

**DC Council Committee on Health
Councilmember Christina Henderson, Chair
Fiscal Year 2022 Performance Oversight Pre-Hearing Questions
Office of the Deputy Mayor for Health and Human Services**

- 1. Please provide the current organizational chart for the agency, with information to the activity level. In addition, 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. If applicable, please provide a narrative explanation of any organizational changes made during FY 2022 and FY 2023, to date.**

DMHHS has 15.8 FTEs notwithstanding the ICH. Overall, there are 21 people in the office. As for organizational changes, the Age-Friendly coordinator began reporting to the Chief of Staff formally since the Deputy Chief of Staff role was vacant for some time. Upon filling the position and agency projects and priorities there was a return for the Age-Friendly Coordinator to report to the Chief of staff. Please see Attachment A for further details.

- 2. Please describe the agency's procedures for investigating allegations of sexual harassment or misconduct committed by or against its employees. List and describe any allegations received by the agency in FY 2022 and FY 2023, to date, and whether or not those allegations were resolved.**

A DMHHS employee who wishes to file a sexual harassment complaint may do so by contacting the EOM Sexual Harassment Officer, DCHR, or the DMHHS Legal Counsel. DCHR is the agency that would conduct an investigation of the complaint. DMHHS has not received any allegations of sexual harassment in FY 2022 or FY 2023, to date.

In FY 2022, one DMHHS employee was the subject of a lawsuit for alleged battery and violation of plaintiff's 1st, 4th, and 5th Amendment rights during the New Jersey Avenue and O St encampment clean-up and closure on December 2, 2021. OAG chose to represent the employee. After OAG filed a motion to dismiss, plaintiff's attorney moved to withdraw as counsel. Plaintiff never obtained new counsel, never opposed OAG's motion to dismiss, and made no effort to prosecute their case. On January 6, 2023, the Court granted OAG's motion to dismiss and closed the case.

- 3. How many performance evaluations did the agency complete in FY 2022? How many performance improvement plans were issued in FY 2022? How many employees have submitted SMART Goals or other relevant workplans in FY 2023? For each question, provide the total number and the percentage of total employees.**

Previous DMHHS leadership had not created performance plans for employees, thus there were no plans to transfer to current leadership. While there were performance-based conversations, no improvement plans were issued in FY2022. Of the active employees (excluding the vacancies, federal detail, and Deputy Mayor) all have performance plans

inclusive of their SMART goals for FY23. This totals 18 or 85.7% of employees having plans or 100% if vacancies and employee on federal detail are excluded from the overall percentage.

4. **Please provide the following budget information, in Microsoft Excel, for the agency, including the amount budgeted and actually spent for FY 2022 and FY 2023, to date. In addition, please describe any variance between the amount budgeted and actually spent.**
- a. **At the agency level, please provide information broken out by source of funds and by Comptroller Source Group and Comptroller Object;**
 - b. **At the program level, please provide the information broken out by source of funds and by Comptroller Source Group and Comptroller Object; and**
 - c. **At the activity level, please provide the information broken out by source of funds and by Comptroller Source Group.**

Please see attachment for the above.

5. **Please provide a complete accounting of all intra-district transfers received by or transferred from the agency during FY 2022 and FY 2023, to date. For each, please provide a narrative description as to the purpose of the transfer and which programs, activities, and services within the agency the transfer affected.**

DHS and DMHHS have an intra-district which pays for the salaries and fringe of the two encampment navigators on the DMHHS encampment team. While most homeless services are housed at DHS, since the encampment response is housed within DMHHS, DHS provides funding through an MOU to DMHHS for the encampment navigators to perform their routine duties engaging with residents experiencing homelessness at encampments.

Additionally, DMHHS has a MOU with EOM for telecommunications. Please see the attachment for additional information.

6. **Please provide a complete accounting of all reprogrammings received by or transferred from the agency in FY 2022 and FY 2023, to date. For each, please provide a narrative description as to the purpose of the transfer and which programs, activities, and services within the agency the reprogramming affected.**

DHS and DMHHS have an intra-district which pays for the salaries and fringe of the two encampment navigators on the DMHHS encampment team. While most homeless services are housed at DHS, since the encampment response is housed within DMHHS, DHS provides funding through an MOU to DMHHS for the encampment navigators to perform their routine duties engaging with residents experiencing homelessness at encampments. Please see the attachment for additional details.

