

**GOVERNMENT OF THE DISTRICT OF COLUMBIA
The Department of Human Services**



Responses to Fiscal Year 2016-2017 Performance Oversight Questions

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Submission to

Committee on Human Services
Chairwoman Brianne K. Nadeau
Councilmember, Ward 1

Wednesday, March 8, 2017

Committee on Human Services
John A. Wilson Building
1350 Pennsylvania Ave., NW, Suite 102
Washington, DC 20004

Please provide all responses for FY 2016 and FY 2017 to date unless otherwise specified.

1. Please provide a current organizational chart for DHS.

RESPONSE: Please see Attachment Q1 – Organizational Chart.

- a. Please identify the number of full time equivalents (FTEs) at each organizational level and the employee responsible for the management of each program and activity.**

Administration	Director	FTEs	FTEs On-Board
Economic Security Administration	Administrator Anthea Seymour	742 FTEs	712 FTEs
Family Services Administration	Administrator Kathy Harris	142 FTEs	123 FTEs
Office of the Director	Chief Operating Officer Sharon Kershbaum	83 FTEs	77 FTEs
Office of the Director -- Office of Program Monitoring and Investigation	Chief Accountability Officer Christa Phillips	47 FTEs	44 FTEs
TOTAL		1014	956 FTEs

- b. If applicable, please provide a narrative explanation of any organizational changes made during FY16 and to date in FY17.**

RESPONSE: During the course of this past year the Economic Security Administration has experienced major changes in systems and processes. The legacy eligibility system ACEDS (over 25 years old) has been largely replaced by the District of Columbia Access System (DCAS) – this is a major change impacting the entire Agency. In addition, with the assistance of a consulting group, ESA has reevaluated and reengineered the business processes for administering benefits (TANF, SNAP and Medicaid). The Business Process Re-engineering (BPR) started with organizing staff into focus groups to define the current processes and develop the template for the new process.

In recognition of the complexity and skill needed to perform critical eligibility functions, ESA redefined and reclassified a number of positions as follows:

Creation of a Social Services Representative grade 11 position, shifting the career ladder progression from SSR 5, SSR 7 and SSR 9 to SSR 7, SSR, 9 and SSR 11.

The Supervisory Social Services Representative MS 11 was adjusted to MS 12, the Supervisory Social Services Representative MS 12 was adjusted to MS 13 and the Social Services Program Manager was adjusted from MS 13 to MS 14.

2. **Please provide the following budget information for DHS, including the amount budgeted and actually spent for FY16 and to date in FY17. In addition, please describe any variance between the amount budgeted and actually spent for FY16 and to date in FY17:**
 - a. At the agency level, please provide a breakdown by source of funds; Comptroller Source Group; and Comptroller Object.
 - b. At the program level, please provide a breakdown by source of funds; Comptroller Source Group; and Comptroller Object.
 - c. At the activity level, please provide a breakdown by source of funds and Comptroller Source.

RESPONSE: Please see Attachment 2 - Budget.

3. **Please provide a complete accounting of all reprogrammings received by or transferred from DHS in FY16 and to date in FY17. For each reprogramming, please provide a narrative description as to the purpose of the transfer and which programs, activities, and services within DHS the reprogramming impacted.**

RESPONSE: DHS did not have any reprogrammings transferring funds into and/or out of the agency in FY16 or FY17 YTD.

4. **Please provide a complete accounting of all of DHS's Special Purpose Revenue Funds for FY16 and to date in FY17. Please include the following:**
 - a. Revenue source and code;
 - b. Source of the revenue for each special purpose revenue fund (*i.e. license fee, civil fine*);
 - c. Total amount of funds generated by each source or program in FY14 and to date in FY16;
 - d. DHS activity that the revenue in each special purpose revenue source fund supports; and,
 - e. The FY16 and to date FY17 expenditure of funds, including purpose of expenditure.

RESPONSE: Please see Attachment 4 – Special Purpose Revenue.

5. **Please provide DHS's fixed cost budget and actual dollars spent for FY15, FY16 and to date in FY17. Include the source of funding and the percentage of these costs assigned to each DHS administration. Please provide the percentage change between DHS' fixed costs budget for these years and a narrative explanation for any changes.**

RESPONSE: Please see Attachment 5 – Fixed Costs.

6. Please provide a current list of all properties supported by DHS's budget. Please indicate whether the property is owned by the District or leased and which DHS program utilizes the space. If the property is leased, please provide the lease term. For all properties, please provide an accounting of annual costs (i.e., rent, security, janitor services).

RESPONSE: Please see Attachment 6 – DHS 2016 Inventory and Attachment 6 – DHS 2017 Inventory.

7. Please provide a list of any properties vacated by DHS during FY16 and to date in FY17. Please provide an explanation for why the property was vacated and an accounting of any associated costs or savings.

RESPONSE: As indicated in Attachment 6 – DHS 2017 Inventory, DHS vacated 4001 South Capital on 12/20/16 and 609H Street on 2/24/17.

8. Please provide a list of all FY16 and to date in FY17 full-time equivalent (FTE) positions for DHS, broken down by program and activity. In addition, for each position, please note whether the position is filled (and, if filled, the name of the employee) or whether it is vacant.

RESPONSE: Please see Attachment 8 - FTES.

9. How many vacancies were posted during FY16 and to date in FY 17?
- Please indicate which positions were posted and provide a position description.
 - Please indicate how long the position was vacant; whether or not the position has been filled; and where the vacancies were posted (i.e., press release, internet, newspaper, etc.).

RESPONSE: Please see Attachment 9 - Vacancies.

10. Please provide the following information for all grants and sub-grants awarded to DHS during FY16 and to date in FY65, broken down by DHS program and activity:
- Grant Number/Title;
 - Approved Budget Authority;
 - Funding source;
 - Expenditures (including encumbrances and pre-encumbrances);
 - Purpose of the grant;
 - Grant deliverables;
 - Grant outcomes, including grantee performance;
 - Any corrective actions taken or technical assistance provided;
 - DHS program and activity supported by the grant; and,
 - DHS employee responsible for grant deliverables.

RESPONSE: Please see Attachment 10 – Grants Awarded to DHS.

11. Please provide the following information for all contracts awarded by DHS during FY16 and to date in FY17, broken out by DHS program and activity:

- a. Contract number;
- b. Approved Budget Authority;
- c. Funding source;
- d. Whether it was competitively bid or sole sourced;
- e. Expenditures (including encumbrances and pre-encumbrances);
- f. Purpose of the contract;
- g. Name of the vendor;
- h. Contract deliverables;
- i. Contract outcomes;
- j. Any corrective action taken or technical assistance provided;
- k. DHS employee/s responsible for overseeing the contract; and
- l. Oversight/Monitoring plan for the contract.

RESPONSE: Please see Attachment 11 – Contracts Awarded by DHS.

12. Please provide the following information for all contract modifications made by DHS during FY16 and to date in FY17, broken out by DHS program and activity:

- a. Name of the vendor;
- b. Purpose and reason of the contract modification;
- c. DHS employee/s responsible for overseeing the contract;
- d. Modification cost, including the budgeted amount and the amount actually spent; and
- e. Funding source.

RESPONSE: Please see Attachment 12 – Contract Modifications.

13. Please provide an update on the status of each of the following programs/initiatives to include: (1) FY16 and FY17 budget for each program/initiative, by funding source; (2) funding used in FY17 to date; (3) number of people served in FY16 and FY17 to date; (4) timeline for issuing an RFP; (5) target date for funding to be distributed; and (6) identified service providers.

- a. **Rapid Rehousing (singles and families);**
- b. **Targeted Affordable Housing (singles and families);**
- c. **SSI/SSDI Outreach, Access, and Recovery (SOAR);**
- d. **Adam’s Place Daytime Service Center;**
- e. **Downtown Service Center;**
- f. **Coordinated Entry;**
- g. **Homeless Prevention Program; and**
- h. **Shelter for seniors.**

RESPONSE: Please see Attachment 13 – Program Updates

14. What is the total budget for emergency shelter for homeless families in FY 16 and FY 17 to date, by funding source? Please provide a breakdown by emergency placement location.

RESPONSE:

FY16	Local	Federal	Total
DC General	\$6,072,000.00	\$3,374,131.00	\$9,446,131.00
Motels	\$1,278,953.00	\$28,967,089.00	\$30,246,042.00
Apartment Style	\$2,293,176.00	\$1,545,052.00	\$3,838,228.00
TOTALS	\$9,644,129.00	\$33,886,272.00	\$43,530,401.00

FY17	Local	Federal	Total
DC General	\$7,533,806.00	-	\$7,533,806.00
Motels	\$1,800,000.00	\$24,094,211.00	\$25,894,211.00
Apartment Style	\$3,496,716.00	-	\$3,496,716.00
TOTAL	\$12,830,522.00	\$24,094,211.00	\$36,924,733.00

Note: The \$1.8M in Local Motel Funding was allocated by the CA's Office in February to cover hotels through March 2017.

15. Please provide the total expenditures for the homeless services budget, by population, for FY15, FY16, and FY17 to date. Please indicate the budgeted amount versus the actual amount spent for each fiscal year. Please explain any funding increase or decrease.

RESPONSE: Please see Attachment 15 – Homeless Services Budget by Population.

16. Does DHS anticipate a spending pressure within homeless services for FY17? If yes, please indicate what areas within the homeless services continuum will be impacted. If no, can DHS verify that there is adequate funding to continue to provide shelter and support services, without reductions, throughout FY17?

RESPONSE: DHS may have a budget pressure of \$6M-\$8M, on top of the \$1.8M already provided in contingency cash, related to motel costs and family shelter continuum costs. This shortfall is primarily due to reduced availability of TANF carryover funds. DHS will likely be able to access other District resources to plug the shortfall so no services will be impacted.

Family Services Administration (FSA)

17. Please provide the FY16 (approved and actual) and FY17 budgets for all FSA programs. Please indicate and explain any variance. How many clients were served in each program?

RESPONSE: Please see Attachment 17 – FSA FY16 and FY17 budget by program.

Youth Homelessness

18. What is the budget for homeless youth (18-24) and minors (under age 18) for FY17? Please indicate and explain any variance from FY16.

- a. Please identify funding sources.**
- b. Please indicate how funding is allocated among service providers?**

RESPONSE: The FY16 and FY17 budget for homeless minors and youth up to age 24 includes \$7.6 million. With the exception of \$700,000, which DHS uses to fund six FTEs for prevention and diversion, all of the funds are granted out to community based organizations. DHS directly grants out \$3.1M and The Community Partnership’s subcontracts out \$3.8M. Funding for homeless services for youth is all local. DHS’ grantees are listed below.

PROVIDER	FY 2017 BUDGET	TARGET
Casa Ruby	\$420,000	Transitional housing for LGBTQ youth
Casa Ruby	\$372,000	Crisis beds for LGBTQ youth
Casa Ruby	\$75,000	Hypothermia beds for LGBTQ youth
Covenant House	\$367,462	Transitional housing for youth
Covenant House	\$215,979	Crisis beds for pregnant/parenting minors and youth up to age 21
Covenant House	\$100,000	Street outreach for youth
Friendship Place	\$132,000	Street outreach for youth
Latin American Youth Center	\$234,000	Transitional housing for youth
Latin American Youth Center	\$257,437	Transitional housing for LGBTQ youth
Latin American Youth Center	\$144,947	Drop in center for youth
SMYAL	\$295,000	Transitional housing for LGBTQ youth
Sasha Bruce Youthwork	\$228,000	Transitional housing for youth-headed households
Sasha Bruce Youthwork	\$260,000	Drop in center for youth

19. How many homeless youth (18-24) and minors (under age 18) were served in FY16 and FY17, to date? Please indicate the number placed in shelter. Of this number how many identified as LGBTQ?

- a. How many youth under 18 without children were served? Please indicate the services received. Please indicate the number placed in shelter.**
- b. How many youth 19 to 24 without children were served? Please indicate the services received. Please indicate the number placed in shelter.**

- c. **How many youth under 18 with children were served? Please indicate the services received. Please indicate the number placed in shelter.**
- d. **How many youth 18 to 24 with children were served? Please indicate the services received. Please indicate the number placed in shelter.**

RESPONSE: Please see Attachment 19 – Youth and Minors Served.

20. How many shelter beds have been reserved for homeless youth (18-24); minors (under age 18); and minors and youth who identify as LGBTQ? How homeless minors or youth were turned away from shelter because of lack of capacity or other reasons in FY16 and FY17, to date? Please identify the reasons.

DHS and its service providers have never had to turn away any minor child for homeless services. All providers are required to report any suspicion of abuse and neglect to Child and Family Services Agency. For transition aged youth (18 - 24), if capacity is reached at youth specific facilities; they are served in adult programs. The vast majority of transitional age youth seeking services are not literally homeless; they are most often staying with a friend or couch surfing. These youth are housing insecure, and DHS works to connect them to services that will support reunification when safe and appropriate and greater housing stability.

All providers in the homeless continuum of care must provide culturally competent services to all families and individuals that seek services without regard to gender, sexual orientation or identity, as well as other legally protected characteristics.

Programs Funded Directly by DHS:

Program	FY 2016	FY 2017
Casa Ruby: Crisis Beds	6 (All LGBTQ)	6 (All LGBTQ)
Casa Ruby: Hypothermia Beds	14 (All LGBTQ)	14 (All LGBTQ)
Casa Ruby: Transitional Housing		14 (All LGBTQ)
LAYC: Transitional Housing	10	16 (6 LGBTQ)
LAYC: Permanent Supportive Housing	5	15
Covenant House: Elizabeth House (pregnant/parenting)	6	6
Covenant House: Transitional Housing	10	10
Sasha Bruce (ages 18-24 with children)	6	6
SMYAL: Transitional Housing		8 (All LGBTQ)

TCP Subcontracted Programs:

Provider	Program	Program Type	Population Served	Units
Catholic Charities	Youth Transitional Program	Transitional Housing	Male Unaccompanied Youth Aged 18 to 24	24
Covenant House Washington	Rites of Passage	Transitional Housing	Unaccompanied Youth Aged 18 to 24 and Families Headed by a Youth Aged 18 to 24	15
Echelon Community Services	Family Rehousing Stabilization Program	Rapid Rehousing	Families Headed by Youth Aged 18 to 24	75
Echelon Community Services	New Start at Kia's Place	Transitional Housing	Families Headed by Youth Aged 18 to 24	26
Echelon Community Services	Kia's Place III	Transitional Housing	Families Headed by Youth Aged to 24	33
Edgewood Brookland	Iona Whipper Home	Transitional Housing	Families Headed by Youth Aged to 24	9
Latin American Youth Center	Extended Living Program	Transitional Housing	Unaccompanied Youth Aged 18 to 24 and Families Headed by a Youth Aged 18 to 24	11
Latin American Youth Center	Hopes House	Transitional Housing	Unaccompanied Youth Aged 18 to 24	7
Sasha Bruce Youthwork	Sasha Bruce House	Crisis Beds	Minor Children	10
Sasha Bruce Youthwork	Independent Living Program	Transitional Housing	Unaccompanied Youth Aged 18 to 24	12
Sasha Bruce Youthwork	Re*Generation House	Transitional Housing	Unaccompanied Minors and Youth Aged 18 to 24	16
Sasha Bruce Youthwork	V Street PSH	Permanent Supportive Housing	Families Headed by Youth Aged 18 to 24	13
Sasha Bruce Youthwork	Transitional Housing Program	Transitional Housing	Families Headed by Youth Aged 18 to 24	10
So Others Might Eat	Family Rehousing Stabilization Program	Rapid Rehousing	Families Headed by Youth Aged 18 to 25	21
Wanda Alston House Foundation	Wanda Alston House	Transitional Housing	Unaccompanied LGBTQ Youth Aged 18 to 24	8

Programs funded by HUD:

Provider	Program	Program Type	Population Served	Units
Community Connections	Youth Families	Permanent Supportive Housing	Families Headed by Youth Aged 18 to 24	17
Community Connections	Project LIFT	Rapid Rehousing	Unaccompanied Youth Aged 18 to 24	16
Covenant House Washington	My Place	Permanent Supportive Housing	Unaccompanied Youth Aged 18 to 24 and Families Headed by a Youth Aged 18 to 24	13
Sasha Bruce Youthwork	HUD Grant Supports DHS funded Independent Living Program	Transitional Housing	Families Headed by Youth Aged to 24	12

21. How many youth are currently being served under Parent Adolescent Support Services (PASS) program?

a. How many youth were served in FY16?

