

## Agency Overview

1. Please provide a current organizational chart for the agency, including the number of vacant, frozen, and filled positions in each division or subdivision. Include the names and titles of all senior personnel and note the date that the information was collected on the chart.

Please see below and Attachment 1.

Division	Name, Title	Roles/Responsibilities	FTEs on board (as of 2/6/25)	Vacant as of 2/6/25	FTEs (as of 2/6/25)
Economic Security Administration (ESA)	Brian Campbell, Administrator	ESA determines and maintains eligibility for cash, food, childcare, and medical benefits. ESA also, through a Two Generational approach, administers the Temporary Assistance for Needy Families (TANF) and Supplemental Nutrition Assistance Program (SNAP) Employment and Training programs, which provides employment and training-related activities designed to improve long-term employability and sustaining income.	738	111	849
Family Services Administration (FSA)	Rachel Pierre, Administrator	FSA provides an array of social services and supports for District residents to solve crises, strengthen families, and connect residents to resources and programs to improve their well-being. FSA manages a system of care to make homelessness rare, brief, and non-recurring; administers a system of services and supports for youth who are at-risk of court involvement, school disengagement, homelessness and repeat teen pregnancy; and provides crisis-intervention services for families and refugees.	314.5	86.07	400.57

Office of the Director (OD)	Tania Mortensen, Chief Operating Officer	The Office of the Director provides executive management, policy direction, strategic and financial planning, human capital management, information technology, capital programs, legislative and community relations, legal guidance, and performance management. The Office of Program Review, Monitoring, and Investigation includes agency risk management, fraud investigation, homeless shelter monitoring, and a quality control division.	155.75	29	184.76
<b>Total</b>			<b>1,208.2</b>	<b>226.07</b>	<b>1,434.32</b>

\* Breakdown based on how funded in Schedule A; does not include other agency positions funded in DHS budget and 14.065 approved FTEs, which are not listed in Schedule A but are part of the FSA budget enhancement, are also included in the vacant positions for FSA.

2. Please provide a narrative explanation of any changes made to the organizational chart during the previous year.

DHS did not make any changes to the organizational chart in FY24.

3. Please provide a current Schedule A for the agency which identifies each position by program and activity, with the salary, fringe benefits, and length of time with the agency. Please note the date that the information was collected. The Schedule A should also indicate if the position is continuing/term/temporary/contract or if it is vacant or frozen. Please indicate if any position must be filled to comply with federal or local law.

Please see Attachment 3.

4. Please separately list each employee whose salary was \$100,000 or more in FY24 and FY25-to-date. Provide the name, position number, position title, program, activity, salary, and fringe. In addition, state the amount of any overtime or bonus pay received by each employee on the list.

Please see Attachment 4: [Attachment 4-5 Salary & OT Earners.xlsx](#)

5. Please list in descending order the top 25 overtime earners in your agency in FY24 and FY25-to-date, if applicable. For each, state the employee's name, position number, position title, program, activity, salary, fringe, and the aggregate amount of overtime pay earned by each.

Please see Attachment 5: [Attachment 4-5 Salary & OT Earners.xlsx](#)

6. For FY24 and FY25-to-date, please provide a list of employee bonuses, special pay granted, or separation pay issued, that identifies the employee receiving the bonus, special pay, or separation pay, the amount received, and the reason for the bonus, special pay, or separation pay.

Please see Attachment 6: [Attachment 6 Bonus-Special-Separation Pay.xlsx](#)

7. Please list all employees detailed to or from your agency. For each employee identified, please provide the name of the agency the employee is detailed to or from, the reason for the detail, the date of the detail, and the employee's projected date of return.
  1. Tammie Sommons, Lead HR Specialist
    - a. Detailed to DCHR
    - b. Start of Date:12/1/2024
    - c. End of Detail: 2/24/2025
    - d. Purpose of detail:
      - i. Assist with planning community hiring outreach specifically for the winter hiring event
      - ii. Assist with the creation and implementation of HR training curriculum for the District HR community
      - iii. Participate in inter-district collaboration to enhance agency partnerships
      - iv. Assist with developing and finalizing a manager toolkit with various resources including checklists and best practice tips
      - v. Complete Special Projects and tasks assigned related to recruitment, staffing, and hiring initiatives
8. Please provide each collective bargaining agreement that is currently in effect for agency employees. Please include the bargaining unit and the duration of each agreement. Please note if the agency is currently in bargaining and the anticipated date of completion of each agreement in bargaining.
  - a) CBA – AFSCME: See attachment 8a Collective Bargaining Agreement- [Attachment 8a Collective Bargaining Agreement.pdf](#)
    - a. Duration: 10/1/2021 - 9/30/2025
  - b) CBA – AFGE (Compensation): See attachment 8b Collective Bargaining Agreement- [Attachment 8b Collective Bargaining Agreement.pdf](#)
    - a. Duration: Effective through 9/30/2023
    - b. Note: AFGE is currently bargaining and there is no anticipated date of completion
  - c) CBA – AFGE (Working Conditions): See attachment 8c Collective Bargaining Agreement- [Attachment 8c Collective Bargaining Agreement.pdf](#)
    - a. Duration: Effective through 9/30/2023
    - b. Note: AFGE is currently bargaining and there is no anticipated date of completion

9. Please provide:

- a. A list of all vehicles owned, leased, or otherwise used by the agency and to whom the vehicle is assigned, as well as a description of all vehicle accidents involving the agency's vehicles in FY24 and FY25-to-date;

See Attachment 9a. [Attachment 9a - DHS Fleet Vehicles;](#)

- b. A list of agency-funded travel expenses arranged by or for employees for FY24 and FY25-to-date, including the justification for travel; and,

See Attachment 9b Agency Funded Travel Expenses: [Attachment 9b Agency Funded Travel Expenses.xlsx](#)

- c. A list of total workers' compensation payments paid in FY24 and FY25-to-date, including the number of employees who received workers' compensation payments, in what amounts, and for what reasons.

**Workers' Compensation payment amounts, by fiscal year, through January 31, 2025:**

	Financial Type			
Fiscal Year	Medical	Indemnity	Recovery	Total
FY 2024	\$37,584.60	\$95,364.16	-\$2,721.19	\$130,227.57
FY 2025	\$8,134.28	\$48,033.36	-\$4,308.17	\$51,859.47
<b>Total</b>	<b>\$45,718.88</b>	<b>\$143,397.52</b>	<b>-\$7,029.36</b>	<b>\$182,087.04</b>

**Workers' Compensation employee recipients, by fiscal year, through January 31, 2025:**

Fiscal Year	Total
FY 2024	14
FY 2025	10

10. Please explain any significant impacts on your agency of any legislation passed at the federal or local level during FY24 and FY25-to-date.

**Local**

**Youth Mentorship Through Community Engagement Act 2024 (DC Act 25-700):** This legislation was passed subject to appropriations effective January 25, 2025 and was not funded. The Fiscal Impact Statement concluded that funds are not sufficient in the fiscal year 2025 through fiscal year 2028 budget and financial plan to implement the bill. The bill will cost \$2.1 million in fiscal year 2025 and \$8.4 million over the four-year budget and financial plan. If funded, the law will establish the Thrive Mentorship Program to enhance youth well-being, empower at-risk youth to develop essential life skills, and guide youth to make informed and healthy choices. The Program will be a long-term professional mentoring program administered by the Department of Human Services (DHS) through grants to non-profit or community-based organizations.

**Pets in Housing Amendment Act of 2024 (DC Act 25-702):** This legislation was passed subject to appropriations effective January 25, 2025 and was not funded. The Fiscal Impact Statement concluded that funds are not sufficient in the fiscal year 2025 through fiscal year 2028 budget and financial plan to implement the bill. The bill will cost \$642,000 in fiscal year 2025 and \$2.4 million over the four-year budget and financial plan. If funded, the law will require that space be available in at least one low barrier shelter for residents who are homeless and are accompanied by a common household pet.

**Emergency Rental Assistance Reform Temporary Amendment Act of 2024 (D.C. Act 25-611):** This legislation, effective October 28, 2024, amends, on a temporary basis, the Homeless Services Reform Act of 2005 to reform the Emergency Rental Assistance Program to require specific documentation from tenants establishing eligibility for emergency rental assistance funds, to clarify the definition of a qualifying emergency situation; and amends the Rental Housing Act of 1985 to permit a court to enter a stay, rather than require a court to enter a stay, when a tenant submits documentation to the court demonstrating that he or she has a pending Emergency Rental Assistance Program application.

This legislation permitted the agency to open the application portal for the Emergency Rental Assistance Program for fiscal year 2025 repealing COVID-era self-attestation policies. This legislation is set to expire on June 30, 2025.

**Migrant Services and Supports Extension Temporary Amendment Act of 2024 (D.C. Act 25-535):** This legislation, effective July 25, 2024, extends emergency legislation establishing, on a temporary basis, migrant services and supports to aid newcomers in settling in the District, obtaining healthcare and identification documents, and accessing emergency shelter services; and to amend the Homeless Services Reform Act of 2005 to make conforming amendments. This legislation is set to expire on May 1, 2025.

**Pilot Truancy Reduction Temporary Amendment Act of 2024 (D.C. Act 25-567):** This legislation, effective October 7, 2024, amends, on a temporary basis, Article II of An Act to provide for compulsory school attendance, for the taking of a school census in the District of Columbia, and for other purposes to direct the Mayor to establish a truancy pilot for the purpose of referring students with unexcused absences to the Department of Human Services and documenting attendance and academic outcomes of students receiving interventions from the Department of Human Services.

**Family Re-Housing Stabilization Program Protection Emergency and Temporary Amendment Acts of 2024, D.C. Act A25-0522 and D.C. Act 25-0552:** This legislation, effective October 8, 2024, amended the Fiscal Year 2024 Budget Support Act of 2024, the Fiscal Year 2024 Revised Local Budget Act of 2024, and the Fiscal Year 2024 Budget Support Emergency Act of 2024 to amend the Homeless Services Reform Act of 2005 to establish grounds for an extension to the Family Re-Housing Stabilization Program, and, subject to available funding, to require the Department or its designee to thoroughly consider the totality of a participant's circumstances, including their progress and eligibility for affordable housing. This legislation is set to expire on July 10, 2025.

## **Federal**

- *The American Relief Act, 2025* (PL 118-158) (continuing resolution) (Dec. 21, 2024): This funded SNAP through the end of April 2025 but did not reauthorize funding for federal government replacement of SNAP benefits stolen through card skimming.

- *The Continuing Appropriations and Extensions Act, 2025* (PL 118-83) (Sept. 26, 2024): This extended federal government replacement of SNAP benefits stolen through card skimming through December 20, 2024 (original end date was September 30, 2024).
- *The Consolidated Appropriations Act, 2024* (PL 118-42) (March 9, 2024): This made citizens of Micronesia, Marshall Islands, and Palau who lawfully reside in the US eligible for public assistance programs, including SNAP and TANF, without a waiting period.

11. Please describe in narrative detail any statutory mandates that the agency lacks sufficient resources to fully implement. For each identified statutory mandate, please identify the following:
- Whether amendatory legislation consistent with the purpose of the relevant legislation and mission of DHS would allow for the realization of the pertinent statutory mandate and, if so, the nature of that proposed amendment;
  - The DIFS cost center in which each resource deficiency is located;
  - Whether each resource deficiency could be addressed by increased operating or capital budget allocations to the pertinent DIFS cost centers;
  - The amount of the increased operating or capital budget allocation necessary to remedy each resource deficiency; and,
  - Whether DHS requested the remediation of the resource deficiency in its FY 26 draft budget request.

Meeting the requirements and full implementation of the HSRA to provide access to shelter during hypothermia season is a perennial challenge, and we look forward to working with the Mayor and the Council to align expectations and budgetary concerns. Meeting this mandate requires supporting continuous movement through the family shelter system. However, most families require assistance to exit shelter, and do so through FRSP, which is more cost effective than shelter but has become a significant spending pressure for DHS.

12. Please list all reporting requirements in the District of Columbia Code or Municipal Regulations that the agency is required to complete in FY24 and FY25. For each requirement, please list the date by which the promulgation of the report is required and the date on which any reports produced to date were produced. If the agency did not produce any report before the required date, please explain why.

<i>Citation</i>	<i>Description of the requirement</i>	<i>Deadline</i>	<i>Most recent submission [note date, month, year as</i>	<i>Description of whether the agency is in compliance [“in compliance” or “pending”]</i>
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			<i>appropriate 1</i>	
<i>D.C. Official Code § 4-756.04.</i>	<i>Report on data from the Interim Eligibility Program</i>	<i>Annually by February 1 to the ICH and DC Council</i>	<i>3/2024</i>	<i>Pending</i>
<i>D.C. Official Code § 4-771.01(e)</i>	<i>Report on the operations and services of the Homeless Prevention Program</i>	<i>Annually by January 1 to the DC Council</i>	<i>3/2024</i>	<i>Pending</i>

13. Please list and describe any regulations promulgated by the agency in FY24 and FY25-to-date and the status of each.

### **FINAL RULEMAKINGS:**

#### **Medicaid Housing Supportive Services (HSS) and Provider Certification Standards, 29 DCMR § 7400, *et seq.* and 29 DCMR § 2574, published June 7, 2024, at 71 DCR 6868:**

These final rules established standards to administer the 1915(i) State Plan Home and Community-Based Services (HCBS) Housing Supportive Services (HSS) benefit and conditions of participation for entities delivering these services. HSS are services that focus on helping District Medicaid beneficiaries who are homeless or at risk of homelessness find and maintain permanent housing in the community, build independent living and tenancy skills, and connect them to community resources. The benefit is targeted to people with disabilities or complex health needs, who often experience significant barriers to accessing care and housing. DHS will operate the new HSS benefit in conjunction with the District Department of Health Care Finance (DHCF). In addition, for the purpose of maintaining uniform housing-related supportive services standards between HSS and Permanent Supportive Housing (“PSH”) programs, these rules also establish reimbursement rates for PSH services in Chapter 25.

DHCF adopted corresponding rules in Chapter 103 (Medicaid Reimbursement for Housing Supportive Services) Title 29 (Public Welfare) of the DCMR. These rules establish HSS eligibility, enrollment procedures, provider requirements, provider certification procedures, and rates for provider reimbursement under the District’s Medicaid program. In addition, for the purpose of maintaining uniform housing-related supportive services standards between HSS and the Permanent Supportive Housing (PSH) programs, these rules also establish reimbursement rates for PSH services in Chapter 25.

#### **Career Mobility Action Plan (Career MAP) Program, 29 DCMR § 13000, *et seq.* published on December 27, 2024:**

The final rule making amends the standards to administer the District of Columbia's Career MAP program to:

- Allow the Agency to direct its limited resources to households that would not qualify for other permanent housing solutions; and,
- Eliminate an administratively burdensome escrow fund provision that acts as an unintended disincentive to Career MAP participants.

**Flexible Rent Subsidy Pilot Program (“DC Flex”), 29 DCMR § 7900, *et seq.* published July 26, 2024, at 71 DCR 9406:**

The purpose of these final rules is to update the existing Chapter 79, which contains rules for the Flexible Rent Subsidy Pilot Program (“DC Flex Program”), which is a time-limited financial assistance pilot program that provides up to a five (5)-year benefit to eligible households to support their ability to pay monthly rental expenses, especially during periods of income volatility, to promote long-term housing stability. Among other changes, these updated rules authorize the Agency to operate the DC Flex Program for adult-only households in addition to the family households (adults with dependent children) that are authorized under the existing rules. The updated rules also further expand eligibility by reducing the minimum age for a Program applicant from twenty-one (21) to eighteen (18) years.

**Designated Isolation and Quarantine Sites (“ISAQ”) 29 DCMR § 2200, *et seq.* published March 1, 2024, at 71 DCR 2159:**

These final rules establish authority for the District to continue to operate designated isolation, quarantine, and mitigation sites as part of the public health response to the ongoing 2019 Novel Coronavirus Disease (COVID-19) pandemic to prevent and control the spread of communicable diseases that are communicable by air or casual contact among District of Columbia residents experiencing or at risk of experiencing homelessness. The District first established the COVID-19 Isolation and Quarantine Program (“ISAQ”) and the Pandemic Emergency Program for Medically Vulnerable Individuals (“PEP-V”) following the Mayor’s declarations of a public emergency and public health emergency pursuant to the Public Emergency Act of 1980, D.C. Official Code §§ 7-2304 and 7-2304.01, and through Mayor’s Orders 2020-045 and 2020-046, dated March 11, 2020, and subsequent orders extending those declarations.

The continued operation of designated isolation, quarantine, and mitigation sites remains vital to the public health of District residents, particularly those experiencing homelessness. These rules authorize DHS to designate available sites where individuals may isolate and quarantine following a positive test result for COVID-19, and upon exhibiting symptoms of a communicable disease that is communicable by air or casual contact, as well as designated sites to shelter individuals experiencing homelessness in the District who are at a high risk of severe health-related outcomes from contracting COVID-19. In addition, these rules authorize DHS to immediately transfer an individual who receives a positive test result for COVID-19, and upon exhibiting symptoms of other communicable diseases that are communicable by air or casual contact, from a District



homeless shelter to a designated isolation and quarantine site, in accordance with current public health guidance and in consultation with the District’s Department of Health.

**Peer Case Management Institute and Certification 29 DCMR § 114, et seq. Emergency and Proposed Rulemaking published March 15, 2024, at 71 DCR 002967 Second Emergency Rulemaking published September 27, 2024, at 71 DCR 11718 Third Emergency and Final Rulemaking, anticipated Feb 2025:**

These rules establish the Agency’s Peer Case Management Institute (“PCMI”) and the requirements for training and certifying peer case managers. The PCMI will train individuals with lived experience of homelessness for employment as peer case managers by Department-funded Continuum of Care (CoC) homeless services agencies, including providers of Medicaid-reimbursable housing stabilization and housing navigation services, low-barrier shelter providers, and other providers in the homeless services field. These rules establish PCMI eligibility criteria, the application and selection process, requirements for PCMI classroom training and a field practicum, and requirements for the awarding of the Peer Case Manager Certification. The purposes of training and certifying case managers through the PCMI are to: (a) leverage the expertise of individuals with lived experiences of homelessness and their unique ability to help clients navigate the homeless services system; (b) create longer-term pathways to employment and financial stability for individuals with lived experiences of homelessness; and (c) create a new pipeline of quality case managers to serve District residents experiencing or exiting homelessness.

**EMERGENCY AND PROPOSED RULEMAKINGS:**

**Office of Migrant Services, 29 DCMR § 11300, et seq. Second Emergency and Proposed Rulemaking pending the D.C. Office of the Attorney General (OAG) Legal Counsel Division (LCD) legal certification and OPLA certification:**

These second emergency and proposed rules respond to comments received to the first proposed rules to establish standards to administer the new Department of Human Services (DHS) Office of Migrant Services (OMS). DHS administers OMS programs to provide services and supports to recent immigrants to the United States, including a reception center, temporary lodging, personal necessities, and referrals to other services. These rules also establish eligibility and termination criteria for OMS programs.

**Fiscal Year 2025 Temporary Assistance for Needy Families Payment Levels and Standards of Assistance, Proposed Rulemaking was submitted for OPLA certification on January 28, 2025:**

The cash assistance payment rates increase each fiscal year pursuant to District law (D.C. Official Code § 4-205.52) based on the consumer price index. DHS is required to update its corresponding

regulations at 29 DCMR § 7200 and 29 DCMR § 5814.5 to notify the public of the updated dollar amounts for the cash assistance program payment levels. The proposed rulemaking also modifies the District of Columbia's public assistance standards of assistance applicable to District of Columbia residents who participate in the Temporary Assistance for Needy Families (TANF) program, General Assistance for Children (GAC), Interim Disability Assistance (IDA), and the Program on Work, Employment, and Responsibility (POWER) public benefit programs. The Rulemaking proposes increasing the standards of assistance to meet the Federal Poverty Guidelines.

**Family Re-Housing and Stabilization Program (FRSP) 29 DCMR § 7800, *et seq.*, Emergency and Proposed Rulemaking published March 22, 2024, at 71 DCR 3298, Second Emergency Rulemaking published Sept. 27, 2024, at 71 DCR 11691, Third Emergency and Second Proposed Rulemaking anticipated Feb 2025:**

FRSP provides time-limited rental assistance to District residents who are experiencing homelessness or are at risk of experiencing homelessness. Families are offered a range of services, tailored to the unique needs and strengths of the entire household, to assist them in achieving greater housing stability and economic security, including individualized case management services, housing identification, connection to government and community-based resources, and time-limited rental subsidies.

Fiscal Year 2024 Revised Local Budget Adjustment Emergency Act of 2024, D.C. Act 29-499, effective July 8, 2024 amends the Family Re-Housing and Stabilization Program (FRSP) exit requirements, and the Rulemaking makes conforming revisions to the current Emergency and Proposed FRSP regulations.

14. What are the agency's top five priorities? Please explain how the agency expects to address these priorities in FY25.

See Attachment 14-15 DHS FY25 Performance Plan (Priorities listed as Objectives): [Attachment 14-15 DHS FY25 Performance Plan.pdf](#)

15. What are the metrics regularly used by the agency to evaluate its operations? Please be specific about which data points are monitored by the agency.

See Attachment 14-15 DHS FY25 Performance Plan: [Attachment 14-15 DHS FY25 Performance Plan.pdf](#)

16. Please describe any new initiatives or programs that the agency implemented in FY24 and FY25-to-date, to improve the operations of the agency. Please describe any funding

utilized for these initiatives or programs and the results, or expected results, of each initiative.

**Truancy Reduction Pilot Program:** On July 23, 2025, DC Act 29-529 was passed by the DC Council that amended Article II of DC Law 20-17; DC Official Code §38-208 to add a new subsection (c-1) that allowed the Mayor to identify 5 secondary educational institutions in the District that had a truancy rate greater than 50% in the 2023-2024 school year to participate in a truancy pilot with the Department of Human Services (DHS) during School Year 2024-2025. The pilot provides information, services, and support to help proactively address school absences and to intercede prior to the need for punitive measures like court involvement. In the FY 25 budget, DHS received approximately \$3M to launch this pilot program.

Five schools were identified to participate in the pilot effort, three public schools – Anacostia, Eastern, and Woodson, and two public charter schools – Kipp Legacy and Digital Pioneers. In phases starting in September 2024, these schools will refer students with 15 days of unexcused absences to DHS (after utilizing the school’s standard Student Support Conferences which are required at 5 and 10 days of absence). DHS works closely with the pilot schools to receive referrals, engage families to inform about the unexcused absences, ask if services or supports are needed to help ameliorate attendance barriers, and provide case management if the family expresses interest. Families with moderate attendance barriers who are interested in case management are enrolled into a brief case management (90 days or less) while those with more complex or chronic attendance issues are enrolled in the DHS PASS program. In addition to case management, young people are provided with access to Youth Services Division supportive services, including therapeutic services, mentoring, enrichment services, and more.