- 7. Please provide the following information for all contracts, including modifications, active during FY 2022 and FY 2023, to date, broken down by program and activity:**
- a. Contract number;**
 - b. Approved Budget Authority;**
 - c. Funding source;**
 - d. Expenditures (including encumbrances and pre-encumbrances);**
 - e. Purpose of the contract;**
 - f. Name of the vendor;**
 - g. Original contract value;**
 - h. Modified contract value (if applicable);**
 - i. Whether it was competitively bid or sole sourced;**
 - j. Final deliverables for completed contracts;**
 - k. Any corrective actions taken or technical assistance provided; and**
 - l. Agency employee(s) serving as Contract Administrator.**

Kutak contract for the new hospital:

- a. Contract number; CW50401-To2
- b. Approved Budget Authority; \$49, 686
- c. Funding source; Local
- d. Expenditures (including encumbrances and pre-encumbrances); \$7,002.20
- e. Purpose of the contract; Legal Consulting for the new hospital
- f. Name of the vendor; Kutak
- g. Original contract value; \$49, 686
- h. Modified contract value (if applicable); N/A
- i. Whether it was competitively bid or sole sourced; N/A
- j. Final deliverables for completed contracts;
- k. Any corrective actions taken or technical assistance provided; and N/A
- l. Agency employee(s) serving as Contract Administrator. Henry Saunders with insight from Ben Stutz.

Port-a-John Contract to service residents experiencing homelessness at encampments:

- a. Contract number – WEBEOC#: RR 802 4328-1
- b. Approved Budget Authority - DMHHS
- c. Funding source – DMHHS fiscal budget
- d. Expenditures (including encumbrances and pre-encumbrances) – FY22 Total Cost = \$146,320, and FY23 Total Cost to-date = \$26,300
- e. Purpose of the contract – The contracted units service the District’s encampment locations of 10 or more residents that reside on District property.
- f. Name of the vendor – Gotta-Go-Now
- g. Original contract value; - \$156,840 for the first 6 months (see the originating BPA attached for further reference).
- h. Modified contract value (if applicable) – N/A
- i. Whether it was competitively bid or sole sourced – Competitively Bid
- j. Final deliverables for completed contracts; - The contract deliverables will continue as

ongoing until the encampment need(s) expire within the District.

- k. Any corrective actions taken or technical assistance provided – None at this time.
- l. Agency employee(s) serving as Contract Administrator – Jamal Weldon

8. Please provide a list of all Department of General Services work orders submitted in FY 2022 and FY 2023, to date, for facilities operated by the agency. Please include the date the work order was submitted, whether the work order is completed or still open, and the date of completion (if completed).

DMHHS does not operate facilities and therefore does not have work orders.

9. Did DMHHS meet the objectives set forth in its performance plan for FY 2022? For any performance indicators that were not met, please provide a narrative description of why they were not met and the corrective actions taken.

While DMHHS did not meet every KPI or complete all Strategic Initiatives for FY22, significant progress for all performance measures was made and can be seen in the statistics reported out for KPIs, raw numbers for Workload Measures, and overall Strategic Initiatives updates and narratives.

In FY22, DMHHS worked closely with CFSA to exit the *LaShawn A. v. Bowser* lawsuit, housed 112 residents through the CARE Pilot, celebrated the groundbreaking for the new Cedar Hill Regional Medical Center, GW Health Hospital and opening of the 801 East Men’s Shelter. Steady progress also continues to be made on Homeward 2.0 and the overall Singles Shelter System redevelopment.

Indicators that were not met and a narrative description of why they were not met and the corrective actions being taken are as follows:

- “Percent of DMHHS Cluster agencies fiscal year key performance indicators either met or nearly met”
 - The agencies within the DMHHS cluster have continued to be directly impacted by the COVID-19 pandemic, which has at times made achieving some of their KPIs more difficult. The majority of the cluster was able to meet or exceed this target, which speaks to how much work cluster agencies put in. We want our agencies to set KPIs that take increased effort to meet, and know that if they don't meet them one year, they'll work that much harder to meet the goal the next. DC Health, with continued pandemic interruptions to the normal work of the agency, was still able to achieve a 75% meet or almost meet rate, which while not the target, is still impressive when circumstances are taken into consideration. In FY23 DMHHS will monitor past cluster agency KPIs that were not met and push the agency to reach current FY goals.
- “Percentage of DMHHS Cluster agencies’ fiscal year strategic initiatives complete.”