RESPONSE:

Program	Clients served in FY16	Clients served in FY17 to date
ACE	566	436
PASS	197	232

b. What is the scope, depth and timeframe of services? Please describe.

RESPONSE: The Parent Adolescent Support Services (PASS) program is a voluntary, early intervention/prevention program for youth aged 17 and under committing status offenses (truancy, running away, curfew violations, and/or extreme disobedience). The program aims to reengage youth in school, increase family functioning, and decrease the likelihood of future involvement in the juvenile justice system for status or delinquency offenses.

The program offers intensive case management (including Transition to Independence Process (TIP)) and/or in home counseling services (Functional Family Therapy) to youth and their families, and refers out for other behavioral health and community-based services. PASS helps youths/families address underlying issues that might be contributing to status offense behaviors.

Since the program's inception, in October 2010, PASS has provided services to more than 900 clients and worked with approximately 200 youths (families) per year, with an average referral rate of twenty (20) clients per month. Youths are engaged in the program for six (6) months, with the possibility to extend participation for a few months, or close early if merited.

The Alternatives to Court Experience (ACE) is an inter-agency initiative housed at the Department of Human Services (DHS) and operated in collaboration with the Department of

Behavioral Health (DBH), the juvenile justice entities, and community-based service providers.

This is the only diversion program in the District for pre-petition status offenders diverted by the Office of the Attorney General (OAG), pre-arrest delinquency offenders diverted by the Metropolitan Police Department (MPD), and post-arrest delinquency offenders diverted by Court Social Services (CSS)/OAG.

The overall goal of the initiative is to reduce the number of Court-involved youth by linking them with clinically appropriate behavioral health services and community supports in place of prosecution. In the long run, the initiative seeks to reduce recidivism, re-engage youth in school, improve youth's functioning at home and in the community, and strengthen the family unit. ACE is a six (6) month program. Services assigned to participating youth depend on their individual needs, ranging from low-level monitoring to intensive behavioral health services.

Since the program's inception in June 2014, the program served over 1000 youth; serving an average of 600 clients/year, with an average referral rate of fifty (50) clients/month in FY16. Recidivism data provided by the Office of the Attorney General found that of the 914 youth who completed ACE through FY16, 81% have remained arrest-free since completing the program. This data demonstrates the overwhelming effectiveness of the ACE program to date.

Both PASS and ACE use the Child and Adolescent Functional Assessment Scale (CAFAS) to quantify participants' change in overall functioning during the program.

c. Is there a waitlist for services at this time?

RESPONSE: Both the Parent Adolescent Support Services (PASS) and the Alternatives to Court Experience (ACE) programs are always operating at capacity, with a waiting list that varies from month-to-month. ACE does not waitlist any youth diverted for delinquency offenses because the youth are at imminent risk of prosecution; both programs waitlist youth diverted or referred for truancy. Note that thousands of young people in DC qualify for both ACE and PASS based on truancy, but the programs together do not have the capacity to work with all of these youth.

22. What coordinated efforts are made to assess and connect homeless minors and youth to substance abuse and mental health services?

RESPONSE: The TAY-SPDAT, (Transition Age Youth Service Prioritization Decision Assistance Tool) covers four (4) domains: history of housing and homelessness; risks; socialization; and daily functions and wellness. It is used by all of the youth homeless services providers in the District and identifies areas of concern, including substance use and mental health issues. Individual providers (typically the assessors) act on identified service needs by referring the youths to appropriate support services if the assessor's own agency is not equipped to address the issues. Note that nearly all providers now have mental health

supports on-site, and some also have substance abuse services. DHS is a key member of the Interagency Council on Homelessness (ICH) Youth Subcommittee, a forum where resources are shared across agencies and providers to ensure all direct-service staff are aware of the resources. In addition, DHS leads the coordinated entry and street outreach process for housing and homeless services for youth, and a portion of each of the bi-monthly meetings includes discussions and specific case conferencing about resources needed for individual youths. Representatives from DBH attend both the ICH and the coordinated entry meetings.

a. How many referrals for substance abuse and mental health services were made for homeless minors and youth in FY16 and FY17, to date?

RESPONSE: According to data pulled from the Homeless Management Information System (HMIS) the following formal referrals occurred. Informal referrals are not captured in HMIS. Additionally, because providers themselves have internal capacity to address substance abuse and mental health issues, often a referral is not needed to access services.

In FY16, Sasha Bruce reported that 40 percent of minor youth in their program are referred for behavioral health services. In FY17, Sasha Bruce referred six youth and Elizabeth House referred one youth to Core Service Agencies. Please note that Elizabeth House opened in September 2016.

In FY16, 102 youth aged 18 to 24 years old were referred for these services. In FY17 through January 2017, 24 youth aged 18 to 24 years old were referred for services. Referrals were made by housing providers, street outreach team and drop-in centers.

b. Please provide the outcomes of these referrals.

RESPONSE: Because many of the referrals are made by drop-in centers and street outreach teams and mental health information cannot be shared without consent, the youth homelessness providers do not have a way of tracking the outcomes of the referrals

23. Please provide the procedure and practices for responding to homeless minors in instances where current youth providers are at capacity during hypothermia and non-hypothermia seasons. Please indicate and explain any change in procedure or practice from FY16.

RESPONSE: DHS is not aware of any homeless minors that were turned away from shelter during either hypothermia or non-hypothermia season. Sasha Bruce has ten beds available for minor youths in need of shelter; census counts show availability for these beds year-round.

Sasha Bruce reported in FY16 and FY17 to-date, that they have not turned away any minors presenting for shelter.

Domestic Violence

24. How many individuals served through the continuum of care identified domestic violence as a housing barrier and/or contributing factor to homelessness in FY16? What housing and/or shelter placements were made for these identified individuals?

RESPONSE: DHS does not currently have a process for tracking individuals who identify domestic violence as a sole barrier to placement in housing.

25. How many families served through the continuum of care identified domestic violence as a housing barrier and/or contributing factor to homelessness during in FY16? What housing and/or shelter placements were made for these identified families?

RESPONSE: In FY16, 172 families served in shelter reported domestic violence as a housing barrier. Of those families, 30 were served in a Safe House, 29 in transitional housing, 57 through the Rapid Rehousing Program and 56 through prevention/diversion.

26. Please provide details on the grants made for domestic violence housing and services programming by DHS in FY16, including performance of grantees.

RESPONSE: FY16 was the second and final year in the funding cycle for the federal Family Violence Prevention Services Act funding. The grants awarded during this two year cycle provided shelter and supportive services to domestic violence survivors, as well as counseling, case management and outreach services. Grantees were required to provide monthly reports that codify the expected outcomes provided in their grant agreements. Some of the outcomes for FY16 are as follows:

- Grantees conducted thirty-two (32) training sessions in the community where a total of 652 persons attended, one of which was targeted towards youth and twenty-two (22) youth attended;
- Grantees engaged in targeted counseling of DV survivors resulting in 7107 service contacts for adult individuals/group sessions; and 7,216 service contacts for children;
- District Alliance for Safe Housing (DASH) conducted six (6) staff trainings for 15-25 participants that covered an array of topics for the DC General staff. These trainings included: The Intersection between DV and Trauma, the Effects of DV among children, DV Services and Resources, DASH 101- to educate the staff on the mission and service provision offered by DASH.

The table below indicates the name of the grantee, the type of service provided and the award amount.

FY16 Grant Awards (Federal and Local funds)

Provider	Type of Services	Award Amount	Federal Funding	Local Funding
District Alliance for Safe Housing	Shelter Services	\$125,000		\$125,000
My Sister's Place	Shelter Services	\$492,000	\$222,000	\$270,000
House of Ruth	Shelter Services	\$492,000	\$492,000	
Total Shelter Services		\$1,109,000		
My Sister's Place	Counseling & Case Mgmt	\$25,000		\$25,000
House of Ruth	Counseling & Case Mgmt	\$25,000		\$25,000
Mary's Center	Counseling & Case Mgmt	\$20,000		\$20,000
Total CCM		\$70,000		
Asian and Pacific Islander	Outreach	\$25,000		\$25,000
Mary's Center	Outreach	\$25,000		\$25,000
My Sister's Place	Outreach	\$25,000		\$25,000
Total Outreach		\$75,000		
Total FY17 Grant Awards		\$1,254,000	\$714,000	\$540,000

The table below provides a breakdown of the local funds awarded in FY16 to provide housing counseling to survivors of domestic violence and technical assistance to the staff at the Virginia Williams Family Resource Center.

FY16 Grant Awards (Local funds only)

Provider	Type of Services	Award Amount
District Alliance for Safe Housing	Housing counseling & TA	\$350,000
My Sister's Place	Transitional housing	\$159,000
House of Ruth	Transitional housing	\$210,000
Total Shelter Services		\$719,000

27. What domestic violence housing and services grants have been awarded for FY17? Have these funds reached grantees at this time?

RESPONSE: A total of twelve (12) grant awards were made in FY17 from the Family Violence and Prevention Services Act funding. Yes, grantees have signed grant agreements.

FY17 Grant Awards (Federal and Local funds)

Provider	Type of Services	Award Amount	Federal Funding	Local Funding
District Alliance for Safe Housing	Shelter Services	\$125,000		\$125,000
My Sister's Place	Shelter Services	\$492,000		\$492,000
House of Ruth	Shelter Services	\$492,000	\$492,000	
Total Shelter Services		\$1,109,000		
My Sister's Place	Counseling & Case Mgmt	\$25,000		\$25,000
House of Ruth	Counseling & Case Mgmt	\$25,000	\$25,000	
Mary's Center	Counseling & Case Mgmt	\$20,000		\$20,000
Total CCM		\$70,000		
Asian and Pacific Islander (API)	Outreach	\$25,000		\$25,000
Mary's Center	Outreach	\$25,000	\$25,000	
My Sister's Place	Outreach	\$25,000		\$25,000
Total Outreach		\$75,000		
Total FY17 Grant Awards		\$1,254,000	\$542,000	\$712,000

FY17 Grant Awards (Local funds only)

Provider	Type of Services	Award Amount
District Alliance for Safe Housing	Housing counseling & TA	\$271,500
My Sister's Place	Transitional housing	\$210,000
House of Ruth	Transitional housing	\$237,500
Total Shelter Services		\$719,000

28. How does DHS assess the needs of the population of victims of domestic violence in D.C. to determine how to prioritize their discretionary grant funding?

RESPONSE: To effectively prioritize funding for domestic violence services, DHS examines data from VWFRC, emergency shelters and housing providers, as well as the District of Columbia Coalition Against Domestic Violence (DCCADV). In addition, attention is given to the number of shelter nights and unmet shelter requests based on the number of beds within each shelter, as well as the number of individuals served.

In FY16, because of the loss in Freddie Mac dollars, local funding was provided to assist shelter providers in continuing the services (e.g. credit repair, security deposits and first month's rent, etc.). In FY17, DHS agreed to level funding for the Family Violence and Prevention Services grantees with the same identified expected outcomes as FY16.

29. How many families assessed at Virginia Williams Family Resource Center (VWFRC) in FY16 were identified as, or disclosed being, survivors of domestic violence/having experienced domestic violence?

RESPONSE: There were a total of 172 families that disclosed domestic violence in FY16.

30. What specific training procedures/materials are used to educate case managers and other administrative employees on meeting the needs of domestic violence survivors, including appropriate classification (e.g. category of housing need) and referrals?

RESPONSE: In FY16, the District Alliance for Safe Housing (DASH) conducted six (6) trainings that covered an array of topics for the DC General staff. These trainings included: self-care (offered twice), the Intersection between DV and Trauma, the Effects of DV among children, DV Services and Resources, DASH 101, to educate the staff on the mission and service provision offered by DASH, and self-care (offered twice).

In FY17, through a technical assistance grant, DASH will conduct eight (8) targeted trainings for 20-25 staff per training session at the Virginia Williams Family Resource Center increasing the number of staff who have the skills to work with domestic violence survivors. The training curriculum covers an array of topics including: trauma-informed assessments, coaching parents as DV survivors, supporting male survivors, working with LGBT survivors, working with immigrant families, substance abuse and trauma, and abusers in family shelter systems.

In February, DHS, in partnership with the DC Coalition Against Domestic Violence, hosted a training to educate providers on the economic supports and housing options available for survivors of domestic violence. As part of this training, DHS distributed electronic and paper copies of a PowerPoint presentation slide deck that described the TANF program, the Program on Work Employment Responsibility (POWER) and the services offered through the Continuum of Care. Using this slide deck as resource guide, along with desktop computers, DHS also trained providers to use FSA's STEP Tool, an electronic inventory management tool that tracks all major steps required to lease up a client, including applying for housing resources, and viewing and inspecting units.

31. Describe the extent and nature of DHS/TCP collaboration with domestic violence service providers to better serve domestic violence survivors at VWFRC and DC General, respectively. How does DHS plan to continue or expand these collaborations in FY17 and beyond?

RESPONSE: In January 2017, DHS, DC Office of Victim Services, domestic violence service providers, and advocates for domestic violence survivors launched a concerted effort to streamline survivors' connection to available resources (e.g. temporary and permanent housing; economic supports) and align our services to better serve survivors.

As summarized in Question 30, DHS partnered with the DC Coalition Against Domestic Violence in February to educate domestic violence providers and advocates about the economic supports and housing options available to survivors. This meeting, hosted by DHS, included discussion and a ‘question and answer’ dialogue around services available to survivors at VWFRC, DC General, and DHS’ service centers.

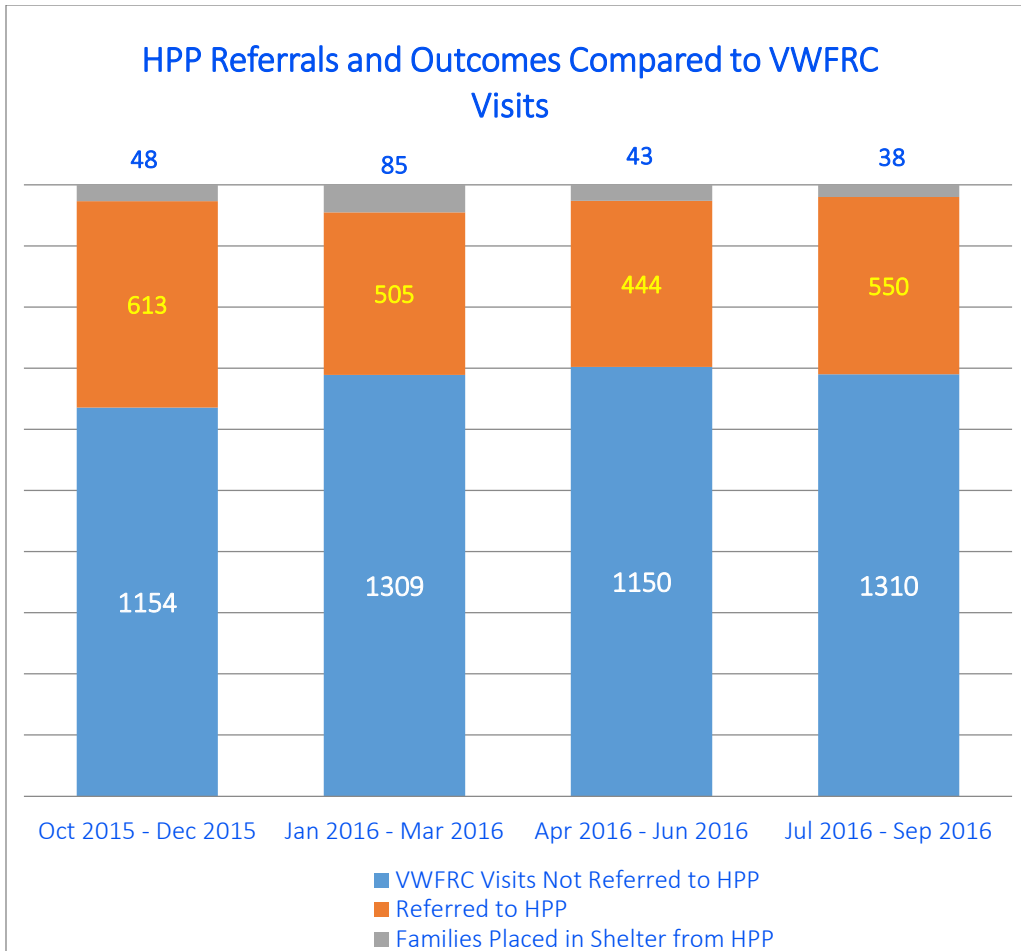
In FY17 and beyond, DHS will continue its collaboration with the domestic violence provider and advocacy community through the Interagency Council on Homlessness, as well as in-person and telephonic meetings focused on areas of strategic improvement such as: ensuring safe placements for survivors, improving exits to permanent housing, and focused improvements and coordination for unaccompanied adults experiencing homelessness.

