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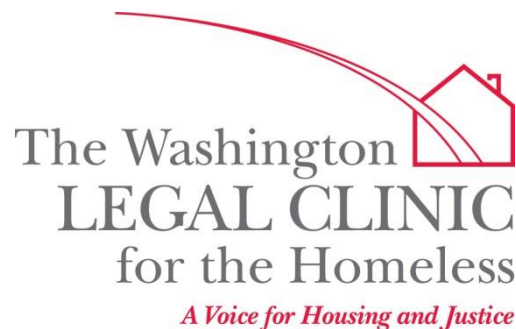
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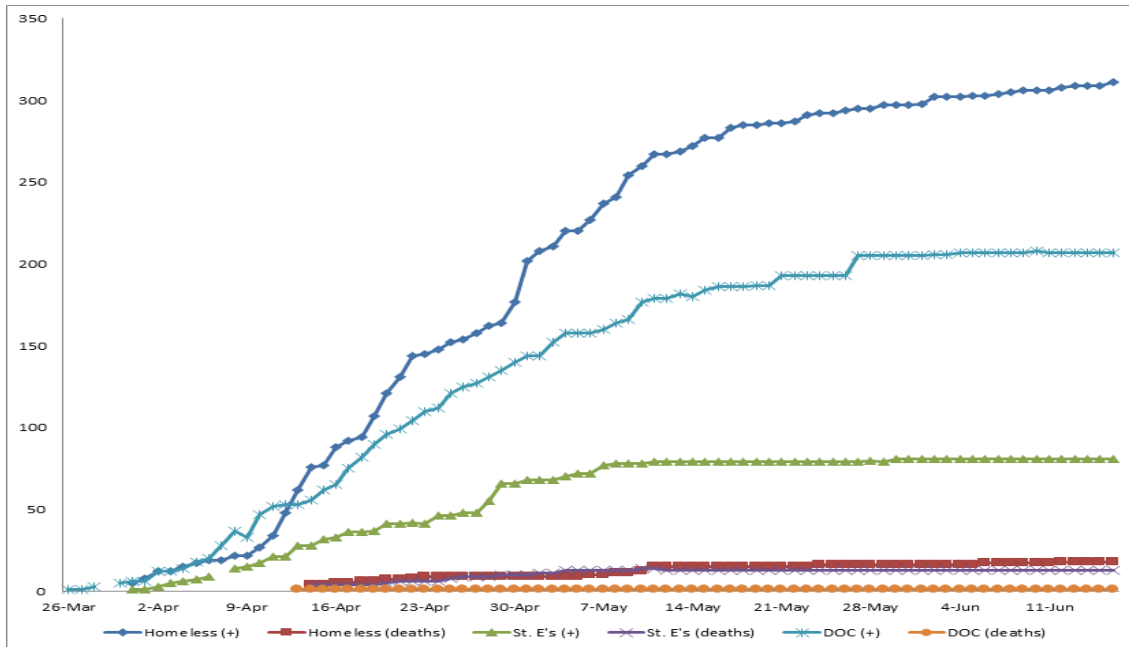


**Testimony before the DC Council Committee of the Whole
Budget Oversight Hearing on the Budget Support Act and Local Budget for FY21
Amber W. Harding and Brittany K. Ruffin
Washington Legal Clinic for the Homeless
June 18, 2020**

The Legal Clinic envisions a just and inclusive community for all residents of DC, where housing is a human right and where every individual and family has equal access to the resources they need to thrive. We fully support the asks of the Fair Budget Coalition and the Way Home Campaign.

The COVID-19 pandemic has amplified what we have known for a long time-- a safe, private space to live improves health and saves lives. We began this public health emergency with thousands of people, 87% of them Black, at significant risk of contracting or dying of COVID-19 precisely because they had no homes, and precisely because of the structural racism infused in homeless services policy and design choices for decades. **We ask you to affirmatively prevent harm to Black communities, not just mourn harm after it occurs.** Thousands of Black residents have been displaced over the years. 311 people who are homeless have contracted COVID-19. 18 have died. This is a path paved by deliberate political decisions. If DC had ended chronic homelessness in 2017, meaningfully invested in deeply affordable housing, or ever seen the humanity of people experiencing homelessness as equal to that of elected officials, DC wouldn't have overcrowded congregate shelters and street encampments—environments ripe for virus transmission.