- Like KPIs, many of the HHS cluster agencies have had progress on their strategic initiatives slowed by the pandemic. Many of our agencies also set SIs that they know will take longer than one year but need to be tracked every year. The progress they make on these long-term SIs is essential to their overall work and moving the agencies forward. DMHHS will monitor progress to make sure multi-year SIs are on track to be completed in the projected timeframe given by the agency.
 - “Percent of strategies progress or accomplished on the Age-Friendly DC dashboard.”
 - Age-Friendly DC continues to make steady progress, but has faced a number of issues that the team continues to work through:
 - Reasons that domain strategies have not made progress, as a result of community organization and individual DC resident behavior challenges:
 - Speeding/reckless driving (Transportation) has resulted in more deaths and injuries; therefore the Vision Zero has not progressed as expected.
 - Lack of DC residents motivated to think ahead (Housing, particularly accessory dwelling units and home sharing)
 - Sources of data (Social Participation) to complete the State of Volunteerism report
 - New planning direction; Universities cannot continue to give adults audit opportunities; they need adults to pay (Lifelong Learning) Consortium of Universities in the Metropolitan Area
 - Lack of interest (Civic Participation & Employment) Rotary Clubs say they want to help, but do not carry through
 - New Hospital
 - Construction is underway on Cedar Hill Regional Medical Center, GW Health with progress being closely monitored to achieve an early 2025 opening.
 - Substance Use Services/Reporting
 - Work continues to create the structures and processes for regular updates to OCA regarding opioid use coordination and reporting. The DC Opioid Working Group brings together employees from across District Government monthly to share data, insights, news, projects and updates. The goal of the group is to decrease the morbidity and mortality from opioid use and addiction in the District of Columbia through a multi-disciplinary approach. DMHHS will continue to be an active voice and participant in these conversations and facilitator between DBH and the Council and EOM.
- a. Please provide the agency’s performance objectives for FY2023.
- i. DMHHS FY23 Performance Plan Attached

10. How many residents have been housed under the CARE pilot in FY 2022 and FY 2023, to date? When will DMHHS publish the report with findings and recommendations based on the CARE pilot?

- a. To-date, 112 residents residing at encampments have been housed through the services of the C.A.R.E. Pilot.
- b. The report was drafted and submitted before the close of FY22 to EOM leadership. Once leadership reviews the report and provides feedback DMHHS plans to submit a public-facing report accordingly.

11. How many encampment closures have there been in FY 2022 and FY 2023, to date? For each encampment closure, please provide:

- a. **The location and date of operation:** Please find the DMHHS Encampment Site Closure chart for District governed land during FY2022 and FY2023 attached.
- b. **How many individuals were removed, and, of those, how many were connected with housing?** Please find the DMHHS Encampment Site Closure chart for District governed land during FY2022 and FY2023 attached.

12. Please provide an update on the Cedar Hill Regional Medical Center capital project, including:

- a. **Timeline for completion, including whether the project is on track to open in early 2025;**

Yes. The new hospital is currently on schedule to open in early 2025. The building will be substantially complete by late 2024. There is a comprehensive state and federal regulatory process between when the building is complete and when patients can receive care.

- b. **The total amount of funding for the project, broken down by funding source;**

The current hospital budget is \$411.8 million. A breakdown showing the source of funds is below:

Funding Source	Amount (in millions)
District Capital	\$390.0
Universal Health Services	\$17.1
FEMA Grant via HSEMA for Mircogrid	\$3.0
Federal ARPA via DOEE for Solar Infrastructure	\$1.7
Total	\$411.8

- c. A detailed budget for the project; and

Below is a breakdown of the project’s budget by expenditure. These amounts are subject to change as contracts are signed.

Project Expenditure	Amount (in millions)
Construction	\$310.1
Medical Equipment and Furniture and Fixtures	\$55.8
Architecture and Engineering	\$16.5
IT	\$15.0
Insurance, Testing and Inspections and Contingency	\$9.7
Microgrid and Solar	\$4.7
Total	\$411.8

d. Whether the project is on track to meet, exceed, or be under the expected budget.