**Prevention/Diversion:** Through our Streamlining Intake Initiative, DHS implemented a virtual Outreach and Homeless Services Hotline Navigation Tool to ensure we are providing consistent diversion screening to all clients across the system. The tool not only screens individuals for diversion and rapid exit, but also for connection to programs for specialty populations including specialty shelter beds, bridge, and transitional housing beds. If the tool indicates the client would be a good referral for diversion/rapid exit, a staff member will assist in scheduling an appointment with Project Reconnect – the Single Adult Diversion/Rapid Exit Program. In FY24, the Homeless Services Hotline and DHS Outreach providers utilized the tool over 120 times with individuals who were new to the system and provided 67 referrals to Project Reconnect. This tool continues to support Project Reconnect’s tremendous increase in single adult diversions and rapid exits across the last four years, almost tripling the number of people who were diverted, or rapidly exited from homelessness in FY23 and FY24, compared to the previous two-year period.

**Peer Case Management Institute:** In FY24 DHS launched the first cohort of the Peer Case Management Institute (PCMI). DHS partnered with Howard University School of Social Work, The Community Partnership for the Prevention of Homelessness, and Pathways to Housing DC to develop and launch this training opportunity for individuals with lived experience of homelessness to become the next generation of case managers in the homeless services field. PCMI provides individuals with classroom and field training to establish a career pathway into human services professions that may have otherwise been inaccessible. This innovative, first-of-its-kind initiative in the District has three primary objectives: Create long-term career pathways and pathways to the middle class for individuals with lived experience of homelessness, leverage the expertise of individuals with lived experience to connect people in the homeless services system with permanent housing resources, and develop a new pipeline of skilled case managers to support our neighbor's experiencing homelessness and expand the capacity of our housing system. The program’s inaugural class launched on March 14, 2024 with 40 students; 35 of those students graduated at Howard University in July of the same year. Of the 35 students who graduated, 22 are currently employed.

20 of those within the District’s own Continuum of Care, supporting District residents experiencing homelessness. The second cohort of this groundbreaking program kicked off on February 14<sup>th</sup> with graduation slated for June 2025.

**Non-Congregate Shelter:** When diversion is not possible, we are building a robust emergency services system where we provide safe shelter to everyone who needs it. In November 2024, DHS opened the Aston – a first-of-its-kind in DC non-congregate bridge housing program. The program will serve up to 100 clients with specific needs that are not able to be adequately met by the broader low barrier shelter system. The program will service formerly unsheltered individuals who are matched to a voucher and are waiting a housing resource; adult families, mixed gender couples, and clients with self-managed but chronic medical conditions that benefit from more privacy and space.

**Automating Mid-Certifications:** DHS worked with the DC Access System (DCAS) to automate approval for mid-certifications submitted with no changes. This was implemented in November 2024 and has saved an estimated 1,600 staff person-hours to date. This was implemented as part of regular operations as the policy team developed the waiver proposal and DCAS slotted the system change into their regular schedule.

## Budget

17. For FY24 and FY25-to-date, please list all intra-District transfers to or from the agency.

Please see attachment 17: [Attachment 17 and 20 INTRA-DISTRICTS and MOUs.xlsx](#)

18. For FY24 and FY25-to-date, please identify any special purpose revenue funds maintained by, used by, or available for use by the agency. For each fund identified, provide:
- a. The revenue source name and code;
  - b. The source of funding;
  - c. A description of the program that generates the funds;
  - d. The amount of funds generated by each source or program;
  - e. Expenditures of funds, including the purpose of each expenditure; and,
  - f. The current fund balance.

See Attachment 18: [Attachment 18 Special Purpose Revenue.xlsx](#)

19. For FY24 and FY25-to-date, please list any purchase card spending by the agency, the employee making each expenditure, and the general purpose for each expenditure.

See Attachment 19 P-Card Expenditures: [Attachment 19 P-Card Expenditures.xlsx](#)

20. Please list, and provide a copy of, all memoranda of understanding (“MOU”) entered into by your agency during FY24 and FY25-to-date, as well as any MOU currently in force. For each, indicate the date on which the MOU was entered and the termination date.

Please See Attachment 17/20: [Attachment 17 and 20 INTRA-DISTRICTS and MOUs.xlsx](#)

Please See Attachment FY24 FY25 MOU Folder: [FY24 FY25 MOU](#)

21. Please list all open capital projects and capital projects in the financial plan under the agency’s purview, including the amount budgeted, actual dollars spent so far, any remaining balances, and the status of the project. In addition, please provide a description of any projects which are experiencing delays or which require additional funding.

See Attachment 21 Capital Projects: [Attachment 21 Capital Projects.xlsx](#)

22. Please provide a table showing your agency’s Council-approved budget, revised budget (after reprogramming's, etc.), and actual spending, by program, activity, and funding source for FY24 and FY25-to-date. Please detail any over- or under-spending and any federal funds that lapsed.

Please see attachment 22: [Attachment 22 FY24 Budget v Actual and FY25 Q1.xlsx](#)

23. Please provide a list of all budget enhancement requests (including capital improvement needs) for FY24 or FY25. For each, include a description of the need and the amount of funding requested.

Please see attachment 23 for a detailed chart of operating enhancements received from FY24 and FY25. [Attachment 23 - Budget Enhancements.xlsx](#)

For the capital budget, the chart below outlines funds added for various projects over the Capital Improvement Plan in FY24 and FY25.

Project	Fiscal Year	Amount Added	Description
Small Capital Projects	FY24	\$1.5M	Repair and renovation of various shelters
Small Capital Projects	FY25	\$4.5M	Repair and renovation of various shelters
Madison Shelter	FY25	\$1.8M	Renovations including replacing HVAC, plumbing, water heaters, electrical systems
New York Avenue Shelter	FY25	\$43M	Replacement

<b>Emery/Blair Shelters</b>	FY25	\$3.5M	Critical upgrades and renovations
<b>CCNV/Federal City Shelter</b>	FY25	\$64M	Congregate shelter and permanent supportive housing
<b>Naylor Road Shelter</b>	FY25	\$7M	Renovations including plumbing, mechanical, electrical, fire alarm systems
<b>V Street Shelter</b>	FY25	\$7M	Renovations including plumbing, mechanical, fire alarm systems

24. Please list, in chronological order, each reprogramming that impacted the agency in FY24 and FY25-to-date, including those that moved funds into the agency, out of the agency, and within the agency. For each reprogramming, list the date, amount, rationale, and reprogramming number.

Please see attachment 24: [Attachment 24 Reprogrammings.xlsx](#)

25. Please list each grant or sub-grant received by the agency in FY24 and FY25-to-date. List the date, amount, source, purpose of the grant or sub-grant received, and amount expended.

Please see attachment 25: [Attachment 25 Grants to DHS.xlsx](#)

26. How many FTEs are dependent on grant funding?
- What are the terms of this funding?
  - If it is set to expire, what plans, if any, are in place to continue funding the FTEs?

Please see attachment 26: [Attachment 26 Grant Funded FTEs.xlsx](#)

27. Please list each contract, procurement, and lease entered into or extended by your agency during FY24 and FY25-to-date. For each contract, please provide the following information where applicable:
- The name of the contracting party;
  - The nature of the contract, including the end product or service;
  - The dollar amount of the contract, including amount budgeted and amount actually spent;
  - The term of the contract;
  - Whether the contract was competitively bid;
  - The name of the agency's contract monitor and the results of any monitoring activity, including copies of any evaluations of the contractor's performance; and,
  - The funding source for each contract.

See attachment 27 Contracts FY24-FY25: [Attachment 27 Contracts FY24-FY25 .xlsx](#). For contracts, contract performance evaluations can be found in the Contractor Performance Evaluation System. Viewers may need to request access from OCP.

<https://dcgovict.sharepoint.com/sites/ocp-cpes/Lists/CPES%20Scorecard/Completed%20e Vals.aspx>

See attachment 27a FY23-FY24 DHS Leases: [Attachment 27a - FY23-FY24 DHS Leases.xlsx](#)

28. What is your agency's current adjusted expendable budget for CBE compliance purposes? How much has been spent with SBEs or CBEs? What percent of the agency's current adjusted expendable budget has been spent with SBEs or CBEs?

DHS's FY24 adjusted expendable budget for CBE compliance purposes was \$43,746,202.37 and \$61,061,176.16 was spent with SBEs or CBEs (139% of goal). DHS's FY25 adjusted expendable budget for CBE compliance is \$45,326,297.33. FY25 SBE/CBE expenditures have not yet been calculated but DHS anticipates to reach 100% of goal by the end of the fiscal year.

29. A recent data brief from the Office of the D.C. Auditor found that full time equivalents ("FTEs") shared that General Fund FTEs at DHS had grown by 121% between 2014 and 2023, with 498 new FTEs.

The majority of the growth in staff at DHS is a result of investments in the Homeward DC vision that homelessness in the District of Columbia will be rare, brief, and nonrecurring. In addition, the District invested in support and eligibility staff to expand benefits and service delivery.

- a. What drove the growth within Agency Management during that time from 3 to 85.4 FTEs?

In the Agency Management Program, the main drivers of the FTE growth include a shift of FTEs from federally funded to locally funded; addition of attorneys due to the restructuring of the Office of the Attorney General; to support the DC Access System (DCAS); and to support the newly established Career MAP program (these staff now sit with the Economic Security Administration).

- b. What drove the growth within Family Services during that time, with over 300 new FTEs?

In the Family Services Administration, the main drivers of the FTE growth include staff to support programs that have grown over the years and to provide staffing to support investments in ending homelessness: Parent and Adolescent Support Services (PASS), Alternatives to the Court Experience (ACE), homelessness prevention programs, singles and family system operational supports, and various permanent supportive housing programs. In addition, the agency established staff for the Virginia Williams Family Resource Center in FY17 to provide prevention, diversion, and eligibility resources. Beginning in FY19, DHS added staff to

support the new Short-Term Family Housing program, and continued to add staff as those shelters came online.

- c. What drove the growth within the Economic Security Administration during that time, with 118 new FTEs?

In the Economic Security Administration, the main drivers of the FTE growth include an increase in eligibility staff due to increases in caseloads and investments to support the Alliance program; a shift of FTEs from federally to locally funded; and addition/shift of staff for Career MAP.

## Litigation

30. Please list all pending lawsuits that name the agency as a party. Identify which cases on the list are lawsuits that potentially expose the District to financial liability or could result in a change in agency practices, and describe the current status of the litigation. Please describe the relief requested in each case and the purported basis for relief supporting each claim, regardless of any claim's likelihood of success on the merits.

Please see attachment 30 and 31: [DEPARTMENT OF HUMAN SERVICES DEFENSIVE LITIGATION FY 2024-FY2025 1.30.2025.docx](#)

31. Please list all settlements entered into by the agency and judgments against the agency (or by or against the District on behalf of the agency) in FY24 and FY25-to-date, to date, and provide the parties' names, the amount of the settlement or judgment, and if related to litigation, the case name and a brief description of the case. If unrelated to litigation, please describe the underlying issue or reason for the settlement (e.g. administrative complaint, etc.).

Please see attachment 30 and 31: [DEPARTMENT OF HUMAN SERVICES DEFENSIVE LITIGATION FY 2024-FY2025 1.30.2025.docx](#)

32. Please list the administrative complaints or grievances that the agency received in FY24 and FY25-to-date, broken down by source. Please describe any changes to agency policies or procedures that have resulted from complaints or grievances that were resolved in FY24 and FY25-to-date.

\*There were no changes to policy or procedure as a result of the following grievances:

Grievance Subject	Grievance Step	Grievance Source	Date	Status
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Voluntary Separation Recission	4	AFSCME 2401	10/1/24	Arbitration pending
Verbal Counseling Recission	3	AFSME 2401	1/10/25	Response provided February 2025
Performance Evaluation	1	Employee	1/19/25	Employee redirected to the Reconsideration and Resolution Committee (RRC)

33. Please describe any spending pressures the agency experienced in FY24 and any anticipated spending pressures for the remainder of FY25. Include a description of the spending pressure that includes, if the spending pressure has not been remediated, the increased operating or capital allocation necessary to remedy it. If the spending pressure was in FY24, describe how it was mitigated or resolved and if the spending pressure is in FY25, describe any proposed solutions.

DHS experienced spending pressures in FY24 but was able to resolve the pressures using the supplemental budget and shifting savings from other areas.

DHS has spending pressures in FY25, and will apply savings from other areas, plus assess other solutions for the remaining gap.

34. Please provide the number of FOIA requests for FY24 and FY25-to-date that were submitted to your agency. Include the number granted, partially granted, denied and pending. In addition, please provide the average response time, the estimated number of FTEs required to process requests, the estimated number of hours spent responding to these requests, and the cost of compliance.

**FY2024:** [Attachment 34 FOIA Requests.pdf](#) [FOIA Report Instructions - FY 2024.docx](#) (for reference)

- Number of FOIA Requests Received: 90
- FOIA Requests Granted: 49
- FOIA Requests Partially Granted: 7
- FOIA Requests Denied: 5
- FOIA Requests Pending: 1
- Average Response Time: 8 days
- Estimated number of FTE's Required to Process Requests: 2
- Number of Hours Spent Responding to Requests: 736
- Cost of Compliance: \$43,838.00

**FY2025:**

- Number of FOIA Requests: 31
- FOIA Requests Granted: 5
- FOIA Requests Partially Granted: 3
- FOIA Requests Denied: 0
- FOIA Requests Pending: 6
- Average Response Time: 3.5 days
- Estimated number of FTE's Required to Process Requests: 1
- Number of Hours Spent Responding to Requests: 188
- Cost of Compliance: \$11,194.00

35. Please list and describe any ongoing investigations, audits, or reports on the agency or any employee of the agency that were completed during FY24 and FY25-to-date. Where available, please provide a copy of any document conveying the findings or conclusions of any investigation, audit, or report.

Audit of the District's Homeward DC Strategic Plan and Emergency Homeless Shelter Management OIG Project No. 23-1-01JA	OIG conducted this audit with the objective of assessing: (1) the progress made toward the goal of ending chronic homelessness among individuals and families in the District; and (2) whether the newly constructed shelters increased the availability, equity, and safety of homeless services in the District.
Medicaid Eligibility Audit OIG No. 24-1-04JA	OIG conducted an audit of Medicaid eligibility with objectives to: (1) review internal controls over Medicaid eligibility, and (2) evaluate compliance with federal program requirements.
Audit of the District of Columbia Agencies' Overtime Usage OIG No. 22-1-03MA	OIG identified this engagement due to increases in District agencies' overtime budgets and spending, and the effect that relying on overtime may have on District operations. Based on a preliminary risk assessment, the OIG focused on nine District agencies with some of the highest overtime expenditures, and that had employees who doubled their annual compensation in overtime pay. This audit focused on planning, management, and oversight of overtime at the nine agencies during FY2021.

FY2024 OIG Recommendation Follow-up OIG No. 24-2-05MA	This report fulfilled OIG's statutory obligation under DC Code § 1-301.115a(a-1)(3) to keep District leadership informed about issues relating to District programs and operations, and to recommend and track the implementation of corrective actions.
FY2023 Single Audit of Federal Awards Programs	This is the annual Single Audit of Federal Awards Programs awarded to DHS.
Department of Human Services Civil Rights Compliance Review FY2024	This review was conducted by the United States Department of Agriculture (USDA) Food and Nutrition Service (FNS) and focused on DHS's policies and procedures for providing meaningful access to services for individuals with Limited English Proficiency (LEP) accessing the Supplemental Nutrition Assistance Program (SNAP) and other compliance areas.
Special Evaluation of the District's Compliance with the PPRA, Home Rule Act, and District Code OIG No. 23-E-09-PS0(m)	The objective of this project was to evaluate compliance with the District of Columbia Home Rule Act (D.C. Code § 1-204.51) and District contracting and procurement laws as they pertain to awarding contracts requiring approval by the Council of the District of Columbia.
Quality Control (QC) Management Evaluation (ME) Review of the District of Columbia's SNAP QC Program	This review was conducted by USDA FNS with the purpose of verifying the District's compliance with Federal regulations governing the QC review process, providing technical assistance, and promoting a collaborative partnership with the District of Columbia.
Consolidated Semi-Annual SNAP Corrective Action Plan (CAP)	This is the SNAP CAP updates on open action items, including QC findings, error data analysis, the Payment Error Rate (PER) CAP, and the Case and Procedural Error Rate (CAPER) CAP. The CAP is based on the requirements of the Code of Federal Regulations 7, Subpart E, and Sections 275.16 and 275.17. Documenting information in the CAP is the process by which DC determines the appropriate actions needed to substantially reduce or eliminate deficiencies in SNAP operations.
Employment and Training Management Evaluation Report	The SNAP ME review is an ongoing assessment of DHS's administration of SNAP. The review provides FNS Regional Office staff the opportunity to observe and evaluate the State agency's processes and procedures for complying with the requirements outlined in the FNS regulations, handbooks,

	and FNS policy. Additionally, the review is an opportunity for regional staff to provide technical assistance regarding new regulations and policy interpretations that may be needed.
DC Management Evaluation Process Management Evaluation Report	The SNAP Employment and Training ME is an ongoing assessment of DHS's administration of SNAP. The review provides the FNS Regional Office staff with the opportunity to observe and evaluate DC's processes and procedures for complying with the requirements outlined in FNS regulations, handbooks, and FNS policy. Additionally, the review is an opportunity for regional staff to provide technical assistance regarding new regulations and policy interpretations that may be needed.
QC CAP for FY2024	The FY2024 SNAP QC CAP was required by FNS to assist the state agency with establishing appropriate actions needed to substantially reduce or eliminate deficiencies in SNAP QC program operations.
Office of Human Rights (OHR) Language Access (LA) Reports	The OHR Language Access Program (LAP) assists agencies with ensuring that DC residents, workers, and visitors to receive equivalent information and services from the DC government, regardless of what language they speak. One component of this is building capacity for compliance through the development of two year Biennial Language Access Plans (BLAPs). Agencies are also required to report quarterly and yearly on their BLAPs' progress.
Office of Disability Rights (ODR) Annual Self Assessment Survey	ODR is responsible for oversight of the District's obligations under the Americans with Disabilities Act and other federal and local disability rights laws. The Annual Self Assessment assists agencies with determining the status of the agency's compliance with the ADA and developing an implementation plan of actions to be taken by the agency to provide persons with disabilities with full and complete access to services, activities, and facilities of the agency.
Homeless Services Monitoring Unit (HSMU) Reports	The Homeless Services Monitoring Unit (HSMU) of the Office of Program Review, Monitoring, and Investigation (OPRMI) is responsible for monitoring the conditions, services, and practices at shelters. HSMU completed monitoring reports on Catholic Charities, Community of Hope, N Street Village, The National Center for Children and Families (NCCF), Core DC, LLC, Friendship Place, Coalition for the Homeless, Sasha Bruce

	Youthworks, and The Community for Creative Non-Violence (CCNV) shelters.
Emergency Response Plans (ERP)	The purpose of the ERP is to establish procedures to protect the life and safety of DHS employees, residents, and members of the public in the event of an emergency.
Office of Risk Management (ORM) Reports	ORM conducts regular occupational safety and health inspections of DHS facilities.
Family Services Administration (FSA) Family Re-Housing Stabilization Program (FRSP) Monitoring Reports	FRSP is a time-limited housing and support designed to assist families experiencing homelessness, or at imminent risk of experiencing homelessness, to afford dignified and safe housing in the private market. These reports monitor contractors' compliance with contract requirements.

36. Please provide a list of all studies, research papers, reports, and analyses that the agency prepared or funded during FY24 and FY25-to-date. Please submit a digital copy to the Committee of any study, research paper, report, or analysis that is complete.

See Digital Links:

[Yale University MOMs Initiative](#)  
[Improving Voucher Take Up Rate](#)

<b>Name</b>	<b>Completion Date</b>	<b>Purpose</b>	<b>Partner</b>	<b>Grant or contract</b>	<b>Source of Funding</b>
<b>Yale University MOMs Initiative</b>	2/14/24	To provide mental health support to mothers in the TANF program to improve outcomes for both mothers and their child(ren). Administrative data from the pilot phase of the program is being analyzed by Yale to assess the impact of the intervention on reducing depressive symptoms among participants and improving confidence in parenting. ESA evaluates similar impacts of the program internally on an ongoing basis with each cohort.	Yale University	Contract	N/A
<b>Homeless Services System Inflow Analysis</b>	In Progress	We have been receiving technical assistance from Community Solutions – Built For Zero  - as part of their Housing Stabilization Learning Cohort. As	Community Solutions/ Built for Zero	N/A	N/A

		part of the work, they are advising us on conducting a full inflow analysis of individuals entering the homeless services system to inform our efforts to stem inflow and better coordination with regional governments.			
<b>Public Health and Homelessness Toolkit for State and Local Health Departments</b>	In Progress	CDC Foundation and CDC DDID Special Populations Unit is compiling a toolkit to assist health departments in responding to the health needs of people experiencing homelessness. This toolkit is a collection of tools, resources, and best practices to assist health departments in better serving people experiencing homelessness in their communities. DC's COVID-19 Peer Educator Program is highlighted as a best practice.	CDC	N/A	N/A
<b>Improving Voucher Take Up Rate</b>	02/01/2024	In 2022, the District received funding to provide more than 3,400 new permanent housing vouchers, the largest ever single-year increase. Yet residents used only 1,100 vouchers that year. Housing	The Lab @ DC, DC Housing Authority	N/A	N/A

		services need to be both well-funded and easy to access to end homelessness. The Lab, the District of Columbia Housing Authority, and the Department of Human Services are using resident-centered design to improve residents' ability to use vouchers.			
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37. Please list any task forces, committees, advisory boards, or membership organizations in which the agency participates.