When the pandemic hit DC, the vast majority of people experiencing homelessness had no safe way to shelter in place. People on the street, who had been saying for years that shelters were unsafe and unhealthy, were vindicated yet found little comfort-- they still struggle to meet their basic needs as access diminishes to bathrooms, drinking water, food, and basic income. Meanwhile, people in congregate shelters find every aspect of their lives fraught with risk. Once the virus hit congregate shelters, the exposure and number of deaths has grown even beyond the similarly damning numbers found in the jail and St. Elizabeth's. (See below.)



Place People in Hotels, Dorms and Housing to Prevent COVID-19 Transmission

On April 24, we sent a letter to the Mayor¹ urging her to immediately shift her approach to COVID-19 in the homeless community and take the following steps:

- Immediately offer a COVID-19 test to every person who lives on the street or in a congregate setting.
- Immediately offer a placement to every person who lives on the street or in a congregate setting into a private and non-congregate setting, such as a hotel room, a private dormitory unit, or a vacant housing unit. Develop a system to screen and place people who become homeless during this time into private settings. In these non-congregate settings, provide food, staffing, other basic needs, and medical assistance, as appropriate. Ensure that those residents are checked on regularly.
- Retain non-congregate placements until COVID-19 is no longer a pandemic or epidemic and has been nationally contained by widespread access to a vaccine. Simultaneously work to quickly place people into safe, affordable housing to limit the number of individuals who will eventually return to congregate settings.

Since then, 684 individuals and 78 organizations have signed onto a petition supporting our asks. A copy is attached.²

Not much has changed for the positive since we sent our letter on April 24. 172 additional people experiencing homelessness have contracted COVID-19 and 10 more have died. The Mayor's Order on vulnerable populations from April 15 has still not been completely implemented, meaning testing is not as widely available as it should be. DHS opened a new hotel for medically vulnerable, high risk individuals, but that hotel alone will not be enough space to serve all who are high-risk.³ Two seasonal shelters closed, and the only expanded capacity is in the largest shelter in the country—

¹ Found at <https://www.legalclinic.org/wp-content/uploads/2020/04/Covid-19-in-Homeless-Community-Need-for-Noncongregate-Approach-4-24-20.pdf>.

² Our blog is updated regularly with new organizations that have signed on: <https://www.legalclinic.org/moving-from-congregate-shelters-to-private-rooms-needs-to-happen-now-to-save-lives/>.

³ <https://www.cdc.gov/coronavirus/2019-ncov/need-extra-precautions/people-at-higher-risk.html>

CCNV. DHS has reported to the Council that they have turned away people from shelter due to limits they have put on numbers in order to try to practice social distancing. Denying people shelter cannot be the answer. Meanwhile, two hotels formerly used for quarantine sit vacant, their rooms paid for, and the Administration refuses to place people experiencing homelessness in those rooms to protect them from the virus.

Meanwhile, families continue to be harmed by overly restrictive eligibility policies and procedures that, by design and practice, treat each shelter applicant with suspicion. Families are being forced to choose between following public health precautions and accessing shelter-- either because they have to go out to get documents to prove eligibility or because they are still being required to couch surf until there is not a couch left on which to surf-- meaning contact with multiple different households prior to entering shelter. These practices put applicant families, families in the shelter, and others in the community at risk of further spread of the virus. We had been assured that Interim Eligibility would be generously applied during the public health emergency, but that mandate, if in fact given, has not been uniformly implemented.

You need only look at one other jurisdiction to see the impact of political decisions on the lives and health of people experiencing homelessness. On March 28, just a few weeks after the first case hit Connecticut, the governor issued an Executive Order and the Commissioner on Public Health issued an order that the entire state:

immediately arrange for the movement as needed of people experiencing homelessness from congregate shelters to alternative housing for the purpose of providing adequate social distancing between all individuals, including appropriate housing for currently healthy, reasonably believed to have been exposed to or infected with COVID -19, or recovering from COVID -19 individuals.

Since March 28, Connecticut has placed half their single homeless population, around 1000, in 15 hotels, where they will stay until they have moved into housing. Connecticut has received substantial FEMA reimbursement for these hotels, including for staffing, which is done by homeless providers. The state has also committed to provide at least 1000 housing placements this year for people experiencing homelessness, primarily using federal CARES Act funds.

While at first Connecticut providers prioritized high risk individuals, they shifted quickly to provide hotel stays to people on the street and in congregate settings regardless of age or medical condition. The purpose was not just to prevent deaths, but to decompress shelters and prevent the transmission of COVID-19 in the homeless community. Most shelters have had their numbers cut at least in half, and their shelters are in general much smaller than ours. (The biggest shelter in the state had 150 people in it prior to the public health emergency.) Connecticut has also moved to regular, universal testing of remaining shelter residents. They are aiming to test every person around every other week.