Operation of the Virginia Williams Family Resource Center (VWFRC)

32. How many family intakes were conducted at the VWFRC in FY16 and to date in FY17? Please provide a breakdown by outcome.

RESPONSE:

	FY16	FY17 YTD
Total Entered Virginia Williams	15305	3233
Total Seeking Shelter	8804	2219
Total Placed via Virginia Williams	612	171
Total Placed via Homeless Prevention Program	130	83
Total Placed via Hotline	294	132
Total Placed via DASH		77



33. What training does VWFRC staff receive regarding identifying and working with victims of intra-family violence? Please include copies of any training materials used during FY16 and FY17, to date.

RESPONSE: VWFRC staff receives the following trainings: Domestic Violence 101, Domestic Violence Complicated Factors, Immigrant Families, LGBTQ Survivors, Coaching Parents with Domestic Violence, Scenarios/Placements, Safety Planning, Active/Continuous Fleeing, Male Survivors and Sheltering Abusers.

RESPONSE: Please see Attachment 33 – VWFRC Training Materials.

34. Please describe how VWFRC determines whether an applicant family is a DC resident, including formal and informal processes, verification, and documentation requirements. Describe how this process applies to person experiencing domestic or sexual violence, refugees, asylum seekers, and undocumented persons.

RESPONSE: The Homeless Service Reform Act lays out the criteria that VWFRC uses to determine District residency. VWFRC considers the following factors related to residency:

- a) Family is not receiving locally administered public assistance from a jurisdiction other than the District

- b) Family is living in the District voluntarily and not for a temporary purpose
- c) Family has a mailing address in the District, valid within the last 2 years
- d) Evidence the family has applied for or is receiving public assistance from the District
- e) Written/Verbal verification by a valid verifier who can attest the family resides in the District voluntarily and not for temporary purpose.
- f) Applicant's school age children attend school in the District

Persons experiencing domestic violence are not required to prove residency. VWFRC works to link refugees/asylum seekers and undocumented persons to community agencies who are resourced to assist the family. If families who are in need of emergency shelter are not able to obtain immediate assistance from community agencies, VWFRC serves families regardless of their immigration status.

35. To what extent do certain families apply for emergency shelter prior to placement?

RESPONSE: Families are able to apply for emergency shelter placement by completing an assessment at VWFRC or when VWFRC is closed, by contacting the Shelter Hotline. Families that are placed in emergency shelter after contacting the hotline are assigned to an Interim Eligibility Program (IEP) Case Manager that assesses the family's needs and determines eligibility for placement.

36. Please identify the number of families who applied for a placement in shelter each month in FY16 and FY17, to date. Please specify:

RESPONSE:

Duplicated Applicants	
October 2015	784
November 2015	724
December 2015	872
January 2016	846
February 2016	786
March 2016	684
April 2016	530
May 2016	592
June 2016	731
July 2016	627
August 2016	966
September 2016	662
October 2016	654
November 2016	605
December 2016	442
January 2017	518
February 2017	509

a. How many families received a placement referral

RESPONSE: In FY16, 1,403 received a placement; in FY17 to date, there have been 382 placements.

b. How many families did not receive a shelter placement or were denied a shelter referral?

RESPONSE: In FY16, 2,288 families did not receive a shelter placement. In FY17 to date, 514 families did not receive a shelter placement.

i. For any denials, please specify the reason for the denial and state whether the denials were on hypothermic nights.

RESPONSE: Families must meet eligibility requirements for emergency shelter placements. As a matter of policy, DHS uses a consistent policy regardless of the temperature for assessing if an emergency shelter placement is appropriate.

In FY16, families did not receive a shelter placement for the following reasons:

- Access to Safe Housing – 1,121
- Failure to Complete the Eligibility Process – 10
- No Minor Children – 305
- Not a DC Resident – 780
- Does not meet HSRA definition of family (minor child in custody) – 72

In FY17 through January, families did not receive a shelter placement for the following reasons:

- Access to Safe Housing – 240
- Failure to Complete the Eligibility Process – 9
- No Minor Children – 45
- Not a DC Resident – 193
- Does not meet HSRA definition of family (minor child in custody) – 27

ii. For non-shelter placements or diversions from shelter, please identify the non-shelter placement and the length of time the family was able to stay.

RESPONSE: Families are diverted when they can stay with family members or friends. The length of time varies based on the individual family circumstances. If a family is in an interim eligibility placement and are determined ineligible for shelter because they have a safe place to stay – the length of the non-shelter placement is at least 14 days.

37. Please identify the number of families who have requested being placed in non-communal or other special units due to a disability, and specify:

RESPONSE: *[DHS does not shelter families in communal settings. All families receive shelter placements in private room units or in apartment style units. DHS is understanding “non-communal” in this question to mean units that share restroom facilities with other units.]* In FY16 and FY17 year-to-date, there were forty-three completed requests for apartment style non-communal settings. In FY16 and FY17 year-to-date, there were twenty-three completed requests for private bathrooms based on disability.

a. The nature of the request

RESPONSE: The requests were for apartment style non-communal setting and private bathrooms.

b. Whether the request was granted or denied and, if denied, the reason for denial

RESPONSE: In FY16 and FY17 to date, there have been zero denials.

c. The locations of such placements

RESPONSE: The locations of placements are Apartment Style, DC General Family Shelter or Overflow Shelter.

d. The costs associated with such placement, if any.

Cost per Night at DC General Family Shelter	Approximately \$134.00 per family *
Cost per Night at Overflow Capacity Units/Motels	Between \$92.70-\$199.00 per family
Cost per Night at Temporary Shelter	Approximately \$120.00 per family **

*Does not include all maintenance and facility costs to keep DC General Family Shelter operational

**Only includes contracting costs; does not include cost of maintain and/or rehabilitate apartments

Year-Round Emergency Family Shelter Access

38. Please identify the number of families who applied for or requested a placement in shelter each month from October 1, 2016 to January 31, 2017.

a. Please indicate how many families were completely new, unduplicated applications?

FY16 to FY17 Date		
Month	Number of Applications	First Time Applications/ Unduplicated
October 2016	654	443
November 2016	605	418
December 2016	442	333
January 2017	518	392
Total	2,219	1,586

b. Please indicate how many unduplicated Priority One families applied for shelter in FY 16 and to date in FY17.

RESPONSE: DHS no longer categorizes families by priority status. Families who have a safe place to stay temporarily are connected to prevention services, families without a safe place to stay are provided an interim eligibility placement or a placement in shelter.

c. Of the unduplicated Priority One families, how many received a placement referral?

RESPONSE: See above.

d. Of the unduplicated Priority One families, how many did not receive a shelter placement or were denied a shelter referral?

RESPONSE:
See above.

For any denials, please specify the reason for the denial how many of these denials were on hypothermic and non-hypothermic nights.

RESPONSE: Please see Question 36.

- a. **For non-shelter placements or diversions from shelter, please identify the non-shelter placement and the length of time the family was able to stay there.**

RESPONSE: Families are diverted to safe places to stay with family members and/or friends. The length of time in a diversion placement varies based on the individual family circumstances.

- 39. Please identify the criteria, if any, that are used to determine whether families are placed at DC General or at overflow capacity units/motels.**

RESPONSE: DC General and overflow shelter placements are contingent upon unit availability, family size and composition, and reasonable accommodation requests.

- 40. How much is the District is paying per night to shelter families at:**
 - a. **DC General;**
 - b. **Overflow Capacity Units/Motels; and**
 - c. **Temporary Shelters.**

RESPONSE: Please see Question 37b.

- 41. What is the service plan for families in each of the motels? Specify if the plan includes case management and meals for all families regardless of motel placement.**

RESPONSE: Families that are placed in our Overflow Emergency Shelters in motels receive case management services that provide assistance in identifying barriers, needs and strengths; developing goals; and connection to housing resources that assist in the development of a Housing Stabilization Plan. Five of the currently nine hotels where families experiencing homelessness are housed provide meals onsite. In addition, many hotels offer amenities, including refrigerators and microwaves, onsite. When negotiating with hotel managers, DHS makes a concerted effort to include meal service as a part of our negotiated agreement. However, in some cases, hotel managers are either unable or unwilling to provide such service. Case management teams work closely with all sheltered families to complete a budget and ensure connectivity to TANF and SNAP benefits, when necessary, to ensure households do not face food insecurity. Additional resources are available through case management, when necessary.

- 42. How many families have been placed in non-communal or other special units due to a disability? Please specify the locations of such placements. Please identify the costs associated with such placements.**

RESPONSE: In FY16 and FY17 year-to-date, there were forty-three completed requests for apartment style non-communal settings. In FY16 and FY17 year-to-date, there were twenty-three completed requests for private bathrooms. There are units that meet these needs in DHS' Apartment Style capacity, at DC General Family Shelter or in Overflow Shelter.

Please see Question 37b for associated costs.

43. Does DHS plan to shelter Priority One families during non-hypothermia season? If yes, will all families be placed? If only some families will be placed, how will placement determinations be made?

RESPONSE: As noted above, DHS no longer uses priority designations and operates under a policy that provides access to emergency shelter based on need, regardless of the weather condition, with placement determinations consistent as described in question 38.b above.

44. What are DHS' plans regarding the operation of the family shelter system after the end of the 2016-2017 hypothermia season?

RESPONSE: Consistent with Homeward DC, and based on availability of funds, DHS plans to continue to provide access to emergency shelter to eligible families year-round, offer robust prevention services and increase exits to permanent housing.

45. How many families have been placed in Maryland motels? What are the cost for these motel rooms per night?

RESPONSE: As of March 3, 2017, there were one hundred & thirty-one (131) families placed in Maryland hotels at a cost of \$ 27,144 per night. We spend on average \$169.00/night for these hotel rooms.

46. Regarding families placed in Maryland motels with children attending DC schools:

a. Are parents offered transportation to get their children to and from school in a timely manner?

RESPONSE: With the assistance of the case manager, parents and students access resources from the Office of the State Superintendent of Education (OSSE) to assist with transporting their children to and from school, in accordance with federal law.

b. Who is providing this transportation for this population?

RESPONSE: Transportation to schools is provided in accordance with the federal McKinney-Vento Act. Transportation for students is coordinated through OSSE and the school's homeless student liaison. Additionally, families are provided with additional transportation resources as needed such as gas cards, taxi fare and or fare cards to assist with transportation.

In 2013, the District of Columbia Council established the Kids Ride Free program allowing all DC students to travel to and from school and educational activities. Students are able to use this service when they are dismissed from school early, or when a half day occurs during the week when traveling in the District. If a student is located outside the District, additional transportation assistance can be provided through each LEA's homeless liaison or their respective school-based homeless liaison. If homeless students

or parents are unaware of their school’s homeless liaison, DHS and OSSE can assist them with connecting with services within their school liaison.

c. Please identify the costs associated with school-related transportation.

RESPONSE: OSSE tracks costs associated with school transportation.

d. Are parents offered assistance with transportation to work, job training, TANF activities and other services? If yes, please specify the assistance offered?

RESPONSE: Families who receive TANF assistance and who are actively participating with their TANF Employment Program (TEP) provider are given a weekly stipend of \$75.00 to assist with transportation from their provider.

Shelter Operations

47. What is the median length of stay in emergency shelter by shelter placement (motel, overflow shelter, temporary shelter, and DC General) among families served in FY16? In FY17 to date?

	FY16 Median LOS	FY16 Longest LOS	FY17 YTD Median LOS	FY17 YTD Longest LOS
DC General (Families that exited in FY)	142	1535	114	1724
DC General (Families that did not exit in FY)	171	1911	383	1911
Motels (Families that exited in FY)	128	633	231	779
Motels (Families that did not exit in FY)	220	834	405	834
Apartment Style (Families that exited in FY)	324	2635	249	1308
Apartment Style (Families that did not exit in FY)	215	1797	265	1797

48. What is the longest stay for families served in FY 2016? For families served in FY17 to date?

RESPONSE: Please see Question 47.

49. Please provide an update on the efforts made regarding shelter development for low-barrier shelters for individuals, including the transition to smaller shelters.

RESPONSE: The District is focused on advancing efforts to move individuals experiencing chronically homelessness to permanent housing, as we have a large percentage of people staying in the singles system that are chronically homeless and long-stayers. Once we are

able to realize the results of the movement of these individuals to permanent housing and other necessary reforms, we will have better data on the true need for emergency shelter, which can be used to inform our efforts to improve the emergency shelter system for singles.

Additionally, the new Patricia Handy Place for Women (810 5th Street NW) opened in March 2016. This site replaced two low barrier shelters for women, John Young and Open Door located at 425 2nd Street NW.

Rapid Re-Housing Program (Singles and Families)

50. Please identify how many individuals and families are currently participating in the Rapid Rehousing (RRH) program.

RESPONSE: Currently, RRH for individuals is serving 135 individual participants and 1,358 families.

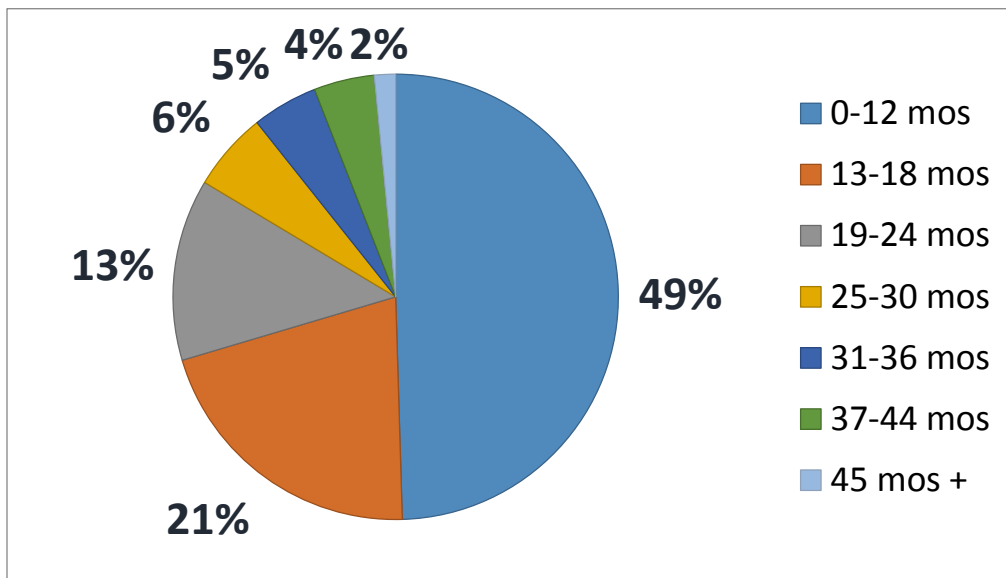
a. What is the total funding for the RRH program?