<i>Name</i>	<i>Purpose</i>	<i>Group Type (Task force, committee, advisory board, membership organization)</i>	<i>Partner(s)</i>
<b>American Public Human Services Association (APHSa)</b>	The American Public Human Services Association (APHSa) is a bipartisan, nonprofit membership organization representing state and local health and human service agencies through their top-level leadership, ultimately supporting the health and well-being of all children and families and that lead to stronger communities.	Membership Organization	N/A
<b>DC Health Information Exchange Policy Board</b>	The DC Health Information Exchange Policy Board provides recommendations on the secure and protected	Advisory Board	DMHHS cluster agencies; DC Hospitals; Medicaid



	exchange of health information in the District.		MCOs; Healthcare Providers
<b>DC Upward Mobility Project Interagency Group</b>	Goals of the project are to define upward mobility and identify current racial/ ethnic inequities, determine how existing programs and policies hinder or advance upward mobility, engage impacted residents and community organizations, and develop and implement a mobility action plan to coordinate ongoing efforts.	Committee	DMPED and OP are leads, over 10 additional DC government agencies that have programming connected to upward mobility participate
<b>Workforce Investment Council</b>	The District's Workforce Investment Council (WIC) is a private-sector led board responsible for advising the Mayor, Council, and District government on the development, implementation, and continuous improvement of an integrated and effective workforce investment system. Members of the WIC include representatives from the private sector, local business representatives, government officials, organized labor, youth community groups, and organizations with workforce investment experience.	Membership Organization	WIC staff under DME convene, with a majority of members being private sector business leaders. Other members include organized labor, community organizations, business associations, the DC Council, and the following agencies in addition to DHS: DOES, DDS, OSSE, and DMPED.

<b>Aspen Institute DC Ascend Network Partners Collaborative</b>	The group's objectives are to deepen the understanding of two generation (2Gen) key components of well-being, lift up best practices for 2Gen approaches to health including mental and well-being, foster collaboration among practitioners, policymakers, and philanthropists and identify tools and resources to strengthen efforts and increase impact, and provide an opportunity for DC Ascend Network Partners to collaborate.	Membership Organization	Led by Ascend at the Aspen Institute, the group includes representatives from many community organizations and CFSA in addition to DHS.
<b>OCME Child and Infant Fatality Review Committees (CFRC and IMRT)</b>	Child and Infant Fatality Review committee is a multidisciplinary body based in DC whose aims are to identify and review child and infant death and address opportunities to systematically improve care in a effort reduce risks by providing recommendations, bring down child and infant fatality rates and improve the well-being of families.	Committee/MOTA appointment required	Led by OCME: DHS, OCME, DYRS, OAG, CFSA, DBH, DOH, DCHA, DCHF, DCPS, DOES, DDS, OSSE, DC Hospitals, DMPED, and appointed community members.
<b>OCME Maternal Mortality Review Committee (MMRC)</b>	Maternal Mortality Review committee is a multidisciplinary body based in DC whose aims are to identify and review each maternal death and address opportunities to	Committee/MOTA appointment required	Led by OCME: DHS, DYRS, OAG, CFSA, DOH, DBH, DCHA, DCHF, DCPS, DOES, DDS, OSSE, DC Hospitals,

	systematically improve care in a effort reduce risks and bring down maternal mortality rates.		DMPED, and appointed community members.
<b>DBH Behavioral Healthcare Planning Council (BHPC)</b>	The BHPC serves as an advisory body to the Department of Behavioral Health (DBH) to assist in the planning, quality improvement and implementation of behavioral health services throughout the District of Columbia. BHPC members play an important role in setting behavioral health priorities for D.C.	Membership/Advisory Council	Led by DBH: DHS, OCME, DYRS, OAG, CFSA, DOH, DCHA, DCHF, DCPS, DOES, DDS, OSSE, DMPED, and appointed community members.
<b>HHS's Thriving Families Safer Children Statewide Steering Committee (TFSC)</b>	Conceived from a national initiative derived by Health and Human Services (HHS)/Children's Bureau/Administration Children and Families (ACF) and Casey Family Programs, the Center for Disease Control (CDC), and Prevent Child Abuse America. This network will enhance states' work by bringing together a collaborative cohort of state leaders committed to enhancing child and family well-being, allowing them to work together on ways to assess state needs, explore challenges impacting multiple states, and strategize on	Committee	Led by Health and Human Services (HHS)/Children's Bureau/Administration Children and Families (ACF) and Casey Family Programs, the Center for Disease Control (CDC), and Prevent Child Abuse America: Nationwide child abuse and neglect agencies. Local DC agencies DHS,

	results driven improvements.		CFSA and appointed community members with lived experiences.
<b>CFSA's Thriving Families Strengthening Communities Local Steering Committee renamed as Keeping DC Families Together. (TFSC to KDFT)</b>	In 2021, the Thriving Families, Safer Children Steering Committee was formed from the CFSA city-wide Prevention Work Group, which has been working to support family strengthening and stabilization since 2018. The Steering Committee engages leadership and staff across DC agencies, community leaders, advocates and individuals with lived experience and serves as the vehicle through which CFSA is helping to create a new Child and Family Well-Being System for DC.	Committee	Led by CFSA, DHS, DYRS, OAG, DOH, DCHA, DCHF, DCPS, DOES, DDS, OSSE, Hospitals, DMPED, and appointed community members with lived experiences.
<b>CFSA's Local Thriving Families Safer Children Warmline Sub-Committee (TFSC to KDFT)</b>	The warmline will be separate from the CPS hotline and will be supported and crafted by community responders, providers, advocates and people with lived experiences.	Sub-Committee	Led by CFSA: DHS, DYRS, OAG, DOH, DCHA, DCHF, DCPS, DOES, DDS, OSSE, Hospitals, DMPED, Collaboratives/ FSS and appointed community members with lived experiences.

<b>CFSA's Local Thriving Families Safer Children Impact Evaluation Sub-Committee (TFSC to KDFT)</b>	This sub-committee focuses on the assessment of candidate target populations, review evidence-based models and establishment of CQI data review.	Sub-Committee	Led by CFSA: DHS, OCME, DYRS, OAG, CFSA, DOH, DCHA, DCHF, DCPS, DOES, DDS, OSSE, Hospitals, DMPED, Collaboratives, FSS, and appointed community members with lived experiences.
<b>CFSA's Local Thriving Families Safer Children Diversity Equity, Inclusion and Belonging (DEIB) Sub-Committee (TFSC to KDFT)</b>	This group strives to identify people with lived experiences and create new equitable approaches to serve youth and families as it relates to prevention of child abuse and neglect.	Sub-Committee	Led by CFSA: DHS, OCME, DYRS, OAG, DOH, DCHA, DCHF, DCPS, DOES, DDS, OSSE, Hospitals, DMPED, and appointed community members with lived experiences.
<b>CFSA's Mayor's Child Abuse and Neglect (MCCAN)</b>	The Mayor's Advisory Committee on Child Abuse and Neglect (MACCAN) counsels the Mayor of the District of Columbia on child abuse and neglect. This collaborative, advisory body, addresses prevention, early intervention, treatment, and sources of permanency (i.e., reunification, guardianship, kinship	Advisory Committee	Led by CFSA: DHS, OCME, DYRS, OAG, CFSA, DOH, DCHA, DCHF, DCPS, DOES, DDS, OSSE, Collaboratives, Hospitals, DMPED, and appointed community members with lived experiences.

	care, adoption, and related child welfare issues).		
<b>OCME Opioid Fatality Review Board</b>	The OFRB will focus on reducing these deaths by conducting case reviews of opioid overdoses, informing stakeholders, and recommending evidence-based policies, practices, and implementing programs. Through case reviews of fatal opioid overdoses, the OFRB is responsible for recommending systematic changes to improve the social determinants of health among District residents.	Review Board	Led by OCME: DC Health, FEMS, DBH, health care professionals, and appointed community members with lived experience.
<b>Housing Stabilization Learning Cohort</b>	An innovation cohort of 7 communities across the country brought together by the Built for Zero national movement to end homelessness. Each member is striving to co-create models that coordinate and target inflow into literal homelessness and advance racial equity over 2 years.	Learning Cohort	Led By: Community Solutions - Built for Zero Movement: ICH, TCP, other state governments
<b>The DC Interagency Council on Homelessness</b>	The ICH was established by the Homeless Service Reform Act, for the purpose of facilitating interagency, cabinet-level leadership in planning, policymaking, program development, provider monitoring, and	Council	Led By: EOM/ICH: DHS, TCP, DBH, DOES, Dc Health, homeless service providers, advocates, and

	<p>budgeting for the Continuum of Care of homeless services. DHS serves on many different committees and subcommittees on the ICH including Emergency Response and Shelter Operations, Strategic Planning, Singles System Working Group, Family System Working Group, Youth</p>		<p>individuals with lived experience,</p>
<p><b>Interagency Committee on Racial Equity</b></p>	<p>The ICRE provides ongoing support, guidance, and feedback on the work products of the Office of Racial Equity (ORE). Members of the ICRE provide feedback on the successful development and implementation of racial equity action plans, tools, and resources. This includes communicating the goals of ORE and assisting the office with the development of guidance material that will support DC government agencies with the implementation of racial equity operational and budgetary activities.</p>	<p>Committee</p>	<p>Led by ORE: HSEMA, CFSA, DACL, OCTO, DCPL, DGS, DSLBD, OCFTME, DPW, DDOT, OP, DOC, DHS, DOES, DOH, DFHV, DOEE, CAH</p>
<p><b>Mayor's Lactation Commission</b></p>	<p>The Lactation Commission has been established to make recommendations to the Mayor of the District of Columbia and the Department of Health regarding legislative, programmatic, and</p>	<p>Commission</p>	<p>Led by DOH: DHS, OSSE, DCHR, DHCF and voting members of the public</p>

	policy ways to improve the District's strategies to reduce infant mortality and increase infant and child health outcomes through promotion, awareness, and support of breastfeeding and lactating mothers.		
<b>APHSA's IT Solutions Management Affinity Group</b>	ISM is an Affinity group within APHSA's membership umbrella formed to include the technological perspectives in service delivery. The ISM comprises a leadership-level representative from each state and works to build share ideas for the advancement in technology to support HHS delivery. The group convenes an annual national conference and advocates for federal policies targeted to support technological operations.	Committee	N/A
<b>APHSA's Process Innovation Community of Practice</b>	ISM is a community within APHSA's membership create a space for national collaboration across HHS process development practitioners. The group shares information, ideas, and experiences across state lines with the intent to improve process design and customer service across the board.	Committee	N/A
<b>Code For America Cohort Workgroup</b>	Code for America is an organization that works to bring high quality	Working Group	N/A



	<p>technology services to the government. This workgroup is a cohort of employees representing 5 states who come together regularly to share ideas and project updates. The goal is to share ideas in a smaller group and solve problems on a team that may have already addressed one state's issue in a different way.</p>		
<b>Farmer's Market Nutrition Incentive Workgroup</b>	<p>The Economic Security Administration (ESA) is a member of an interagency working group on coordinating federal and local farmers market incentive programs in the District. The focus of the working group is to improve communications around the access of available fresh fruits and vegetables from farmers markets and farmers operating in the District and increase interagency and public coordination to bolster the community's use of public benefits to purchase healthy and fresh food at those markets.</p>	Workgroup	<p>The group includes representatives from the DC Office of Planning's Food Policy Team (OP), the Department of Health's (DC Health) Healthy Food Access, WIC &amp; Senior Farmers Market, FreshFarm and DHS</p>
<b>Interagency Food Coordination Call</b>	<p>This meeting is intended to help better coordinate programs and communications across District agencies working to provide food</p>	Monthly	<p>DOH, OSSE, DPR, EOM, DACL, DPW, OP, DCPS, DHS</p>

	resources and programs to District residents.		
<b>Food Access Providers Quarterly Call</b>		Quarterly	DHS
<b>Commission on African American Affairs</b>	The purpose of the DC Commission on African American Affairs is to advise the Mayor, the Council, and the public on the views and needs of African American communities in the District of Columbia. The Commission focuses on addressing low indicators of economic, health, and housing conditions in these communities, as highlighted by the 2010 Census. It aims to ensure that African American residents have access to resources and opportunities to thrive in the District.	DC Government Boards & Commissions	District Government – All Agencies Participate
<b>Commission on Asian and Pacific Islander Community Development</b>	The purpose of the DC Commission on Asian and Pacific Islander Community Development is to advise the Mayor, the Council, the Director of the Office on Asian and Pacific Islander Affairs (OAPIA), and the public on the views and needs of the Asian American and Pacific Islander (AAPI) communities in the District of Columbia. The Commission works closely with OAPIA to support advocacy, community engagement,	DC Government Boards & Commissions	District Government – All Agencies Participate

	intergovernmental affairs, and policy and research efforts that benefit the AAPI community.		
<b>Commission on Latino Community Development</b>	The purpose of the DC Commission on Latino Community Development is to advise the Mayor, the Director of the Office on Latino Affairs, the Council, and the public on the views and needs of the Latino community in the District of Columbia. The Commission works to ensure that Latino residents have access to health, education, employment, and social services, and it supports community organizations and promotes cultural awareness.	DC Government Boards & Commissions	District Government – All Agencies Participate
<b>Commission on Re-Entry and Returning Citizen Affairs</b>	The DC Commission on Re-Entry and Returning Citizen Affairs advises the Mayor, the Council, and the Director on the process, issues, and consequences of reintegrating returning citizens into the general population. The Commission aims to remove barriers to reentry and empower residents to break the cycle of recidivism by connecting returning citizens to essential programs and services in areas such as employment, health,	DC Government Boards & Commissions	District Government – All Agencies Participate

	education, housing assistance, and social services.		
<b>State Early Childhood Development Coordinating Council (SECDC)</b>	The purpose of the DC State Early Childhood Development Coordinating Council (SECDC) is to improve collaboration and coordination among entities carrying out federally funded and District-funded pre-K and other early childhood programs. The Council aims to enhance school readiness and assist in the planning and development of a comprehensive early childhood education system for children from birth to age 8.	DC Government Boards & Commissions	District Government – All Agencies Participate
<b>Commission on African Affairs</b>	The DC Commission on African Affairs aims to ensure that African communities in the District of Columbia have access to a full range of health, education, employment, and social services. The Commission monitors service delivery to these communities and makes recommendations to the Mayor to promote their welfare. Additionally, it supports community organizations, promotes cultural awareness, and advocates for the needs of African residents.	DC Government Boards & Commissions	District Government – All Agencies Participate

## Accessibility

**38. How does DHS provide reasonable accommodations to participants and applicants in each of its programmatic areas? How are reasonable accommodations procedures advertised to applicants and participants?**

Request for Reasonable Accommodation are submitted using the designated form which provides the writer an opportunity to identify the accommodation and explain the rationale for making the request.

Guidance is posted in each of the Service Centers that stipulates the procedures for obtaining information regarding an individual's rights which includes filing Reasonable Accommodation requests and complaints.

### **Individualized Assistance**

Reasonable accommodation requests are evaluated on a case-by-case basis to meet the unique needs of customers. **Examples of accommodations provided include:**

- Assistance with completing applications or forms
- Providing documents in alternative formats (e.g., large print, braille, electronic file)
- Access to sign language interpreters or other communication aids.
- Modifications to appointment times or processes to account for disability-related challenges.

### **Publicizing Accommodation Processes**

- **Website Information:** Details about the availability of accommodations are typically published on the ESA or DHS website, often under "Accessibility" or "Customer Service" sections.
- **Office Signage:** Notices are displayed in public offices informing individuals of their rights to accommodations and how to request them.
- **Application Materials:** Instructions on requesting accommodations are often included in application packets, forms, and other official documents.
- **Community Outreach:** ESA may collaborate with advocacy groups and community organizations to spread awareness about available accommodations.
- **Customer Service:** ESA staff are trained to inform individuals about their rights and guide them through the process of requesting accommodations.

**39. What services does DHS provide for participants and applicants with Limited English Proficiency? What improvements in these services did DHS make in FY24, and what improvements does DHS anticipate making in FY25?**

DHS provides the following services for participants and applicants with LEP:

1. Interpretation services by phone thru Language Line Solutions and through bilingual staff.
2. Vital documents are available in Spanish and Amharic.
3. Language access “I Speak Cards” are available all Service Centers
4. Outreach to the LEP/NEP communities.

In FY24, we improved our data collection through grantees and contractors. In addition, we update our signage at all the ESA Service Centers and updated Bi-annual Language Access Plan (BLAP)

In FY25, we will improve our website by adding language options and add certified bilingual staff capable of communicating in Chinese and French, among other possible languages.

**40. What training does DHS provide to front-line staff on customer service and trauma-informed care?**

Staff at the Virginia Williams Family Resource Center are provided the following trainings:

- Language Access
- Trauma Informed Care
- Customer Service: Adapting to Your Customer's Cues
- Customer Service: Interpreting Customers' Service Priorities
- Customer Service: Discovering Customer Needs
- Customer Service: Fostering a Service Mindset
- DV 101
- Conflict Resolution, De-escalation, and Re-centering
- Communication non-defensively

Homeless Outreach Teams are provided the following trainings:

- Trauma Informed Care
- Cultural Competency
- Professional Boundaries
- Language Access

DHS provides training to its partners within the Continuum of Care including, but not limited to the following topics:

- Homeless Management Information System (HMIS)
- Housing Quality Standards (HQS)
- Coordinated Assessment and Housing Placement (CAHP) System
- Housing First
- Reasonable Accommodations and ADA
- Emergency Preparedness
- Customer Service Training
- Cultural Competency and Sensitivity (including LGBTQ cultural competency)
- Understanding Special Needs
- Trauma Informed Care
- Assertive Engagement
- Motivational Interviewing
- Non-Coercive Approaches to Conflict Management
- Crisis Intervention
- Housing Based Case Management
- CPR First Aid
- Unusual Incident Reporting (UIR)
- HIPPA
- Fair Housing
- Landlord-Tenant Rights and Responsibilities
- Financial Management & Contract/Grants Administration
- Financial Literacy
- Suicide Risk Assessment and Prevention
- Stages of Change
- Conflict Resolution
- Critical Time Intervention
- SOAR
- VI-SPDAT, CATCH, and STEP Tool
- Language Access Line
- Mental Health First Aid
- Non-Violent Crisis Intervention
- Boundaries and Confidentiality
- DHS Maintenance and Repair Tool

## Rental Assistance

41. Please provide a breakdown of federal rental assistance funding received in FY24 and FY25-to-date, and how it has been or will be expended.

ERAP Funding	FY24*	FY25
Local Funds	\$22,587,325.24	\$26,000,000
Federal Funds	\$37,944,638.44	\$ 0

Total	\$60,531,963.68	\$26,000,000
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*\*In FY24, the District received an additional \$7,763,167.00 in ARPA State and Local Fiscal Recovery Fund. FY24 ARPA funds were used as follows:*

Supplier Name	ARPA*	ERA2	Local	Total
Catholic Charities	\$-	\$2,994,795.81	\$3,005,204.19	\$6,000,000.00
CORE DC	\$-	\$-	\$3,000,000.00	\$3,000,000.00
Greater Washington Urban League	\$4,728,058.17	\$5,845,108.83	\$26,833.00	\$10,600,000.00
Housing Counseling Services	\$1,245,108.83	\$13,471,237.97	\$8,294,305.21	\$23,010,652.00
Latino Economic Development Center	\$-	\$-	\$3,000,000.00	\$3,000,000.00
Salvation Army	\$1,527,200.75	\$2,014,794.27	\$458,004.98	\$4,000,000.00
The Community Partnership	\$262,799.25	\$5,855,534.56	\$4,802,977.87	\$10,921,311.68
Total ERAP Grants	<b>\$7,763,167.00</b>	<b>\$30,181,471.44</b>	<b>\$22,587,325.24</b>	<b>\$60,531,963.68</b>

- 42. Please provide the number of people assisted by the Emergency Rental Assistance Program (“ERAP”), by quarter, in FY24 and FY25-to-date.**

FY	Qtr1	Qtr2	Qtr3	Qtr4	Total
FY24	2,586	1,825	2,969	2,222	9,602
FY25 YTD	252	-	-	-	252

- 43. For each quarter, please enumerate the number of residents who successfully completed an application but who did not receive benefits, specifying the reason by category.**

Denial Reason	FY 24				FY 25 YTD
	Qtr1	Qtr2	Qtr3	Qtr4	Qtr1
Beyond the scope of ERAP (not rental expenses) - 29 DCMR § 7500.1	35	32	118	21	1



ERAP assistance will not substantially alleviate the emergency - 29 DCMR § 7503.3	440	334	929	252	5
ERAP payment shall only be made once in any 12-month period from the date of application 29 DCMR § 7509.112	63	211	53	41	43
Not a resident of the District of Columbia - 29 DCMR § 7503.1(a)	10	6	15	10	
Not an emergency situation in which immediate action is necessary to avoid homelessness or eviction, to re-establish a home, or prevent displacement from a home - 29 DCMR § 7503.1(b)	265	238	673	330	
Over income - 29 DCMR § 7503.1(c)	98	64	132	54	23
Resources available to obtain or retain housing - 29 DCMR § 7503.2	20	28	47	11	4
The application included misrepresentative information - 29 DCMR § 7501.10	23	26	126	69	1
The arrearage is not the applicant's liability because the applicant's name does not appear on the lease or rental agreement - 29 DCMR § 7506.1(b)					1
The ERAP award amount cannot be calculated - 29 DCMR § 7505.4	43	24	45	33	
The ERAP payment cannot be processed because your landlord has not provided payment processing information - 29 DCMR § 7505.4	72	82	239	338	
The provider has not received the information required to determine your eligibility for ERAP and your application is considered abandoned - 29 DCMR § 7501.15	178	136	699	452	14
Multiple denial reasons/Other	11	9	817	809	69
<b>Grand Total</b>	<b>1,258</b>	<b>1,190</b>	<b>3,893</b>	<b>2,420</b>	<b>161</b>

**44. Please provide the average amount of overdue rent due by ERAP applicants and recipients by quarter in FY24 and FY25-to-date.**

FY	Qtr1	Qtr2	Qtr3	Qtr4
FY24	\$7,566.01	\$7,945.20	\$7,856.69	\$7,949.84
FY25	\$7,536.60	-	-	-

**45. Why was a new payment order system implemented in FY24?**

There was no new payment order system implemented in FY24. However, the program was delayed in completing payments due to the timing of funds being disbursed to providers.

- 46. Please describe in narrative detail the cause and explanation for any delays in the acceptance, processing, and approval of applications, and in the payment of rent, including those caused by, or related to, the implementation of the new payment order system, and how DHS has addressed or plans to address these delays.**

The delays were caused by funding being disbursed to providers. However, once providers received their grant agreements, they began processing applications. Once providers received funding, they were able to provide payments for approved cases.

- 47. Please describe DHS's efforts to improve the ERAP portal and reform procedures in FY24 and FY25-to-date to avoid outages and ensure equitable access to the program.**

DHS has worked to ensure that there are no potential threats to system security prior to opening the portal for customers to apply. The agency secured an additional server to support the high volume of customer interaction with the system and avoid outages. Further, to ensure equitable access to the program, DHS' ERAP call center staff continues to assist callers who have limited access to technology by assisting applicants' complete applications via phone.

