

GOVERNMENT OF THE DISTRICT OF COLUMBIA
Office of the Deputy Mayor for Health and Human Services



Fiscal Year 2024-25 Performance Oversight Hearing

Testimony of
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and
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Before the Committee on Health
Council of the District of Columbia
The Honorable Christina Henderson, Chairperson

Wednesday, February 12, 2025

The John A. Wilson Building
1350 Pennsylvania Avenue, NW
Washington, D.C. 20004

Good morning, Chairwoman Henderson, and members of the Committee on Health. I am Wayne Turnage, and I serve as both the Deputy Mayor for Health and Human Services (DMHHS) as well as the Director of the Department of Health Care Finance. This portion of my testimony covers Fiscal Year 2024 (FY2024) and the first quarter of Fiscal Year 2025 (FY2025) for DMHHS. I am joined today by key members of my exceptional staff: Chief of Staff, Ciana Creighton, Deputy Chief of Staff/Encampments Jamal Weldon, Policy Director, Bryan Harrison, Policy Advisor, Jane Oh, and Communications Director, Rebecca Dooley. In addition, Ben Stutz, who serves in an oversight role and coordination role for the work on Cedar Hill Hospital, is also here today.

As you are aware, the Deputy Mayor's office plays an essential role in the executive leadership and coordination of the District's health and human services system. To provide benefits, goods, and services to District residents of all ages, DMHHS serves as a liaison between the Executive Office of the Mayor (EOM) and seven agencies as well as the Health Benefit Exchange:

1. Child and Family Services Agency (CFSA),
2. Department of Aging and Community Living (DACL),
3. Department of Behavioral Health (DBH),
4. Department on Disability Services (DDS),
5. Department of Health (DC Health),
6. Department of Health Care Finance (DHCF),
7. Department of Human Services (DHS), and
8. The Health Benefit Exchange (HBX).

Please note that my testimony today will focus on the performance of DMHHS, thereby leaving specifics of policy and operations at the HHS agencies to each relevant director which they will cover during their respective performance hearings. To this end, my testimony will address

the activities of several specific initiatives that have been spearheaded by DMHHS over the most recent performance cycle. Accordingly, I would like to place a special focus on the work of the DMHHS Policy Team, the Encampment Response Program, Age-Friendly DC, and the developments of Cedar Hill Regional Medical Center.

Organization of DMHHS

Presently, DMHHS is a 13-person office guided by my Chief of Staff, Ciana Creighton. One employee is on detail to the Office of Victim Services and Grants, organizational changes have been made to better support the Chief of Staff and HHS Cluster, while enhancing coordination services across the system. This has been facilitated through the creation of two positions – an Operations Specialist and a Public Affairs Specialist. The Chief of Staff is responsible for managing the day-to-day activities of the office as well as providing cluster support for the seven health and human services agencies, directors, and the Health Benefit Exchange. Internally, DMHHS has a policy team, an encampment response unit, an Age-Friendly DC Coordinator, and a Communications Director.

In addition, we work closely with the Interagency Council on Homelessness (ICH) – a homeless services think tank that coordinates with DMHHS and the Office of the City Administrator. ICH has its own staff that is responsible for organizing various workgroups and office activities. While we support and work closely with the Director and staff of ICH, the director of this Council reports to the City Administrator, and the focus of the Council remains to influence agency policy in ways that will make homelessness rare, brief, and nonrecurring.

The DMHHS Policy Team

The DMHHS Policy Team is steered by our policy director, Bryan Harrison who receives the direction, guidance, and support from the Chief of Staff. The team also consists of one

legal/senior policy advisor, Sakina Thompson, and one policy advisor, Jane Oh. The policy team is in many ways the glue that holds the cluster together providing expert technical assistance and leadership for cluster agencies as it pertains to budget formulation, decision memos, and agency reports.

The Policy Team is responsible for reviewing most agency documents before they are submitted to the Executive Office of the Mayor's internal review process. Across the cluster, there are almost 50 reports and documents reviewed each fiscal year by the team, ranging from annual reports, to testimonies for Council hearings, and performance and budget oversight materials. With respect to the iterative budget process, this staff plays a vital role in communicating decisions from the Mayor's budget team and providing advice to agencies regarding issues raised during the six-month long budgeting process. Our legal and senior policy advisor, Sakina Thompson, focuses on an array of legal and regulatory issues, including the review of rulemaking. She is also the Government Co-chair for the Aston Community Advisory Team (a recent portfolio addition for the Department of Human Services) and provides other legal insights as needed.