RESPONSE: The FY17 budget includes \$2.8 million for individuals and \$32 million for families.

b. What are the maximum and average subsidy terms for this program?

RESPONSE: The current RRH for individuals' provider follows a 4-month program term, there is no minimum amount of time that a participant is required to spend in the program. The maximum term is 12 months from intake date. The RRH for family program operates as a minimum of 120 days (4 month) program, with a twelve month surety for families, with the ability to extend the subsidy for longer if warranted.

RRH For Families Length of Participation



- c. **Please identify the average rents of the apartments rented by RRH participants by bedroom size.**

RESPONSE: Single adults are primarily housed in shared housing or rooms. The average rent amount is \$700.

The chart below applies to RRH for families:

Bedroom Size	Average Rent
Efficiency	\$979
1BR	\$986
2BR	\$1,201
3BR	\$1,525
4BR	\$2,174
5BR	\$2,311
6BR	\$2,376

- d. **Is there outreach to landlords and/or negotiations to bring down rental costs?**

RESPONSE: DHS conducts outreach to landlords and partners with them in order to lower the cost of rentals. Most landlords are hesitant to lower their stated rental costs, but they will occasionally negotiate a reduction and or elimination of rental application fees as well as rental application requirements.

51. How many providers are DHS/TCP working with to implement the RRH program?

Please identify each provider.

- a. **For each RRH provider, please identify the amount of their contract, number of individuals/families contracted to serve; number of families currently being served; and the ratio of case managers to families.**

RESPONSE: Currently, there is only one provider for singles (Friendship Place Home Now Rapid Rehousing Program). Their contract is for \$2.8M and they will serve approximately 320 individuals in FY17. The ratio of case manager to individuals is 1:10.

The table below indicates the providers that are serving families, as well as the amount of the contact, the provider's capacity and client to case-manager ratio.

Provider	FY2016 12-Month Contract Amount	Contracted Capacity	Households Served in 2016	Households Served in 2017	Case Manager to Client Ratio
Capitol Hill Group Ministries	\$471,665.47	50	63	65	1:17
Catholic Charities	\$534,060.00	86	127	98	1:22
Collaborative Solutions for Families	\$248,400.00	40	15	14	1:13
Community of Hope	\$1,196,940.00	156	262	184	1:22
East River Collaborative	\$186,300.00	30	46	34	1:15
Echelon Community Services	\$774,689.38	75	103	82	1:15
Edgewood Brookland Collaborative	\$127,339.40	20	31	20	1:20
Far Southeast Collaborative	\$252,122.00	25	34	30	1:13
Georgia Avenue Collaborative	\$155,251.00	25	30	24	1:13
North Capitol Collaborative	\$1,081,642.00	205	267	269	1:19
SOME	\$608,694.00	21	24	23	1:11
Housing Up (Formerly Transitional Housing Corporation)	\$982,021.00	120	190	156	1:13
OWO (DHS Office of Work Opportunity)	\$1,296,067.36	552	431	587	1:23

b. What training and support is offered to providers?

RESPONSE: Please see below for a list and description of trainings offered to RRH provider staff.

Homeless Services Reform Act (2005) Regulation Overview Training attendees are provided with information about the rights and responsibilities of clients of homeless services providers, and the standards by which the District of Columbia and homeless services providers must deliver services to clients. Attendees also receive instruction on the procedures for resolving disputes between clients and providers of homeless services.

Customer Service and Language Access Training In this training, attendees are provided with information on identification of various types of behaviors and general tools and strategies for managing and meeting the needs of clients, including language access. The Language Access Act of 2004 mandates that District agencies make interpretation services available to all LEP/NEP customers seeking services. Training participants will discuss concepts of culture, identity and language; discover the District's Foreign-born & LEP/NEP Communities; review Laws Governing "Language Access;" and receive resources in working with LEP/NEP populations.

Unusual Incident Reporting In this training, attendees are provided information on how and when incidents should be reported.

Americans with Disabilities Act (2010) and Reasonable Accommodations Training This training details the Americans with Disabilities Act and how to assist clients who are seeking reasonable accommodations within their program.

Housing Based Case Management This training offers strategies, based on various evidence-based practices, to ensure that housing-based case managers are focusing on tenants' most important skills, are timing interventions effectively, and are making use of appropriate resources. Attendees learn about the related concepts of Critical Time Intervention, Harm Reduction, Supported Employment, Housing First, Recovery and Wellness, and Motivational Interviewing--all of which can help case managers and their property management partners to increase housing retention rates and create sustainable tenant-staff relationships. At the end of this training, case managers will have a greater understanding of how to support tenants in supportive housing, allowing them to maintain their housing and more easily move towards personal recovery.

Cultural Competency 101 This training focuses on skill-building based on four (4) of the National Association of Social Workers (NASW) Standards on Cultural Competency: Ethics and Values, Self-Awareness, Service Delivery, and Language Diversity. Experiential exercises are used to illustrate the concept of culturally-bound frames of reference and how to use awareness of these frames to heighten cultural sensitivity. Although the NASW Standards are used, this training is useful for all staff in human service settings, regardless of role. At the end of this training, attendees will be better equipped to offer culturally-sensitive services to a wide range of persons.

Understanding Special Needs This training provides an overview of the experiences of people living with special needs, including mental illness, substance abuse, and HIV/AIDS. It also offers information on how co-occurring disorders interact with one another and impact how persons respond to services. Special emphasis is placed on understanding staff roles in supporting persons with special needs and managing

everyday problematic situations. Well-trained clinical staff matched with well-trained non-clinical staff makes for an ideal team that work collaboratively to provide optimal services.

Non-Coercive Approaches to Conflict Management This training offers participants the skills to intervene in the early stages of conflict as a way to prevent violence, and looks at person-centered approaches to establish relationships that help prevent tense situations from intensifying. This training also describes the different stages of conflict escalation and ways to respond to each stage. At the end of the training, attendees will have a better understanding of conflict and greater confidence in responding to conflicts.

Working With Transitional Aged Youth The training places special emphasis on employment and wellness, as well as youth development and the impact of loss and trauma. Strategies for engaging young persons and helping them develop support systems are discussed, and the unique motivations of youth are reviewed. This training also provides an introduction to Motivational Interviewing techniques designed to help youth move towards recovery. Attendees will leave the training with a more comprehensive understanding of how to work with persons during this critical transition age, and a greater appreciation of this population's needs.

Abt Associates Through technical assistance provided by HUD, ICH and DHS instituted a five month learning collaborative in partnership with Abt Associates for participating rapid rehousing providers. Recognizing the importance of rapid rehousing within the District's continuum of care, this learning collaborative focused on identifying and developing strategies to improve key components of the rapid rehousing program. Program participants discussed essential components of an effective rapid rehousing system, while developing systems and suggestions to improve communication, system flow and develop critical areas of program improvement. This technical assistance proved valuable for key stakeholders while assisting all parties in gaining a clearer understanding of expectations, and supports in place to assist households in successfully exiting rapid rehousing.

c. Does DHS collect data on provider performance? If so, what does that data show?

RESPONSE: Yes. DHS collects data on families and individuals served, program exits, and household income data, among other measures. See responses to questions 63-64 for details.

52. Do the RRH services vary by provider? Is there a common set of services that each provider is required to provide? If yes, please identify these services.

RESPONSE: Currently, the District has one (1) RRH provider for unaccompanied adults. For the Family Rental Subsidy Program (FRSP), all providers administer services based on the same rules and regulations, and all families receive case management services, connection to employment and education services and life skills training.

Please see Attachment 52 – Case Management Standards. These are the standards for FRSP and will be the basis for the standards for RRH for individuals in the next contract.

53. Upon placement in housing, do all individuals/families immediately receive the case management that comes with RRH? If no, what is the average time between placement and connection to case management?

RESPONSE: Historically, capacity for service provision within the RRH program has not kept pace with the demand for RRH assistance. With the primary focus on supporting families out of shelter and into housing, services had followed the housing assistance by up to four (4) months. DHS has expanded case management capacity – adding 552 families – through DHS’ Office of Work Opportunity staff and contractors. As of March 1, 2017, on average, families were assigned a case manager within 20 days of lease up.

54. Has the city seen a drop in the number of landlords willing to rent to individuals/families with RRH subsidies?

RESPONSE: Yes, there has been a decrease in the number of landlords willing to rent to individuals and families participating in rapid rehousing. This is particularly challenging because of the lack of affordable housing options in the District. Property management companies and large rental complexes are often rigid with their rental application requirements, making it difficult for families to access their units.

55. Please provide the number of individuals/families DHS expects to serve with RRH at any given time in FY17.

RESPONSE: DHS expects to serve more than 600 individuals and more than 1,300 families with RRH in FY17.

56. Please provide the number and percentage of individuals/families that have accepted RRH since October 1, 2016 that have moved into housing.

RESPONSE: Since October 1, 2016, 50 individuals and 270 families have achieved permanent housing through rapid rehousing.

57. Please provide the number of individuals/families that applied for RRH but were determined to be ineligible in FY16 and FY17. Please provide the reasons they were determined to be ineligible.

RESPONSE: In FY16, 18 individuals were determined ineligible for the RRH program. Of the 18, two received a Permanent Housing Voucher, ten were already housed, four were enrolled with another provider, and two individuals were determined not to be a good fit for the program by a case manager. In FY17, one individual was determined ineligible for the RRH program. All families who are eligible for emergency shelter are eligible for RRH. Eligibility requirements can be found in the HSRA.

58. Please provide the number of “housing locators” that have been hired on a full-time basis for the RRH program. Please provide the number of clients that have been served

by these locators and the overall percentage that this represents of clients identified for the program.

RESPONSE: The RRH program for individuals, operated by Friendship Place, maintains one (1) Housing Specialist for the program. The Housing Specialist serves as a “housing locator,” also working directly with landlords to develop ongoing relationships. Each case manager also identifies available units. The Housing Specialist also provides case management related to tenancy support to every newly-housed participant. The Housing Specialist has served 150 participants in FY2017.

Six Housing Navigators are currently on staff at DHS to lead the housing searches throughout the emergency shelter system. They serve all RRH clients, as they identify units across the District. Beginning in February 2016, Housing Navigators now each carry a caseload of approximately 20 families at a time and are charged with finding units quickly based on the family’s specific housing needs.

59. Please provide the standards that are used to evaluate whether an apartment unit is of acceptable quality for RRH.

RESPONSE: All units are required to be rent reasonable as determined by the District of Columbia Housing Authority (DCHA) payment standards. In addition, each unit must pass a Department of Housing and Urban Development - Housing Quality Standards (HQS) inspection as determined by a certified HQS Inspector.

Please see Attachment 59 – Inspection Checklist for Rental Property (Families) and Attachment 59 – Inspection Checklist for Rental Property (Individuals)

60. Please provide the number of times that the RRH provider portion, as opposed to the participant portion, of the rental subsidy was paid late in FY16 and FY17, to date. Please provide the reasons for these late payments.

RRH Provider Portion - Individuals	
<u>FY 17</u>	<u>FY 16</u>
Postal Service Issues: 1	Postal Issues: 1
Staff Errors: 6	Staff Errors: 2

RRH Provider Portion – Families*
<u>FY17</u>
Data Discrepancy – 30
Exited and Reinstated – 1
Missing Documents – 62
Voucher Discrepancy – 24
Wrongly Exited – 42
Staff Error – 196
Total - 355

*This data was not collected in FY16.

61. Please provide the minimum and maximum allowable subsidy terms under the RRH program.

RESPONSE: Please see Question 50.

62. Please provide the following information about families participating in RRH in FY16 and FY17, to date:

a. The number and percentage that is on the DCHA waiting list for subsidized housing;

RESPONSE: As of February 28, 2017, 520 (41%) households participating in Rapid Rehousing have also submitted an application for the DCHA Housing Choice Voucher program and 508 (37%) households have submitted an application for DCHA public housing.

b. The number and percentage with a head of household that receives TANF; and

RESPONSE: Seventy percent of families participating in RRH also receive TANF.

c. The number and percentage with a head of household that receives SSI or SSDI.

RESPONSE: In FY16, 56 individuals (27 percent) in the rapid rehousing program received SSI or SSDI. In FY17, 37 individuals (23 percent) in the rapid rehousing program received SSI or SSDI.

RESPONSE (FAMILIES): In FY16, 246 families (15.3%) in the rapid rehousing program received SSI or SSDI. In FY17, 158 families (12.7%) in the rapid rehousing program received SSI or SSDI.

63. Please provide the following outcome measurements for families participating in RRH in FY16 and FY17, to date:

a. The average number of months of assistance;

RESPONSE (INDIVIDUALS):

- FY16: 6.4 months
- FY17: 5.2 months

RESPONSE (FAMILIES):

- FY16 average length of stay in FRSP:
 - Families that exited: 24 months
 - Families still in program – 17 months
- FY17 average length of stay in FRSP
 - Families that exited – 24 months
 - Families still in program – 15 months

b. The average number of months between a family/individual being determined eligible for the program and actually moving into a unit;

RESPONSE (INDIVIDUALS):

- FY16: 2 months
- FY17: 2 months

RESPONSE (FAMILIES):

- FY16: 3 months
- FY17: 5 months

c. The average increase in or maintenance of income over the course of the program; and

RESPONSE (INDIVIDUALS):

- FY16: \$867.00
- FY17: \$864.00

RESPONSE (FAMILIES):

	Families served in FRSP, FY16	Families served in FRSP, FY17 to date
Avg. monthly income among FRSP households	\$483	\$464
Avg. change in monthly income while in FRSP	\$68	\$64
Avg. change in monthly income while in FRSP (only among those whose income increased)	\$624	\$604

In FY16, 10% of RRH households increased their income.

d. The average rent burden at the time of program exit.

RESPONSE (INDIVIDUALS):

- FY16: \$677.38
- FY17: \$631.64

RESPONSE (FAMILIES): In February 2016, TCP and DHS collected and analyzed data on 504 FRSP families who had been in the program for at least 12 months. Among these families, family monthly rent portions increased from an average of \$170 in February 2015 to \$262 in February 2016. DHS does not track rent burden at the time of program exit, but recognizes that this is an important data point and will begin tracking moving forward.

64. Please provide the number of individuals/families that exited from RRH in FY16 and FY17, to date. Please provide:

RESPONSE: In FY17, 58 individuals exited the program. In F16 and FY17, 571 families exited the program.

a. The number and percent of exits as the result of no longer requiring assistance.

RESPONSE: In FY16, 90 individuals (74 percent), no longer required assistance at exit. In FY17, 37 individuals (70 percent) no longer required assistance at exit. The number of families no longer needing assistance at exit in FY16 and FY17 to date is 126 (22 percent).

b. The number and percent of exits to permanent housing.

RESPONSE (INDIVIDUALS):

- FY16: 90; 74 percent
- FY17: 37; 70 percent, to date.

RESPONSE (FAMILIES): There were 192 (61%, out of 316 total exits) exits to permanent destinations in FY16 and 224 (89%, out of 251 total exits) in FY17 to date.

c. The number and percent of exits to a long-term subsidy program (e.g. LRSP, HCVP).

RESPONSE: In FY 16, 8 individuals (7 percent) exited to a long-term subsidy program. In FY 17, 10 individuals (19 percent) have exited to a long-term subsidy program. Most families exit homelessness from shelter with RRH assistance at first and are then connected to longer term support if needed as part of the Progressive Engagement Model. In FY16 and FY17, 76 families (13 percent) have exited to a long-term subsidy program.

d. The number and percent of exits that resulted from the expiration of the subsidy.

RESPONSE: In FY16 and FY17, 314 families (54 percent) exited because the subsidy expired.

e. The number and percent of exits that resulted from termination from the program as well as the reasons for the termination.