Other enhancements and features include:

- **Waiting Room Feature:** The ERAP portal now features a "Waiting Room" enhancement that was implemented in FY24. During times of high traffic, users may see a Waiting Room message that shows their approximate wait time to apply. When the online application traffic level meets a pre-determined level, applicants will be held in line in the "Waiting Room" and then redirected once the number of applicants online decreases.
- **Housing Provider Portal:** DHS introduced a new housing provider portal to help improve the ERAP application process. The portal allows housing providers to upload their documentation including business licenses, updated rent ledgers, and other required documents needed to complete the eligibility review. Housing providers are notified via email with a time-sensitive link as soon as residents have successfully submitted their applications.

- 48. What reasonable accommodations does DHS make for ERAP applicants with disabilities, applicants with limited English proficiency, and elderly applicants?**

ERAP applicants may call the ERAP Call Center hotline and are assisted with submitting an application. The program also hosts in-person application events when the portal

opens, and screenings were conducted by the language access line or conducted by staff who spoke the language of the customer.

**49. In what percentage of cases in FY 24 and FY 25-to-date were ERAP payments for multiple tenants of one landlord made to the landlord as one payment?**

There are not any cases in which ERAP payments for multiple tenants were combined into one payment. ERAP payments are individually issued per client to a landlord. Since multiple agencies make payments for clients with the same landlord, it is not feasible to make bulk payments to a landlord.

**50. In cases in which ERAP payments for multiple tenants of one landlord made to the landlord as one payment, how does DHS delineate for the landlord and tenant whose rent has been paid and the amount of rent paid for each tenant?**

As stated above, ERAP makes one payment on behalf of clients to landlords. Since multiple agencies make payments for clients with the same landlord, it is not feasible to make bulk payments to a landlord.

**51. How does DHS ensure that an ERAP participant knows when her rent has been paid?**

The program notifies the applicant when their application has been approved. The notice states that the payment will be made to the landlord within a specific period of time. Due to the delay in funding in FY24, some funds were not provided to the landlord until up to 60 days past the approval date.

**52. Under what circumstances does DHS consider an ERAP application “complete?”**

An application is “complete” once the provider has reviewed all required documents that have been received and made a determination as to whether the application is approved or denied.

**53. Please provide the mean and median number of days for applications submitted in FY24 and FY25-to-date, by quarter:**

- a. Between the submission of a complete ERAP application and its being claimed by a processing agency;
- b. Between an application’s being claimed by an ERAP processing agency and its approval or rejection; and
- c. Between an application’s approval and the payment of rent.

Fiscal Year and Quarter	Submitted to Claim (Mean)	Submitted to Claim (Median)	Claimed to Final Decision	Claimed to Final Decision	Final Decision to	Final Decision to
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			(Mean)	(Median)	Payment Issued (Mean)	Payment Issued (Median)
<b>FY24/Q1</b>	41	42	44	46	20	0
<b>FY24/Q2</b>	32	31	46	43	45	8
<b>FY24/Q3</b>	70	74	57	52	43	23
<b>FY24/Q4</b>	39	45	81	89	25	21
<b>FY25/Q1</b>	28	19	28	32	7	7

- 54. Please provide any explanation of, or narrative context for, the answers provided to question 53 above.**

The 74-day average from submitted to claimed in FY24/Q3 is elevated because we accepted 8,500 applications and there was a delay in receiving funding in Q1 and Q2. We received funding for FY24 in late Q1 and Q2. Once funding was received, payments were made for applications approved in Q1. This delay carried over into FY24/Q4.

- 55. Please identify the number of FTEs dedicated to ERAP processing.**

Provider Agency	Case Manager FTE's
Catholic Charities	3
Housing Counseling Services	6
The Community Partnership	5
Greater Washington Urban League	5
Total	19

- 56. What is the estimated cost of the additional FTEs or grants needed to reduce processing times across each step of the ERAP process listed in (a)-(c)?**
- a. How many more FTEs are required in order to decrease processing times from the time an ERAP application is submitted to the time an agency claims an application?**

In FY24, ERAP received 19,607 applications. There was a mid-year budget increase where ERAP was able to increase the Provider staffing to process the number of applications received. In FY25, ERAP received 2,727 applications. With the ERAP budget of \$26M, the number of ERAP applications received does not require additional provider staff.

If the budget is increased in FY26, ERAP will adjust its provider staffing. DHS believes that the current number of case managers is sufficient to claim the FY25 submitted cases within 60 days. It should be noted that ERAP, per regulations, has 45 days to process applications.

**b. How many more FTES or grants are required to decrease processing times from the time an agency claims an application to the time the agency makes a decision?**

DHS believes that the current number of case managers is sufficient to claim and make a final decision on the FY25 submitted cases within 60 days. It should be noted that ERAP, per regulations, has 45 days to process applications, which includes the 60 days.

**c. How many more FTEs are needed to decrease the amount of time it takes from the time an agency makes a decision to when the payment is issued?**

If the budget is increased in FY26, ERAP will adjust its provider staffing. DHS believes that the current number of case managers is sufficient to claim the FY25 submitted cases within 60 days. It should be noted that ERAP, per regulations, has 45 days to process applications.

**57. For each of the past five fiscal years, starting with FY25-to-date, please provide the following:**

**\*Note\*** Data prior to FY22 is unavailable and thus, DHS is unable to provide. DHS transitioned data entry systems in FY22 and thus the earliest entry into our .NET Platform for ERAP is October 26, 2021 (FY22).

**a. The total number and percentage of applicants who were applying for ERAP for the first, second, third, fourth, and fifth times, respectively;**

<b>FY</b>	<b>Number of Times Submitted</b>	<b>Number of Applicants</b>	<b>Percentage of FY</b>
FY22	1	18839	89.04%
FY22	2	2151	10.17%
FY22	3	159	0.75%
FY22	4	9	0.04%
FY22	5	1	0.0%
FY23	1	6113	70.48%
FY23	2	2119	24.43%
FY23	3	399	4.6%
FY23	4	38	0.44%
FY23	5	4	0.05%
FY24	1	11060	56.41%
FY24	2	5908	30.13%
FY24	3	2041	10.41%
FY24	4	501	2.56%
FY24	5	78	0.4%

FY24	6+	19	0.1%
FY25	1	1315	48.22%
FY25	2	751	27.54%
FY25	3	450	16.5%
FY25	4	154	5.65%
FY25	5	42	1.54%
FY25	6+	15	0.55%

- b. The total number and percentage of applicants who had applied for ERAP in the 24 months preceding the resident's instant application.

FY	Number of Applications Re-Submitted in 24 Months (b)	Percentage of FY (b)
FY22	2320	10.96%
FY23	2560	29.52%
FY24	7626	38.89%
FY25	1152	42.24%

- c. The total number and percentage of applicants who had received ERAP in the 24 months preceding the resident's instant application

FY	Number of Returnee Applications Receiving ERAP in 24 Months (c)	Percentage of FY (c)
FY22	451	2.13%
FY23	812	9.36%
FY24	4484	22.87%
FY25	580	21.27%

- d. The total number and percentage of applicants who had applied for ERAP once in the 36 months preceding the resident's instant application

FY	Number of Applications Re-Submitted in 36 Months (d)	Percentage of FY (d)
FY22	2320	10.96%
FY23	2560	29.52%
FY24	8547	43.59%
FY25	1402	51.41%

- e. The total number and percentage of applicants who had received ERAP once in the 36 months preceding the resident's instant application

FY	Number of Returnee Applications Receiving ERAP in 36 Months (e)	Percentage of FY (e)
FY22	451	2.13%
FY23	812	9.36%
FY24	4658	23.76%
FY25	686	25.16%

- f. The total number and percentage of applicants who had applied for ERAP in the 48 months preceding the resident's instant application; and

FY	Number of Applications Re-Submitted in 48 Months (f)	Percentage of FY (f)
FY22	2320	10.96%
FY23	2560	29.52%
FY24	8547	43.59%
FY25	1412	51.78%

- g. The total number and percentage of applicants who had received ERAP in the 48 months preceding the resident's instant application.

FY	Number of Returnee Applications Receiving ERAP in 48 Months (g)	Percentage of FY (g)
FY22	451	2.13%
FY23	812	9.36%
FY24	4658	23.76%
FY25	686	25.16%

58. How does DHS align the execution of payment processor agencies and the execution of DHS's agreements with payment processor agencies to ensure that agencies do not have to stop work because they have not been paid, or they do not have an active agreement with DHS?

DHS has active grant agreements with the providers. We include a specified advance amount with each agreement. The grantee can allocate a portion of those funds toward staffing and administrative costs so that they are able to continue to process applications while waiting for reimbursements or other disbursements. Therefore, there is no gap in processing applications.

- 59. How does DHS monitor the performance of payment processor agencies to ensure that applications are processed in a timely manner, and by what metrics are payment processor agencies evaluated?**

DHS conducts monthly audits to assess how the processor agencies operate according to the established metrics. The metrics include number of cases claimed per month, number of cases processed within the 45-day period, number of final decisions made, all required documents have been uploaded, payment information uploaded, and minimum number of case notes have been entered.

- 60. For how many hours was the ERAP application portal open in FY25?**

The ERAP application portal was open for six hours and thirty minutes in FY25.

- 61. For how many hours was the ERAP application portal open in each quarter of FY24?**

Q1	Q2	Q3	Q4
140 hours, 38 minutes	5 hours	352 hours	192 hours, 41 minutes

- 62. How much ERAP funding is still available for FY25?**

As of January 21, 2025, there is \$6,677,790 remaining for client assistance

- 63. How much ERAP funding has been distributed to landlords in FY25-to-date?**

As of January 21, 2025, ERAP has distributed \$13,672,210 to landlords. This includes payments that were made for cases submitted in FY24.

- 64. How much ERAP funding is obligated to support the future payment of approved applications submitted in FY25-to-date?**

As of January 21, 2025, there is \$6,677,790 obligated to support the future payment of approved applications in FY25.

- 65. When, if ever, does DHS expect to reopen the ERAP portal in FY25?**

DHS does not expect to reopen the ERAP portal until next Fiscal Year.



## Homelessness Prevention

66. Please identify all entities with which DHS has contracted, in FY24 and FY25-to-date, for Homelessness Prevention Program services for families. For each, please provide:

a. The amount of funds allocated to that provider by fiscal year;

Provider	FY24	FY25 YTD
Community of Hope	\$1,550,000.00	\$1,100,000.00
DC Safe	\$1,550,000.00	\$769,700.00
Everyone Home DC	\$1,000,000.00	\$1,100,000.00
MBI	\$1,550,000.00	\$1,100,000.00
Wheeler Creek	\$1,800,000.00	\$2,050,000.00
<b>Total Budget</b>	<b>\$7,450,000.00</b>	<b>\$6,119,700.00</b>

b. The number of staff each provider allocated to the program, including the number of case managers;

Provider	FY24 Staff	FY24 Case Managers	FY25 Staff	FY25 Case Managers
Community of Hope	6	4	7	5
DC Safe	N/A	N/A	5	2
Everyone Home DC	6	3	6	3
MBI	5	3	7	5
Wheeler Creek	9	4	8	4

c. The number of families served by each provider by fiscal year;  
In FY 24, 2,225 families were served by the Homelessness Prevention Program. In FY 25 to-date, 767 families have been served.

Provider	FY24 Household Served	FY25 YTD Household Served
Community of Hope	611	183
DC Safe	155	68
Everyone Home DC	473	139
MBI	410	215
Wheeler Creek	576	162
<b>Total</b>	<b>2,225</b>	<b>767</b>

d. The amount of funding allocated for administrative costs by fiscal year;

The amount of funding allocated for administrative costs associated with HPP was \$2,611,282.41 in FY24 and \$2,776,585.74 in FY25.

Provider	FY24 Administrative Cost	FY25 Administrative Cost	FY25 YTD Administrative Cost
Community of Hope	\$520,400.00	\$443,525.00	\$73,201.89
DC Safe	\$391,299.36	\$461,610.64	\$66,681.98
Everyone Home DC	\$641,354.30	\$654,111.85	\$104,051.47
MBI	\$436,000.00	\$542,406.25	\$85,239.36
Wheeler Creek	\$622,228.75	\$674,932.00	\$113,809.14
Total	<b>\$2,611,282.41</b>	<b>\$2,776,585.74</b>	<b>\$442,983.84</b>

- e. **The average cost per family assisted by the program by fiscal year; and**

The average cost per family was \$1,174.00 in FY24 and \$576.00 in FY25.

- f. **A description of the services provided to families.**

In general, HPP provides the following services to families experiencing homelessness:

- Case Management
- Mediation & Diversion
- Rental Assistance
- Utility Assistance
- Transportation Assistance
- Food Assistance
- Credit repair and budgeting workshops or referral
- Housing Search Assistance
- Connection to services in the District of Columbia

67. **How many individuals were served by Project Reconnect in FY24 and FY25-to-date? For those individuals, please provide:**

- a. **The total number of individuals served by Project Reconnect**  
1. FY24: 718  
2. FY25 YTD: 332
- b. **The total number of individuals with a completed service plan.**  
1. FY24: 377  
2. FY25 YTD: 80
- c. **The total number of individuals who received financial assistance; and**  
3. FY24: 341  
4. FY25 YTD: 72

**d. The average disbursement per person.**

5. FY24: \$1,463.78

6. FY25 YTD: \$1,495.27

**68. What metrics does DHS use to measure success in the Project Reconnect program? Please share those metrics for FY24 and FY25-to-date.**

Project Reconnect Success is:

Keeping individuals and clients from staying in shelter, unsheltered, or place not meant for human habitation, or once in those locations, returning individuals as quickly as possible to housing through diversion and rapid exit.

- Client can be referred to services that provide a path to sustainability.
- Reducing the frequency and duration of low-barrier shelter stays.

Project Reconnect measures success by tracking the following data elements:

- Assessments completed
- Clients Served
- Completed Successful Diversion/Rapid Exits
- Number of clients receiving financial assistance
- Number of clients served through non-monetary services

	<b>FY24</b>	<b>FY25 YTD</b>
Total Referrals	2177	209
Total Assessed for Services	750	154
Total Served	718	332
Completed Successful Diversions/Rapid Exits	377	80
Total No. Clients Receiving Financial Assistance	341	72
Total No. Clients served through non-monetary services	36	7
Average Disbursement	\$1,463.78	\$1,495.27

69. Of the funding available for Project Reconnect in FY25, how much has been expended, how much has been committed, and how much is unspent?

	October 2024 Actual	November 2024 Actual	YTD	GWUL Approved Budget Mod. 21
<b>DIVERSION/RAPID EXIT EXPENSES</b>				
D/RE CLIENT COST	\$35,653.89	\$25,705.71	\$61,359.60	\$567,000.00
<b>TOTAL CLIENT COST</b>	<b>\$35,653.89</b>	<b>\$25,705.71</b>	<b>\$61,359.60</b>	<b>\$567,000.00</b>
PERSONNEL COST (Include Fringe)	\$9,815.52	\$20,007.25	\$29,822.77	\$140,225.86
ADMIN FEES @5% OF CLIENT COST	\$1,782.69	\$1,285.29	\$3,067.98	\$28,350.00
<b>TOTAL ADMIN COST</b>	<b>\$11,598.21</b>	<b>\$21,292.54</b>	<b>\$32,890.75</b>	<b>\$168,575.86</b>
<b>TOTAL RAPID EXIT COST</b>	<b>\$47,252.10</b>	<b>\$46,998.25</b>	<b>\$94,250.35</b>	<b>\$735,575.86</b>

70. How many individuals were deemed ineligible by Project Reconnect in FY24 and FY25-to-date?

Total Ineligible/No Diversions	
FY 24	546
FY 25 YTD	262

71. Please list each immediate disposition of an encampment performed in FY24 and FY25-to-date. For each, please provide:

<b><u>2023 Encampment Immediate Dispositions</u></b>			
<b><u>Month / Quadrant</u></b>	<b><u>Date of Engagement</u></b>	<b><u>Location</u></b>	<b><u>Type of Cleanup</u></b>
<b>January</b>			
NW	1/5/2023	12th and Q St NW	ID
NW	1/13/2023	2nd and D St	ID
NE	1/13/2023	West Virginia Ave and Corrcoran St	ID

NW	1/17/2023	1400 M St (Thomas Circle)	ID
NW	1/19/2023	Georgia Ave and Missouri Ave	ID
NE	1/19/2023	1st Street (Union Station)	ID
NE	1/25/2023	Minnesota Ave and Clay St	ID
NW	1/31/2023	1400 M St (Thomas Circle)	ID
<b>Februrary</b>			
NW	2/7/2023	13th and Vermont Ave	ID
SE	2/9/2023	K St Underpass	ID
NW	2/14/2023	Thomas Circle	ID
NW	2/14/2023	Logan Circle	ID
NW	2/28/2023	10 Q St	ID
<b>March</b>			
NW	3/16/2023	1909 9 1/2 St (Grimke School)	ID
NW	3/23/2023	NY Ave Rec Center Field	ID
NE	3/23/2023	K St Underpass	ID
NW	3/30/2023	Florida Ave and Vermont Ave	ID
SE	3/31/2023	11th St Underpass	ID
<b>April</b>			
NW	4/13/2023	664 Glick Ct	ID
NW	4/24/2023	1438 U St (Adjacent to gas station)	ID
NW	4/27/2023	Burke Park	ID
SE	4/28/2023	11th St Underpass	ID
NE	4/28/2023	12th and H St (Bus Stop)	ID
<b>May</b>			
NW	5/9/2023	10 Q St	ID
SW	5/10/2023	Randall Rec Center/Pool	ID
NW	5/10/2023	1604 K St	ID
NW	5/12/2023	2001 Bryant St	ID
NE	5/17/2023	4519 Quarles St	ID
SE	5/17/2023	11th St Underpass	ID
NE	5/25/2023	LeDroit Park	ID
NW	5/25/2023	600 T St	ID
NW	5/26/2023	North Capital and K St	ID
<b>June</b>			
NW	6/7/2023	1st and C St/2nd and D St	ID
<b>July</b>			
NE	7/13/2023	1st and G St (sidewalk)	ID
<b>August</b>			

<b>No ID's completed</b>			
<b>September</b>			
<b>NW</b>	9/27/2023	5th and H St NW	ID
<b>October</b>			
<b>NW</b>	10/3/2023	1365 Quincy Street NW alleyway	ID
<b>NW</b>	10/11/2023	26th and L St NW	ID
<b>NE</b>	10/31/2023	1st and H St NE	ID
<b>November</b>			
<b>SE</b>	11/17/2023	5th and Virginia Ave SE	ID
<b>December</b>			
<b>NE</b>	12/12/2023	2nd St NE (DDOT Underpass)	ID
<b>NW</b>	12/20/2023	26th and L St NW	ID

<b>2024 Encampment Immediate Dispositions</b>			
<b><u>Month / Quadrant</u></b>	<b><u>Date of Engagement</u></b>	<b><u>Location</u></b>	<b><u>Type of Cleanup</u></b>
<b>January</b>			
<b>No ID's completed</b>			
<b>February</b>			
<b>NW</b>	2/14/2024	3166 Mt. Pleasant St	ID
<b>NE</b>	2/15/2024	NoMa (L and M St underpasses)	ID
<b>NW</b>	2/23/2024	3166 Mt. Pleasant St	ID
<b>March</b>			
<b>NE</b>	3/6/2024	P St (outside 64 NY Ave)	ID

<b>NW</b>	3/12/2024	3166 Mt. Pleasant St.	ID
<b>NW</b>	3/19/2024	3166 Mt. Pleasant St.	ID
<b>NW</b>	3/19/2024	23rd and Virginia Ave	ID
<b>NE</b>	3/19/2024	NoMa/L St. (underpass)	ID
<b>NE</b>	3/19/2024	1st and H St	ID
<b>NE</b>	3/20/2024	P St (outside 64 NY Ave)	ID
<b>April</b>			
<b>NW</b>	4/4/2024	3166 Mt. Pleasant St.	ID

NW	4/4/2024	DuPont Circle and Massachusetts Ave	ID
NW	4/23/2024	3166 Mt. Pleasant St.	ID
NW	4/23/2024	2200 Block of E St	ID
<b>May</b>			
NW	5/1/2024	3166 Mt. Pleasant St	ID
NW	5/21/2024	23rd and VA	ID
SE	5/21/2024	11th St (DDOT underpass)	ID
NW	5/24/2024	3166 Mt. Pleasant St	ID
<b>June</b>			
NW	6/4/2024	23rd and E St	ID
NW	6/24/2024	915 25th St	ID
<b>July</b>			
NW	7/25/2024	1900 Wisconsin Ave	ID
<b>August</b>			
SW	8/23/2024	550 South Capitol St/DDOT Bridge	ID
<b>September</b>			
NW	9/13/2024	1405 15th St	ID
NW	9/17/2024	901 Florida Ave	ID
NW	9/24/2024	23rd and E St	ID
<b>October</b>			
NW	10/21/2024	23rd and E St	ID
NW	10/23/2024	1700 L St	ID
NW	10/24/2024	3166 Mt. Pleasant St	ID
NW	10/29/2024	23rd and Virginia Ave	ID
NW	10/29/2024	2nd and D St (DDOT Tunnel)	ID
<b>November</b>			
NW	11/6/2024	3166 Mt. Pleasant St	ID
NE	11/7/2024	New York Ave NE (DDOT Underpass)	ID
NW	11/25/2024	955 26th St (Community Graden)	ID
NW	11/25/2024	3166 Mt. Pleasant St	ID
<b>December</b>			
NW	12/17/2024	3166 Mt. Pleasant St	ID
NW	12/17/2024	23rd and E St	ID
SW	12/18/2024	1200 Delaware Ave	ID

**No Immediate Dispositions have been conducted in 2025 to date.**

- a. The documented reason for the immediate disposition**

All Immediate Dispositions are scheduled and conducted due to identified health and safety concerns that include but are not limited to passageway blockage, the presence of significant biohazards or chemical hazards, immediate fire concerns, traffic pattern interference, critical DDOT governed space intrusions, etc.

**b. Whether notice was given**

Although an Immediate Disposition can be conducted as a same day engagement, the DMHHS primarily employs a 24 hour notice via the placement of 1 or more adhesive signs that is placed on the identified tent or structure that is present. This has been the standard for all Immediate Disposition engagements conducted during the past and current fiscal years.

**c. How long it took the immediate disposition to be performed**

Immediate Disposition engagements typically take approximately 30 minutes to an hour to conduct following the completion of a site assessment and storage check, biohazard removal, and the final disposal of all remaining items by our DPW partners.