The results speak for themselves. In the entire state, Connecticut reports that only 13 persons experiencing homelessness have contracted COVID-19 (.6% of CT homeless individuals) and zero have died. Not one person who has been moved to a hotel has contracted COVID-19. In stark contrast, as of June 15 in DC, 311 people experiencing homelessness have contracted COVID-19 and 18 have died. While those numbers include a few individuals who are part of families, the vast majority of DC's cases are unaccompanied adults, which means almost ten times the *percentage* of people experiencing homelessness have contracted COVID-19 in DC than in Connecticut.

If history is prologue, the government will be tempted to respond to a recession by restricting access to lifesaving services like emergency shelter.⁴ We cannot let that happen. We know that the right approach is to provide noncongregate spaces for people and then move them into housing.

→ **The Council should fully fund a requirement that DHS offer each person a noncongregate placement until a vaccine is widely available.**⁵

→ **The Council should pass Budget Support Act language to require the Administration to place people in noncongregate placements during the public health emergency (see attached).**

Homelessness and Eviction Prevention

DC must do everything it can to support people in keeping their homes because eviction is, and always will be, traumatic and unjust. It also directly impacts individual and community health outcomes. At a time when more people than ever before will need help paying their rent, the Mayor did not add any new money to the Emergency Rental Assistance Program. This is a program that runs out of money every year even when the economy is strong. While DC may get some federal funding it can use for that purpose, we do not yet know how much, and it is very unlikely to meet the increased need *plus* DC's preexisting need. We support expanding eligibility and exploring moving the program to the Office of Tenant Advocate to serve a broader group of tenants as part of the Cancel the Rent asks.

→ **We ask the Council to increase ERAP by at least \$12 million and develop an expanded eviction prevention program.**

Restore Cuts to Homeless Services

For people currently experiencing homelessness, their needs have become more acute in the public health emergency, and the cost of providing humane, safe, and sufficient homeless services will only increase in the next year. Yet the Mayor has cut the DHS homeless services budget.

→ **The Council should restore the cut if it is going to impact services for people experiencing homelessness.**

End Family Homelessness

We believe that the fact that Mayor Bowser increased Rapid Re-housing for families by \$11 million this budget year, while not putting one dime into tenant vouchers, is a direct result of systemic racism and paternalism baked into the District's housing policies. Families have not asked for an increase in Rapid Re-housing. What families want is permanent affordable housing—they want the security that such housing would provide, knowing they could weather a recession without losing their homes, knowing they could tell their children with confidence that they will never be homeless again. Instead, though, the Mayor increases Rapid Re-housing, provides only about 50 permanent supportive housing subsidies for any families to transition to, and makes no enforceable promises that they will refrain from terminating families for reaching a time limit during a public health emergency or recession.

Rapid Re-housing itself is explicitly premised on a racist myth—that Black families will not be motivated to earn more money unless they are facing a strict time limit. The program harms and

⁴ Even in good economic times, this Administration has responded to increased need by narrowing eligibility to shelter, particularly for families, and defining people out of assistance. In the middle of this public health emergency, DHS reissued its extremely restrictive and problematic emergency regulations on the Homeless Services Reform Act, with only a few minor changes. Our opposition to those regulations stands, and our comments can be found here: <https://www.legalclinic.org/wp-content/uploads/2019/10/Comments-on-Homeless-Services-Reform-Act-Regulations.pdf>

⁵ Our asks are consistent with the ReOpen DC recommendations for homeless services, found on page 49: <https://cdn.flipsnack.com/widget/v2/flipsnackwidget.html?hash=funqraelc&t=&fullscreen=1>

traumatizes Black families by failing to provide any path to affording their own rent and then terminates them knowing that they will soon be evicted. The Administration has fought against Council efforts to increase permanent housing vouchers or to reform Rapid Re-housing by spreading pernicious racist myths. In addition to the dependency myth, there's the fraud myth—that if too many vouchers are available, families will game the system and pretend to be homeless to get help with housing. These myths are irrational, appalling and unacceptable. The increase in this program should be diverted to vouchers for families, which are cheaper than Rapid Re-housing and respond to the stated wishes of families—who know best what they need.