One individual (less than one percent) exited from termination in FY17 for criminal behavior. In FY16 and FY17, 40 families (7 percent) were terminated for the following reasons: assaulting or battering any person on the provider’s premises (2); endangering your own safety or the safety of others on the provider’s premises (2); and knowingly engaging in repeated violations of the provider program rules and the provider has made reasonable efforts to help you overcome obstacles to obtain permanent housing (36).

f. The number and percent of exits that resulted from any other cause. Please identify the cause.

Individuals who exited for reasons other than those detailed above:

Reason for Exit	FY16 - # of individuals	FY17 - # of individuals
Disrupted Housing Prior to Exit	2 (2 percent)	0
Lack of Engagement	12 (10 percent)	8 (15 percent)
Cannot Locate/Contact	3 (2.5 percent)	4 (7.5 percent)
Program Does Not Meet Participants' Needs and/or Only Interested in Subsidized Housing	4 (3 percent)	2 (4 percent)
Arrest/Court-Ordered Treatment	3 (2.5 percent)	0
Needs PSH	3 (2.5 percent)	0
Not a Good Candidate for RRH	2 (2 percent)	0
Other	2 (2 percent)	2 (4 percent)

Additionally, 15 families (2 percent) were evicted in FY17.

g. The number and percent that avoid subsequent returns to homelessness at 12, 18, and 24 months after exiting the program over the course of RRH program. Please provide a description of how this figure was calculated.

RESPONSE (INDIVIDUALS): The current RRH provider has attempted to track this data in the past via structured follow-up phone calls to participants at different intervals, but has been unable to collect sufficient data, due to poor response participant response rate after program exit.

RESPONSE (FAMILIES): HMIS records collected on 597 FRSP clients exiting the program between Sept 2012 and Feb 2016 showed that 93 (15.8%) of families returned to Virginia Williams Family Resource Center after exiting FRSP. All who returned, did so within 128 days of exiting the program.

65. How many individuals/families were offered RRH but declined in FY16 and FY 17, to date.

RESPONSE: In FY16, twelve (12) individuals declined RRH services citing their desire to gain a permanent subsidy/housing voucher. In FY17, two (2) individuals have declined RRH services to date. In FY17 YTD, twelve (12) families have declined the program. All families who are eligible for shelter are eligible for RRH, and in accordance with the Progressive Engagement Model, families who exit shelter for the most part do so with RRH.

Permanent Supportive Housing Program (Singles and Families)

66. What is the current budget for the DHS’ Permanent Supportive Housing (PSH) program for individuals? For families?

RESPONSE:

Permanent Supportive Housing	
Category	FY 2017
General	\$1,260,583
Singles	\$25,477,682
Families	\$15,542,441
Total	\$42,280,706

67. Please list the number of available PSH slots in the DHS PSH program for individuals. For families.

RESPONSE: DHS has a total contract case management capacity of 1605 for individuals; 1367 individuals are currently assigned and 238 slots remain available. DHS has a contract case management capacity for 586 for families; all families are assigned.

68. What percentage of DHS PSH units for individuals are being filled through the coordinated entry system for individuals? For families?

RESPONSE: DHS fills 75 percent of PSH units for individuals through our Coordinated Entry System. All DHS PSH units for families are being filled through a coordinated entry system. DHS encourages providers to employ progressive engagement as a practice when assisting family households in ending their homelessness as rapidly as possible. Family households who require higher level of housing intervention may be referred for PSH accordingly following an assessment by their RRH case manager.

69. How many PSH units became available due to turnover in FY16 for individuals? For families?

RESPONSE: Seventy-nine (79) PSH slots become available in FY16 due to turnover; 77 individual slots and two (2) family slots.

70. For FY16 and FY17 to date, when a unit became available due to turnover, what was the average time necessary to fill the unit for an individual? For families? What was the shortest time? The longest time?

RESPONSE: When a subsidy becomes available due to the death of the receiving resident, the subsidy is then turned over immediately, however if the subsidy becomes available due to termination, the subsidy becomes available within six (6) months. This applies to both singles and families.

71. What is the average cost of the DHS PSH program annually per individual? Per family?

RESPONSE: The average cost of the DHS PSH program annually per individual is \$22,160, the average cost per family is \$27,080; this includes housing and wrap-around services.

72. What is the breakdown of funding sources for PSH rental subsidies in FY16 and FY17, to date? How many and what type of federal and local vouchers are used for the program?

RESPONSE: In FY16, the rental subsidies amounted to \$9,191,036. To date, in FY17 the rental subsidies have amounted to \$3,819,683. DHS uses Housing Choice Voucher Program (HCVP) and Local Rent Supplement Program (LRSP) vouchers.

DHS local funding is used to support security deposit payments for HCVP and LRSP.

Voucher Type	Families	Singles
PSH- DHS Housing (Fed Set Aside)	179	268
PSH- DHS 113 (Fed Tenant-Based Rental Assistance Set-Aside)	100	10
PSH- FY16 (LRSP Tenant-Based Rental Assistance Set Aside)	100	150
PSH- FY17	0	380
PSH- Local Funding Subsidy	190	415

In FY16 we did not require DCHA to provide the breakdown by funding source. This was made a requirement in FY17. Please see the chart below:

Summary	FY16		FY17	
	# Served	Expenditures	# Served	Expenditures
Local Rental Payments			3075	\$3,533,167
Local Security Deposit Payments	9278	\$9,191,036	41	\$52,230
Federal Voucher Security Deposits			118	\$144,112
Adjusted Payments			287	\$22,090

73. How many of the PSH slots funded in the FY 2017 budget have been filled for individuals? For families?

RESPONSE: From the PSH slots funded in FY17 budget, 343 of 380 slots have been filled for individuals. There were no new slots for families in the FY17 budget.

a. How many of the slots do you anticipate filling each month from March to September?

RESPONSE: DHS anticipates filling all PSH slots by April 2017.

b. Have there been delays in filling these PSH slots? If so, what are they?

RESPONSE: Delays in filling PSH slots can occur for many reasons, including a lack of affordable units, application criteria that is out of reach for clients, and delays in securing documentation needed to lease-up. Delays can also occur in the unit inspection process or in the assignment of case management staff.

74. What is the average length of time from when a client is identified as needing PSH to their placement in PSH housing for individuals? For families?

RESPONSE: The average length of time from when an individual is identified for PSH to their lease up is six (6) weeks. The average time from when a family is identified for PSH to their lease up is four to six months from the date of initial engagement. Finding large units is more difficult and usually takes longer.

75. Please provide an update on the Veterans NOW initiative to end Veterans homelessness in the District of Columbia.

RESPONSE: The District has made significant strides in addressing Veteran Homelessness. Since August 2013, the District has housed over 1,900 Veterans. According to 2016 Point in Time count data, the District had 350 Veterans experiencing homelessness in January 2016. Recently (for the week ending December 23, 2016), the District had fewer than 300 Veterans on our by-name list of Veterans experiencing homelessness.

The work of ending Veterans Homelessness is the work of system transformation: moving from standalone programs (administered by multiple agencies and funded by multiple sources – Federal, local, and private) that fund independent functions (including client engagement and assessment, determination and documentation of program eligibility, landlord recruitment and unit identification, completion of housing inspections, and lease-up and move-in) into a coordinated, efficient and effective system of care. This is not a one-time effort, but rather an ongoing, iterative process that requires continuous monitoring and focus.

Interim Eligibility Placement

76. How many families have been placed in an Interim Eligibility (“IE”) Placement to date in FY17? What is the average length of stay in an IE placement?

RESPONSE: In FY 2016, there have been a total of 583 families placed in Interim Eligibility; the average length of stay in FY16 was ten (10) days. In FY 2017 YTD, there have been a total of 183 families placed in Interim Eligibility; the average length of stay in FY17 to date is currently five (5) days.

77. Please list the number and percent of families who:

a. Were found eligible following an IE placement;

RESPONSE: In FY16 there were 370 families at 63% eligible following an IE Placement. In FY17 YTD there are 112 families at 61% eligible for IE Placement.

i. Were placed in IE due to uncertainty around residency;

RESPONSE: In FY16, there were 370 families placed in Interim Eligibility Placement. Of those placed in IEP, uncertainty around residency accounted for 43 percent of the total placement

ii. Were placed in IE due to uncertainty around family composition;

RESPONSE: In FY16, 7 percent of families were placed in IEP due to uncertainty around their family composition.

iii. Were placed in IE due to uncertainty around other safe housing arrangements.

RESPONSE: In FY16, 26 percent of families were placed in IEP due to uncertainty around safe housing arrangements.

b. Were found ineligible following an IE placement;

RESPONSE: In FY16, 98 families (17 percent) were found ineligible following Interim Eligibility Placement. In FY17 to date, 31 families (37 percent) have been found ineligible following Interim Eligibility Placement.

i. How many were found ineligible due to a determination that they were not District residents?

RESPONSE: 13 families were deemed ineligible due to District residency determination.

ii. How many were found ineligible due to a determination that they had other safe housing arrangements?

RESPONSE: In FY16, 66 families were found ineligible due to a determination that they had other safe housing arrangements. In FY17 to date, fifteen (15) families have been found ineligible due to a determination that they had other safe housing arrangements.

c. Were found ineligible following an appeal of ineligibility finding.

RESPONSE: In FY16, six (6) families were found ineligible following an appeal of ineligibility finding. In FY17 to date, seven (7) families have been found ineligible following an appeal of ineligibility finding.

d. Had IE appeals resolved via administrative review

RESPONSE: In FY16 seven (7) families had their IE appeals resolved via administrative review. In FY17 to date, four (4) families have had their appeals resolved via administrative review.

i. How many of these appeals resulted in a finding that the family was eligible?

RESPONSE: In FY16 six (6) families were found eligible following the appeal. In FY17 to date, two (2) families have been found eligible following the appeal.

ii. How many of these appeals resulted in a finding that the family was ineligible?

RESPONSE: In FY16, one (1) family was found ineligible following the appeal. In FY17 to date, two (2) families have been found ineligible following the appeal.

e. Had IE appeals brought to the Office of Administrative Hearings

RESPONSE: In FY16, six (6) families had Interim Eligibility appeals brought to the Office of Administrative Hearings (OAH). In FY17, to date seven (7) families have had Interim Eligibility appeals brought to the OAH.

i. How many of these appeals resulted in a finding that the family was eligible?

RESPONSE: In FY16, three (3) families were found eligible following the appeal. In FY17 to date, four (4) families have been found eligible following the appeal.

- ii. **How many of these appeals resulted in a finding that the family was ineligible?**

RESPONSE: In FY16, three (3) families were found ineligible following the appeal. In FY17 to date, three (3) families have been found ineligible following the appeal.

78. Please attach a copy of the following IE notices:

- a. **Notice of Interim Eligibility Placement that is given to clients by Virginia Williams prior to an IE placement**

RESPONSE: Please see Attachment 78 – Notice of Interim Eligibility Placement.

- b. **Notice of Denial of Eligibility following IE placement**

RESPONSE: Please see Attachment 78 – Denial of Eligibility Placement.

- c. **Notice of Eligibility following IE placement**

RESPONSE: Please see Attachment 78 – Notice of Eligibility.

79. How many families have filed appeals regarding an IE placement or a denial of eligibility following an IE placement?

RESPONSE: In FY16, there were thirteen (13) families that filed appeals regarding an IE placement or a denial of eligibility following an IE placement. In FY17 to date, there have been eleven (11) families that filed appeals regarding an IE placement or a denial of eligibility following an IE placement.

DC General Shelter Replacement

80. Please provide an update regarding any progress on the plan to replace DC General, including the most up-to-date timeline for the completion of replacement shelters and the closure of DC General.

RESPONSE: In June 2016, the Board of Zoning Adjustment (BZA) granted the District the relief necessary to move forward with the plans in Wards 4, 7 and 8. The District is on track to begin construction on those three sites this summer and will launch Community Advisory Teams in the coming weeks. The role of the Advisory Teams is to: provide feedback on concerns related to residents' quality of life during construction; coordinate community feedback and input opportunities on all issues and concerns related to the development of the program and share information; and develop Good Neighbor Agreements.

In the three Wards (Wards 3, 5 and 6) where Council changed the location of the site, the District launched Community Advisory Teams in September 2016 allowing representatives from the community to weigh-in early on building design. In October 2016, the District hired architects to create the designs for new sites, and in December 2016, after two design-focused meetings with Advisory Teams, the District hosted meetings to share the designs with the public. After incorporating feedback from the community, in January 2017, the District submitted applications for relief to the Board of Zoning Adjustment (BZA) for Wards 3, 5 and 6. These cases were heard by the BZA on March 1, 2017. The BZA granted relief in Ward 6 on March 1, 2017 and will rule in Wards 3 and 5 on March 22, 2017. Pending the BZA decision, we expect that construction will begin in November 2017 on these sites and that they will open in summer 2019 allowing us to close DC General no later than January 2020.

Below is an updated delivery schedule.

Ward	Site	Acquisition Date	Design Start	DCRA Submission	Construction Start	Delivery
1	2105 10 th Street, NW	Began BAFO process				
2	810 Fifth Street, NW	Lease	Complete	Complete	March 2015	Jan 2016
3	3320 Idaho Avenue, NW	District Inventory	October 2016	June 2017	Nov 2017	Summer 2019
4	5505 Fifth Street, NW	December 2016	Sept 2015	Jan 2017	July 2017	Sept 2018
5	1700 Rhode Island Ave, NE	District Inventory	October 2016	June 2017	Nov 2017	Summer 2019
6	850 Delaware Avenue, SW	District Inventory	October 2016	June 2017	Nov 2017	Summer 2019
7	5004 D Street, SE	District Inventory	March 2016	Nov 2016	June 2017	Sept 2018
8	4233 6 th Street, SE	District Inventory	March 2016	Nov 2016	June 2017	Sept 2018

Office of Shelter Monitoring

81. How many complaints did DHS' Office of Shelter Monitoring receive in FY16? In FY17, to date?

RESPONSE: Please refer to Question 82.

82. How many complaints did DHS' Homeless Shelter Monitoring Unit receive in FY16 and FY17, to date?

RESPONSE: In FY 16, the Homeless Shelter Monitoring Unit (HSMU) received seventy-nine (79) complaints. In FY 17 year-to-date, the HSMU received eighteen (18).

a. **Provide a breakdown of the number and types of complaints received.**

COMPLAINT CLASSIFICATION	FY16 NUMBER OF COMPLAINTS	FY17 NUMBER OF COMPLAINTS
ADA	3	0
CASE MANAGEMENT	2	1
DISCRIMINATION	2	0
FOOD	2	0
HEALTH AND ENVIRONMENT	15	5
HOUSING	6	0
ISSUES AND VIOLATION	44	10
MAINTENANCE	4	2
PROGRAM RULES	1	0
TOTAL	79	18

b. **Provide a breakdown of the types and numbers of HSRA violations.**

RESPONSE: Of the seventy-nine (79) complaints received in FY 16, nine complaints were found to be substantiated violations of the HSRA and were complaints regarding health and environmental. Three (3) complaints were related to water leakage, two (2) complaints were related to pest control, one (1) was related to no heat, one (1) was related to no access to the site and two (2) were related to no water. Of the eighteen (18) complaints received to date in FY 17, four (4) complaints were found to be substantiated violations of the HSRA and were complaints regarding health and environmental issues. One (1) was related to pest control, one (1) was related too much heat, one (1) was related to black dust due to a fire and one (1) was related to a broken toilet. The health and environmental complaints were subsequently referred to the DHS Office of Capital Operations to be remedied and were addressed. The no access to the stie complaint was referred to the DHS Family Services Administration to be remedied and was addressed.

c. **Identify the specific facility or program identified in the complaint/HSRA violation.**

RESPONSE: Please see Attachment 82 – 2016 Complaints and Attachment 82 – 2017 Complaints.

d. **Provide the outcomes or corrective actions to address each complaint/HSRA violation.**

RESPONSE: Please see Attachment 82 – 2016 Complaints and Attachment 82 – 2017 Complaints.