The District and Universal Health Services are constantly overseeing, reviewing and analyzing the project budget. Nationally over the last three years, the cost of new facility construction has increased nearly 25% due to the impacts of COVID, global inflation, and labor and material shortages. Despite these challenges, to date, we been able to hold the Cedar Hill project to less than 10%. We have done this by signing contracts early that hold contractors’ prices fixed even if the work has yet to be done, purchasing and storing medical and other equipment locally, reviewing the hospital’s design and when appropriate making decisions to contain costs and identifying additional funding sources - including from our partner, UHS, and other available Federal funds.

The hospital’s initial budget of \$375 million was established in January of 2020, before COVID. The budget is now \$411.8 million. Of the additional \$36.8 million, 75% (\$27.3 million) is being used to expand the facility and improve patient care. Specifically, we have:

- Increased the facilities size – we added an additional patient floor so that the hospital can grow from 136 to 184 beds in the future and are building a larger diagnostic and treatment area;
- Improved its efficiency – we are including solar panels on the garage that will lower the electricity bills of nearly 250 community households and make the hospital compatible with a future microgrid at St. Elizabeths; and,
- Updated the facilities design to reflect the operational lessons learned from COVID – such as improvements to airflow and circulation and having the ability to cordon off wings of the hospital as needed.

We are working with the City Administrator Donahue and Budget Director Reed to review the latest budget forecasts to determine if additional funds will be needed for the project's final year of construction, FY24.

13. Regarding the Cedar Hill Urgent Care center in Ward 8 that opened in October 2022, please provide:

a. Number of patients served since opening, and how that number compares to projected capacity for the Urgent Care center;

The Ward 8 Urgent Care opened to patients on October 10, 2022. UHS projected 2,326 patients from the opening day until the end of the calendar year. They saw 2,201 patients. The difference is primarily due to the projected volume assumed opening on October 1, 2022.

b. Number of staff currently working at the center, and how that number compares to the projected needs for the center;

The Center is fully staffed for the current average daily volume of patients (32 per day). Specifically, there are eleven staff members and six health care providers. Five staff members and three providers are District residents.

c. Number of patients referred to other providers or hospital from the Urgent Care center, including where they were referred and for what medical service; and

Twelve patients have been transferred to an emergency department from the Urgent Care:

- 1 to WHC Burn unit with 2nd degree burns
- 3 to Children's National
- 8 to GW or UMC for abnormal testing (EKG or X-ray), or High Blood Pressure

Thirty-four were referred for Primary Care and/or OB services (follow up appointments were made by the Urgent Care staff during check out with Ward 7 or 8 providers). Nine patients were referred for Specialty visits.

d. List of services currently provided at the Urgent Care center.

Cedar Hill Urgent Care, GW Health provides services for a broad range of illnesses including: (<https://urgentcarecedarhill.com/>)

- Allergic reactions and asthma
- Colds and flu
- Ear infections
- Falls, minor sprains, and broken bones
- Persistent cough
- Pink eye

- Minor cuts, burns, bug bites, and animal bites
 - Sinus pressure and sinus infections
 - Sore throat
 - Urinary tract infections
 - X-rays and basic lab work.

14. Regarding the Cedar Hill Urgent Care center current scheduled to open in Ward 7 in 2024, please provide:

a. Timeline for completion, including whether the project is on track to open on time;

The Ward 7 Urgent Care opening is now scheduled to open in late 2024. This delay is due the process of securing an appropriate location. Universal Health Services is in negotiations and close to signing an agreement for a location in central Ward 7. When complete, we will update the Committee.

b. The total amount of funding for the project, broken down by funding source;

Pursuant to the District's agreement with Universal Health Services. The cost to build/lease, fund, operate and maintain the Ward 7 and 8 urgent care facilities are 100% UHS responsibility. The cost of the Ward 7 site will depend on its final size, location, services approved through the Certificate and Need and lease terms. We will keep the Chairman updated as more information becomes available.

c. Whether the project is on track to meet, exceed, or be under the expected budget;

Please see prior responses.

- d. List of services that will be provided by this Urgent Care center and how, if at all, these services differ from what is provided at the Ward 8 Urgent Care center;
- e. How many patients this Urgent Care center will be able to accommodate;

It is too early in the process to determine the number of patients the Ward 7 facility will accommodate.

f. Projected staffing needs and plans to fill these positions.

It is too early in the process to determine the number and type of staff needed for the Ward 7 facility.

Please describe Mayor Bowser’s efforts to prevent and treat substance abuse in FY 2022 and FY 2023, to date.