**d. Whether DHS contractors or staff were able to go to the site before disposition to provide services**

The DMHHS Encampment Response Team provides direct notice to DHS and the connected contract provider the same day that the Immediate Disposition notice has been placed to ensure that they are duly informed and have the opportunity to provide additional outreach engagements leading up to the scheduled engagement. Additionally, DBH is also included on these communications for their outreach awareness and efforts prior to the engagement.

DHS outreach providers and staff have been able to engage each site prior to each of the Immediate Dispositions with the exception of one (the safety risks to engage before the ID were too significant). Providers and staff engage to ensure clients are aware of the disposition and what it means, encourage folks to downsize their belongings, encourage folks to relocate before the disposition, and let them know about shelters and housing resources. Additionally, they ensure folks have proper weather-related items, basic needs items, and attempt to learn of where they are relocating to if they do indeed decide to relocate prior to the disposition.

**e. What services DHS contractors or staff provided before, during, and after the disposition.**

**Before Disposition** - Outreach teams are:



- engaging and building rapport with unsheltered individuals living in encampments
- ensuring that unsheltered residents are connected to housing/shelter system and supportive services (if client is willing)
- establishing a BNL to understand needs of individuals
- conducting SPDATs if necessary
- conducting "good neighbor" conversations regarding any health and safety concerns at encampments
- informing clients of scheduled dispositions and helping clients develop a plan to relocate to shelter or other areas if unwilling to go inside
- offering storage options

Also, interagency collaboration between DMHHS, DHS, and CSON provider to discuss ongoing concerns about clients, health/safety hazards, and developing a plan for the disposition to ensure client dignity and safety is maintained.

**During Disposition:** The primary goal is to support the client during the disposition process.

- Assisting with packing important items like vital documents, lifesaving supplies, items wanted by the client, discarding trash/unwanted items, coordinating transportation to shelters, mediating between the client and DMHHS, NPS, etc, and advocating for the client's needs. Coordinating engagement with DBH if necessary and understanding where a client may decide to relocate for continued homeless service engagement.

**After Disposition:** Follow up engagement with the client to continue ensuring connection to outreach services. Continued engagements about housing/shelter options, how to avoid future immediate dispositions, report out outcomes to partnering agencies to continue collaboration.

## Homeless Shelters

**72. How many complaints did DHS's Homeless Shelter Monitoring Unit ("HSMU") receive in FY24 and FY25-to-date to date?**

- Please provide a breakdown of the number and types of complaints received that includes the number of complaints received for each facility in regard to which a complaint was filed;

**Types of complaints received by HSMU, FY24 and FY25 YTD (through 02-17-25)**

	<b>FY24</b>	<b>FY25 YTD</b>	<b>Total</b>
Abuse or Neglect	2	0	2
Assault	16	3	19
Controlled Substance	0	1	1
Damage to Government Property	2	0	2
Discrimination	14	15	29
Domestic Violence	3	0	3
Environmental Issue	117	96	213
Fire	1	0	1
Illness	3	0	3
Injury	1	1	2
Mental Health Evaluation	3	0	3
Misconduct (Contractor)	1	1	2
Misconduct (Employee)	5	2	7
Professional Medical Care (On-site or Transport To)	3	0	3
Program Rule Violation	121	70	191
System Outage	8	0	8
Theft	6	2	8
Threat	18	10	28
Vehicle Accident	0	1	1
<b>Total</b>	<b>324</b>	<b>202</b>	<b>526</b>

**Locations of complaints received by HSMU, FY24 and FY25 YTD (through 02-17-25)**

	<b>FY24</b>	<b>FY25 YTD</b>	<b>Total</b>
Access Housing: 840 Chesapeake Street SE	5	1	6
Blair Transitional Rehabilitation Program	2	0	2
Calvary Women's Services: 1217 Good Hope Road SE	3	0	3
Catholic Charities: 801 East	9	27	36
Catholic Charities: Adam's Place Emergency Shelter	13	5	18
Catholic Charities: ERAP	1	1	2
Catholic Charities: Harriet Tubman Women's Shelter	24	11	35
Catholic Charities: New York Avenue Men's Shelter	3	4	7
Catholic Charities: PSH	1	0	1
Catholic Charities: St. Josephine Bakhita	5	11	16
Coalition for the Homeless: Emery Work Bed Program	5	1	6
Coalition for the Homeless: Eve's Place	0	2	2
Coalition for the Homeless: Webster House	1	0	1
Collaborative Solutions for Communities: RRH	1	2	3
Community Connections: 801 Pennsylvania Avenue SE	2	2	4
Community Connections: Homeless Street Outreach	1	0	1
Community Connections: PSH	1	0	1
Community for Creative Non-Violence (CCNV)	4	3	7
Community for Creative Non-Violence (CCNV) CORE DC	0	1	1
Community of Hope: FRSP	4	0	4
Community of Hope: Homelessness Prevention Program	2	0	2
Community of Hope: The Triumph	7	0	7

CORE DC: RRH	2	0	2
CORE DC: The Aya	1	0	1
CORE DC: The Horizon	2	1	3
CORE DC: The Terrell	2	0	2
Covenant House Washington: 1623 Holbrook Avenue NE	2	0	2
Covenant House Washington: 2001 Mississippi Avenue SE	0	2	2
Covenant House Washington: 4900 Quarles Street NE	0	2	2
Covenant House Washington: 511 Mellon Street SE	1	0	1
DC Doors: Zoe's Doors	2	1	3
DHS: 64 New York Avenue NE	6	38	44
DHS: Adams Place Day Center	2	8	10
DHS: Anacostia Service Center	4	1	5
DHS: Congress Heights Service Center	1	0	1
DHS: H Street Service Center	1	0	1
DHS: PSH	2	1	3
DHS: RRH	6	3	9
DHS: TAH	2	0	2
DHS: Taylor Street Service Center	1	0	1
DOC: The Ready Center	0	1	1
Downtown Day Services Center	5	3	8
East River FSC: FRSP	3	0	3
Edgewood Brookland Family FSC: FRSP	1	0	1
Everyone Home DC: HPP	3	0	3
Everyone Home DC: Shirley's Place Day Center	2	0	2
Far Southeast FSC: FRSP	0	1	1
Far Southeast FSC: RRH	0	1	1
Friendship Place: La Casa	0	1	1
Friendship Place: PSH-F	0	1	1
Friendship Place: Street Outreach Program	1	1	2
Friendship Place: The Brooks	2	0	2
Friendship Place: Valley Place	4	0	4
Greater Washington Urban League	2	0	2
Greater Washington Urban League: ERAP	1	0	1
Hillcrest Children and Family Center: RRH	0	1	1
House of Ruth: Hope Rising	3	0	3
House of Ruth: Madison	4	2	6
House of Ruth: New Pathways	1	0	1
Housing Counseling Services: ERAP	2	0	2
Housing Up: FRSP	1	0	1
Housing Up: RRH	1	0	1
Housing Up: The Summit	2	0	2
Institute for Emotional Regulation: RRH	1	0	1
KBEC Group: Youth Transitional Housing	0	4	4
KBEC: Family Life Center	2	0	2
KBEC: FRSP	1	0	1
KC Community Services: PSH-I	1	2	3
Latin American Youth Center: Hope's House (Various Sites)	1	0	1

Maximus Inc: FRSP	1	1	2
MBI Health Services: Homelessness Prevention Program	6	0	6
MBI Health Services: PSH-F	1	0	1
MBI Health Services: PSH-I	1	0	1
Metropolitan Educational Services: PSH-F	4	0	4
Metropolitan Educational Services: PSH-I	2	0	2
Migrant Program: Days Inn - 2700 New York Avenue NE	2	0	2
Migrant Program: Harbor Light - 2100 New York Avenue NE	8	0	8
Miriam's Kitchen: Homeless Street Outreach	1	0	1
My Sister's Place: FRSP	1	0	1
N Street Village: Capitol Hill Vista PSH-I	0	1	1
N Street Village: Erna's House	3	0	3
N Street Village: Eve's Place	11	6	17
N Street Village: Sharon's Place	3	0	3
National Center for Children and Families: The Kennedy	2	0	2
National Center for Children and Families: The Sterling	0	3	3
Naylor Road Housing Facility	1	0	1
New Endeavors by Women: 1342 Florida Avenue NE	1	0	1
New Endeavors by Women: 611 N Street NW	2	1	3
North Capitol Collaborative: FRSP	2	0	2
Open Arms Housing: Ainger Place	1	0	1
Open Arms Housing: PSH-I	2	0	2
Open Arms Housing: The Dunbar	1	0	1
Other/Unknown	62	24	86
Patricia Handy Place for Women	20	15	35
Salvation Army: ERAP	1	0	1
Sasha Bruce: Youthwork - 1312 East Capitol Street NE	0	3	3
SMYAL: 2231 Nicholson Street SE	1	0	1
So Others Might Eat: RRH	0	1	1
Spring Leaf: FRSP	0	1	1
The Psychiatric Institute of Washington: 4228 Wisconsin Avenue NW	1	0	1
United Planning Organization: ERAP	2	0	2
United Planning Organization: Hotline Transportation Services	2	0	2
Veterans on the Rise: FRSP	1	0	1
Virginia Williams Family Resource Center	1	0	1
Wanda Alston Foundation: 1228 Fairmont Street NW	1	0	1
Wanda Alston Foundation: 248 57th Street NE	1	0	1
<b>Total</b>	<b>324</b>	<b>202</b>	<b>526</b>

- b. Please provide the outcomes or corrective actions to address each complaint/HSRA violation;

**Outcomes for closed HSMU complaints, FY24 and FY25 YTD (through 02-17-25)**

	<b>FY24</b>	<b>FY25 YTD</b>	<b>Total</b>
Substantiated	123	72	<b>195</b>
Unsubstantiated	201	68	<b>269</b>
<b>Total</b>	<b>324</b>	<b>140</b>	<b>464</b>

- c. Note all complaints that have not been resolved; and

**Pending HSMU complaints, FY24 and FY25 YTD (through 02-17-25)**

	<b>FY24</b>	<b>FY25 YTD</b>	<b>Total</b>
Pending	0	62	<b>62</b>
<b>Total</b>	<b>0</b>	<b>62</b>	<b>62</b>

- d. Provide the mean and median times of responding to complaints and the longest response time.

**Mean, median, and maximum days for HSMU complaint closure, FY24 and FY25 YTD (through 02-17-25)**

	<b>FY24</b>	<b>FY25 YTD</b>	<b>Total</b>
Mean Response Days	83.4	56.8	<b>75.5</b>
Median Response Days	74	59.5	<b>65</b>
Maximum Response Days	282	136	<b>282</b>

This is the number of days from when a complaint is first submitted until the case is closed, which is after a supervisor has reviewed the record and approved the case. Because of this process, the closure date may be a few weeks after the complaint was resolved. Additionally, some complaints are initially forwarded to the Internal Affairs Division (IAD) and during the investigation it is determined that the matter should also be reviewed by HSMU. The original date the complaint is received by DHS is used for calculating these timelines, so more complex matters can take more time to close.

**73. Provide a list of food vendors at shelter sites, including:**

- a. The site served;
- b. The price per meal; and
- c. Any complaints received about the food vendors and any remedial actions taken based on those complaints.

**Short Term Family Housing, ISAQ, PEP-V, and Migrant Services**

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Site	Food Service Provider	Cost for Breakfast	Cost for Lunch	Cost for Dinner
<b>PEP-V-sites 1 Henry's All PEP-V Sites are closed</b>	NA	NA	NA	NA
<b>ISAQ/PEPV - All sites are closed</b>	NA	NA	NA	NA
<b>Migrant Services sites: Day's Inn, Quality Inn, Hampton Inn</b>	Henry's	\$4.00 cold \$4.75 hot	\$7.23	\$7.23
<b>801 East Shelter</b>	Henry's	\$3.20	\$5.78	\$8.10
<b>Harriet Tubman</b>	Henry's	\$3.25	N/A	\$5.78
<b>Adams Place</b>	Henry's	\$3.25	N/A	\$5.78
<b>New York Ave</b>	Henry's	\$3.25	N/A	\$5.78
<b>Pat Handy</b>	DC Central Kitchen	\$7.50	N/A	\$8.00
<b>Emery</b>	Henry's	\$3.25	N/A	\$5.78
<b>Short term Family Housing-The Brooks</b>	Henry's	\$3.00	5.78 (only while school is out in the summer)	\$5.78
<b>Short term Family Housing-The Aya</b>	Henry's	\$3.20C \$4.75H	5.78 (only while school is out in the summer)	\$5.78
<b>Short term Family Housing-The Sterling</b>	Heart and Soul	\$5.75	5.50 (only while school is out in the summer)	\$10.50
<b>Short term Family Housing-The Kennedy</b>	Heart and Soul	\$5.75	5.50 (only while school is out in the summer)	\$10.50
<b>Short term Family Housing-The Horizon</b>	Henry's	\$3.20C \$4.75H	5.78 (only while school is out in the summer)	\$5.78
<b>Short term Family Housing-The Triumph</b>	Henry's	\$3.20 cold	\$10.00	\$10.00

**74. How does DHS determine the level of security needed on-site for shelters?**

DHS works in partnership with Department of General Services Protective Services Division and contract providers to determine security needs at each location. In the event that security is needed at a site, DHS works with the providers to determine the level of security for each location.

- a. How does this standard differ by facility type (youth, family, singles, etc.)?

DHS utilizes standard protocol for security. For youth sites that are independently owned and leased by providers, providers take the lead on what security is needed. DHS has provided technical assistance to providers who lease properties not owned by the government on best practices for security coverage for their locations to include recommendations on procedures and personnel that may be helpful.

Family, single, etc. shelter security is determined in partnership with DHS, TCP and DGS-PSD to determine the electronic and physical security needs at each location including hypothermia seasonal shelters.

- b. How does DHS ensure adequate security through its shelter management contracts?

As applicable, DHS provides funds through contracts or grants to cover all or a portion of security costs. DHS establishes security requirements through the terms outlined in the Human Care Agreements and the Continuum of Care (CoC) Management Contract and Grants as applicable.

- DHS Fleet and Security Analyst team oversee the approval of post orders for security vendors and continuously monitor adherence through regular site visits.
- Contract Liaison Specialist (CLS) team conduct regular site visits at shelters, during these site visits a review of staff coverage to include security personnel is conducted.
- DHS CLSs and Grant Management Specialist (GMS) and Providers maintain regular communication with DHS's Security Analyst team, seeking guidance as needed to ensure that security measures align with best practices in the field and comply with DC Government regulations.
- Routine or as needed meetings are held around site security and often involves the Providers, Security Vendors, and DHS CAs to discuss and address security-related matters.

**75. Regarding the reported trends of weapons and drug use within the shelter system:**

- a. Does DHS track security issues within the shelter system?

DHS has implemented a new security monitoring system “Guardtek” at most of the STFH and Low Barrier shelters to ensure that physical security conducts roving, hourly reporting, and incident reports.

- Guardtek gives the ability to monitor the performance of security, along with monitoring for trends of security concerns or incidents related to weapons and drugs that need to be addressed related to clients or staff.
- Guardtek has played a significant role in decreasing incidents related to prohibited items and behavior in the shelters.
- DHS holds the data for Guardtek which allows us the ability to study what security measures are working or need to be changed.

b. How has DHS worked to address drug abuse and gun violence in youth drop-in centers, transitional housing, and shelters in particular?

- DHS conducted security assessments at each of the three Drop-In Center sites and at youth low barrier shelters. As a result of these security assessments, Front Door Providers (Drop-In Centers) have implemented security measures to include additional security staff (1-2 security guards per location), checking bags and using metal detectors (wands), enhanced storage systems for youth belongings, and increased lighting and security cameras.
- DHS coordinated training with Front Door Providers’ staff and security guards to ensure proper use of security enhancements, as well as to review incident reporting protocols.
- DHS increased the budget of each of the Front Door Providers program to support the cost of increased security measures in FY 24 and sustained these increases in FY 25.
- To help with managing the capacity at both the Drop-in Centers as well as the youth specific shelter, DHS expanded transportation services through UPO’s Shelter Hotline to provide daily transport between the youth shelters and drop-in centers.
- DHS staff continue to monitor Unusual Incident Reports for security concerns and conduct site visits to address concerns promptly, and as needed provides additional technical assistance
- DHS recently recompeted the Transitional and Extended Transitional Housing grants which allowed providers an ability to enhance their budgets to increase staffing and security measures as needed. Throughout FY 24 and FY 25, DHS hosted Provider Meetings in which Providers have collaborated on efforts to improve security at TH sites. These have included more frequent room checks, improved communication with MPD Community Resource Officers, sharing security vendors, etc.



**76. Please provide the numbers, locations, and causes of resident mortalities in DHS's shelters in FY24 and FY25-to-date.**

<b>Location of Fatality</b>	<b>Date of Fatality</b>	<b>Cause of Death</b>	<b>Death Caused By Hypothermia</b>
Complete Care Rehab Facility	10/12/23	Cardiac Arrest	No
1910 Massachusetts Ave SE Building 27	11/10/23	Unknown	No
Crecent Nursing home	11/11/23	Colon and Liver Cancer	No
1356 Valley Place SE	11/13/23	gunshot	No
Sibley Hospital	11/15/23	unknown	No
Outside to the loading dock area	12/02/23	Unknown	No
Complete care rehab facility	10/12/23	heart attack in sleep	No
Crecent Nursing home	11/11/23	Colon and Liver Cancer	No
Complete care rehab facility	10/12/23	heart attack in sleep	No
Sibley Hospital	11/15/23	unknown	No
1820 IRVING ST NE DC	09/29/19	CANCER	No
2601 Naylor Road SE	03/03/24	Unknown	No
2601 Naylor Road	03/03/24	Unkown	No
Street	03/08/24	Homicide	No
HYPO Shelter 2601 Naylor Road.	03/03/24	Unknown	No
George Town Hospital Center	04/16/24	Diabetes and Kidney Disease	No
George Town Hospital Center	04/16/24	Diabetes and Kidney Disease	No
New York Avenue Men's Shelter	05/06/24	Unknown	No
1355 Maryland Avenue NE	05/06/24	Medical	No
4607 Connecticut Ave, NW	05/14/24	unknown - suspected natural causes	No
A-Wing lobby handicap bathroom	05/26/24	Unknown	No
1355 New York Avenue NE	05/27/24	Medical	No
Sharon's Place	06/02/24	Unknown	No
1413 Girard St. NW	06/14/24	Unknown	No
unknown (off site)	06/13/24	Unknown	No
111 Michigan Ave NW	07/23/24	extreme prematurity complications	No
111 Michigan Ave NW	07/23/24	extreme prematurity complications	No
4769 South Capitol	08/25/24	unknown	No

Terrace SW			
4769 South Capitol Terrace SW	08/25/24	unknown	No
1009 11st NW	09/03/24	Unknown	No
1820 IRVING ST NE	09/07/24	MULTIPLE COMPLICATIONS	No
Lincoln Rd	10/06/24	unknown	No
Lincoln Rd	10/06/24	unknown	No
1444 Irving Street, NW	10/23/24	Unknown	No
2200 Adam's PL	11/09/24	Overdose	No

**77. What is the current capacity for residents at The Aston and how many residents are currently being served?**

As of February 10, 2025, The Aston is operating near full capacity, with 49 out of 50 placement slots currently occupied. We are in the process of onboarding an additional 50 clients. All residents are receiving housing-focused case management services, and we are pleased to report that 40 existing clients are successfully connected to Permanent Supportive Housing (PSH) services.

**78. What is the status of and expected capital and operating costs for the 25 E Street NW shelter?**

The project at 25 E Street is expected to open this year. The building is currently undergoing renovations. The total operating monthly budget is \$579,983.18. The total yearly budget is \$6,959,798.16. DHS will use \$45 million in capital funding to purchase E Street. \$199,280 is allocated in FY25 for operating fixed cost for maintenance and repair.

## Youth Homelessness

**79. Is the District meeting the current documented need for emergency shelter for homeless youth?**

Based on the shelter beds specifically for unaccompanied youth 24 and under, there has been an average of 9 vacancies per night. This, coupled with the ability of single young adults (ages 18-24) to access beds in the adult shelter system, implies that the District is meeting the currently documented need for emergency shelter for homeless youth.

**a. Please provide the mean and median number of youth shelter beds available each night in FY24 and FY25-to-date.**

Youth Shelter Programs FY24				
Provider	Program	Beds Available	Avg Vacancies	Median Vacancies

<b>Covenant House Washington</b>	<b>Safe Haven</b>	30	18	18
	<b>Sanctuary</b>	20	5	6
	<b>Shine</b>	24	13	14
<b>Sasha Bruce Youthworks</b>	<b>Bruce House (minors)</b>	15	4	5
	<b>Rhode Island</b>	14	4	4
<b>Total Youth Shelter System</b>		<b>103</b>	<b>9</b>	<b>7</b>

<b>Youth Shelter Programs FY25 (October2024- December 2024)</b>				
<b>Provider</b>	<b>Program</b>	<b>Beds Available</b>	<b>Avg Vacancies</b>	<b>Median Vacancies</b>
<b>Covenant House Washington</b>	<b>Safe Haven</b>	30	13	14
	<b>Sanctuary</b>	20	5	6
	<b>Shine</b>	24	13	13
<b>Sasha Bruce Youthworks</b>	<b>Bruce House</b>	15	6	6
	<b>Rhode Island*</b>	14	3	3
<b>Total Youth Shelter System</b>		<b>103</b>	<b>9</b>	<b>8</b>
<b>SBY- Rhode Island Closed on 11/01/2024</b>				

80. Please provide a breakdown of youth homelessness services grant and contract funding in FY24 and FY25-to-date to date, by service provider and program type.

