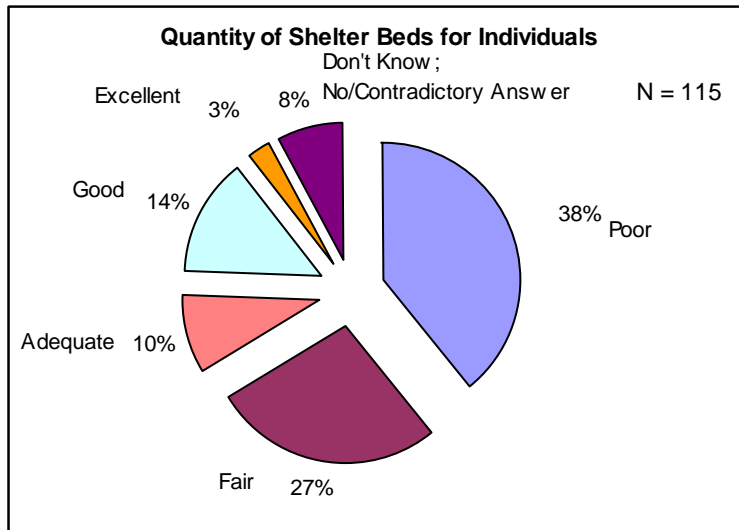


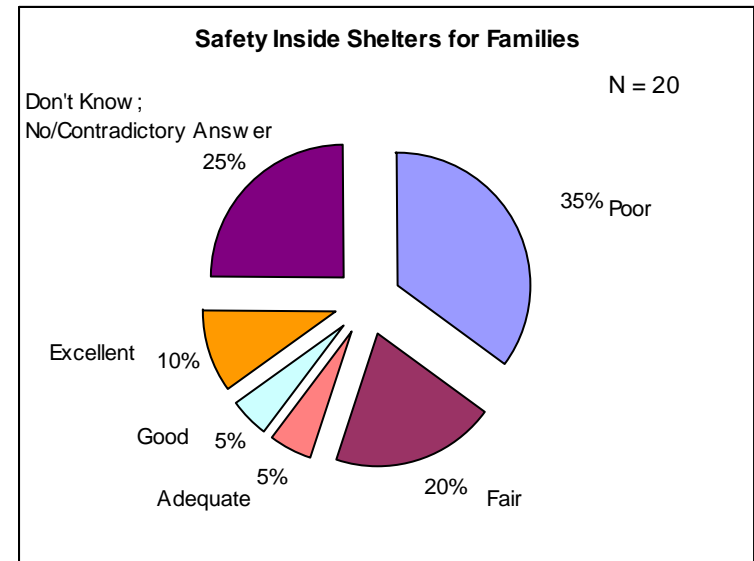
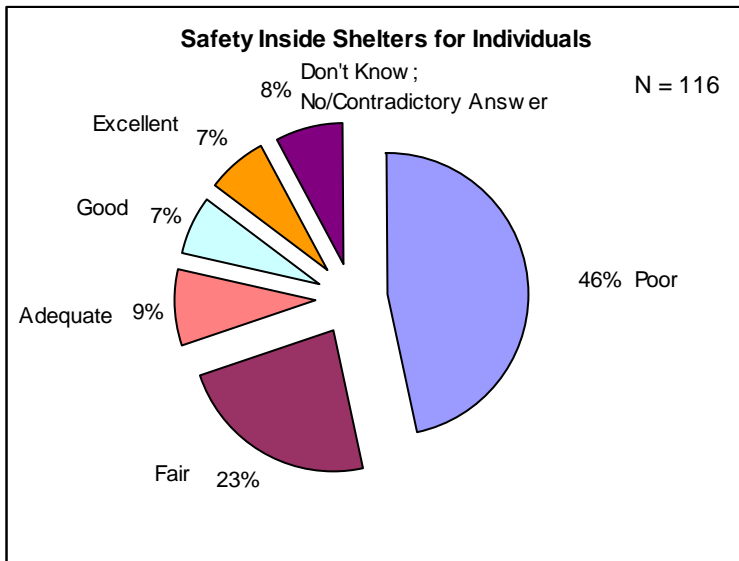
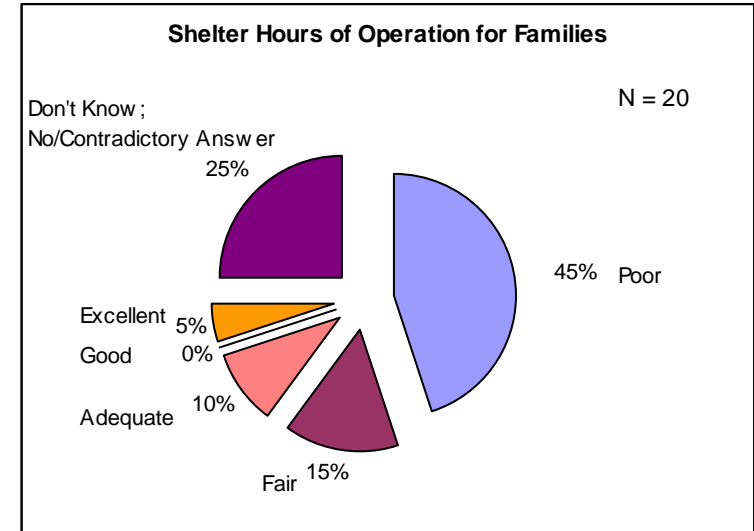