- e. **Provide the median response time of responding to complaints and the longest response time.**

RESPONSE: In 2016, the median response time was twenty-five (25) calendar days and the longest response time was two hundred and five (205) calendar days. Although, the complaint response was delayed, the HSMU acted upon the complaint during the time of receipt. In 2017, the median response time was eleven (11) calendar days and the longest response time is fifty-seven (57) calendar days.

- 83. Has DHS issued an annual report regarding the Office of Shelter Monitoring to the ICH for FY16? If not, when will it be released?**

RESPONSE: The DHS annual report for the Homeless Services Monitoring Unit (HSMU) for FY16 will be provided to the Interagency Council on Homelessness on April 13, 2017.

Accessible Units of Shelter/Housing

- 84. How many wheelchair accessible units are in DHS' inventory for use as emergency shelter or supportive housing? Please break the numbers down by continuum level and population.**

RESPONSE: In our low-barrier emergency shelters for individuals, all of the bottom bunks are wheelchair accessible. Additionally, there are:

- 323 units for emergency family (includes DCG and contracted hotels), and
- 97 units for transitional housing for families.

- 85. How many non-communal style emergency shelter units are in DHS' inventory during hypothermia season and year-round for individuals? For families? Where are they located? Who provides case management to families in these units?**

RESPONSE: DHS does not operate any non-communal style emergency shelters for individuals. Please see Attachment 85 – Winter Plan, which details emergency shelter placements. Case management for families is provided by DHS, TCP, and TCP contracted community providers.

Non-Communal Style Emergency Shelter	Address	# Units	Case Management Provided by
DC General	900 Massachusetts Ave SE, Washington, DC 20003	259	TCP
Naylor Road	2601 Naylor Road, SE Washington, DC 20020	28	Jobs Have Priority
Park Road	1448 Park Road, NW Washington, DC 20010	45	National Center for Children and Families
Girard Street	1413 Girard Street, NW Washington, DC 20009	20	Community of Hope
50 th Street	400 50 th Street, SE Washington, DC 20019	12	Coalition for the Homeless

*DHS also provides overflow emergency shelter services for families at area commercial hotels.

Daytime Services Center

86. What is the status of FY17 allocation of funding for a Daytime Services Center?

RESPONSE: The Adams Place Day Center opened in FY15, and has FY17 local budget of \$800,000. Approximately \$490,000 of those funds cover staffing costs at the center. The balance are used for security and other contracted support services. The Day Center serves between 40 - 100 individuals a day and will continue this service until a downtown location is secured.

87. Please provide a status update on possible locations and anticipated openings.

RESPONSE: In May 2016, DGS released a solicitation on behalf of DHS for a downtown day center. That solicitation remains open today. Additionally, DHS is drafting a request for proposals that will be released within the next month. The request for proposal seeks a provider, specific services and a downtown location. Staff is coordinating this effort with input from clients, the downtown business community and providers. Several nonprofit organizations have stated their interest in operating the day center.

The Community Partnership Contract

88. How many bidders did DHS receive on its most recent RFP for homeless services? What plans does DHS have to increase competition for similar contracts in the future?

RESPONSE: The recently awarded Homeless Continuum of Care Management Contract had three bidders. The scale and scope of this contract is fairly unique and DHS believes there was ample competition in this procurement. In general, DHS held bidder informational sessions, provided detailed responses to inquiries and hosted tours of all the shelter sites in advance of the solicitation deadline to ensure all interested bidders were well aware of the contract requirements.

89. In light of the findings in the report by the Office of the District of Columbia Auditor for Fiscal Year 2014, what steps has DHS taken to address the institutional shortcomings that led to these contract issues?

RESPONSE: DHS addressed the Auditor concerns through a number of changes to the contract as well as expanded contract monitoring by DHS. The new Continuum of Care (CoC) Management Contract has a much smaller scope of work and a number of services previously included are now provided directly through other vehicles. As of the beginning of FY17, these de-scoped activities include:

- Virginia Williams Family Intake Services activity – all performed in-house by DHS employees
- Rapid Rehousing rental payments – all paid by DC Housing Authority (PSH rental payments were moved to DCHA in early FY2016)
- Permanent Supportive Housing case management – awarded directly to qualifying providers through Human Care Agreements
- Street Outreach - awarded directly to providers through a competitive grant
- Hotline/Transportation - awarded directly to a provider through a competitive grant
- HMIS/Coordinated entry - awarded as a sole source grant

The new CoC only includes shelters that are owned or leased by the District and has more detailed requirements and service standards. The contract base year started February 2017 and is off the fiscal year cycle, so the District will have a better understanding of Federal carryover funds available to support it. The contract structure includes firm fixed price services, firm fixed unit price services and cost-reimbursable services to provide maximum agility and allow the District to track demand fluctuations. These contract changes, amongst many others, address concerns raised in the audit.

90. What is DHS's strategy for bringing services in-house versus breaking up the homeless services contract or keeping them in the current contract? Is there an overarching philosophy on what should be publicly managed versus privately contracted?

RESPONSE: In general, activities which obligate a significant amount of government resources or provide an expensive benefit to a citizen, such as eligibility determination for shelter, should be considered an inherently governmental function and performed by government workers. Breaking up large contracts just because they are large is not an objective, particularly for services that are fairly standardized or when there are efficiencies achieved through a prime managing multiple subcontractors, as in the case of the homeless continuum of care management contract. Beyond the inherently governmental functions, the

objective is optimizing service delivery in terms of performance and cost-effectiveness rather than pursuing publicly managed vs. privately contracted.

91. What kind of administrative capacity does DHS have for providing homeless services in-house in the future? And what steps, if any, are being taken to increase that capacity?

RESPONSE: DHS is being deliberate in what services are brought in-house and is focusing its efforts on building administrative capacity in terms of contract and grant administration and oversight.

92. How does DHS determine which CLINs should be solicited as firm fixed-price versus fee-for-service? And does the DHS expect to make adjustments to the CLINs at the end of the contract period?

RESPONSE: The CLINs established in this contract are primarily firm fixed price and firm fixed unit price. Firm fixed price CLINs are for services that are consistently delivered throughout the year, including maintenance, janitorial services, security services, and day to day operation of shelters. Firm fixed unit price CLINs are those that fluctuate due to demand, including case management, meals, additional security, moves, and hypothermia beds. These CLINs have a fixed unit cost and the District is charged based on quantity demanded/usage. There is only one cost reimbursement (“fee for service”) CLIN, for specialized supplies or facility renovations. This is viewed as a contingency CLIN – in case there is an emergency repair needed. DHS does not intend to make any changes to the structure of the contract or the CLIN type. The mix of CLINs provides DHS with the flexibility it needs to surge certain services when there is heightened demand and ultimately addresses some of the concerns raised in the DC Audit referenced above.

93. What accounting scrutiny is DHS undertaking to ensure that funds appropriated during one fiscal year do not impermissibly roll over to the next fiscal year, as occurred with funds from Fiscal Year 2013?

RESPONSE: To be clear, DHS never used funds from one fiscal year in a subsequent fiscal year. Although this was raised as a possible concern in the TCP Audit and ultimately referred to the Board of Review of Anti-Deficiency Violations, there has been no finding on this matter. That said, DHS staff, in partnership with the Agency Fiscal Office staff, monitor payments to ensure funds are used appropriately.

94. What protections are now in place to ensure that funds allocated for District-owned properties are not spent on non-District-owned properties?

RESPONSE: The scope of the new management contract only includes District-owned and leased buildings so there is no longer a risk of contract funds being used on non-District-owned or leased properties. The one example of District funds being used in a non-District-owned building (that was raised in the audit) was tied to a \$6,900 elevator repair in a shelter

that the non-profit provider could not afford to make. In order to avoid ADA violations and service disruption, DHS elected to cover the one-time maintenance project.

Encampments

- 95. How many homeless encampments were cleared in FY16, by month? Please indicate the locations of these encampments.**
- c. What is the total cost for these encampment cleanups, by location, including staff time, contracting cost, storage costs, and services provided?**
 - d. From which part of the budget were these resources allocated?**
 - e. How many individuals were relocated from encampments in FY17 to date? Please identify where these individuals were placed or relocated?**
 - f. Is there a protocol in place for the clearing of encampments that includes the process for matching individuals to shelter or housing? If no, when will one be developed?**

RESPONSE: The Office of the Deputy Mayor for Health and Human Services is responsible for implementing the *Protocol for the Disposition of Property Found on Public Space and Outreach to Displaced Persons* (Attachment 95 – Protocol).

In terms of DHS' role in the process, the *Protocol for the Disposition of Property Found on Public Space and Outreach to Displaced Persons* states that:

Outreach teams from DHS and DBH or other community partners, when applicable, will visit the site to engage and support persons experiencing homelessness by offering to connect them with shelter and/or housing options and relevant services. If any persons at the site have not yet had a Service Prioritization Decision Assistance Tool (SPDAT) survey conducted, the outreach teams will offer to complete the survey with that person and explain its significance in securing housing.

If housing placement has not been secured prior to the scheduled cleanup of the site, efforts will continue to be made to locate safe short-term housing or shelter options prior to any cleanup occurring. Outreach workers will continue to work with affected individuals experiencing homelessness in an effort to secure housing placement to individuals interested in receiving these services.

Adult Protective Services (APS)

- 96. Please provide a copy of the FY 2016 Adult Protective Services Annual Report.**

RESPONSE: The Annual Report will be provided no later than March 31, 2017.

- 97. Please provide a complete, up-to-date organizational chart for each division within APS including an explanation of the roles and responsibilities for each division and subdivision. Please provide an explanation of any organizational changes made.**

RESPONSE: Please see Attachment 97 – APS Organizational Chart.

The roles and responsibilities for each division and subdivision:

Screening Services Cluster

The Screening Services cluster is staffed by a licensed clinical social worker and two supporting licensed social workers who receives referrals, documents the information electronically and submits for the Review, Evaluate and Decide (RED) team to make a determination based on uniform criteria the extent to which the information provided by the referrer can be investigated as one of the four allegation types (*i.e.*, abuse, neglect, self-neglect or exploitation).

Intake Services Cluster I and II

The Intake Services Cluster (ISC) is the front-line responders who explore the extent to which the referred allegation is substantiated or not based on the fact finding during the case investigation process. It is incumbent upon the Intake Service Social to mitigate any emergent risk (s) and if needed make the appropriate recommendations to the Continuing Services Cluster for additional follow-up where necessary.

Continuing Services Cluster

The Continuing Services Cluster (CSC) investigates cases received from ISC that require additional attention. These cases remain within this cluster until the risks to the vulnerable adult have been mitigated or remedied. To achieve this goal in the best interest of the client, CSC social workers may link the client with community agencies for assistance, provide homemaker services, place a client in a safe place, as well as provide food if the client is in need and/or lacks the ability to obtain food on his or her own. Social workers in this cluster are required to conduct follow-up assessments until the case is closed.

98. Please include a list of the employees for each subdivision, by title. Please indicate the number of vacant positions. For vacant positions please identify how long the position has been vacant and the agency’s plan to fill the position.

Response: There are zero (0) vacant positions in APS.

Division/Administration	Role	FTE
Adult Protective Services	Social Worker	14
	Chief	1
	Social Service Assistant	1
	Program Analyst	1
Office of the FSA Administrator	FSA Administrator	1
	Chief of Staff	0.75
	Management Liaison	1
	Hearing Examiner	1
	Administrative Suppt. Spec.	1
	Policy Analyst	1
Total		22.75

99. Please provide a chart showing APS’ approved budget and actual spending, by program, for FY16 and FY17, to date. Please explain any variance.

APS’ approved budget and actual spending, by program, for FY16 and FY17 is as follows:

Funding Source	FY16 Budget	FY16 Actual*	FY17 Budget	FY17 YTD Expenditures	FY17vs. FY16 Variance	Variance Explanation
Local	1,281,587.25	2,034,659.66	1,305,202.72	434,403.75	23,615.47	Increase due to COLA, step & Fringe benefits
Federal	1,679,210.86	612,430.41	1,728,245.84	728,583.98	49,034.98	
Total	2,960,798.11	2,647,090.07	3,033,448.56	1,162,987.73	72,650.45	

* Federal dollars are part of a two-year social service block grant and unspent funds in FY16, were carried over and spent on homeless services in FY17. Overspending on APS local, which was balanced by underspending in another activity within FSA.

100. Please provide a list and description of all services provided by APS? Please indicate the funding allocated to for each service in FY16 and FY 17. Please explain any variance.

RESPONSE: If reports to APS are substantiated, protective services are provided to help remediate risk and to help the client develop a safe long-term care plan. In those cases, the risk can be alleviated quickly with short-term case management or counseling services, the APS intake social worker provides direct services to the client. Cases that are more complex and require longer-term intervention are referred to APS Continuing Services Cluster (CSC).

While in CSC, social workers continue to follow up and make home visits, complete assessments to develop a case plan, determine what actions need to be taken to further protect

the client, and provide case management and support services. A range of protective services are provided, including:

- Direct Counseling: Direct counseling, both for the client and his or her family, was the service most often utilized in FY16. Counseling included:
 - Financial counseling to help clients identify and protect resources;
 - Counseling to help clients work through the decision-making process when facing placement in a long-term care facility;
 - Family counseling to help clients and family members assume new roles; and
 - Individual supports counseling to help clients understand the options available for reducing the risk of abuse, neglect, exploitation, and self-neglect.
- Home Visits/Case Management Services: A significant portion of the social work services provided directly for clients is conducted in the field during home and collateral visits. The purpose of these visits is to further investigate cases and provide case management and support services to remediate risk. Services are provided primarily by CSC social workers and include gathering information to assist clients in accessing services, providing counseling, meeting with family members, assessing the client's capacity, arranging for services, responding to emergency needs, assisting with medical appointments, making referrals, and monitoring the status of cases.
- Homemaker Services: Homemaker services consist of personal care aides to assist clients with activities of daily living which can include bathing, dressing, cooking, and feeding. Homemaker services embrace the objective of protecting clients while maintaining them in the least restrictive environment. Every effort is made to keep clients in their homes. Homemaker services assist primary caretakers on a short-term basis. The service is temporary while more permanent solutions are developed such as homemaker services provided through the Medicaid Waiver Program, arrangements with family members to assume additional responsibility for a family member, and/or long-term placement.
- Direct Emergency Services: When clients are at risk and without basic necessities, social workers provide direct services by providing or arranging for emergency food, medication, clothing, transportation, etc. These services are provided to address emergency needs.
- Psychological Assessments: For APS clients whose judgment appears to be impaired to the point where their decision-making capacity is hindered, psychological assessments are used as part of the documentation needed when APS petitions the court for guardianship and/or conservatorship for clients.
- Physician Assessments: In FY16, APS continued to use the services of nurse practitioners to conduct medical assessments in the homes of clients who were unable or unwilling to go to the doctor. These assessments assisted APS staff in assessing risk and obtaining testing such as the Purified Protein Derivative (PPD),

a skin test to determine if an individual has ever come into contact with the bacteria that causes Tuberculosis, which is required for nursing home placement.

Heavy Duty Cleaning: In FY16, because of the number of self-neglect cases that were related to hoarding and severe cluttering, APS collaborated with the Office on Aging and one of their Lead Agencies to provide this cleaning that enable a client to safely remain in their home reducing risks of preventable injuries, such as falls.