In FY 2022, the Mayor with the Department of Behavioral Health (DBH) launched several public, social media campaigns which are continuing into FY 2023, in efforts to both prevent and treat substance abuse in the District:

- “Be Ready” public education campaign encourages District residents to carry Naloxone (Narcan) in order to help intervene in potential opioid overdoses and save lives.
- Fentanyl public education campaign warns the public on the dangers of fentanyl in other known drugs such as cocaine and methamphetamine.
- “This Time, It’s Different” public education campaign, a strategic initiative to encourage recovery among residents who had previously tried to stop using opioids. The campaign highlights effective and comprehensive treatment modalities, services, and supports available to District residents through the Department of Behavioral Health.

Through the work of the four DC Prevention Centers (DCPCs) covering all eight wards, we were able to educate 12,108 individuals in FY 2022. The engagements occurred through Naloxone trainings (47), educational panels (87), school-based events (6), and youth-focused community events (32). Furthermore, the eight faith-based DBH grantees reached 25,814 individuals through over 60 community events and 37 Naloxone trainings.

The District of Columbia expanded the promotion of, and access to, harm reduction tools in FY 2022 to reduce opioid related deaths as part of the city's strategic efforts outlined in Live.Long.DC 2.0 towards our goal of treating substance abuse through a person-centered public health approach. The increased distribution and availability of Naloxone, the lifesaving medication which helps reverse opioid overdoses, and the increased access and distribution of fentanyl test strips, which can test and detect the presence of fentanyl in other drugs, are two evidence-based strategies in preventing overdose deaths.

In FY 2022, the District of Columbia provided 65,124 naloxone kits for distribution to the general public at no cost without a prescription through 40 sites across all eight Wards. These sites include community-based organizations (CBOs), intra-government agencies, and pharmacy partners. In FY 2023 to date, 17,712 kits were provided for distribution. Additionally, there were 20,970 fentanyl testing strips distributed in FY 2022, and 6,247 Naloxone units distributed across the District through pharmacies (1,624), first responders (1,037) and the Opioid Response Teams (3,586). Additionally in FY 2022, 3,461 individuals were trained on Naloxone use from certified trainers in-person or through the online course.

The District was one of the first jurisdictions in the country to offer a text-based naloxone delivery program, called “Text-to-Live,” which began in Spring 2021. Through this service, residents can request home delivery of Naloxone, as well as a brief training on

how to use this lifesaving medication from a DC Health rapid peer responder, by texting “LiveLongDC” to 888-811. This service saw an increased demand in FY 2022, and so the program expanded to include the Safe Syringe Program (SSP) teams to help manage delivery requests. In FY 2022 to FY 2023 date, this service distributed 18,356 units of Naloxone, 3,589 fentanyl test strips, and reversed 90 overdoses.

Additionally, the District of Columbia launched the 988 crisis services lifeline in FY 2022 to support District residents experiencing a mental health, substance use, or suicidal crisis. This lifeline connects residents at any time of the day or night with compassionate, accessible care from trained crisis counselors able to address immediate needs and referrals to ongoing care if needed.

While these are highlights, substance abuse prevention and treatment are within the purview of the Department of Behavioral Health and specifics should be directed to them accordingly.

15. Please describe Mayor Bowser’s efforts to reduce gun violence and treat violence as a public health issue in FY 2022 and FY 2023, to date.

While using the rhetoric of treating gun violence like a public health issue has become popularized in recent years, the District has long standing approach at applying the principals of public health to violence.

Examples include:

- Addressing social influences of health. Several investments into to improve food access at DC Health. Hunger is often cited as an issue of why people engage in violence to obtain food or the funds in order to buy food.
- Behavioral Health. DBH offers support both from a preventative standpoint (primary prevention is the key epidemiological principal of public health) and in response to issues that arise.
- Investing in keeping families together when the healthy option for CFSA.
- DHCF is exploring benefit coverage and financing options to support the expansion of violence intervention services in the District of Columbia. In April of 2021, the Biden Administration [announced](#) increase efforts to address community violence as a public health crisis, citing homicide as a leading cause of death for young Black and Latino men as well as the increased health needs of survivors and witnesses. Included in the announcement, was a pledge of forthcoming US HHS guidance on how State Medicaid Agencies could use Medicaid authority and financing to provide coverage of community violence intervention. HHS outlined in its guidance that Medicaid could fund Hospital-Based Violence Intervention Programs (HVIPs) or other community violence intervention efforts. HVIPs provide a coordinated approach to identifying and responding to underlying risk factors for violence. DC currently supports HVIPs through [grants](#). Any DHCF coverage expansion will supplement locally-funded initiatives already in place, including those administered by the Office

of Gun Violence Prevention, ONSE, DYRS, DBH, and DPR. Similar to question 14, gun violence prevention is multidisciplinary, but not led by DMHHS. Relevant agencies in the public safety cluster as well as other implementing health and human services agencies should be contacted for more information on approach and strategy