Nevertheless, we would support maintaining some of the increase if there was enforceable statutory language preventing the Administration from terminating families in Rapid Re-housing for time limits in FY21. Right now, DHS will only commit to foregoing such terminations on a monthly basis, which means families are right now unsure whether they will be terminated when July begins. **BSA language is attached.**

If any time has proven the need for stable permanent housing based on income, it is this public health emergency. The Mayor, however, flat-funded Local Rent Supplement tenant vouchers and Targeted Affordable Housing for families, both incredibly successful housing programs that end homelessness permanently. While DHS will tell you that Rapid Re-Housing is less expensive than shelter or PSH-- and it is-- it is *more expensive* than permanent housing vouchers, like Targeted Affordable Housing. The majority of homeless families do not need intensive services, and they certainly do not need services that fail to help them increase their incomes.

It is important to note that the system, to be fair and to meet the Administration's objectives of moving people through its programs requires both LRSP tenant vouchers, that go to homeless households on the waiting list, and Targeted Affordable Housing (TAH), that go to homeless households in DHS homeless services programs. This is in part because the DCHA waiting list has been closed for so long that many homeless persons are not on the list—particularly in family programs where nearly half the families have a youth head of household. We recommend streamlining Targeted Affordable Housing or creating a set-aside of LRSP tenant vouchers to serve homeless families in shelter and Rapid Re-housing. Right now, the process is unnecessarily bureaucratic. DCHA knows how to determine eligibility for vouchers. Families should be able to self-refer with documentation that they are participating in a DHS homeless services program like emergency shelter or Rapid Re-housing. There is no reason to require families to go through a case manager and the Community Partnership prior to ever getting to DCHA. Oftentimes that process is much longer and more burdensome than it needs to be, leading to higher administrative costs and delays in getting money out the door and people into housing. We could serve more families more quickly if we allowed families to apply directly to DCHA for these vouchers. **BSA language is attached.**

→ **We ask that the \$11.7 million increase in Rapid Re-Housing in FY21 be diverted to Targeted Affordable Housing (or a set aside of LRSP vouchers). We must also add \$5.69 million for a total of \$17.39 million in order to fund 712 vouchers for families.**

→**The Council should also require a moratorium on time limit terminations in FY21 to allow families to have a shot at getting employment and recovering from the public health emergency.**

→**We recommend streamlining Targeted Affordable Housing or creating a set-aside of LRSP tenant vouchers to efficiently meet the needs of homeless families.**

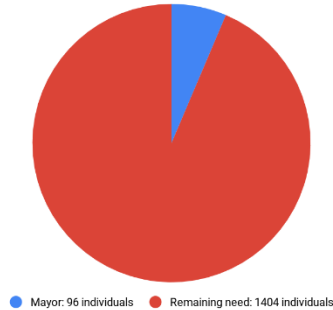
→ **We ask for \$10.42 million for 500 LRSP tenant vouchers to provide deeply affordable housing subsidies to people experiencing homelessness.**

End Chronic Homelessness

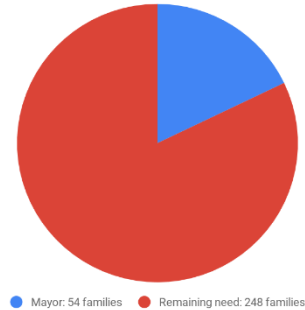
DC will run up against a real crunch in shelter capacity if it does not have enough housing assistance to exit people from shelters, or the noncongregate settings we hope to see them moved into. While the Mayor has increased permanent supportive housing investments to serve an additional 96 individuals and 54 families, that is not even enough housing to serve the people that DHS has already determined are medically vulnerable and at high risk of dying of COVID-19.

→ **We are asking for additional PSH for 1404 individuals and 248 families.**

PSH for Individuals



PSH for Families



Invest in Re-entry Housing Pilot

In the last 2 months, more than 700 returning citizens have been released and returned to the DC community. 38% have identified as being homeless. DC residents from the now-closed Hope Village lost jobs and had to leave DC, relocated to halfway homes in neighboring states, or be denied home confinement because of lack of housing. Recent emergency legislation has created good policies in allowing more people to be released, but the current budget makes no provision to support these individuals. We are asking the Council to create a 3 year pilot program to provide housing and services to 50 individuals through OVSJG at a cost of \$1.8M for one year (\$5.4/3 yrs).

→ **We ask for \$1.8 million per year for a Re-entry Housing Pilot.**

Build Deeply Affordable Housing

We asked for \$180 million in the Housing Production Trust Fund (HPTF) in FY21 to be devoted to building housing for DC residents making 0-30% AMI. The Mayor invested \$100 million in HPTF, meaning \$50 million should go towards housing for 0-30% AMI. There is a gap, then, of \$130 million between our ask and the current proposal. Those projects need an operating subsidy to run, usually provided through the project-sponsor based Local Rent Supplement Program (LRSP). We estimated DC would need \$24 million to match \$180 million in HPTF. The Mayor put in zero dollars to the program, though, which clearly is not sufficient even to match the \$50 million in HPTF in the current budget proposal for 0-30% AMI.