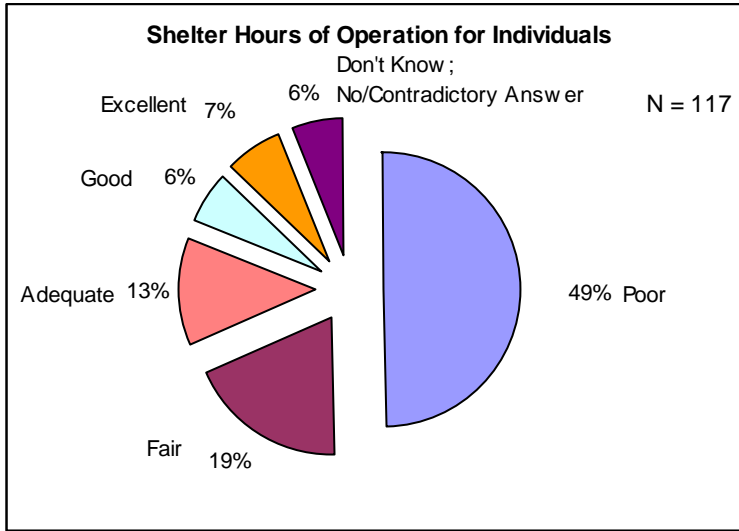
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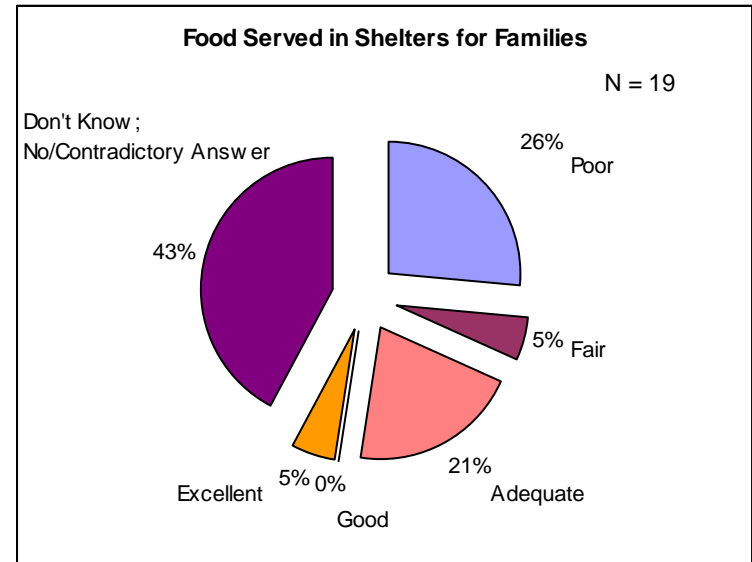
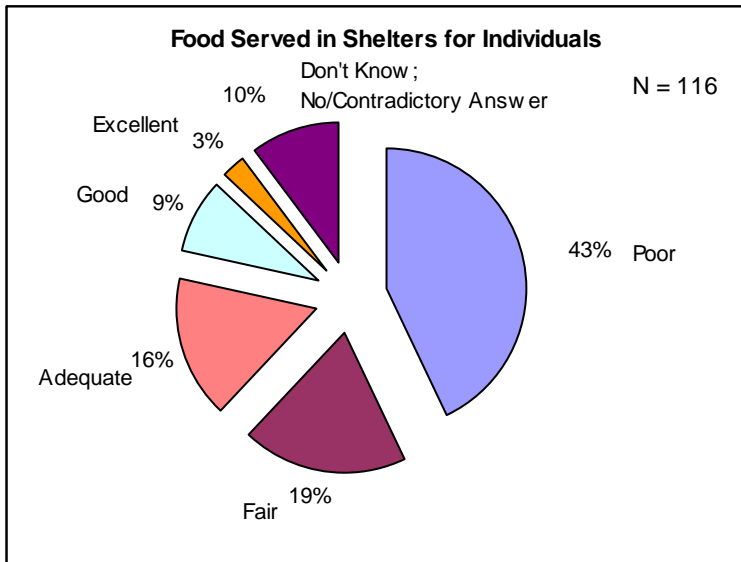