**DHS Direct Funded Non-Housing Program**

<b>Provider</b>	<b>Program Type</b>	<b>FY 24 Award</b>	<b>FY 25 Award</b>
Friendship Place	Street Outreach	\$250,016	\$0
Collaboration w/ Adult SOP	Street Outreach	\$0	\$300,000
LAYC	Drop-in center	\$473,000	\$473,000
Sasha Bruce Youthwork	Drop-in center	\$515,020	\$515,020
Sasha Bruce Youthwork	Stabilization Services	\$130,000	\$427,000
DC Doors	24-hour Drop-in Center	\$2,018,000	\$2,018,00

Damien Ministries	TGNC Wrap Around Workforce Development Program	\$320,000	\$300,000
Us Helping Us	TGNC Wrap Around Workforce Development Program	\$275,000	\$150,000
HIPS	TGNC Wrap Around Workforce Development Program	\$275,000	\$150,000
MOLGBTQ Affairs (MOU)	LGBTQ Cultural Competency Training & services	\$165,000	\$165,000
United Planning Organization	Youth Specific Shelter Hotline Transport	\$0	\$10,000

#### DHS Direct Funded Programs Housing Programs

Provider	Program Type	FY 24 Grant Amount	FY 25 Grant Amount
Better Mornings	Extended Transitional Housing	\$0	\$630,000.00
Collaborative Solutions for Communities	Rapid Re-Housing	\$735,000	\$735,000
Covenant House	Low-Barrier, Short-term Shelter, & Short-term LGBTQ Shelter	\$2,094,265	\$2,094,265
Covenant House	Transitional Housing	\$1,300,000	\$1,300,000
DASH	Transitional Housing (DV)	\$928,665	\$926,655
DC Doors	Transitional Housing	\$161,749	\$0
DC Doors	Extended Transitional Housing	\$1,155,000	\$275,000
Echelon Community Services	Extended Transitional Housing	\$577,500	\$690,000
Healthy Babies	Shelter Beds for pregnant/parenting minors and youth up to age 21	\$555,928	\$596,435
KBEC	Transitional Housing	\$470,000	\$1,300,000
Housing Up	Transitional Housing	\$677,172	
LAYC	Transitional Housing (former TH programs combined and expanded)	\$1,824,920	\$1,956,698
Sasha Bruce (Passages)	Extended Transitional Housing	\$1,132,617	\$1,230,000

Sasha Bruce (Phillip Reid)	Extended Transitional Housing	\$0	\$1,020,588
Sasha Bruce	Low Barrier Shelter & Extended Transitional Housing Programs	\$1,108,035	\$0
SMYAL	Transitional Housing - LGBTQ	\$115,196	\$0
SMYAL	Transitional Housing - LGBTQ	\$719,117	\$719,117
SMYAL	Extended Transitional Housing - LGBTQ	\$630,000	\$740,000
United Planning Organization	Shelter Hotline	\$0	\$10,000
Wanda Alston Foundation	Extended Transitional Housing - LGBTQ	\$577,500	\$690,000

**DHS Funded Program through Sole Source Grant with The Community Partnership (TCP)**

Provider	Program Type	FY 24 Grant Amount	FY 25 Grant Amount
Covenant House Washington	Transitional Housing	\$396,023	\$396,023.67
Echelon Community Services	Transitional Housing (YHOH)	\$1,701,254	\$1,701,254.38
Echelon Community Services	Transitional Housing (YHOH)	\$959,810	\$959,810.40
Edgewood Brookland	Transitional Housing	\$0	\$0
Latin American Youth Center (Extended Transitional Housing 21 Kennedy Street)	Transitional Housing	\$232,524	\$232,524.00
Latin American Youth Center (YHOH) - Hope House	Transitional Housing	\$296,924	\$296,924.08
Sasha Bruce Youthworks	Crisis Beds	\$842,503	\$842,503.42
Sasha Bruce Youthworks (ILP)	Transitional Housing	\$211,895	\$211,895.98
Sasha Bruce Youthworks	Transitional Housing (YHOH)	\$439,473	\$439,473.33
Sasha Bruce Youthwork	Transitional Housing (YHOH) – Olaiya’s Cradle	\$210,000	\$410,000
Sasha Bruce Youthwork	Transitional Housing (Regeneration House)	\$355,311	\$355,311.49
Wanda Alston	Transitional Housing	\$354,329	\$354,329.19

## Housing and Urban Development Funding Housing Programs for Unaccompanied Youth 24 and Younger

Provider	Type	FY 24 Grant Amount	FY 25 Grant Amount
Friendship Place	Rapid Rehousing	\$559,808	\$0
Friendship Place	Joint Transitional Rapid Rehousing	\$624,862	\$0
Sasha Bruce Youthwork	Transitional Housing	\$200,977	\$208,939
Sasha Bruce Youthwork	Joint Transitional Rapid Rehousing	\$1,337,842	\$1,448,598
SMYAL (LGBTQ)	Rapid Rehousing	\$733,863	\$850,764
St. John's Community Services	Permanent Supportive Housing	\$627,974	\$0

**a. How does DHS perform oversight of these programs and services?**

DHS provides oversight of its directly funded programs through a variety of mechanisms including reviewing regular monthly programmatic and financial reporting, as well as reviewing unusual incident reports. DHS also conducts scheduled annual site visits to meet with staff, young people, walk-through the facilities, and review case files and other programmatic documentation. DHS routinely reviews HMIS and conducts case file reviews on client matters that require DHS assistance and involvement. At times, DHS may perform more frequent site visits, require more frequent reporting, or provide additional technical assistance to help address programmatic concerns and to help improve the quality of services.

DHS provides oversight of The Community Partnership who is contracted to perform oversight of the programs serving homeless youth under 24 which include both unaccompanied youth and youth headed households.

DHS does not provide oversight to the programs funded by the Department of Housing and Urban Development.

**81. How many homeless youth and minors were served by DHS in FY24 and FY25-to-date to date? Please break down the data by the following characteristics, where available:**

- a. Race;
- b. Sexual orientation;
- c. Gender identity
- d. Parenthood status;
- e. English Language Learner ("ELL") status;
- f. Age;

- g. **Employment status;**
- h. **Educational attainment; and**
- i. **Current enrollment in school.**

**Please see the tables below for the responses to Question 81.**

	Youth Served in DHS Programs, FY24	
	Non Parenting	Parenting
n=	1675	1003
<b>Race</b>		
American Indian, Alaska Native, or Indigenous	2	2
American Indian, Alaska Native, or Indigenous; Hispanic/Latina/e/o	8	1
Asian or Asian American	12	1
Black, African American, or African	989	882
Black, African American, or African; Hispanic/Latina/e/o	19	11
Hispanic/Latina/e/o	317	57
Multiracial	17	16
Multiracial; Hispanic	10	1
Native Hawaiian or Pacific Islander	2	1
White	84	5
White; Hispanic/Latina/e/o	80	8
xNot Reported	135	18
<b>Gender</b>		
Man (Boy, if child)	1022	91
Transgender/Non-Binary/Gender Non-Conforming	74	7
Woman (Girl, if child)	559	891
xNot Reported	20	14
<b>Sexual Orientation</b>		
Bisexual	96	34
Gay	58	3
Heterosexual	709	796
Lesbian	39	4
Other	42	1
Questioning/Unsure	16	1
xNot Reported	715	164
<b>English Language Learner</b>		
Yes	73	27
No	121	129
xNot Reported	1481	847
<b>Age at end of FY24</b>		
12	7	0

13	14	0
14	16	0
15	20	0
16	19	0
17	26	0
18	74	18
19	112	31
20	182	64
21	193	108
22	247	120
23	251	179
24	265	242
25	249	241
Employed		
Yes	281	222
No/Income Not Reported	1394	781
Educational Attainment		
Less than Grade 5	12	6
Grades 5 - 6	20	2
Grades 7 - 8	83	15
Grades 9 - 11	310	275
Grade 12 / High school diploma	493	506
GED	35	24
School Program does not have grade levels	14	4
Some College	80	30
Vocational Certification	9	10
Associate's degree	4	3
Bachelor's degree	23	2
Graduate degree	1	0
Not Reported	591	126

	Youth Served in DHS Programs, FY25	
	Non Parenting	Parenting
n=	654	555
Race		
American Indian, Alaska Native, or Indigenous	3	2
American Indian, Alaska Native, or Indigenous; Hispanic/Latina/e/o	2	1
Asian or Asian American	5	0
Black, African American, or African	439	517
Black, African American, or African; Hispanic/Latina/e/o	9	7



Hispanic/Latina/e/o	81	9
Middle Eastern or North African; Hispanic/Latina/e/o	2	0
Multiracial	8	11
Multiracial; Hispanic/Latina/e/o	4	0
Native Hawaiian or Pacific Islander	2	1
Native Hawaiian or Pacific Islander; Hispanic/Latina/e/o	0	1
White	25	3
White; Hispanic/Latina/e/o	23	2
xNot Reported	51	1
Gender		
Man (Boy, if child)	353	6
Transgender/Non-Binary/Gender Non-Conforming	36	1
Woman (Girl, if child)	250	548
xNot Reported	15	0
Sexual Orientation		
Bisexual	54	25
Gay	19	0
Heterosexual	318	469
Lesbian	21	3
Other	16	2
Questioning/Unsure	9	1
xNot Reported	217	55
English Language Learner		
Yes	21	4
No	54	87
xNot Reported	579	464
Age at end of FY24		
11	1	0
12	2	0
13	8	0
14	6	0
15	5	0
16	5	0
17	5	1
18	37	6
19	60	23
20	69	41
21	82	70
22	100	98
23	140	140
24	134	176
Employed		

Yes	144	132
No/Income Not Reported	510	423
<b>Educational Attainment</b>		
Less than Grade 5	6	1
Grades 5 - 6	9	1
Grades 7 - 8	34	9
Grades 9 - 11	139	182
Grade 12 / High school diploma	229	293
GED	20	17
School Program does not have grade levels	3	3
Some College	24	14
Vocational Certification	5	4
Associate's degree	2	2
Bachelor's degree	8	0
Graduate degree	0	0
xNot Reported	175	29

82. **In FY24 and FY25-to-date to date, how many beds in emergency shelter, transitional housing, extended transitional housing, Permanent Supportive Housing (“PSH”), and Targeted Affordable Housing (“TAH”) have been reserved for:**

- a. **Homeless youth (18-24);** There are 486 beds for unaccompanied homeless youth ages 18-24
- b. **Homeless minors (under age 18);** There are 15 beds for homeless minors under the age of 18
- c. **Minors or youth who identify as LGBTQ.** There are 114 beds for youth who identify as LGBTQ.

<b>FY 25 - Unaccompanied Youth Beds – 24 years old and Younger</b>	
Minor Shelter (under age 18)	<b>15</b>
Shelter/Emergency Housing	<b>74</b>
Transitional	<b>181</b>
Extended Transitional Housing	<b>92</b>
Transitional/Rapid ReHousing (HUD funded)	<b>49</b>
Rapid ReHousing (DHS & HUD funded)	<b>64</b>
PSH	<b>26</b>
<b>TOTAL BEDS</b>	<b>501</b>

**83. How many beds are reserved for young people who have just aged out of the youth system? How many of these are being utilized?**

The youth system has not yet implemented the “age out” practice; however, new guidance is forthcoming and anticipated to begin in summer 2025. Once implemented, young adults 27 and older are no longer eligible to utilize beds reserved for youth experiencing homelessness.

While there are not any beds “reserved” for youth aging out, DHS is working closely with stakeholders including providers and young people to prepare for this change. This preparation has included multiple discussions with the community about “aging out”, working in partnership with providers to craft program rules that explain the change in process to young people, and to identify youth who are likely to be impacted when the guidance goes into effect. There are approximately 22 individuals that will be older than 27 by April 1, 2024.

Since Q3 of FY23, DHS has been continuously working with providers to prepare for the change, encouraging providers to have discussions with youth and create permanent housing transition plans. Additionally, DHS hosts quarterly Provider Meetings to address questions and concerns. DHS will also facilitate monthly case conferences with providers beginning in Spring 2025 to review client cases, status of transition plans and viable options for long-term stable housing after exiting the program.

In anticipation of the new age out guidance, key personnel positions were added to transitional housing grants in FY24 and FY25 including a Housing Navigation Specialist and an Employment Resource Specialist. These positions are critical to working with clients for transitioning into permanent housing and to ensure youth have viable employment opportunities to support their long-term independence. DHS will continue to utilize Project Reconnect to support reunification efforts with families.

**84. How many referrals for substance abuse and mental health services were made for homeless minors and youth in FY24 and FY25-to-date?**

We interpret the substance abuse portion to be the number of youth clients who have answered ‘Yes’ to any of the following questions in their latest assessment:

- 'Alcohol Use Disorder (HUD)'
- 'Both Alcohol and Drug Use Disorder (HUD)'
- 'Drug Use Disorder (HUD)'

We interpret the mental health portion to be the number of youth clients who have answered ‘Yes’ to any of the following questions in their latest assessment:

- 'Developmental (HUD)'
- 'Mental Health Disorder (HUD)'

As of February 11, 2025, the breakdown is as follows:

	FY24	FY25 YTD
Clients with Substance Abuse	34	23
Clients with Mental/Developmental Issues	188	138

**85. How many youth were served by the Parent Adolescent Support Services (“PASS”) program in FY24 and FY25-to-date?**

PASS served 330 youth in FY 24 and in quarter 1 of FY 25 served 162 youth.

**a. How many youth are currently being served?**

As of January 31, 2024, 162 youth are currently being served by the PASS program.

**b. Please describe any changes to the program in FY24 and FY25-to-date.**

There have been no changes to the PASS Program in FY 24 and FY 25 to date.

**c. Please describe any waitlists or capacity constraints for the program that emerged in FY24 and FY25-to-date.**

PASS receives an average of 5 to 10 referrals a week. Referrals to PASS come from various entities but most often from schools as part of their early attendance interventions. PASS triages referrals daily, to explain the program and identify if a family is interested in participating. If a family expresses interest, they are assigned to a case manager. If a family declines or is unable to be reached, the case is closed. In FY 25, to help increase communication with referral sources, PASS also sends some correspondence to the referring entity to inform them if the case has been closed due to no contact or a parent decline.

Once in FY 24 and once to date in FY 25, PASS has closed the program for new referrals to prevent a backlog of cases sitting without services and because of a flood of new referrals came at one time. In these rare occasions, the triage team works swiftly to call families, ascertain if services are desired, and route the case to opening or closing.

**d. Please describe the metrics used to measure the success of the PASS program and provide those metrics for FY24 and FY25-to-date.**

PASS uses key performance indicators (KPIs) to assess its performance. PASS uses the following KPIs – Attendance Improvement, No Legal Involvement, and Overall Functional Improvement.

In FY 24, PASS achieved the following:

- Attendance Improvement: 68% of youth completed the program with improved school attendance when truancy was an issue at referral and/or at closure.
- Youth Legal Involvement: 97% of youth completed the program without juvenile justice involvement while they were in the program.
- Overall Functioning Improvement: 88% of youth completed the program and showed improved functioning at case closure as indicated by decline in their Child and Adolescent Functional Assessment Scale (CAFAS) scores.

In FY 25 Qtr. 1, PASS achieved the following:

- Attendance Improvement: 89% of youth completed the program with improved school attendance when truancy was an issue at referral and/or at closure.
- Youth Legal Involvement: 97% of youth completed the program without juvenile justice involvement while they were in the program.
- Overall Functioning Improvement: 93% of youth completed the program and showed improved functioning at case closure as indicated by decline in their Child and Adolescent Functional Assessment Scale (CAFAS) scores.

**86. How many youth were served by the Strengthening Teens Enriching Parents Program (“STEP”) in FY24 and FY25-to-date?**

In FY24, The STEP Program served 68 youth. In Q1 FY25, the STEP program served 50 youth.

**a. How many youth are currently being served?**

As of January 31, 2025 the STEP Program is serving 56 youth.

**b. Please describe any changes to the program in FY24 and FY25-to-date.**

In FY 24, in conjunction with MPD, the Proximity to Crime Rating scale was added to the STEP Program’s reporting processes. The ratings are as follows: NONE, LOW, MEDIUM, HIGH, and EXTREME and the information is provided to DHS from MPD. If a youth has a MEDIUM or higher rating, STEP Triage takes a more aggressive approach to contact the youth and

their parent(s). Specifically, the triage team makes 2 calls per day within the first week of outreach, decreasing to 1 call per day during the second week of outreach. If contact is still unsuccessful, the youth's referral is closed with STEP and submitted to CFSA's Cross Connect Initiative. Cross Connect identifies agencies who have had prior contact with the family, using those past relationship as an anchor to connect with the family to encourage engagement in STEP services or offer a Family Team meeting to identify and address issues that led to the MPR.

Additionally, in FY 25, the CARES pilot was initiated. CARES acts as a sister program to STEP, targeting youth identified by MPD as perpetrators of intra-family violence. This program offers immediate respite support, 90 days of intensive case management, and life, communication and conflict resolution skills over a span of 90 days. When additional case management is required after the 90-day time frame, youth may be referred to the STEP program for service continuation. CARES officially launched and began serving clients in February 2025.

**c. What percentage of youth in STEP or who completed STEP since FY 20 did not have additional Missing Persons Reports in FY24 and FY25-to-date?**

- In FY20, 56% of the youth who completed the STEP Program did not have an additional MPR.
- In FY21, 90% of the youth who completed the STEP Program did not have an additional MPR.
- In FY22, 62% of the youth who completed the STEP Program did not have an additional MPR.
- In FY23, 66% of the youth who completed the STEP Program did not have an additional MPR.
- In FY24, 80% of the youth who completed the STEP Program did not have an additional MPR.
- FY25-to date, 90% of the youth who completed the STEP Program did not have an additional MPR.
- From FY20 to FY25 (to-date), 79% of the youth who completed the STEP Program did not have an additional MPR

**d. What percentage of youth who completed STEP in FY24 and FY25-to-date showed improved functioning based on their Child and Adolescent Functional Assessment Scale ("CAFAS")?**

In FY24, 74% of the youth who completed the STEP Program showed improvement in their CAFAS score.

FY25 Quarter 1, 75% of youth who completed the STEP Program had an improvement in their CAFAS score.

**e. What percentage of youth who completed STEP since FY 21 have had legal involvement in FY24 and FY25-to-date?**

STEP tracks legal involvement of youth participants while they are in the program. STEP does not track legal involvement of youth who completed the program after their time in the program has ended. The data below relates to the legal involvement of youth who completed STEP in FY 24 and FY 25 (quarter 1).

In FY24, 89% of the youth who completed the STEP program did not have legal Involvement while in the program

FY25-Quarter 1, 88% of the youth who completed the STEP program did not have legal involvement while in the program

**87. How many youth were served by the Extended Transitional Housing Program (“ETH”) in FY24 and FY25-to-date, broken down by provider?**

<b>ETH Program</b>	<b>Youth Served FY 24</b>	<b>Youth Served FY 25 to date</b>
DC Doors - Evolution de Carlos ETH	31	18
Echelon Community Services - Kia's Place IV ETH	16	14
Sasha Bruce Youthwork - Passages ETH	35	26
Sasha Bruce Youthwork - Phillip Reid ETH	13	19
SMYAL - Roman's House ETH	16	14
Wanda Alston Foundation - Wanda Alston House II ETH	18	14

**88. How many youth served by the ETH were matched to Permanent Supportive Housing (“PSH”) in FY24 and FY25-to-date? Please provide the metrics used to determine the success of the ETH.**

In FY24, 12 youth served by the ETH program were matched to Permanent Supportive Housing

In FY25, 7 youth served by the ETH program were matched to Permanent Supportive Housing.

**Metrics used to determine the success of the ETH program:**

ETH programs support young adults who have high needs due to mental illness and are in need of wraparound supports. ETH providers work closely with Core Service Agencies to provide individualized mental health care to young adults willing to engage in services. The ultimate goal of the ETH program is to help clients successfully transition from homelessness to permanent, stable housing through improving their skills, supports, and resources. After 36 months of housing plus supportive services, clients are able to obtain permanent housing with the vast majority successfully exiting homelessness.

**Performance metrics for the ETH program includes:**

- Number of clients served in ETH program
- Number of clients connected to and receiving services from a Department of Behavioral Health and/or DDS
- Number of clients receiving income support subsidies (SSI, SNAP, etc.)
- Number of clients connected to external community-based services
- Number of clients enrolled in education programs
- Number of clients employed (part-time and full-time)
- Number of clients employed for six months or more
- Number of clients who have increased their earned income
- Number of clients who have obtained education credential
- Number of clients that have applied for permanent housing and status of permanent housing application
- Number of clients successfully exited ETH program to permanent housing
- Number of clients returning to homelessness for up to twenty-four months post completion of ETH program

## Family Homelessness

- 89. Please share the District's current average nightly expenditure for sheltering families, categorized by placement type.**

In FY24 and FY25 to-date, the District pays \$224.42 per night per unit for all STFH sites and \$251.54 for apartment style sites (New Beginning/Park Road).

- 90. Please provide the number, and any available data regarding the age, of children in each Short-Term Family Housing Facility in FY24 and FY25-to-date. Please include percentages of children under 5 with completed developmental screenings.**

Site	FY24				FY25				Grand Total
	0-5	6-10	11-18	Total	0-5	6-10	11-18	Total	



COH - The Triumph	310	249	220	779	79	73	111	263	1042
CORE DC - The Aya	338	302	220	860	50	49	35	134	994
CORE DC - The Horizon	217	201	121	539	90	68	46	204	743
CORE DC - The Terrell	268	367	366	1001	87	115	141	343	1344
Friendship Place - The Brooks	252	205	188	645	170	107	68	345	990
NCCF - New Beginning	167	126	93	386	57	47	59	163	549
NCCF - The Kennedy	202	197	163	562	88	64	81	233	795
NCCF - The Sterling	276	239	176	691	71	83	94	248	939
COH - The Aya STFH	0	0	0	0	44	70	38	152	152
Total	2030	1886	1547	5463	736	676	673	2085	7396

- In FY24, there were 15 referrals made to Early Stages and 8 referrals going to Strong Start. Of the children under 5 years old in shelter in FY24, less than 1% were referred to and/or had a child development screening completed.
- In FY25 to- date, there has been 1 referral to Early Stages and 6 referrals made to Strong Start. Of the children under 5 years old in shelter in FY25, less than 1% were referred to and/or had a child development screening completed.