We will also note that the Administration is failing significantly to meet its statutory requirements to devote 50%, or even 40%, of HPTF to 0-30% AMI projects. In FY19, only 13% of HPTF went to 0-30% projects. SO far in FY20, even though the minimum has been raised to 50%, DHCD has only contracted 17% of HPTF funds to 0-30% AMI projects. That is a problem, and the Council needs to step up its oversight to determine the source of this problem and then follow-through with a solution, including looking into greater enforceability provisions in the HPTF statute.

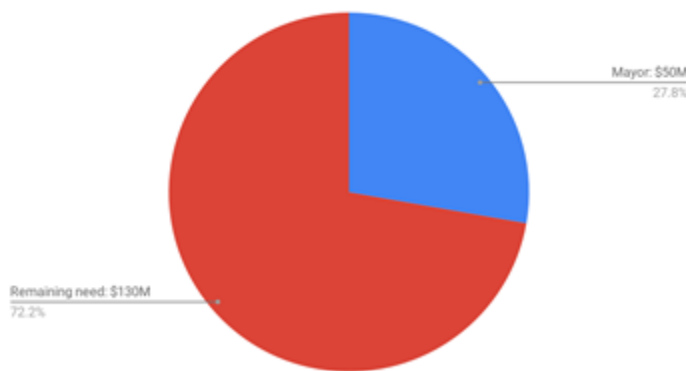
The mayor has also proposed a tax abatement program for the creation of some affordable units in desirable areas of the city at 80%AMI or less. However, we know that the “or less” is almost never a consideration. Everyone wants to see more housing created in DC, but people are tired of hearing about “affordable housing” creation in this city that is only targeted at 80%AMI households. It is simply disingenuous for this administration and Council to continuously act as though households making approximately \$100,000/year need more assistance to remain in DC than those making one-third (1/3) of that. **We recommend that the tax abatement only be provided to the creation of units at 50%AMI and below, and that there be clawback terms added to the BSA to ensure that developers follow through on their promises.**

→ **Invest an additional \$130 million in HPTF for 0-30% AMI and \$24 million in project/sponsor-based LRSP.**

→ **Increase oversight mechanisms to ensure 50% of HPTF goes to building 0-30%AMI project.**

→ **Better target the property tax abatement to the creation of affordable housing available to people with incomes below 50% of AMI.**

Housing Production Trust Fund (0-30% AMI)



Repair Public Housing

Last year, after no investment from the mayor, advocates and councilmembers worked diligently to make sure that there was money in the final budget for public housing repairs. Mayor Bowser invested in public housing repairs over the next two years in the Capital Improvement Plan (CIP). Consistently, advocates have echoed the agency’s budget request for a recurring \$60 million for a minimum of ten years that will address the substantial preservation, rehabilitation, and redevelopment needs of DC’s public housing properties. Currently, the budget allocates \$25 million for public housing repairs in FY21 and \$15 million in FY22. The proposed budget is not enough to make the substantial changes necessary for the tenants in DC’s only true stock of deeply affordable housing.

A lack of funding means fewer improvements for those who have had to tolerate substandard housing conditions for far too long. Buildings are currently in need of new roofing, bathrooms, kitchens, and furnaces. Entire units are in need of renovation and lead abatements. Too many properties are in need of replacement elevators, piping, generators, and HVAC systems. However, these are not just buildings, units, and properties. These are the homes of thousands of DC residents- -real families that will have to go longer without better and safer housing because of insufficient funds.

Along with a more substantial financial investment in public housing repairs and housing homeless DC residents, we hope that the Council will strongly support **the *Public Housing Preservation and Tenant Protection Amendment Act of 2020* and include its language in the BSA**, connected to the

new appropriations. That legislation will memorialize DCHA's stated commitment to its residents, ensuring that public housing residents can rightfully access the housing that is intended for them upon any property redevelopment or transformation.