DMHHS Communications

Communications for DMHHS is led by our Communications Director, Rebecca Dooley. Rebecca supports the communications efforts for all seven HHS agencies, as well as for HBX and the ICH. In FY24, DMHHS and our cluster agencies conducted approximately 350 media engagements, including both proactive pitching and incoming inquiries. In an average month, DMHHS, DHS, DBH, and DC Health receive the most inquiries.

The DMHHS Communications Director is responsible for developing briefing memos for Mayor Bowser (or other designated principles) for events and major meetings in tandem with other members of DMHHS or cluster agencies. This is completed by consulting with subject mater

experts from across the cluster to include the necessary data and information that ultimately serve as the basis for the Mayor's talking points, remarks, and to brief her as needed.

Lastly, the DMHHS Communications Director is an active member of the city's Joint Information Center (JIC). The JIC is activated for any major special events, first amendment activity, weather-related events, and emergencies.

The Encampment Response Team

Next Chairwoman Henderson, I will discuss the work of the Encampment Response Team. Our encampment management efforts are led by the Deputy Chief of Staff/Encampments, Jamal Weldon, who is responsible for managing and executing the District's Encampment Protocol. He is aided by our legal advisor who provides invaluable legal insight and guidance on key issues surrounding the management of encampments. Additionally, the team also consists of an Encampment Program Coordinator, Keyen Blakley and two Encampment Navigators, Tony Smith and Trina Robinson. The Encampment Response Team is responsible for conducting the primary day-to-day monitoring and outreach engagements of all identified encampments throughout the city on District lands. The team provides some support to residents on federal sites as well.

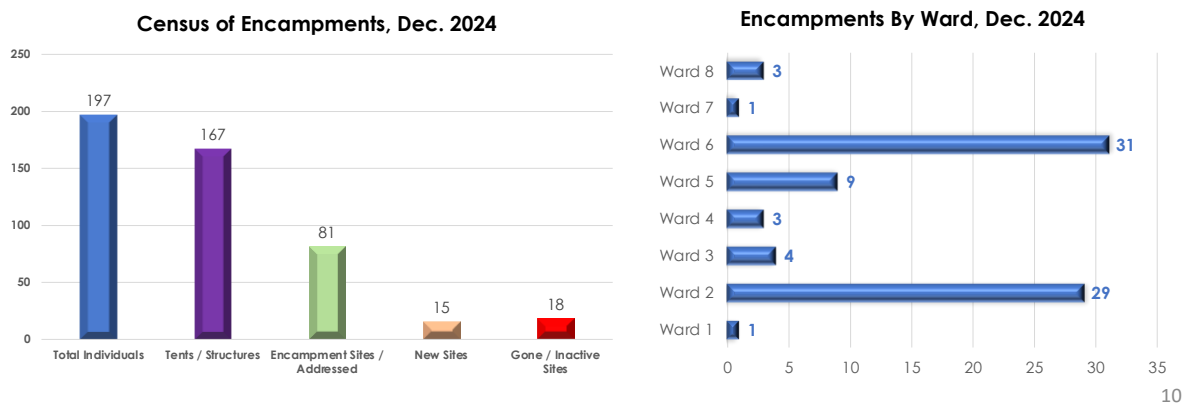
As outlined by the City Administrator's Protocol, encampments are defined as permanent structures that contain the belongings of residents who are experiencing homelessness. Under the existing protocol, DMHHS' encampment response is activated when an encampment site presents a health, security, or safety risk, and/or interferes with community use of public space. Our goals for the encampment response team are twofold: (1) to address immediate and persistently observed public health and safety issues by carrying out scheduled cleanups, bulk trash clearings, or immediate dispositions as needed; and (2) to assist with connecting encamped residents to safer

and healthier living options using an array of supportive housing resources, including behavioral health services.

Overall, as shown below, the number of encampment locations in the city has declined to 81 after peaking in 2023 at 105. In terms of location, most encampments are concentrated in Wards 2 and 6 because these areas are in closer proximity to services and other amenities.

ENCAMPMENT RESPONSE TEAM

After peaking at 105 in Nov. 2023, the total encampment sites / addresses has declined and now sits at 81 as of Dec. 2024 – most were concentrated in Wards 2 and 6.



Encampment Management Activities. As illustrated on the next page, the Encampment team initiated 367 engagements over the course of the past fiscal year. During FY24, 75 percent of the Encampment Response Team’s efforts were bulk trash removals. As noted, the focus of the team’s work is the sites on District property. While staff will coordinate with the federal

ENCAMPMENT RESPONSE TEAM

The DMHHS Encampment Response Team concentrated 75% of its efforts in FY2024 on engaging with residents to conduct coordinated bulk trash removals to help decrease the continuous employment of full cleanups, immediate dispositions, or site closures where warranted.