**91. Provide information for each Short-Term Family Housing site, including:**

**a. The number of family slots available at each site;**

Program	Capacity	Current Number of Families
New Beginnings	43	30
The Kennedy	45	31
The Sterling	46	31
The Aya	50	29
The Horizon	35	25
The Triumph	50	32
The Brooks	50	34
The Terrell	35	23

**b. The average length of stay (median and mean); and**

Provider	FY24		FY25	
	LOS Average	LOS Median	LOS Average	LOS Median

New Beginnings	74	67.5	67	62
The Kennedy	70	63	59	56.5
The Sterling	68	56	52	48.5
The Aya	83	72	25	29
The Horizon	65	58	48	52
The Triumph	69	55	59	58.5
The Brooks	77	68	60	58
The Terrell	108	105	74	86.5

*\*The total average LOS for all short-term family housing sites in FY24 was 77 days and 56 days in FY25 to date. (data as of 12/31/2024)*

**c. The longest recorded stay.**

	FY24	FY25
New Beginnings	238	116
The Kennedy	368	116
The Sterling	325	118
The Aya	352	34
The Horizon	213	102
The Triumph	287	111

The Brooks	355	116
The Terrell	313	108

**92. Specify the number of families in Short-Term Family Housing on the waitlist for permanent vouchers in FY24 and FY25 to-date, broken down by the type of voucher (e.g., TAH-I, TAH-F, PSH-I, PSH-F).**

- DHS does not maintain a waitlist for PSH but rather clients, who meet the eligibility criteria, are matched through our The Families Coordinated Assessment and Housing Placement (F-CAHP) process.
- The F-CAHP system in Washington, DC, ensures standardized access and assessment for families experiencing housing instability. This streamlined approach connects families to Targeted Affordable Housing (TAH) and Permanent Supportive Housing (PSH) programs through a prioritized, equitable process.
  - Families in the following circumstances are eligible for F-CAHP:
    - o Residing in Emergency Shelters
    - o Participating in the Family Re-Housing and Stabilization Program (FRSP) or Rapid Re-Housing (RRH)
    - o Living in Transitional Housing
    - o Fleeing Domestic Violence (DV)
  - Prioritization Criteria  
Available housing vouchers are allocated based on a family's level of need, assessed through these key factors:
    - o History of Trauma or Domestic Violence (DV)
    - o Overall Wellness
    - o Length of Stay in Shelter
    - o Duration of Homelessness
    - o Service Prioritization Decision Assistance Tool (SPDAT) Score
  - Eligibility Requirements  
To qualify, a family must meet the following conditions:
    - o Lack a fixed, regular, and adequate nighttime residence (excluding FRSP families)
    - o Include a household member with a documented illness that significantly impacts earning income and maintaining housing
    - o Consist of at least one adult (18 years or older) and one minor or dependent child
    - o Maintain consistent engagement with community resources and supports

- The F-CAHP process serves as a vital pathway for families to access housing stability, addressing immediate needs while promoting long-term self-sufficiency.

- 93. Please provide the number and percentage of families entering shelter in FY24 and FY25-to-date who had previously exited shelter in the District within the past 6, 12, 18, and 24 months.**

FY24:

Fiscal Year	Time Category	Count	Percentage
FY24	0-6 months	125	45.12%
FY24	7-12 months	42	15.16%
FY24	13-18 months	24	9%
FY24	19-24 months	24	9%
FY24	More than 24 months	62	22.38%

FY25:

For FY25, we are unable to provide a response as it has not yet been 6 months since the start of the fiscal year and thus there are not any exits that match the timeframe in question.

- 94. Please provide the percentage of head of households in Short-Term Family Housing who were employed in FY24 and FY25-to-date.**

	Percentage Employed
FY24	53.14%
FY25	51%

- 95. Please share the median income of families residing in Short-Term Family Housing in FY24 and FY25-to-date.**

- Monthly Median Income of Families in Short-Term Family Housing for FY24 (10/23 - 9/24) was \$849.00.
- Monthly Median Income of Families in Short-Term Family Housing for FY25to date (10/24 - 12/24) is \$781.00.

- 96. Please provide the mean and median number of beds available each night in Short-Term Family Housing for FY24 and FY25-to-date.**

\*Note offline rooms are included in the data provided below:

	Mean	Median
FY24	59.83	57
FY25	35.25	39

- 97. Please identify the number of families seeking shelter placement at Virginia Williams each month in FY24 and FY25-to-date.**

FY 24	Intakes
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October	366
November	353
December	242
January	287
February	302
March	317
April	300
May	300
June	265
July	291
August	309
September	345
<b>FY 25 YTD</b>	<b>Intakes</b>
October	364
November	294
December	299

**98. How many families received shelter placement at Virginia Williams each month in FY24 and FY25-to-date?**

<b>FY 24</b>	<b>Entered Shelter</b>
October	79
November	88
December	52
January	79
February	56
March	113
April	80
May	75
June	73
July	58
August	89
September	58
<b>FY 25 YTD</b>	<b>Entered Shelter</b>
October	102
November	67
December	65

**99. How many families were denied shelter placement at Virginia Williams in FY24 and FY25-to-date? Please break down these cases by the reason for denial.**

<b>Reason for Determination</b>	<b>FY24</b>	<b>FY25 YTD</b>
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Access to Safe Housing	67	31
Failure to Complete Eligibility Process	30	0
Not a DC Resident	150	55
No Minor Children in Custody	42	20
Total	289	106

**100. Please describe the process of relocating Virginia Williams from 920-A Rhode Island Avenue NE to 64 New York Avenue NE, any changes to service, any cost savings that have occurred as a result, and how DHS is informing families of the relocation of Virginia Williams.**

- The Virginia Williams Family Resource Center (VWFRC) relocated on Friday, December 20, 2024, and opened for normal operations on Monday, December 23, 2024, to ensure continued support for families. During this relocation, services to families presenting for homeless services were not altered.
- VWFRC has continued collaboration by co-location with DHS programs and partner agencies (DASH, CFSA, OSSE, HONEY), which enhances service coordination and referrals.
- VWFRC remains accessible to residents of the District of Columbia with the new location at 64 New York Avenue NE on the East side of the building. This colocation with DHS supports cost savings while maintaining high-quality service delivery.
- Cost savings as a result of the relocation are \$1.3M in FY25.

## Single Homelessness

**101. Please provide the number and percentage of singles entering shelter in FY24 and FY25-to-date who had previously exited shelter in the District within the past 6, 12, 18, and 24 months.**

	FY24		FY25 YTD	
	# entering shelter	%	# entering shelter	%
Total for FY	6,839	100	3,145	100
Previously exited within 0-6 months	998	15	405	13
Previously exited within 7-12 months	302	4	164	5
Previously exited within 13-18 months	52	1	18	>1
Previously exited within 19-24 months	43	1	12	>1

**102. For each provider running singles shelters, please provide the following details for FY24 and FY25-to-date:**

- a. Contract amount;**

- b. Case manager-to-client ratio;
- c. Number and percentage of clients engaged in case management;
- d. Number and percentage of clients moving from shelter to permanent housing; and
- e. Number and percentage of clients moving from shelter to Rapid Re- Housing.

Site/Provider	801 East / Catholic Charities			
Contract Amount	07/01/23-12/31/23 (2306CC801E-1): \$2,355,620.43 01/01/24-06/30//24 (2306CC801E): \$1,399,532.76 04/01/24-3/31/24 (2306CC801E-1): \$1,399,532.76 07/01/24-10/31/24 (2306CC801E-2): \$1,600,000.00 11/01/24-02/28/25 (2306CC801E-3): \$1,600,000.00 10/1/2023 - 9/30/2024 (SS2402CC801E - \$1,481,507.32 Services Only 10/1/2024 - 12/31/2024 (SS2502CC801E) - \$361,934.79 Services Only			
Case manager-to-client ratio	1:28			
Number and percentage of clients engaged in case management	<b>FY24</b>	<b>Total number households served</b>	<b># Rec Case Mgmt</b>	<b>% Rec Case Mgmt</b>
	801 E Collab - Wing A Low Barrier Shelter - LBS ES IND - DHS Direct/DHS M(2417)	802	76	9%
	801 E Collab - Wing B Work Program - ES IND - DHS Direct/DHS M(2418)	117	77	66%
	801 E Collab - Wing C Respite Beds - ES IND - DHS Direct/DHS M(2419)	63	2	3%
	801 E Collab - Wing C Senior Dorm - ES IND - DHS Direct/DHS M(2420)	55	37	67%
	<b>FY25 to date</b>	<b>Total number households served</b>	<b># Rec Case Mgmt</b>	<b>% Rec Case Mgmt</b>
	801 E Collab - Wing A Low Barrier Shelter - LBS ES IND - DHS Direct/DHS M(2417)	764	108	14%

	801 E Collab - Wing B Work Program - ES IND - DHS Direct/DHS M(2418)	88	88	100%
	801 E Collab - Wing C Respite Beds - ES IND - DHS Direct/DHS M(2419)	47	1	2%
	801 E Collab - Wing C Senior Dorm - ES IND - DHS Direct/DHS M(2420)	32	32	100%
Number and percentage of clients moving from shelter to permanent housing	TCP answer: 332 or 5% - specific exit destination data is not uniformly reported by site; these are the percent of exits into PSH where the previous location was shelter			
Number and percentage of clients moving from shelter to Rapid Re-Housing	TCP answer: 224 or 3% - specific exit destination data is not uniformly reported by site; these are the percent of exits into RRH where the previous location was shelter			
Site/Provider	New York Avenue / Catholic Charities			
Contract Amount	07/01/23-12/31/23 (2313SCCNYAV-1): \$449,948.01 01/01/24-03/31/24 (2413SCCNYAV): \$224,974.01 04/01/24-06/30/24 (2413SCCNYAV-1): \$224,974.01 07/01/24-10/31/24 (2413SCCNYAV-2): \$299,965.34 11/01/24-02/28/25 (2413SCCNYAV-3): \$299,965.34 01/01/24-03/31/24 (2406CCNYAV): \$329,773.89 04/01/24-06/30/24 (2406CCNYAV-1): \$329,773.89			



	07/01/24-10/31/24 (2406CCNYAV-2): \$439,698.52 o 11/01/24-02/28/25 (2406CCNYAV-3): \$439,698.52			
Case manager-to-client ratio	1:22			
Number and percentage of clients engaged in case management	<b>FY24</b>	<b>Total number households served</b>	<b># Rec Case Mgmt</b>	<b>% Rec Case Mgmt</b>
	Catholic Charities - New York Avenue Shelter - LBS ES IND - DHS M(711)	777	355	46%
	<b>FY25 to date</b>	<b>Total number households served</b>	<b># Rec Case Mgmt</b>	<b>% Rec Case Mgmt</b>
	Catholic Charities - New York Avenue Shelter - LBS ES IND - DHS M(711)	647	266	41%
Number and percentage of clients moving from shelter to permanent housing	TCP answer: 332 or 5% - specific exit destination data is not uniformly reported by site; these are the percent of exits into PSH where the previous location was shelter			
Number and percentage of clients moving from shelter to Rapid Re-Housing	TCP answer: 224 or 3% - specific exit destination data is not uniformly reported by site; these are the percent of exits into RRH where the previous location was shelter			
Site/Provider	Harriet Tubman / Catholic Charities			
Contract Amount	07/01/23-12/31/23 (2306CCHT-1): \$675,000.00			

	01/01/24-03/31/24 (2306CCHT): \$337,500.00 04/01/24-06/30/24 (2306CCHT-1): \$337,500.00 07/01/24-10/31/24 (2306CCHT-2): \$450,000.00 11/01/24-02/2/25 (2306CCHT-3): \$450,000.00 07/01/23-12/31/23 (2313SCCHT-1): \$324,999.99 01/01/24-03/31/24 (2413SCCHT): \$162,500.00 04/01/24-06/30/24 (2413SCCHT-1): \$162,500.00 07/01/24-10/31/24 (2413SCCHT-2): \$216,666.66 11/01/24-02/28/25 (2413SCCHT-3): \$216,666.66			
Case manager-to-client ratio	1:35			
Number and percentage of clients engaged in case management	<b>FY24</b>	<b>Total number households served</b>	<b># Rec Case Mgmt</b>	<b>% Rec Case Mgmt</b>
	Catholic Charities - Harriet Tubman - LBS ES IND - DHS M(754)	647	229	35%
	<b>FY25 to date</b>	<b>Total number households served</b>	<b># Rec Case Mgmt</b>	<b>% Rec Case Mgmt</b>
	Catholic Charities - Harriet Tubman - LBS ES IND - DHS M(754)	396	179	45%
Number and percentage of clients moving from shelter to permanent housing	2024 <ul style="list-style-type: none"> <li>○ Number and percentage of clients moving from shelter to permanent housing: 29 clients 4%</li> <li>○ Number and percentage of clients moving from shelter to Rapid Re- Housing: 0</li> </ul> 2025 <ul style="list-style-type: none"> <li>○ Number and percentage of clients moving from shelter to permanent housing: 2 clients 1%</li> <li>○ Number and percentage of clients moving from shelter to Rapid Re- Housing: 0</li> </ul>			

Number and percentage of clients moving from shelter to Rapid Re-Housing	2024 <ul style="list-style-type: none"> <li>○ Number and percentage of clients moving from shelter to Rapid Re- Housing: 0</li> </ul> 2025 <ul style="list-style-type: none"> <li>○ Number and percentage of clients moving from shelter to Rapid Re- Housing: 0</li> </ul>			
Site/Provider	Adams/ Catholic Charities			
Contract Amount	07/01/23-12/31/23 (2306CCADAMS-1): \$406,347.99 07/01/23-12/31/23 (2313SCCADAM-1): \$219,725.01 01/01/24-03/31/24 (2406CCADAMS): \$203,174.00 07/01/24-10/31/24 (2406CCADAMS-2): \$270,898.66 11/01/24-02/28/25 (2406CCADAMS-3): \$270,898.66 ○ 01/01/24-03/31/24 (2413SCCADAM): \$109,862.51 04/01/24-06/30/24 (2413SCCADAM-1): \$109,862.51 07/01/24-10/31/24 (2413SCCADAM-2): \$146,483.34 11/01/24-02/28/25 (2413SCCADAM-3): \$146,483.34			
Case manager-to-client ratio	1:50			
Number and percentage of clients engaged in case management	<b>FY24</b>	<b>Total number households served</b>	<b># Rec Case Mgmt</b>	<b>% Rec Case Mgmt</b>
	Catholic Charities - Adams Place - LBS ES IND - DHS M(831)	380	69	18%
	<b>FY25 to date</b>	<b>Total number households served</b>	<b># Rec Case Mgmt</b>	<b>% Rec Case Mgmt</b>
	Catholic Charities - Adams Place - LBS ES IND - DHS M(831)	248	12	5%

Number and percentage of clients moving from shelter to permanent housing	TCP answer: 332 or 5% - specific exit destination data is not uniformly reported by site; these are the percent of exits into PSH where the previous location was shelter
Number and percentage of clients moving from shelter to Rapid Re-Housing	TCP answer: 224 or 3% - specific exit destination data is not uniformly reported by site; these are the percent of exits into RRH where the previous location was shelter

Site/Provider	Emery/Coalition for the Homeless
Contract Amount	07/01/23-12/31/23 (2306CFHEMRY-1): \$668,546.18 07/01/23-12/31/23 (2313SCFHEMRY-1): \$182,866.94 1/1/2024 -3/31/2024 (2413SCFHEMRY) - \$176,717.46 1/1/2024 - 3/31/2024 (2406FHEMRY) - \$334,273.09 4/1/2024 - 6/30/2024 (2413SCFHEMRY-1) - \$176,717.46 4/1/2024 - 6/30/2024 (2406CFHEMRY-1 - \$334,273.09 07/01/24-10/31/24 (2406CFHEMRY-2): \$445,697.45 7/1/2024 - 10/31/2024 (2413SCFHEMRY-2 - \$235,623.28
Case manager-to-client ratio	1:43

Number and percentage of clients engaged in case management				
	FY24	Total number households served	# Rec Case Mgmt	% Rec Case Mgmt
	CFTH - Emery - ES IND - DHS S(2533)	579	185	32%
	FY25 to date	Total number households served	# Rec Case Mgmt	% Rec Case Mgmt
	CFTH - Emery - ES IND - DHS S(2533)	209	90	43%
Number and percentage of clients moving from shelter to permanent housing	FY24 data:  5% (7 clients leave to permanent supportive housing)  5% exit to transitional housing (6 clients)  less than 1% exit to an addiction treatment program (1 client).			
Number and percentage of clients moving from shelter to Rapid Re-Housing	0			
Site/Provider	Patricia Handy/ N Street Village			
Contract Amount	07/01/23-12/31/23 (2313SNSTPHP-1): \$1,250,000.01  01/01/24-03/31/24 (2413SNSTPHP): \$625,000.01  04/01/24-06/30/24 (2413SNSTPHP-1): \$625,000.01  07/01/24-10/31/24 (2413SNSTPHP-2): \$50,000.00			

	11/01/24-02/2/25 (2413SNSTPHP-3): \$50,000.00  01/01/24-03/31/24 (2406NSTPHP): \$37,500.00  04/01/24-06/30/24 (2406NSTPHP-1): \$37,500.00  07/01/24-10/31/24 (2406NSTPHP-2): \$50,000.00  11/01/24-02/28/25 (2406NSTPHP-3): \$50,000.00			
Case manager-to-client ratio	FY'24 - 28 clients to 1 Case Management staff  FY'25 - 23 client to 1 Case Management staff			
Number and percentage of clients engaged in case management	<b>FY24</b>		<b>Total number households served</b>	<b># Rec Case Mgmt</b>
	NSV - Patricia Handy - Low-Barrier Shelter - LBS ES IND - DHS M(1604)		307	280
	<b>FY25 to date</b>		<b>Total number households served</b>	<b>% Rec Case Mgmt</b>
	NSV - Patricia Handy - Low-Barrier Shelter - LBS ES IND - DHS M(1604)		180	147
Number and percentage of clients moving from shelter to permanent housing	TCP answer: 332 or 5% - specific exit destination data is not uniformly reported by site; these are the percent of exits into PSH where the previous location was shelter			
Number and percentage of clients moving	TCP answer: 224 or 3% - specific exit destination data is not uniformly reported by site; these are the percent of exits into RRH where the previous location was shelter			

from shelter to Rapid Re-Housing				
Site/Provider	Living Life Alternative (Coalition for the Homeless and KBEC)			
Contract Amount	50th St. Shelter (Operational Costs Only – No Case Management) 10/01/23-09/30/24 (SS2402CFHLGBTQ): \$223,121.39 10/01/24-09/30/25 (SS2502CFHLGBTQ): \$229,815.03 04/01/24-06/30/24 (2413SNSTPHP-1): \$625,000.01 07/01/24-10/31/24 (2413SNSTPHP-2): \$50,000.00 11/01/24-02/2/25 (2413SNSTPHP-3): \$50,000.00 01/01/24-03/31/24 (2406NSTPHP): \$37,500.00 04/01/24-06/30/24 (2406NSTPHP-1): \$37,500.00 07/01/24-10/31/24 (2406NSTPHP-2): \$50,000.00 11/01/24-02/28/25 (2406NSTPHP-3): \$50,000.00			
Sub-Grant Amount	FY24-Coalition for the Homeless: \$232,765.77 FY24- KBEC: \$776,400.00 FY25- Coalition for the Homeless: \$232,765.77 FY25- KBEC: \$776,400.00			
Case manager-to-client ratio	1:9			
Number and percentage of clients engaged	FY24	Total number households served	# Rec Case Mgmt	% Rec Case Mgmt
	KBEC - LGBTQ Shelter - ES IND - DHS M(2454)	74	42	57%

in case management	<b>FY25 to date</b>	<b>Total number households served</b>	<b># Rec Case Mgmt</b>	<b>% Rec Case Mgmt</b>
	KBEC - LGBTQ Shelter - ES IND - DHS M(2454)	65	9	14%
Number and percentage of clients moving from shelter to permanent housing	TCP answer: 332 or 5% - specific exit destination data is not uniformly reported by site; these are the percent of exits into PSH where the previous location was shelter			
Number and percentage of clients moving from shelter to Rapid Re-Housing	TCP answer: 224 or 3% - specific exit destination data is not uniformly reported by site; these are the percent of exits into RRH where the previous location was shelter			
Site/Provider	St. Josephine Bahkita Women's Shelter/ Catholic Charities			
Sub-Grant Amount	FY24: \$600,699.68 FY25: \$600,699.68			
Case manager-to-client ratio	FY24 – 1:20 FY25 – 1:20 During Hypothermia Season capacity is increased to 25.			



Number and percentage of clients engaged in case management	<b>FY24</b>		<b>Total number households served</b>	<b># Rec Case Mgmt</b>	<b>% Rec Case Mgmt</b>
	Catholic Charities - St. Josephine Bahkita - ES IND - DHS S(772)		78	33	42%
	<b>FY25 to date</b>		<b>Total number households served</b>	<b># Rec Case Mgmt</b>	<b>% Rec Case Mgmt</b>
	Catholic Charities - St. Josephine Bahkita - ES IND - DHS S(772)		56	0	0%
Number and percentage of clients moving from shelter to permanent housing	TCP answer: 332 or 5% - specific exit destination data is not uniformly reported by site; these are the percent of exits into PSH where the previous location was shelter				
Number and percentage of clients moving from shelter to Rapid Re-Housing	TCP answer: 224 or 3% - specific exit destination data is not uniformly reported by site; these are the percent of exits into RRH where the previous location was shelter				

**103. Please provide the maximum bed capacity for each low-barrier shelter serving individuals.**

<b>Shelter for Men</b>	<b>Max Bed Capacity</b>
801 East LBS	192
801 East Senior Beds	48
801 East Work Beds	96

801 East Medical Respite Beds	24
Adams Place Men's Shelter	150
New York Ave. Men's Shelter	225
Emery LBS	130
<b>Total (MEN)</b>	<b>865</b>
<b>Shelter for Women</b>	
Harriet Tubman	175
Pat Handy 5 <sup>th</sup> Street	128*
Pat Handy Senior Beds	22
Pat Handy Work Beds	16
St. Josephine Bahkita	20
<b>Total (WOMEN)</b>	<b>361</b>
Living Life Alternatively (LGBTQ)	39
<b>Total (LBGTQ)</b>	<b>39</b>

104. Please provide the mean and median number of beds available each night at low-barrier shelters serving individuals for FY24 and FY25-to-date.