→ **Increase funding for public housing repairs by \$35 million in FY21 and \$45 million in FY22 to reach an annual investment of \$60 million per year. Add \$60 million to subsequent fiscal years as well.**

→ **Include protections from the *Public Housing Preservation and Tenant Protection Amendment Act of 2020* in the BSA.**

Public Housing Repairs



Sources of Funding

Divest from Police

The MPD’s budget is more than half a billion dollars. Despite a lack of investment in the human needs of DC’s people, the decision was made to increase MPD operating budget by 3.3% and capital budget by 51.3%—unnecessary and tone-deaf investments that dismiss the reality of the underfunded needs of so many in DC, particularly during a pandemic. DC’s massive budget is more than those of the major agencies meant to provide real human service needs. The District has more officers per capita than anywhere in the nation. Yet, the nearly \$18 million operating budget increase is primarily for increased personnel. The MPD budget has consistently grown, while budgets of agencies that actually provide life enhancing and essential services to DC residents have faced cuts.

At a time when this city and nation are at a crucial point of reckoning in addressing white supremacy, police brutality, and the dehumanization of Black bodies and lives, DC must step up to acknowledge, address, and rectify its role in those systems. Despite being 46% of the city’s population, DC’s Black residents make up the overwhelming majority of those experiencing homelessness, those in public housing, those incarcerated in DC Jail, those policed in their neighborhoods, those who have died from COVID-19, and those who have been displaced from the city. These debilitating statistics are the result of intentional government policies and underinvestments.

Funds should be diverted from MPD to programs and services that help District residents, not hurt them, including deeply affordable housing. The increase in MPD capital funds should be diverted to public housing repairs and other projects that actually serve DC residents.

Divert Money from Rapid Re-housing

See above. Funds should be diverted to deeply affordable permanent housing for families.

Divert Money from the Streetcar

As you can see below, the Benning Road extension of the Streetcar has an unencumbered balance of \$44.7 million in FY20 and a proposed budget of \$36.8 million in FY21 and \$45.5 million in FY22. That’s \$127 million in the capital budget that would be better spent on repairing and rebuilding public housing so its residents have humane, safe housing in which to live. There is also \$5.4 million in PayGo funds in the Streetcar budget that would be better used for public housing repairs, ERAP or HPTF.

SA034C	STREETCAR - BENNING EXTENSION	Mayor's Proposed FY21 CIP Change	0	0	36,843,489	45,463,417	0	0	0	0	82,306,916
		Available Balances	49,209,288	44,719,865	0	0	0	0	0	0	0

Divert Money from the K Street Transit Project

In FY22, there is \$66.2 million in the K Street project. In FY23 there is \$50.9 million. At least a portion of that funding, if not all, should be moved into public housing repairs.

Increase Revenue to Further Economic and Racial Justice

Value the lives and needs of the many over the property and wealth of the few. We support the recommendations of the Fair Budget Coalition to increase taxes on the wealthy, close tax loopholes, and reform our tax code to both raise revenue and further economic and racial justice. The full recommendations can be found here: <https://www.legalclinic.org/wp-content/uploads/2020/06/May-28-2020-FBC-Letter-regarding-revenue-recommendations.pdf>

As Councilmember McDuffie said, criminal justice reform is: “one aspect of justice that Black communities need to have. There’s also an economic justice that needs to occur in these conversations, particularly as the city looks at our budget right now.... If, after these protests subside, we don’t see meaningful change with actual policies that go along with funding and commitments, then it’s not real justice and I won’t be prepared to support it.”

Budget Support Act Subtitles

(Yellow highlighted is new language.)

COVID-19 and homelessness

1.Right to shelter: modify right to shelter to include during a public health emergency

HSRA amendments:

- Definitions 4-751.01

Add “public health emergency”

A “public health emergency” shall include a period of time for which the Mayor has declared a public health emergency pursuant to section 5a of the District of Columbia Public Emergency Act of 1980, effective October 17, 2002 (D.C. Law 14-194; D.C. Official Code § 7-2304.01).

- Continuum of care 4-753.01

(c)(1) 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, or when there is a public health emergency the District shall make available appropriate space in District of Columbia public or private buildings and facilities for any resident of the District who is homeless and cannot access other housing arrangements. The District may make such space available for any person who is not a resident of the District, is homeless, and cannot access other housing arrangements; provided, that the District shall give priority to residents of the District.

(2) (A) In making appropriate space available in District of Columbia public or private buildings and facilities, the District shall not use District of Columbia Public Schools buildings currently being used for educational purposes without the prior approval of the Mayor.

(B) Appropriate space during a public health emergency shall include space that adequately protects clients from contracting or spreading illnesses and meets basic needs such as food and hygiene supplies.

- Clients’ rights 4-754.11

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

(5) shelter in severe weather conditions and during a public health emergency;

- No entitlement to services 4-755.01

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 and during a public health emergency as authorized by § 4-754.11(5).