16. For the Interagency Council on Homelessness, please provide:

a. A current list of members, including any vacancies;

There are eight (8) distinct categories of representatives to the Interagency Council on Homelessness (ICH), as specified by [§4-752.01 Establishment of Interagency Council on Homelessness](#).

I. Government Representatives:

There are no vacancies in this category currently.

Entities/Divisions, including Roles/Responsibilities	Name
City Administrator (CA), Chair	Kevin Donahue
Director to End Homelessness, assist the CA in leading/ coordinating ICH	Wayne Turnage
Deputy Mayor for Health and Human Services	Theresa Silla
Directors of:	
A. Department of Human Services (DHS);	Laura Zeilinger
B. Department of Behavioral Health (DBH);	Barbara J. Bazron
C. Child and Family Services Agency (CFSA);	Robert L. Matthews
D. Department of Housing and Community Development (DHCD);	Drew Hubbard
E. Department of Health (DC Health);	Sharon Lewis*
F. District of Columbia Housing Authority (DCHA);	Brenda Donald
G. Department of Corrections (DOC);	Quincy L. Booth
H. Department of Employment Services (DOES);	Unique N. Morris- Hughes
I. Office of the State Superintendent of Education (OSSE);	Christina Grant
J. Homeland Security and Emergency Management Agency (HSEMA);	Chris Rodriguez
K. Department of General Services (DGS);	Keith Anderson
L. Metropolitan Police Department (MPD); and	Robert J. Contee III
M. Office of Lesbian, Gay, Bisexual, Transgender, and Questioning Affairs (OLGBTQA)	Japer Bowles

II. A representative of the District's Collaborative Applicant:

There are no vacancies in this category currently.

Entities/Divisions, including Roles/Responsibilities	Name
The Community Partnership to End Homelessness (TCP), CoC Collaborative Applicant to HUD	Sue Marshall

III. Continuum of Care Service Providers (7 – 8 representatives):

Technically, since only seven (7) representatives are required, there are two (2) expired terms and one (1) vacant seat. The ICH worked with the Executive Committee to identify new appointees in 2022 and is working with MOTA to submit legislation for the incoming members.

In terms of filling the eighth seat, MOTA had vetted and was working to appoint Jorge Membreno (SMYAL) as a service provider representative when he applied and was successfully employed as an ICH Family and Youth Advisor. ICH and MOTA will include that eighth seat in the 2023 call for nominations.

Name	Entities	Term Expires	Incoming Member, Entity (if relevant)
1. Christy Respress	Pathways to Housing	2023	
2. Ishan Heru	Community Connections	2023	
3. Jean-Michel Giraud	Friendship Place	2023	
4. Koube Ngaaje	DASH	2023	
5. Michael Ferrell	Coalition for the Homeless	2022	Amanda S Chesney, Catholic Charities
6. Kelly S McShane	Community of Hope	2022	Kelly S McShane, Community of Hope
7. Vacant			Kenyatta T Brunson, N Street Village
8. Vacant			

IV. Homeless or Formerly Homeless (3 – 4 representatives):

Technically, since only three (3) representatives are required, there is only one (1) expired term in this category. The ICH worked with the Executive Committee to identify new appointees and is working with MOTA to submit legislation for the incoming members. Incoming members have been identified for all seats.

Name	Entities	Term	Incoming Member, if relevant
1. Adam Rocap	Miriam's Kitchen		
2. Debby Shore	Sasha Bruce Youthworks		
3. Kate Coventry	DC Fiscal Policy Institute	2022	Kate Coventry, DC Fiscal Policy Institute
4. Vacant			Karen Cunningham, Everyone Home DC

V. Advocacy Organizations (3 – 4 representatives):

Technically, since only three (3) representatives are required, there are only two (2) expired terms in this category. The ICH worked with the Executive Committee to identify new appointees and is working with MOTA to submit legislation for the incoming members.