FY16 Service Provision Budget Allocation and Expenditures

Type of Service	Budget	Actual	Variance
Homemaker Services	\$ 235,601	\$ 160,273	\$ 75,328
Food Provision	-	\$ 1,910	-
Utility payments	-	--	-
Heavy Duty Cleaning	\$ 4,950	\$ 4,754	\$ 196
Psych. Assessments	\$ 35,000	\$ 28,525	\$ 6,475
Physician Assessments	\$ 5,000	\$ 0	
Total	\$ 280,551	\$ 195,462	\$ 81,999

FY17 Service Provision Budget Allocation and Expenditures (as of January 31, 2017)

Type of Service	Budget	Actual	Variance
Homemaker Services	\$ 71,393	\$ 6,190	\$ 65,203
Food Provision	-	\$ 375	-
Utility payments	-	-	-
Heavy Duty Cleaning	\$ 1,666	\$ 550	\$ 1,116
Psych. Assessments	\$ 10,909	\$ 6,955	\$ 3,954
Physician Assessments	\$ 1,060	\$ 0	\$ 1,060
Total	\$ 85,028	\$ 14,070	\$ 71,333

101. How many clients did you serve in FY16 and FY17, to date? Please provide a breakdown by age, ward, presenting issues, and services provided.

RESPONSE: In FY16, APS conducted 1485 case investigations. In FY17 through January, APS has investigated 333 cases. The two tables presented below indicates the number of cases by age category and allegation and allegation type by Ward for the period October 1, 2016-January 31, 2017.

Age Category by Allegation Type (October 1, 2016-January 31, 2017)

Age	Abuse	Neglect	Self-Neglect	Financial Exploitation	Total
18-59	11	14	13	13	51
60-69	10	25	24	17	76
70-79	11	16	35	18	80
80-89	10	21	26	27	84
90+	2	19	6	15	42
Total	44	95	104	90	333

Allegation Type by Ward (October 1, 2016-January 31, 2017)

Ward	Abuse	Neglect	Self-Neglect	Financial Exploitation	Total
1	6	6	4	7	23
2	1	6	14	8	29
3	3	4	12	6	25
4	6	12	17	8	43
5	14	18	28	20	80
6	3	13	7	14	37
7	4	15	6	11	36
8	7	21	16	16	60
Total	44	95	104	90	333

102. Are workers within Adult Protective Services designated as “officer/agents” under the mental health laws, with the authority to submit an FD-12, requesting emergency detention of the person?

RESPONSE: APS has one social worker who is an FD-12 Agent.

103. Please describe your typical course of action once someone makes contact with your office about an adult who may be in need of hoarding services.

RESPONSE: Hoarding cases, unless identified as an emergency are addressed in the same manner as a non-emergency case investigation. Specifically the referral is submitted to the Review Evaluate and Decide (RED) team for review, decision (screen-in) and immediate assignment to a social worker for case investigation. The social worker has ten (10) business days to make some form of contact (e.g. client, neighbor, physician, referrer, etc.). The Intake Services Cluster has 60 calendar days to make a disposition (e.g. closed or transferred to Continuing Services Cluster). If transferred to Continuing Services, the expectation is that further investigation is necessary and additional appropriate action(s) to stabilize and maintain a case is required. APS collaborates with the DC Office on Aging, Senior Service Network, and other external partners to assess the severity and relate resources to address the situation(s), which may include bedbug and vermin extermination. Further, in an effort to assist clients in maintaining their residence, after the hoarding has been abated, APS will make a referral for case management by a social worker in the community.

DHS also coordinates with DBH if there is a known or suspected mental or behavioral health issues based on the psychological assessment.

a. What services are provided to address this issue?

RESPONSE: Service provision depends on the circumstances surrounding the case and of most importance, whether the client consents to accept services. In cases where the client lacks mental capacity, APS will work with the client's Power Of Attorney (if known) or the guardian to mitigate persistent risks and ultimately stabilization.

If client consents, service provision can range from counseling, referral to DCOA for ongoing community case management, to referral to another government agency for intervention, such as Department of Behavioral Health, Department of Disability Services, as well as heavy duty cleaning, or possibly the appointment of a guardian.

b. Is there a written protocol in place? If yes, please provide a copy of the protocol.

RESPONSE: Please see Attachment 103 – Frost Harding Assessment Tool and Attachment 103 – NSGCD Clutter Hoarding Scale.

104. Please provide the FY16 (approved and actual) and FY17 budgets for all ESA programs. Please indicate and explain any variance. How many clients were served in each program?

ESA Budget by Program (FY16 vs. FY17)

ESA Program	FY16 Approved Budget	FY16 Actuals	FY17 Approved Budget	FY17 Budget Vs. FY16 Budget	Explanation of Variance
BURIAL ASSISTANCE (2011)	\$328,231	\$304,349	\$328,231	\$0	
GENERAL ASSISTANCE FOR CHILDREN (2012)	\$806,404	\$696,090	\$806,404	\$0	
INTERIM DISABILITY ASST (2013)	\$3,520,003	\$3,703,504	\$4,007,995	\$487,992	The increase is due to the use of \$0.5M in fund balances offset by \$0.01M in vacancy savings.
TANF – SHORT TERM NON-RECURRING (2020)	\$17,611,475	\$45,606,105	\$23,860,686	\$6,249,211	Increase due primarily to carryover
TANF CASH ASSISTANCE (2021)	\$67,700,952	\$54,118,828	\$69,441,650	\$1,740,698	\$5M reduction in one time funding for TANF clients over 60 months, \$10.1M CFSL increase from CIP (Capital Improvements Plan) in cash payment to TANF clients, \$2.6M repeal of POWER baby under 6months, \$4M shift from Jobs
TANF JOB OPPORTUNITY & TRAINING (2022)	\$42,182,499	\$26,164,100	\$36,082,499	(\$6,100,000)	\$400K shifted to PS to cover the cost of new FTEs and salary increases, \$332K shifted to contractual services for the service center security MOU and OAPIA, \$2.1M for gap closing initiative, \$4M shifted to fund TANF Time

					Limit Extension. TANF Carryover used to align budget with program need.
LOCAL SUPPLEMENTAL FOOD ASSISTANCE (2024)	\$1,300,000	\$1,300,000	\$1,300,000	\$0	
CASE MANAGEMENT (2030)	\$15,321,194	\$12,359,175	\$15,191,759	(\$129,435)	Positions shifted to Eligibility Determination, and vacancy savings as part of gap closing initiative.
ELIGIBILITY DETERMINATION SERVICES (2040)	\$62,625,988	\$57,593,607	\$64,745,983	\$2,119,995	The increase is due primarily to increase in fixed cost estimates.
MONITORING & QUALITY ASSURANCE (2055)	\$4,377,617	\$3,732,669	\$4,897,646	\$520,029	Due to an increase of FTEs, COLA and Salary Increase
EARLY EDU SUBSIDY TRANSFER (2065)	\$37,168,045	\$36,971,920	\$36,971,920	(\$196,125)	MOU with OSSE aligned with cost of services
Grand Total	\$252,942,407	\$242,550,347	\$257,634,772	\$4,692,365	

How many clients were served in each program?

Average Number of Clients Served per Month by Program (FY16 & FY17 YTD)

Program	# of Households (per Month)		# of Individuals (Adults + Children)	
	FY16	FY17 YTD	FY16	FY17 YTD
SNAP	74,112	74,126	127,875	125,855
TANF	15,570	14,918	40,028	39,490
Interim Disability Assistance	1,100	1,102	1,100	1,102
General Assistance for Children	190	187	220	217
Refugee Cash Assistance	38	32	41	35

Temporary Assistance for Needy Families (TANF)

105. Please provide a breakdown of the amount budgeted in FY16 and FY 17 budgets for TANF. Please indicate and explain any variance. Please identify funding sources.

TANF Budget (FY16 vs. FY17)

FUND	FY16	FY17	Variance	Explanation of Variance
LOCAL	\$53,164,590	\$58,143,284	\$4,978,694	The increase is due to extension of cash benefits for clients over 60 months -- \$10.1M for COLA; offset by \$9.5M reduction for Gap closing initiative; \$5M reduction in one time funding for TANF clients over 60 months; and \$0.6M shifted to PS and Contractual Services.
FEDERAL	\$125,278,926	\$122,876,883	(\$2,252,043)	This is due to a net decrease in the amount of TANF carryover budgeted.
INTRA-DISTRICT	\$1,300,000	\$1,300,000	-	This is not technically a part of TANF budget, but rather reflects the Heat and Eat transfer from DDOE.
Total	\$179,743,516	\$182,320,167	\$2,726,651	

106. Please provide a breakdown of how FY17 funding for the TANF Employment Program (TEP) will be utilized.

FY17 Breakdown of TEP Funding (\$36 Million)

Category	FY16	FY17
TANF Employment Contracts (Option Years 3 and 4)	\$35M	\$27M
OCTO Support and Technical Support	\$213K	\$161K
DBH-MOU - Addiction & Prevention Services	\$650K	\$650K
DBH-MOU - Co-location of staff	\$382K	\$420K
DBH-MOU - 12 Cities	\$1M	-
DOES-MOU – LEAP	\$1M	\$1M
Capital Area Asset Builders Grant (CABB)	\$250K	\$250K
Other TANF Expansion/Capacity Availability	\$3.5M	\$5.5M
Total	\$42M	\$35M

107. For each TEP provider please provide, by service category: caseload size; contract amount; and the actual number of customers being served.

Caseload Size and Number of Customers Served by TEP Provider:

Work Readiness (WP) and Job Placement (JP)

TEP Provider	Provider Type	Contract Amount (including Extension through 6/30/17)	Contractual Point-in-time (PIT) Caseload Size (Not Employed)*	Contractual PIT Caseload + 10%**	Customers Served (PIT) by TEP as of 1/31/17*	Customers Served >=1 Day during FY16***	Customers Served >=1 Day during FY17 YTD (Oct-Jan)
America Works	WR	\$3,904,647.03	600	660	668	1,938	1,074
America Works	JP	\$2,210,117.56	300	330	424	1,085	570
Career Team	WR	\$5,365,663.69	600	660	602	1,303	880
Career Team	JP	\$3,083,525.46	450	495	602	1,201	840
KRA	WR	\$7,585,263.77	600	660	407	1,427	906
KRA	JP	\$3,406,425.93	300	330	835	887	545
Maximus	WR	\$7,052,785.24	600	660	567	1,574	926
Maximus	JP	\$3,519,262.51	450	495	688	1,259	848
Grant Associates	WR	\$11,317,585.56	750	825	691	2,382	1,246
OIC/DC	WR	\$3,421,062.77	300	330	296	645	440
Work Readiness Sub-total		\$38,647,008.06	3,450	3,795	3,231	9,269	5,472
Job Placement Sub-total		\$12,219,331.46	1,500	1,650	2,549	4,432	2,803
Grand Total		\$50,866,339.52	4,950	5,445	5,780	13,701	8,275

* Contractual caseload size considers only those customers who are not currently in employment status. A customer assigned to a TEP provider may get employed but remain

with the same provider, requiring minimal support services from the provider. Then, this customer shifts from non-employed PIT to employed PIT. The above data on the number of customers actually served as of January 31, 2017 includes employed customers and thus may be higher than the contractual PIT caseload size, particularly with Job Placement providers.

**The need for case management services by TEP providers may vary throughout the year and the contract allows an excess of up to 10% above the contractual caseload size.

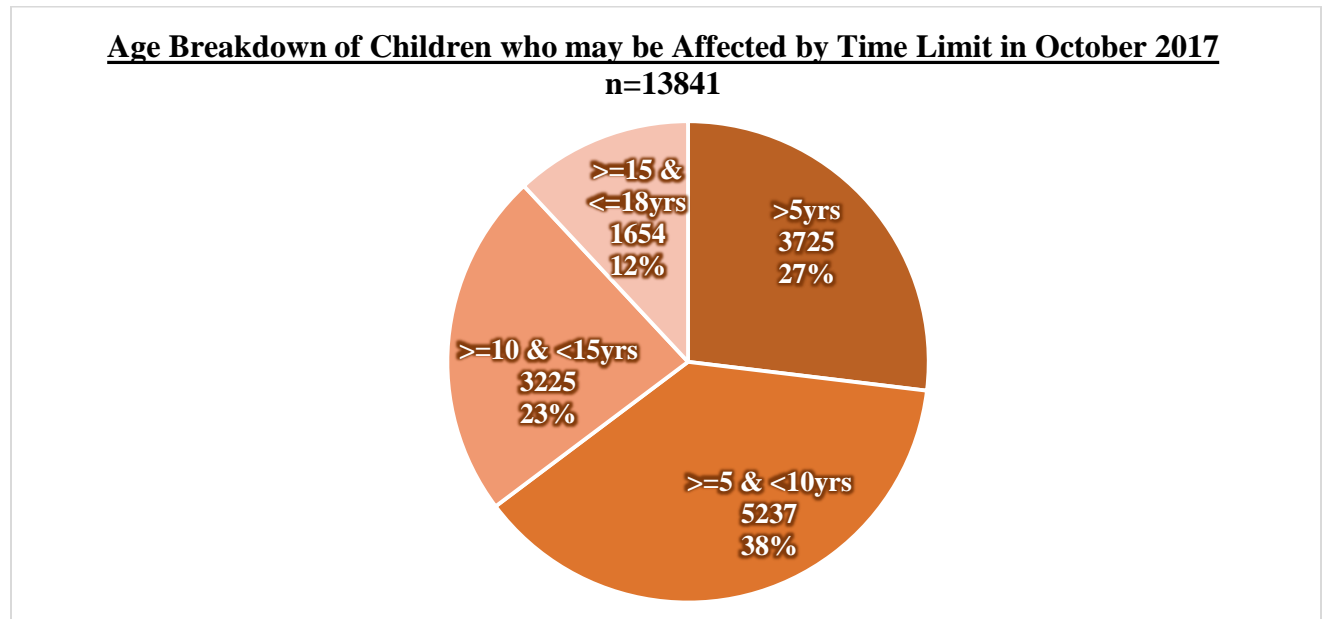
*** This is the cumulative number of all customers have been served by TEP providers at least one day during the specified timeframe whereas contractual caseload size is the point-in-time number of customers served on a given day.

108. How many families have been on the TANF caseload for 60 months or more and are slated to be cut off of benefits in October 2017?

RESPONSE: As of September 2016, there were a total of 6,911 families who had been receiving TANF benefits for greater than 48 months and would be subject to loss of TANF benefits in October 2017 if they remain in TANF. At any given time, there are approximately 6,000 families who have been receiving TANF in excess of 60 months. Each month families, including those who have been receiving TANF for more than 60 months exit, thus maintaining the average caseload of approximately 6,000 for this group.

- a. **Please identify the number of children that will be affected, by age within this population.**

RESPONSE: The 6,911 families had a total of 13,841 children and their age breakdown is as below: a total of 8,962 children are younger than 10 years old and they compose about 65 percent.



- b. Please identify the number of families in this population that are employed; employed and making a living wage; fully participating, partially participating, and not participating in meeting the goals of their IRP.**

DHS tracks this information in different ways, based on present customer assignment. All customers receive a referral to a service delivery provider with a case manager within days of their initial assessment and have continual access to a provider with a case manager as long as they are an active TANF participant. However, if a customer fails to avail themselves of the opportunity presented, they are removed from the service delivery provider.

<u>Participation in Employment/Training</u>	Number
Unique Customers Employed	886
Customers Employed and Making Living Wage	221
Unique Customers Enrolled in Education	625

Participation Level (based on Hours Calculated for Federally Required Participation Criteria)	Assigned to Case Management provider	
	Number*	Percent
Fully Participating	708	18%
Partially Participating	853	22%
Not Participating	2305	60%
Total	3866	100%

* *This does includes only customers assigned to a service provider with an active case manager*

- c. Please identify the number of families in this population that have been referred to a job placement vendor; a work readiness vendor; enrolled into POWER; referred to a barrier removal and work support provider; and enrolled in an education/training program.**

<u>Customers Assigned to JP or WR Service Providers</u>	Number of Customers
# of Customers Assigned to JP Service Providers	1285
<i>Assigned to Job Placement TEP Vendors</i>	<i>1096</i>
<i>Assigned to OWO Retention Unit (JP)</i>	<i>189</i>
# of Customers Assigned to WR Service Providers	2568
<i>Assigned to Work Readiness TEP Vendors</i>	<i>2111</i>
<i>Assigned to UDC Paths (WR)</i>	<i>177</i>
<i>Assigned to OWO Case Coordination Unit (WR)</i>	<i>280</i>
# of Customers Assigned to Barrier Removal and Work Support Providers*	1263
<u>Customers Enrolled in Education/Training Program</u>	625
<u>Households Enrolled in POWER</u>	564

* This counts the number of unique customers assigned to FSA/Strong Families or any secondary service providers that provide assistance in area of barriers, such as behavioral health, domestic violence, or housing.