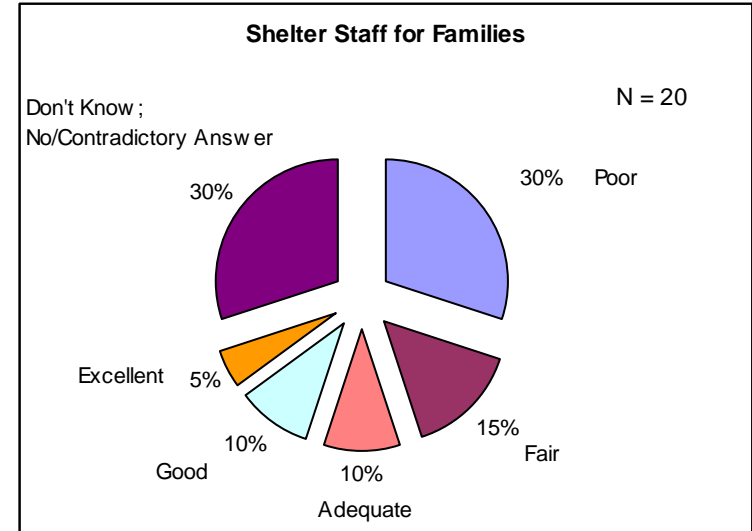
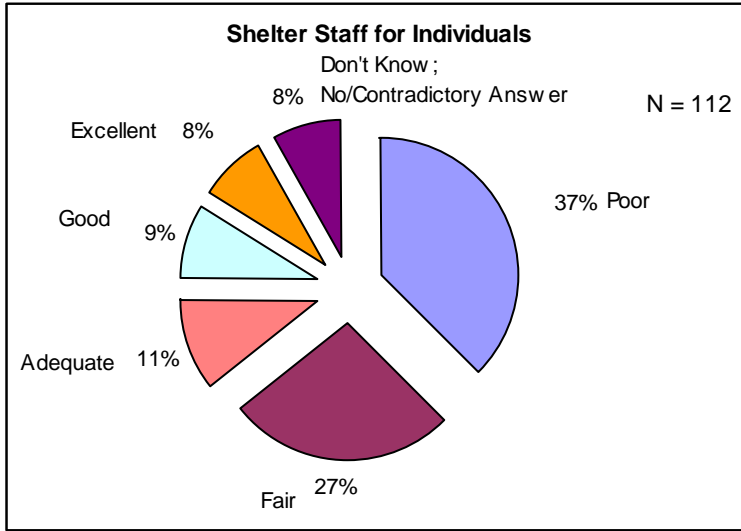


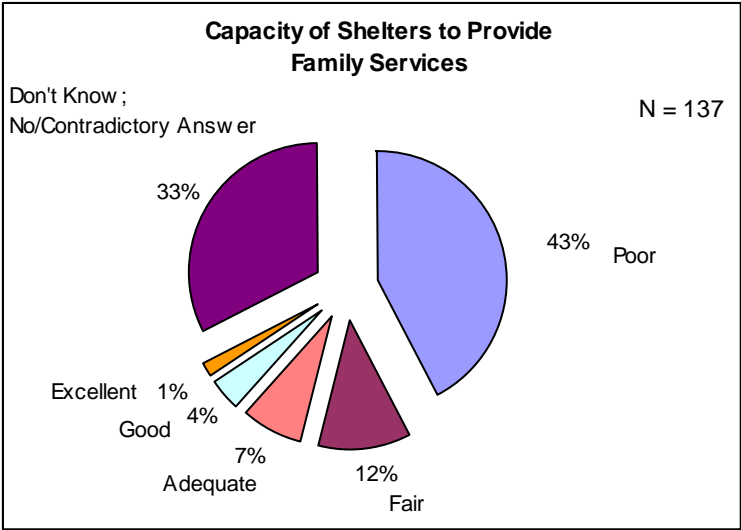


Shelter Conditions









Social Services