Name	Entities	Term	Incoming Member, if relevant
1. Aaron White	DBH		
2. Qaadir El-Amin	PFFC	2022	Qaadir El-Amin, PFFC
3. Reginald Black	PFFC	2022	Reginald Black, PFFC
4. Vacant			Michael Coleman, Concerned Citizen

VI. Business, Philanthropic, or other private sector organizations (3 – 4 representatives):

There are two expired terms in this category. The ICH worked with the Executive Committee to identify new appointees and is working with MOTA to submit legislation for the incoming members.

Name	Entities	Term	Incoming Member, if relevant
1. Tonia Wellons	Greater Washington Community Foundation		
2. Jill Carmichael	National Community Church		
3. Chapman Todd	Development Consultant	2022	Shellon Fraser, National Housing Trust
4. Catherine Crosland	Unity HealthCare	2022	Catherine Crosland, Unity HealthCare

VII. Chairman of the Council and the Chairman of the Committee of the Council having purview over homeless services (non-voting member):

Entities, including Roles/Responsibilities	Name
DC Council, Chairman	Chairman Phil Mendelson
DC Council, Chairman of the Housing Committee	Councilmember Robert C White

VIII. Administrative head of the Office of Shelter Monitoring (non-voting member):

Entities, including Roles/Responsibilities	Name
DHS, Office of Program Review, Monitoring, and Investigations (OPMRI)	Christa Philips

b. Dates of ICH meetings in FY 2022 and planned for FY 2023;

ICH Meetings in FY22

ICH staff hosted 42 Committee meetings in FY22. The full list of meetings (with event details including meeting materials) is available online by sorting the ICH meeting calendar from [10/01/2021 to 09/30/2022](#).

ICH Meetings in FY223

ICH staff plans to host at least 36 Committee meetings in FY23.

At the beginning of every calendar year, the ICH posts a Notice of Public Meetings for ICH Standing Committees. Here are the links to the Notices that were posted for calendar years 2022 and 2023, as they are both relevant to the FY23 schedule:

- [ICH 2022 Meeting Schedule & Notice of Public Meetings for Standing Committees](#)
- [ICH 2023 Meeting Schedule & Notice of Public Meetings for Standing Committees](#)

Additionally, the anticipated schedule for ICH Committees in FY23 is available online by sorting the ICH meeting calendar from [10/01/2022 to 09/30/2023](#).

c. Minutes from ICH meetings in FY 2022 and FY 2023; and

For the FY 2022, the full list of meetings (with event details including meeting materials) is available online by sorting the ICH meeting calendar from [10/01/2021 to 09/30/2022](#). For FY 2023, the full list of meetings (with event details including meeting materials as they are posted) is available online by sorting the ICH meeting calendar from [10/01/2022 to 09/30/2023](#).

d. Current priorities and projects of the ICH.

The ICH continues to advance its [FY22 Priorities](#).

The FY22 priorities were established in response to the influx of recovery-related resources and historic investments in Permanent Supportive Housing –particularly for single adults. The system has struggled with significant capacity constraints due to the COVID-19 pandemic.

Given these system constraints, to refrain from planning activities that are not productive or significant, the ICH Director does not recommend establishing new priorities for FY23, until 2023 PIT data becomes available in April/May 2023. That will give Continuum of Care an opportunity to understand the impact of absorbing the historic levels of recovery and housing investments and an opportunity to plan for right-sizing COVID interventions given that the Federal COVID-19 public health emergency also expires in May.

17. Please describe the District’s progress to reach the objectives of Age Friendly DC in FY 2022 and FY 2023, to date.

Age-Friendly DC Task Force actions are guided by the Age-Friendly DC 2018-2023 Strategic Plan. Here is a domain-by-domain report of progress in FY22 and FY23, presented at the Age-Friendly DC Task Force meeting, Tuesday, November 15, 2022.

18. Please describe the District’s progress in implementing the recommendations made by the DC Public Restrooms Working Group in its May 2022 report. Does this group continue to meet?

DMHHS was involved in the working group as the facilitator. The group was legislatively mandated to meet leading up to the publication of the report that was transmitted in May of 2022. The group no longer meets as the subsequent implementation will be done by the Department of General Services where both fiscal and programmatic components exist.