2.Right to COVID-19 test, expansion and enforcement of Mayor’s Order 2020-063

Any individual or family sharing living space, including but not limited to bathrooms, common areas, encampments, or congregate facilities, shall have the right to receive notification without reference to personally identifiable information that another individual or family who shares the same living space has tested positive for COVID-19. That individual or family shall also have the right to be tested for COVID-19 upon such notification

3.Private rooms

New HSRA Section: Private rooms for single adults during the COVID-19 public health emergency.

a. For the purposes of this section, “private room” means private room pursuant to §4-751.01(28A) except that it shall also include a private bathroom that has a toilet, sink, and a bathtub or shower.

b. The Department shall offer all individuals who are homeless a placement in a private room during a public health emergency. Upon client request, they may be placed in a private room with another client.

c. Private rooms offered pursuant to this section shall be operated as low barrier shelter as defined by §4-751.01(26), except that placements will continue without requiring daily application for placement.

d. For individuals who do not accept a transfer to a private room, the Department shall ensure that all shelters implement established CDC or Department of Health guidelines and protocols to reduce the risk of infection spread through such facilities, including but not limited to:

- 1) ensuring that beds are located at least six feet apart from each other, unless located in a private room,
- 2) requiring that, where practicable, staff of such facilities maintain a distance of at least six feet from one another at all times,
- 3) regular deep cleaning of all shared and nonshared spaces under the direction of a sanitarian,
- 4) provision of masks, hand sanitizer, soap, and other personal hygiene supplies to reduce the risks of transmission,
- 5) testing upon request for the disease that is the subject of the public health emergency.

e. The Department may prioritize the placement into private rooms of any medically vulnerable or high risk individual until sufficient rooms are obtained, except that:

- 1) the Mayor shall issue rules on the eligibility for any prioritization or eligibility of clients for placement in private rooms during a public health emergency, if the prioritization or eligibility for those sites is different than eligibility for Continuum of Care services pursuant to §4-753.02, and
- 2) Clients denied such prioritization or eligibility shall receive lawful notice of denial pursuant to §4-754.33.

f. The Department shall retain placements in private rooms until the risk of infection spread has been determined by the Department of Health to be minimal in congregate facilities, or until a vaccine is

widely available, except that the Department shall make all reasonable efforts to place individuals from private rooms into permanent housing.

4.Reporting/data

(x) A new paragraph (?) is added to read as follows:

“(?) During a period of time for which the Mayor has declared a public health emergency pursuant to section 5a of the District of Columbia Public Emergency Act of 1980, effective October 17, 2002 (D.C. Law 14-194; D.C. Official Code § 7-2304.01), provide to the Council Committee with jurisdiction over the Department of Human Services a weekly written update containing the following information:

“(A) Unless otherwise distributed to the Chairperson of the Council Committee with jurisdiction over the Department of Human Services, a daily census for that week of individuals within the homeless services shelter system, by shelter site and by quarantine or isolation site

“(B) A description of:

“(i) All actions taken by the District Government to improve conditions of shelter and comply with and implement CDC guidelines and recommendations, including by the Director of the Department of Human Services, or their designee; and

“(ii) Without reference to personally identifiable information, COVID-19 testing protocol of individuals receiving shelter within homeless services and homeless services employees, including whether and under what conditions the District is testing asymptomatic individuals.”

“(iii) Without reference to personally identifiable information, a daily census for the week of the number of novel 2019 coronavirus (SARS-CoV-2) positive cases and number of novel 2019 coronavirus (SARS-CoV-2)-related deaths for both employees and residents of the shelter system facilities and/or providers, including demographics of age, race, and reported gender identity.”

“(iv) A daily census for the week of all site locations being used as quarantine, isolation, or PEP-V sites

(y) A new paragraph (x) is added to read as follows:

“(x) shall report daily to the Department of Health, both, the number of novel 2019 coronavirus (SARS-CoV-2) positive cases and number of novel 2019 coronavirus (SARS-CoV-2)-related deaths for both employees and residents of the shelter system facilities and/or providers during the period of time for which the Mayor has declared a public health emergency pursuant to section 5a of the District of Columbia Public Emergency Act of 1980, effective October 17, 2002 (D.C. Law 14-194; D.C. Official Code § 7-2304.01), and for 60 days thereafter.

Rapid Re-Housing

4-754.36b Program exits

(a) A provider may exit a client from a housing program only when:

(1)(A) The housing program is provided on a time-limited basis, and the client's time period for receiving services has run, except that such time period shall be tolled during a public health emergency and for a period of 6 months after the end of such public health emergency;

(B) The Mayor determines that the client cannot be recertified to continue receiving services; and

(C) The client was assigned to the provider for substantially all of the client's time in the housing program; or

(2) Pursuant to [§ 4-753.02\(b-1\)](#), the Mayor determines that the client is no longer eligible for the services.