109. Please respond to the following questions regarding the Home Visitor Program for FY16 and FY17, to date.

a. Please provide the list of grantees for the program and funding allocated for each. Please identify the funding source.

RESPONSE: The funding source for the Home Visitor Program is federal TANF. The total expenditures is FY16 was \$1.5 million and the total FY17 budget is \$2.1 million.

FY 16 Grantees	FY 17 Grantees
Catholic Charities - \$350,000	Catholic Charities - \$350,000
Community Connections - \$125,000	Community Connections - \$125,000
East River Family - \$200,000	East River Family - \$200,000
Southeast Children's - \$250,000	Southeast Children's - \$250,000
Union Temple Aya Program - \$375,000	Union Temple Aya Program - \$375,000

b. How many customers have been referred to each grantee?

Home Visitor Grantee	# of Referrals* Made during FY	
	FY16**	FY17 YTD (10/1/16~2/21/17)
Catholic Charities	656	598
Community Connections	307	339
East River Family	503	313
Southeast Children's	517	356
Union Temple Aya Program	479	320
Total	2462	1926

* This is the number of referrals initiated to the respective grantee during the specified timeframe and does not include customers who were referred in the previous fiscal year and may be still being served by the same grantee in the current fiscal year.

** In FY16, DHS ESA conducted a family-by-family outreach survey, for which the Home Visitor Grantees participated in additional outreach activities for a total of 860 families and they are not included herein.

c. How many 60 months+ customers have been referred to each grantee?

Customers Assigned to Home Visitors as of 9/30/16 (Point-in-Time)

Home Visitor Grantee	Number
Catholic Charities	262
Community Connections	128
East River Family	168
Southeast Children's	217
Union Temple Aya Program	164
Total	939

d. What have been the outcomes for this effort to engage customers? Please indicate outcomes specifically for 60 month+ customers.

- DHS conducted a Family by Family Outreach Survey from March until May 2016. The objective of the survey was to:
 - Reach as many families facing loss of TANF benefits as possible;

- Learn about challenges and barriers to engage in employment and educational activities as well as their experience in TANF;
- Identify families who may be eligible for POWER and make connections;
- Encourage families to engage with existing TANF resources and connect with other resources that may be available; and
- Identify additional areas of needs and support for TANF customers.

DHS's Survey Target Population was the 6,559 adults who would reach or exceed 61 months (more than 5 years) on TANF by October 2016. Forty-two (42) percent or 2,787 individuals completed survey using phone or face-to-face interviews following mailing and robo-calling.

- Outcome of Survey: Gave agency data to make informed changes to TEP Contracts which are up for re-bid and the creation of 2 Pilot programs
 - Almost three out of four families subject to loss of TANF benefits reside in Wards 6, 7 or 8.
 - Nearly four out of five customers subject to loss of TANF are not engaged in employment or education.
 - Two thirds of survey respondents are NEITHER employed NOR enrolled in an educational program.
 - Two out of five individuals who identified as being employed work more than 30 hours per week, but half of them make less than \$500 every two weeks.
 - Of the customers enrolled in an educational program, one third are in a training program; one third are enrolled in a GED or high school diploma program and another third are enrolled in college.
 - More than half of customers report that health issues prevented from working or attending training.
 - Lack of work experience and education is a major barrier to engage in employment and training.
 - Half of customers have history of leaving TANF, mostly due to earnings from employment.
 - Customers who had left TANF previously returned due to loss of job or low wage.
 - Customers want more help to get training for career development and personalized case management.
- Created TANF Hardship Policy Working Group to document the recommendations, deliberations, and stakeholders' feedback for developing a Hardship Extension Policy and related improvements to the District of Columbia's TANF program. The Working Group, composed of TANF customers, advocates, service providers, lawmakers, and government administrators, deliberated and submitted recommendations on which families should continue to receive TANF assistance, the amount and length of time that assistance should be provided, and the conditions and requirements to continue receiving assistance beyond 60 months. Also considered were best approaches to serve families after their TANF assistance ends involuntarily. Working Group members shared the common goal of identifying and recommending a policy that was at-least two-generational (i.e., focused on enriching both parent and child), kept appropriate resources

in the household to support children, incentivized work participation for parents and the heads of households and protected the most vulnerable families.

- Launched pilot program *Targeted Mobility Coaching Team* in June 2016. This program is charged with outreach and engagement of customers who have not been successful with TEP providers. The Team was developed intentionally to target services, resources, education, family development and career pathways for DC residents receiving TANF. The team used multiple methods of outreach to customers from telephone contact, texting, mailings, home visits and community visits. Once the customer is contacted, the engagement process with the customer begins with the customer self-identifying their and their family's needs at intake and then working with their assigned coach to develop a plan. This service delivery model is family-centered, focuses on small caseloads and relies on an infusion of family development and mobility coaching.
- Continued use of the Home Visitor program; where DHS re-engages customers with home visits and addresses immediate challenges to participation with a TEP Provider through information and referral and connecting the customer to the Office of Work Opportunity for re-assessment and connection with a TEP Provider or initial screening for POWER.

110. How many families are waiting to receive services from a Work Readiness vendor? For a Job Placement Vendor? What is the average wait time?

RESPONSE: Since July 2015, no eligible TANF customers are waiting to be assigned to a TEP vendor. DHS has worked diligently to ensure that customers are assigned to a TEP vendor immediately upon completing the required assessment. DHS has sustained an elimination of the wait list for services.

111. How many referrals were made to the domestic violence vendor for family violence option screening during FY16? For FY17, to date?

RESPONSE: In FY16, 242 referrals were made to the domestic violence vendor for family violence option screening. In FY17, 72 referrals have been made to date.

a. How many households received the Family Violence Option for FY16 and FY17, to date?

RESPONSE: In FY16, 46 households received the family violence option and in FY17, 10 households received the family violence option.

b. Please indicate how many families applied for but were denied the Family Violence Option. Please indicate the reasons for denial.

No families were denied for services. All families who request services from our domestic violence provider receive services either through domestic violence POWER or through traditional domestic violence service provision.

112. Please respond to the following by POWER qualification category, for FY16 and FY17, to date.

a. How many households were referred to POWER?

RESPONSE: In FY16, 249 referrals were made to POWER. For FY17, 567 referrals have been made to date. DHS does not track data by POWER qualification category.

Please see the breakdown of POWER participants by program and fiscal year.

	FY16 Total	FY17 Total
POWER Medical	769	224
60 and Over	233	109
Teen Parent	17	1
Needed in Home	448	47
Domestic Violence	128	13

*These figures do not include carry-overs from prior fiscal year. They only represent the applications processed in the fiscal year.

b. How many POWER applications are pending?

RESPONSE: There are no POWER applications pending for FY16. To date, there are four (4) POWER applications pending for FY17.

c. How many households applied for but were denied POWER? Please indicate the reasons for denial.

RESPONSE: A total of 17 POWER applications were denied during FY16 due to insufficient information for a medical decision. Six POWER applications have been denied in FY17 due to insufficient information for a medical decision.

d. What is the average length of time for POWER participation?

RESPONSE: The average length of time for POWER participation is twelve (12) months for disabled persons and six months for work incapacity. Renewals are possible upon review of current medical diagnosis and prognosis.

e. How many of these households have received TANF for 60 months or more?

RESPONSE: During FY16, 114 households were TANF recipients for 60 months or more. To date in FY17, 94 families have received TANF for 60 months or more.

113. Has anyone been removed from POWER for failure to recertify? If yes, how many of them have been reinstated.

RESPONSE: Yes, participants have been removed from POWER for failure to recertify. Of those who failed to recertify, 144 were in FY16 and 70 in FY17 to date. A total of 114 households were reinstated during FY16, and 25 households have been reinstated, to date, for FY17.

114. What percentage of POWER recipients have pending SSI and/or SSDI applications? How many have been referred to SOAR for assistance?

RESPONSE: During FY16, 31 percent of POWER recipients had pending SSI and/or SSDI applications. In FY17 to date, 56 percent of recipients have pending SSI and/or SSDI applications. In FY16, 18 POWER recipients were approved for SSI.

During FY16, 11 customers were referred to SOAR. In FY17, the University of the District of Columbia began handling all SSI applications.

Interim Disability Assistance (IDA)

115. Please provide breakdown for FY16 and FY17, to date, of the following:

a. Number of clients receiving IDA;

RESPONSE: A total of 1,100 cases received IDA services per month in FY16, and 1,109 per month in FY17 to date.

b. Number of IDA applications received;

RESPONSE: DHS received a total of 2,544 applications (an average of 212 per month) for the IDA program in FY16. As of October 2016, DHS launched DCAS, a new eligibility system, in which an application is no longer tied to a specific cash assistance program. Instead, the system simply determines which assistance program an applicant is eligible for among all cash assistance programs (TANF, IDA, or General Support for Children). Between October 2016 and January 2017, the period that DCAS has been operational, DHS received a total of 2,480 cash assistance applications for all programs, not just for IDA.

c. Number of applications approved; and

RESPONSE: During FY16, a total of 722 IDA applications (or 60 per month) were approved. Between October 2016 and January 2017, the period that DCAS has been operation, a total of 154 cases (an average of 39 per month) began to receive IDA benefits.

d. Number of applications denied and the reasons for denial.

RESPONSE: During FY16, a total of 2,432 IDA applications (or 203 per month) were denied. There are many reasons why households may not be found eligible for IDA, including: No Active Claim from SSA, no residence (not a DC resident or unable to verify residence), and cannot determine disability by the Medical Review Team. Additionally, eligibility can change based on new information and documentation. IDA caseload is also capped by funding. We are in the process of improving reporting functionality from DCAS.

116. Is there a waiting list for IDA assistance? If yes, how many individuals are on the waiting list? How long has each individual been on the waiting list?

RESPONSE: As of February 16, 2017, a total of 169 customers are on the waiting list for IDA. The length of time for an individual to remain on the IDA waiting list ranges between four (4) and six (6) months from the approval date.

117. Provide the amount of funding allocated to IDA in FY16 and FY17, to date, by funding source. Please explain any variance.

IDA Funding Type	FY16	FY17	Variance	Explanation of Variance
Local	\$2,520,003	\$2,507,995	(\$12,008)	The increase of \$0.5M in O-Type is due to budgeted fund balances offset by a decrease in Local funds by (\$.01M) as the result of vacancy savings.
O-Type	\$1,000,000	\$1,500,000	\$500,000	
TOTAL	\$3,520,003	\$4,007,995	\$487,992	

ESA Service Centers

118. What is the average amount of time individuals must wait to be seen at each ESA service center?

RESPONSE: DHS is experiencing an expected temporary increase in our wait times. In November 2016, DHS began the implementation phase of the Business Process Reengineering (BPR) Project. BPR focuses on first contact resolution (so that customers do not need to have multiple follow-up interactions whenever possible) and tracks how long it takes to serve each customer. In order to help customers in a “one and done” manner so they do not need to return with additional paperwork, eligibility workers must take more time and be more thorough with each application, recertification, or reported change in circumstances.

To track these measures, DHS implemented Pathos, a new workflow management system at each service center. Pathos replaces the Service Center Intake Log (SCIL), the queuing system previously used to control service center flow. SCIL was not used consistently across Service Centers because it was not associated with formal processes the way Pathos is – as a result, wait time data calculated in SCIL often did not reflect the true wait time since the data entry may not have started for some time after a customer had already been inside a DHS customer center. It was not uncommon to see customers waiting in the lobby before being registered in SCIL. Now, every customer is registered in Pathos as soon as they pass the security checkpoint regardless of the purpose of the visit. This change in the way wait time is measured and the additional time that eligibility workers take with each customer has resulted in an expected increase in wait times. In 2016, prior to launching the new BPR system, the reportable average wait time per customer was about 91 minutes. Since BPR launched, the average wait time is measured as 139 minutes.

As BPR is deployed to the remaining Service Centers and other teams that perform eligibility determinations (including the DHS Call Center) in the upcoming months, fewer customers will have reason to return or call back, thus decreasing the number of customer visits and the overall wait times for all Customers. Analysis from Change & Innovation Agency, the contractor who is assisting us with this process, suggests that thousands of Service Center visits can be avoided if cases are handled more efficiently under this new business process. In the old process, cases were unnecessarily pended or information was not accurately captured during the first visit, triggering (a) follow-up visit(s) by the same customer for the same reason.

Average Wait-time (Minutes) by Customer Center

	Pre-BPR (1/1/16~1/20/17)	Post-BPR (Varied by Location)	Post-BPR Data Time Period
Anacostia	95 min	127 min	11/14/16 - 2/17/17
Fort Davis	74 min	142 min	1/9/17 - 2/17/17
Taylor Street	130 min	148 min	2/6/17 - 2/17/17
H Street	97 min	N/A	N/A
Congress Heights	85 min	N/A	N/A
Average	91 min	139 min	
<i>Data Source*</i>	<i>SCIL</i>	<i>PaThos</i>	

119. DHS has initiated business process changes to improve customer experience at the service centers, minimize wait times, and improve program integrity and performance.

a. Where is the agency in the process of completing this business process analysis and redesign?

RESPONSE: As of March 6, 2017, the agency has deployed the new business processes in four of the five Service Centers. The full BPR implementation (including the remaining Service Center, Call Center and non-Service Center teams) should be complete by the end of May 2017.

b. Please identify the contractor who is conducting the analysis; the total amount of the contract; and term period of the contract.

RESPONSE: Change & Innovation Agency (CIA) is our contractor. Please note that the District is required to invest in corrective measures due to the SNAP error rate.

- Total Amount of the contract –
 - FY16: \$700,000
 - FY17: \$993,750
 - FY18: \$375,000
 - **Total for first 3 years: \$2,068,750**
- Term Period of the contract
 - Current implementation and oversight contract runs through the end of FY17 (10/31/17) and has four 1-year option periods. The BPR contractor provides remote support and monitoring of production data to ensure processes are being followed and eligibility worker capacity has increased, as well as providing at least one “office intervention” in-person for one to three weeks each year.

Supplemental Nutrition Assistance Program (SNAP)

120. Please provide the following characteristics for SNAP households for FY16 and FY17, year to date:

SNAP Caseload Characteristics

	Monthly Average	
	FY16	FY17 YTD
a. Number of SNAP households	74,112	74,126
<i>Number of SNAP recipients (individuals)</i>	127,875	125,855
b. Average size of SNAP households	1.7	1.7
c. Number of individual seniors (>=60 years) receiving SNAP	15,664 (12.2%)	15,541 (12.3%)
d. Number of individual children (<18 years) in SNAP households	47,171 (36.9%)	46,513 (37.0%)

e. Number of SNAP households by ward (as of September 2016).

Ward	Households		SNAP Households by Ward (Sep-2016)
	Number	Percent	
Ward 1	5,438	7%	<p>Ward 1 7%</p> <p>Ward 2 11%</p> <p>Ward 3 1%</p> <p>Ward 4 11%</p> <p>Ward 5 13%</p> <p>Ward 6 13%</p> <p>Ward 7 21%</p> <p>Ward 8 23%</p>
Ward 2	8,341	11%	
Ward 3	500	1%	
Ward 4	7,728	11%	
Ward 5	9,539	13%	
Ward 6	9,239	13%	
Ward 7	14,984	21%	
Ward 8	16,781	23%	
Total (Sum)*	72,550	100%	

** This is the sum of those with ward information identified.*