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government when encampments are established on federal property, the authority for dealing with those situations rests completely with the National Park Service (NPS).

The protocol governing our management of these sites outlines the guidelines for three major actions:

- Full Cleanups.** This activity requires staff to provide a two-week on-site notice of a pending cleanup. This engagement is implemented to remove all bulk trash and hazardous materials that negatively impact the health and safety of both the encamped residents and the surrounding community at-large. Staff require all identified residents to relocate all items that they wish to keep outside of the cleanup zone before the assigned start time of the cleanup. Following an inspection of the tent, the DMHHS Encampment Response Team, DHS Outreach Team, and the contracted biohazard team will remove all remaining hazardous materials along with items that meet the storage criteria. Afterwards, the site is turned over to the Department of Public Works (DPW) for the final removal of the remaining items. In most cases this action is employed when previous attempts to conduct bulk trash or Trash Only Cleanups have been unsuccessful due to barriers in the resident engagement process.
- Trash Only Cleanups.** This activity requires staff to provide a two-week on-site notice to the residents before the engagement to remove all trash and

abandoned or hazardous items from the encampment site. Residents are not directed to vacate the cleanup zone, and this activity typically eliminates the need for a more intrusive cleanup engagement.

- ***Immediate Dispositions.*** We deploy engagement when there is a public health, safety, or security hazard that doesn't allow for the standard 14-day notice for a regular cleanup. In most cases, DMHHS will work to provide a maximum of 24 hours' notice to the residents via a posted notice on-site as well as notifying DHS, DBH, DPW, and the contracted DHS Outreach provider of that catchment area. Sometimes, if health and safety concerns warrant a same day abatement, staff might be unable to notify all stakeholders.

In addition to the guidance provided by the protocol, staff will also permanently close sites when the presence of the encampments interferes with the intended public use of the area in which the encampment is located. Additionally, when the site generates conditions that are a public health or safety hazard, or conflict with the surrounding community, the Encampment team will close these encampments as well.

The Encampment Response Team continues to work with residents in need of DC One Cards – this is an important credential that gives residents access to DC facilities and services, while also providing the official documentation needed to secure vital records. In FY24, 283 DC One Cards were distributed and so far in FY25 there have been 70 cards distributed.

Age-Friendly DC

In addition to the work of the policy and encampment teams, DMHHS is also responsible for the implementation of Age-Friendly DC. Gail Kohn of DMHHS provides oversight and direction for Age Friendly DC, which supports initiatives led by 38 agencies across the government and 128 community organizations. After 13 years of service, Gail retired at the end

of 2024, but we hope she will continue in a consulting role for the work in this area. Key highlights from the previous year are discussed as follows:

- **Age-Friendly DC 2018-2023 Strategic Plan Progress Evaluation.** Evaluated the previous strategic plan through the 2023 Livability Survey, focus groups, and Task Force collaboration to help shape the 2024-2028 strategic plan.
- **2024-2028 Age-Friendly DC Multi-sector Strategic Plan.** Building on the 2018-2023 Strategic Plan, the 2024-2028 Age-Friendly DC Multi-Sector Strategic Plan adopts a Life-Course approach to enhance the aging experience for all residents. It focuses on improving the built environment, promoting positive attitudes toward aging, and ensuring lifelong health and security. The plan aims to make DC safer, more accessible, and inclusive, while addressing disparities and ensuring equitable support for everyone, making the city a better place to live, learn, work, and age.
- **2024 Age-Friendly DC Livability Survey.** Adapted from a WHO and AARP survey, this tool gathered community input on aging well in DC, ensuring inclusive and relevant policies.
- **2024 Age-Friendly DC Livability Survey Report.** Analyzed survey findings to provide critical insights for implementing the 2024-2028 strategic plan.

Once a new Coordinator is hired, they will continue to liaise with agencies to implement the 2024-2028 strategic plan and focus on a life course approach, which highlights that aging starts the moment we are born and continues over the course of a lifespan.

Status of the New Hospital & Integrated Health System

Madam Chairwoman, the last topic for my testimony is the status of the new Cedar Hill Regional Medical Center GW Health, the first new hospital in the District of Columbia in over 20 years. As the Mayor announced last week, we are on schedule, within budget, and remain

slated to open to patients this April 15, 2025, barring any unforeseen issues with our Federal partners. I believe you had the opportunity to tour the facility with Ben Stutz and Dr. Anthony Coleman this January and get a first-hand look at the progress and our readiness.