(b)(1) A provider exiting a client from a program shall provide the client oral and written notice of the program exit at least 30 days before the effective date of the program exit.

(2) Written notice issued pursuant to this subsection shall conform to the requirements of notice issued pursuant to [§ 4-754.33\(d\)](#)."

(c) Any client who requests a fair hearing within 15 days of receipt of notice of a program exit shall continue to remain in the housing program pending a final decision from the fair hearing proceedings.

(d) A program exit is not considered a termination of services pursuant to [§ 4-754.36](#).

(e) In Fiscal Year 2020 and 2021, a client may only be exited pursuant to this section if the Department can document that the client has a reasonable likelihood of sustaining housing stability independently of the rapid re-housing program, based on the client's rent burden at the time of program exit, the stability of the client's income sources, and other potential barriers or circumstances that could result in the loss of the client's housing.

Local Rent Supplement Homeless Family Preference

§ 6-228. Tenant-based assistance.

(a) The funds allocated for tenant-based assistance shall be administered through the Authority's Housing Choice Voucher Program. Except as provided in this section, tenant-based assistance provided through the Rent Supplement Program shall be subject to the Authority's existing rules, regulations, policies, and procedures for the Housing Choice Voucher Program. Existing rules, regulations, policies, and procedures affecting the Rent Supplement Program shall be submitted for Council review as required by [§ 6-226](#).

(b) Eligible families shall be selected from the households referred to the Authority pursuant to subsection (c) of this section or the Authority's Housing Choice Voucher Program waiting list according to rules established by the Authority for selection and admission, with the following additional limitations:

(1) Eligible families shall be extremely low-income; and

(2) The Authority shall develop rules that give preference in awarding a percentage of the vouchers funded under this program to District residents who are homeless applicants with one or more children under 18 years of age. The percentage shall be determined by the Authority and shall be included in the rules adopted for the program.

(c) Eligible families may be referred to the Authority by the Department of Human Services or by another District agency designated by the Mayor. **In FY21, families will be considered referred to the Authority if they are current participants in a Department of Human Services program such as emergency shelter or the Rapid Rehousing Program.**

(d) Families and individuals housed in the Rapid Rehousing Program administered by the Department of Human Services or by another District agency designated by the Mayor may be referred to the Authority for the Local Rent Supplement Program for eligibility determination. **Such individuals and families will be considered homeless.**

(e) Households that no longer require supportive services under the Permanent Supportive Housing Program but still require long term housing assistance may be referred by the Department of Human Services, or another District agency designated by the Mayor, to the Authority for the Local Rent Supplement Program for eligibility determination. **Such individuals and families will be considered homeless.**

(f) Agencies within the District government may refer individuals 62 years of age and older to the Authority for eligibility determination for the Local Rent Supplement Program if the individuals are:

(1) Returning citizens within the meaning of [§ 24-1301\(5\)](#);

(2) LGBTQ individuals within the meaning of [§ 2-1381\(2\)](#); or

(3) Persons with a disability as defined in section 3(1)(A) of the Americans with Disabilities Act of 1990, approved July 26, 1990 (104 Stat. 329; 42 U.S.C. § 12102(1)(A)).

(g)(1) In addition to the uses authorized by subsection (a) of this section, funds allocated for tenant-based assistance may be used to assist an eligible household in paying a security deposit and application fee for a housing unit the eligible household is leasing or intending to lease under the Authority's Housing Choice Voucher Program.

(2) For the purposes of this subsection, the term "eligible household" means a household determined by the Authority to be eligible to participate in the Authority's Housing Choice Voucher Program.

FY21 Local Rent Supplement Tenant Vouchers

Sec x During Fiscal Year 2021, the District of Columbia Housing Authority shall fill X tenant-based Rent Supplement Program vouchers, established by section 26c of the District of Columbia Housing Authority Act, effective March 2, 2007 (DC Law 13-105, DC Official Code § 6-228), with families served by Department of Human Services homeless services programs, including rapid re-housing, emergency shelter and homelessness prevention programs. Families may apply directly to the Authority and will thus be considered referred to the voucher program for purposes of DC Official Code § 6-228(c). All families served by Department of Human Services homeless services programs at the time of application will be considered homeless by the Authority for purposes of eligibility. The Authority will administer vouchers by date and time of application, but may give preference to families already on the Authority's waiting list who also participate in a homeless services program.