Managing the Regulatory Requirements for Opening a New Hospital.

The hospital is now over 95 percent complete and has obtained its conditional certificate of occupancy from the DC Department of Buildings. From here, the building will receive its Fire and Life Safety Certificate from FEMS and then DC Health will begin a series of inspections, including the hospital lab, pharmacy, and kitchen. In March, the entire building will be reviewed by their Environmental Safety team, ending with final review by SHPDA. During this time, UHS operational staff will enter the building and begin stocking equipment and training staff. Simultaneously we will work with the Federal DEA, FAA and CMS to ensure that they approve the pharmacy, helipad, and lab respectively.

As mentioned, the next two months are set aside for the comprehensive state and federal regulatory process that is required before any healthcare facility can open and treat patients. The experts at UHS are steeped in experience with this process. To that end, UHS in partnership with DHCF, continues to convene with our regulatory agencies frequently to review the hospital's certification, safety, and readiness.

Staffing the Hospital

Dr. Anthony Coleman, Cedar Hill's CEO, reports that UHS continues their effort to seek and hire the most qualified staff who want to make Cedar Hill their home. In Fall 2024, Cedar Hill hosted a series of career fairs East of the Anacostia River and received over 700 applications from individuals interested in pursuing careers in both clinical and non-clinical fields. In 2025,

they will continue hosting career events, some in partnership with DOES, leading up the hospital's opening.

Certified Business Enterprise (CBE), Local Hiring and Project Labor Accomplishments

I want to take a moment to note the construction team's accomplishments in the areas of labor, business opportunity, and jobs. As of January 31, UHS and its vendors have contracted \$123.6M with 37 District CBEs, including \$42M with 15 CBEs located in Wards 5,7 and 8. They have also hired 477 District residents, while successfully implementing a Project Labor Agreement. Lastly, Turner Construction and its subs provided 103,000 apprenticeship hours to DC residents.

Voluntary Training for United Medical Center Staff

As required by the District's Agreement with UHS, GW Hospital and United Medical Center established and recently concluded the voluntary training program for UMC employees. Employees who completed the training can use it in their application for a new position at Cedar Hill or any health facility in the region. Completion of this training does not guarantee employment at Cedar Hill, but per the Agreement, UMC employees will benefit from a hiring preference if they meet the minimum quality and hiring standards established by the new hospital. During the 15-month program, 213 UMC staff participated taking nearly 4,000 courses.

Creation of a Comprehensive and Integrated Health Delivery System.

As you know, the District's agreement with UHS included a new hospital but was also designed to establish a comprehensive system of healthcare East of the Anacostia River. To achieve that objective, UHS agreed to invest \$75M in health care infrastructure in Wards 7 and 8 over ten years. In October 2022, UHS opened the new Cedar Hill Urgent Care located on MLK

Avenue in Ward 8. Since then, the facility has been a huge success – initially UHS expected 800 patients a month but, after two full years of service, they are seeing nearly 1,500 monthly. It is a wonderful facility and an incredible community asset.

The second community investment by UHS will be a larger Free Standing Emergency Department (FED) in Ward 7 on the Fletcher-Johnson Campus. The \$23 million, 14-bed facility, scheduled to open in early 2027, received its CON from SHPDA this past December. Currently, DGS is preparing the parcel (removal of the old school and site infrastructure) and UHS will start construction in 2026. When complete, the FED can provide a wide range of services, including both traditional urgent care needs but also more acute and severe cases, thus preventing unnecessary trips to the hospital.

Madam Chair, I anticipate that this is my last performance update on this project, so I want to take a moment to recognize the incredible milestone we are approaching with the opening of Cedar Hill. A vision set nearly 10 years ago by Mayor Muriel Bowser and her predecessor, former Mayor and Councilmember Gray, to establish not just a new hospital but a fully integrated system of care, nearly escaped fruition more than once, but through the dogged determination of District's team of public servants and Kim Russo's team at UHS, we have managed to overcome every obstacle to keep this critical, lifesaving project on schedule and at a truly minimal cost increase, despite the challenges of COVID and rapid inflation.

It has truly been an honor to be part of making Cedar Hill a reality. While proud of our team's accomplishments, the true measure of our success will be the health, economic stability, pride, and confidence that a world-class facility such as Cedar Hill will provide a community that has been underserved and disconnected for far too long.

Conclusion

Madam Chairperson, this concludes my testimony on the important work of DMHHS, and we are available for the Committee's questions.