**DHS Funded Beds Available Based off Occupancy/Vacancies**

<b>Men's Adult Shelter FY24</b>				
	<u>Shelters</u>	<u>Beds Available</u>	<u>Avg Vacancies</u>	<u>Median Vacancies</u>
<b><u>Low Barrier Shelters</u></b>				
	<b><u>801 East</u></b>	<u>192</u>	<u>0</u>	<u>0</u>
	<b><u>801 East Day Center</u></b>	<u>40</u>	<u>1</u>	<u>0</u>
	<b><u>Adams Place</u></b>	<u>150</u>	<u>1</u>	<u>0</u>
	<b><u>Blair House</u></b>	<u>72</u>	<u>2</u>	<u>1</u>
	<b><u>Emery</u></b>	<u>130</u>	<u>1</u>	<u>0</u>
	<b><u>Emery-Overflow</u></b>	<u>40</u>	<u>2</u>	<u>0</u>
	<b><u>New York Ave</u></b>	<u>225</u>	<u>3</u>	<u>3</u>
<b><u>Seasonal Shelters</u></b>				
	<b><u>Church of Epiphany</u></b>	<u>30</u>	<u>1</u>	<u>0</u>
	<b><u>CCNV-Drop in Center</u></b>	<u>134</u>	<u>102</u>	<u>95</u>
	<b><u>Federal City 1-North *</u></b>	<u>164</u>	<u>33</u>	<u>32</u>

	<b><u>KBEC-Family Life Center</u></b>	<u>40</u>	<u>10</u>	<u>8</u>
	<b><u>Naylor Rd. 2603 **</u></b>	<u>66</u>	<u>23</u>	<u>17</u>
	<b><u>Salvation Army</u></b>	<u>40</u>	<u>4</u>	<u>2</u>
<b><u>All Men's Shelters Combined</u></b>		<b><u>1323</u></b>	<b><u>5</u></b>	<b><u>0</u></b>
<i>* Capacity changed over the season</i>				
<i>** Shelter site served both men and women during the season</i>				

<b><u>Women's Adult Shelter FY24</u></b>				
	<b><u>Shelters</u></b>	<b><u>Beds Available</u></b>	<b><u>Avg Vacancies</u></b>	<b><u>Median Vacancies</u></b>
<b><u>Low Barrier Shelters</u></b>				
	<b><u>Eve's Place</u></b>	<u>40</u>	<u>9</u>	<u>9</u>
	<b><u>Harriet Tubman</u></b>	<u>175</u>	<u>2</u>	<u>1</u>
	<b><u>Pat Handy</u></b>	<u>140</u>	<u>2</u>	<u>2</u>
	<b><u>St. Josephine</u></b>	<u>20</u>	<u>1</u>	<u>0</u>
<b><u>Seasonal Shelters</u></b>				
	<b><u>Bradley &amp; Associates</u></b>	<u>25</u>	<u>22</u>	<u>23</u>
	<b><u>CCNV-2 South</u></b>	<u>48</u>	<u>14</u>	<u>12</u>
	<b><u>Harbor Lights</u></b>	<u>35</u>	<u>14</u>	<u>13</u>
	<b><u>Faith United Church of Christ</u></b>	<u>35</u>	<u>33</u>	<u>33</u>
	<b><u>Naylor Rd. 2601 **</u></b>	<u>68</u>	<u>44</u>	<u>47</u>
<b><u>All Women's Shelters Combined</u></b>		<b><u>586</u></b>	<b><u>9</u></b>	<b><u>2</u></b>
<i>** Shelter site served both men and women during the season</i>				

<b><u>LGBTQ+ Shelter FY24</u></b>				
	<b><u>Shelters</u></b>	<b><u>Beds Available</u></b>	<b><u>Avg Vacancies</u></b>	<b><u>Median Vacancies</u></b>

<b><u>Low Barrier Shelters</u></b>				
	<b><u>KBEC-Living Life Alternative</u></b>	<u>39</u>	<u>1</u>	<u>0</u>

<b>Men's Adult Shelter FY25 (October- December)</b>				
	<b><u>Shelters</u></b>	<b><u>Beds Available</u></b>	<b><u>Avg Vacancies</u></b>	<b><u>Median Vacancies</u></b>
<b><u>Low Barrier Shelters</u></b>				
	<b><u>801 East</u></b>	<u>192</u>	<u>0</u>	<u>0</u>
	<b><u>801 East Day Center</u></b>	<u>40</u>	<u>11</u>	<u>10</u>
	<b><u>Adams Place</u></b>	<u>150</u>	<u>1</u>	<u>0</u>
	<b><u>Emery</u></b>	<u>130</u>	<u>1</u>	<u>0</u>
	<b><u>Emery-Overflow</u></b>	<u>40</u>	<u>16</u>	<u>22</u>
	<b><u>New York Ave</u></b>	<u>225</u>	<u>3</u>	<u>3</u>
<b><u>Seasonal Shelters</u></b>				
	<b><u>Church of Epiphany</u></b>	<u>35</u>	<u>1</u>	<u>0</u>
	<b><u>CCNV-Drop in Center</u></b>	<u>134</u>	<u>121</u>	<u>120</u>
	<b><u>Federal City 1-North</u></b>	<u>164</u>	<u>107</u>	<u>108</u>
	<b><u>Salvation Army</u></b>	<u>40</u>	<u>4</u>	<u>0</u>
<b><u>All Men's Shelters Combined</u></b>		<b><u>1150</u></b>	<b><u>11</u></b>	<b><u>0</u></b>

<b>Women's Adult Shelter FY25 (October-December)</b>				
	<b><u>Shelters</u></b>	<b><u>Beds Available</u></b>	<b><u>Avg Vacancies</u></b>	<b><u>Median Vacancies</u></b>
<b><u>Low Barrier Shelters</u></b>				
	<b><u>Eve's Place</u></b>	<u>40</u>	<u>2</u>	<u>0</u>
	<b><u>Harriet Tubman</u></b>	<u>175</u>	<u>0</u>	<u>0</u>
	<b><u>Pat Handy *</u></b>	<u>140</u>	<u>9</u>	<u>5</u>
	<b><u>St. Josephine</u></b>	<u>25</u>	<u>3</u>	<u>1</u>
<b><u>Seasonal Shelters</u></b>				

	<u>CCNV-2 South</u>	<u>48</u>	<u>5</u>	<u>3</u>
	<u>Madison Swing Space *</u>	<u>75</u>	<u>26</u>	<u>17</u>
<b>All Women's Shelters Combined</b>		<b>503</b>	<b>6</b>	<b>1</b>
<i>* Capacity changed over the season</i>				

<u>LGBTQ+ Shelter FY25 (October-December)</u>				
	<u>Shelters</u>	<u>Beds Available</u>	<u>Avg Vacancies</u>	<u>Median Vacancies</u>
<b><u>Low Barrier Shelters</u></b>				
	<u>KBEC-Living Life Alternative</u>	<u>39</u>	<u>4*</u>	<u>3*</u>

*\*Please note Living Life Alternative is an apartment style shelter where shelter clients live in a room-mate type setting. The highlighted vacancies are beds that cannot be filled due to client's differences in gender.*

- **DHS Funded Beds in Total**

<b>FY</b>	<b>Month</b>	<b>Average</b>	<b>Median</b>
FY24	Oct	1355	1343
FY24	Nov	1691	1638
FY24	Dec	1829	1784
FY24	Jan	2016	1898
FY24	Feb	1955	1922
FY24	Mar	1826	1794
FY24	Apr	1159	1161
FY24	May	1109	1112
FY24	Jun	1151	1152
FY24	Jul	1151	1152
FY24	Aug	1151	1152
FY24	Sep	1151	1152
FY25	Oct	1152	1152
FY25	Nov	1403	1519

FY25	Dec	1649	1698
FY25	Jan	1705	1738
FY25	Feb	1708	1738

## Specific Bed Issues

105. Please report the number of additional beds brought online during hypothermia season in FY24 and FY25-to-date. Please specify the locations and number of beds at each location.

Shelter for Men	FY24 Hypo Season Beds Added	FY25 Hypo Season Beds Added
801 East Day Center	40	40
Emery Hypo (Overflow)	40	60
Church of Epiphany Hypo	30	35
Federal City (1-North) Hypo	164	164
CCNV (drop-in) Hypo	134	134
Salvation Army	40	40
KBEC Family Life	40	n/a
2601 Naylor Rd.	68	n/a
<b>Total (MEN)</b>	<b>556</b>	<b>473</b>
Shelter for Women	FY24 Hypo Season Beds Added	FY25 Hypo Season Beds Added
St. Josephine's	5	5
KBEC Family Life	n/a	40
Harbor Lights	35	n/a
2603 Naylor Rd.	33	n/a
1009 11 <sup>th</sup> St Swing Space HOR	n/a	75
Bradley and Associates	25	n/a
Faith United Church of Christ	35	n/a
Eve's Place	40	40

CCNV (2-south) Hypo	48	48
<b>Total (WOMEN)</b>	<b>221</b>	<b>208</b>
<b>Total Beds</b>	<b>777</b>	<b>681</b>

**106. Please provide the number of beds dedicated for women in the District.**

- 341 year-round women's DHS funded low barrier and specialty beds within Pat Handy and Harriet Tubman
- 140 year-round women's DHS funded transitional beds

**107. Please share the number of medical respite beds in the District in FY24 and FY25-to-date.**

- 30 DHS funded medical respite beds for both FY24 and FY25
- DHS funds short term medically respite beds to provide comprehensive care for those experiencing homelessness with acute medical needs at 801E and Christ House.

**108. Are the numbers of available short-term medical respite beds, medically complex respite beds, and sick beds sufficient to meet projected demand over the course of the next several fiscal years? How is demand determined?**

At this time, there are not enough medical respite beds in the District, there is an ongoing waitlist for respite beds, and the population experiencing homelessness is aging. DHS takes guidance on respite beds based upon our assessment of use and guidance from Unity Health Care.

Other things to note:

- While not a medically respite facility, clients who are self-sufficient but may have better outcomes in a non-congregate setting due to medical issues among other reasons, are also eligible for non-congregant bridge housing support.
- DHS has 48 senior beds for men at 801 East and 22 Senior beds for women at Pat Handy. While these beds are not dedicated explicitly for clients with medical needs, clients with medical needs are prioritized for admission.

## Additional Housing Programs

**109. Please provide the following for participants in the Family Rehousing Stabilization Program and Rapid Rehousing for Individuals in FY24 and FY25-to-date:**

- a. The number and percentage of participants that receive TANF and/or SNAP;**

**Families:**



- FY24 to date: Of the 3,606 families currently receiving case management, 2,561 (72%) are receiving TANF benefits. Of the families that are currently receiving case management, 2,925 (81%) receive SNAP benefits.
- FY25 to date: Of the 2,878 families currently receiving case management, 2,185 (75%) are receiving TANF benefits. Of the families that are currently receiving case management, 2,272 (78%) receive SNAP benefits.
- 

**Individuals:**

- In FY24 there were 261 participants (44%) receiving SNAP benefits
- In FY25 to date there are 221 participants (79%) receiving SNAP benefits

**b. The number and percentage of participants that receive SSI or SSDI;**

**Families:**

- FY24: 82 families (2.69%) received SSI or SSDI
- FY25 to date: 19 families (3.32%) are receiving SSI or SSDI

**Individuals:**

- FY24: 48 individuals (5.3%) received SSI or SSDI
- FY25 to date: 35 individuals (12%) are receiving SSI or SSDI

**c. The number of families who entered the program in FY24 and FY25-to-date, by quarter;**

Fiscal Quarter	Number of Families Entered
FY24- Q1	272
FY24- Q2	291
FY24- Q3	341
FY24- Q4	281
FY25- Q1	431

**Families:**

- FY24: 1,185 families entered FRSP case management.
- FY25: 431 families entered FRSP case management.

**Individuals:**

Fiscal Quarter	Number of Individuals Entered
FY24- Q1	75
FY24- Q2	73
FY24- Q3	1
FY24- Q4	0
FY25- Q1	0

- FY24: 149 individuals entered RRH-I.
- FY25: 0 individuals entered RRH-I.

- d. **The number of families who exited the program in FY24 and FY25-to-date, by quarter;**

**Families:**

Fiscal Year	Count of Client
FY 24 Q1	110
FY 24 Q2	145
FY 24 Q3	406
FY 24 Q4	227
FY 25 Q1	376
FY 25 Q2 YTD	60
Grand Total	1,324

- FY 24: 888 families
- FY 25: 436 families

	FY24		FY25		Total
Abandonment	7	1%	1	0%	8
HCVP Approved	17	2%	71	16%	88
HCVP Pending	20	2%	81	19%	101
Moved in with Friends or Family	35	4%	5	1%	40
Moved to More Affordable Housing	41	5%	16	4%	57
Other	22	2%	13	3%	35
Over Program Time Limit	52	6%	58	13%	110
Pursued Shared Housing	2	0%		0%	2
Relocation outside of DC	4	0%	1	0%	5
Stayed in Unit w/o Sufficient Earnings	107	12%	66	15%	173

Stayed in Unit with Sufficient Earnings	36	4%	12	3%	48
Terminated	7	1%	2	0%	9
Transfer to Career Map	28	3%	1	0%	29
Transfer to DC Flex	1	0%		0%	1
Transfer to PSH	415	47%	96	22%	511
Transfer to TAH	72	8%	2	0%	74
Voluntary Withdrawal	5	1%	6	1%	11
Deceased	9	1%	3	1%	12
Transfer to another subsidy program	8	1%	2	0%	10
<b>Grand Total</b>	<b>888</b>	<b>100%</b>	<b>436</b>	<b>100%</b>	<b>1324</b>

### Individuals

FY	Count of Client
FY 24 Q1	171
FY 24 Q2	143
FY 24 Q3	110
FY 24 Q4	106
FY 25 Q1	65
FY 25 Q2 YTD	21
Grand Total	615

- FY24: 530 individuals
- FY25: 86 individuals

- e. **The number of families who appealed their program exit in FY24 and FY25-to-date, by quarter, and the current status of the appeals;**

### Families:

Exit Date	Pathway to exit	NOPEs	Appeal total	Appeals w/service	Appeals w/o service	OAR Upheld	OAR Denied	OAH Upheld	OAH Denied	Didn't Appeal
<b>FY24 - Q3</b>										
Tier 1 - 5/31/2024	616	375	265	255	10	14	5	5	6	110
Tier 2 - 6/30/2024	474	394	266	249	18	3	0	0	0	128
<b>FY25 - Q1</b>										
Tier 3 - 11/30/2024	345	296	251	238	10	0	0	0	0	45
Tier 4 - 12/31/2024	88	82	60	54	6	0	0	0	0	22
Tier 5 - 12/31/2024	539	511	385	374	11	2	0	1	0	126

<b>FY25 - Q2</b>										
Phase 1 - 1/31/2025	511	496	343	328	18	0	0	0	0	153
Phase 2 - 2/28/2025	439	381	207	202	0	0	0	0	0	174
<b>TOTAL</b>	<b>3,012</b>	<b>2,535</b>	<b>1,777</b>	<b>1,700</b>	<b>73</b>	<b>19</b>	<b>5</b>	<b>6</b>	<b>6</b>	<b>758</b>

- Of the 2,535 exits initiated, 1,777 families appealed. To date, OAR upheld 19 and denied 5; OAH upheld 6 and denied 6.

<b>Total NOPE's issued</b>	2,535
<b>Total Appeals</b>	1,777
<b>Total Pre-BSA appeals</b>	531
<b>Total Post-BSA appeals</b>	1,246
<b>% Pre-BSA appeals</b>	30%
<b>% Post-BSA appeals</b>	70%
<b>total % of appeals</b>	70%

**Individuals:**

	<b>Appeal Total</b>	<b>Pending Admin Review</b>	<b>Pending Status Hearing with OAH</b>	<b>Pending Final Order from OAH</b>	<b>Dismissed</b>	<b>Affirmed</b>	<b>Reversed</b>	<b>Upheld</b>
<b>FY24 - Q1</b>	6	3	0	2	1	0	0	0
<b>FY24 - Q2</b>	10	1	1	0	5	1	1	1
<b>FY24 - Q3</b>	13	9	0	0	3	1	0	0
<b>FY24 - Q4</b>	35	21	0	4	10	0	0	0
<b>FY25 - Q1</b>	17	8	3	2	3	0	1	0
<b>FY25 - Q2</b>	4	1	2	0	1	0	0	0
<b>Totals</b>	<b>85</b>	<b>43</b>	<b>6</b>	<b>8</b>	<b>23</b>	<b>2</b>	<b>2</b>	<b>1</b>

- FY24 Total appeals: 64
- FY25 Year to date appeals: 21

**f. The average income of participants at time of entry and exit of the program in FY24 and FY25-to-date;**

<b>FRSP</b>	<b>FY 24</b>		<b>FY 25 (to date)</b>	
	<b>Unaccompanied Individuals</b>	<b>Families</b>	<b>Unaccompanied Individuals</b>	<b>Families</b>

<b>Average Monthly Income at Entry</b>	\$895	\$1,071	\$1,066	\$1,258
<b>Average Monthly Income at Exit (this is “last update, not necessarily “at exit”)</b>	\$804	\$1,222	\$1,168	\$1,316

- g. **The number and percentage of participants who had a long-term housing subsidy upon exiting the program, broken down by subsidy and including HCVP; and**

• **Families:**

	<b>FY24</b>		<b>FY25</b>	
HCVP Approved	17	2%	71	16%
HCVP Pending	20	2%	81	19%
Transfer to Career Map	28	3%	1	0%
Transfer to DC Flex	1	0%		0%
Transfer to PSH	415	47%	96	22%
Transfer to TAH	72	8%	2	0%
<b>Total</b>	<b>553</b>	<b>62%</b>	<b>251</b>	<b>58%</b>

• **Individuals:**

- In FY24 6 participants (1%) exited to a Permanent Housing Voucher
- In FY25 6 participants (2%) thus far have exited to a Permanent Housing Voucher

- h. **The average length of participation in each program in FY24 and FY25-to-date.**

**Families:**

- In FY24, participants received an average of 18 months of FRSP case management services.
- In FY25 to date, participants received an average of 17 months of FRSP case management services.

<b>Measure</b>	<b>FY24</b>	<b>FY25</b>
Average LOS-Payment (months)	25.95	26.15
Average LOS-Case Management (Months)	18	17

**Individuals:**

- In FY24, participants received an average of 15 months of RRH-I services.

- In FY25 to date, participants receive an average of 14 months of RRH-I services.

**110. How many total and available slots does DHS have for the following programs:**  
**a. Tenant-based PSH-F, PSH-I, TAH-I, and TAH-F;**

DHS permanent housing programs have evolved over time to include federally funded vouchers as well as locally funded vouchers. See breakdowns below.

**Federally Funded Vouchers**

When a household exits a Federally funded program, neither the voucher, nor the funding associated with the voucher, is returned to DHS clients. Therefore, there are no new vouchers available under this funding source. There are 42 households – a mix of individuals and families – who are matched to EHV's that have not yet leased up and are not included in the totals below.

	Total TAH-I	Total TAH-F	Total PSH-I	Total PSH-F
Housing Choice Voucher Program (HCVP)	1	9	172	333
Non-Elderly Disabled (NED)	0	0	32	1
Emergency Housing Vouchers (EHV)	N/A	2	416	160

**Locally Funded Vouchers**

*DCHA LRSP.* Rent dollars for LRSP vouchers allocated before FY22, as well as an allocation of 310 PSH vouchers for families in FY22, are included in DCHA's budget annually. DCHA and DHS monitor budget utilization for these vouchers to determine if there are additional vouchers available. At this time, DCHA and DHS project utilizing 100% of the budget allocation for participants who are already housed. Therefore, there are no new vouchers available under this funding source.

	Total TAH-I	Total TAH-F	Total PSH-I	Total PSH-F
DCHA LRSP: FY16-22	268	687	1069	929

*DHS LRSP.* Rent dollars for LRSP vouchers allocated in FY22-FY25 are included in DHS' budget annually. DHS monitors voucher utilization and budget for these vouchers to determine if there are additional vouchers available. DHS is matching new FY25 resources according to the match schedule. DHS also expects to match 195 turnover vouchers for PSH-I in the coming months.

	Total TAH-I	Total TAH-F	Total PSH-I	Total PSH-F
DHS LRSP: FY22-25	0*	565	2417	879

\*Since FY22, no TAH-I voucher allocations have been issued.

*DHS PSHP.* DHS began its PSH program in 2008 with a locally funded subsidy for which eligibility is completed by DHS. As eligibility requirements for LRSP were loosened, DHS began transitioning participants who are eligible to LRSP. DHS does not enroll new participants in this program. Therefore, there are no new vouchers available under this funding source.

	Total TAH-I	Total TAH-F	Total PSH-I	Total PSH-F
PSHP	6	1	175	53

**b. Site- or project-based PSH-F, PSH-I, TAH-I, and TAH-F; and**

PSH-I		PSH-F		Overall	
Total	Available	Total	Available	Total	Available
785	95	336	71	1,121	166

TAH does not have site- or project-based locations. The available units displayed in the chart above represent new units that will come online for the first time in FY25. These units are not yet ready for assignment but are nearing the referral stage, as well as a small number that are offline.

**c. Sponsor-based PSH-F, PSH-I, TAH-I, and TAH-F.**

DHS does not operate sponsor-based programs.

**111. What are the income limits for tenant-, project/site-, and sponsor-based PSH and TAH?**

**a. Do applicants have different income limits than current recipients?**

PSH and TAH participants are matched to federal (tenant-based only) and local vouchers (tenant- and project/site-based). The income threshold for determining eligibility for LRSP is 30% of Area Median Income (AMI). The applicant's household income must be at or below 30% AMI at the time of eligibility determination. The income threshold for determining eligibility for the Federal programs is 50% of AMI. The applicant's household income must be at or below 50% AMI at the time of eligibility determination.

The US Department of Housing and Urban Development (HUD) releases revised income limits in spring each year. The FY24 Income Limits for the DC-VA-MD HUD Metro FMR Area, which are in effect as of February 2025, are:

Median Family Income	FY 2024 Income Limit Category	Persons in Family							
		1	2	3	4	5	6	7	8
\$154,700	Very Low Income (50% of AMI)	54,150	61,900	69,650	77,350	83,550	89,750	95,950	102,150
	Extremely Low Income (30% of AMI)	32,500	37,150	41,800	46,400	50,150	53,850	57,550	61,250

In accordance with DCHA’s Administrative Plan, voucher participants are required to complete recertifications. As a household’s income increases, the amount of the housing assistance payment decreases. If the amount of assistance provided by DCHA is reduced to zero because 30% of the household income covers the full contract rent of the property, the household's assistance terminates 180 days after the last HAP payment. If a household’s circumstances change during those 180 days, such as an income change that would result in DCHA paying HAP on their behalf, DCHA does not terminate the participant.

**b. Can you share any written materials that you provide to applicants and current recipients on income limits?**

DHS’ program rules state that clients “must maintain your eligibility for your rental subsidy as a condition of your continued enrollment in [PSH/TAH]. If you lose your housing assistance, then you will be ineligible for, and exited from, [PSH/TAH].” Program rules are provided to and reviewed with participants at their first case management meeting. DHS provides information on income limits to case managers in its quarterly case management training, and that information is reinforced by our CAHP team at match.

At initial eligibility, if a household is over income, they are notified in writing by DCHA that they are “deemed ineligible” for being “over income.” DCHA’s notice includes the annual income limit for the household size and the household’s annual income as reported to DCHA. In addition to the information that DHS provides to clients about the income limit, DCHA also explains the income limits in the briefing, and provides the income limits in the briefing packet.

If the amount of assistance provided by DCHA is reduced to zero, the family's assistance terminates 180 days after the last HAP payment. The family is notified in writing both at the time that their assistance is reduced to zero and at the time their assistance is terminated.

Additionally, information on income limits for vouchers are posted in an [FAQ](#) on DCHA’s website, as well as in the [Administrative Plan](#).

**112. For all of PSH-I, PSH-F, TAH-I, and TAH-F, please identify, for both FY24 and FY-25-to-date, the mean and median time from:**



**a. Assignment to Submission;**

	TAH-I		TAH-F		PSH-I		PSH-F	
	FY24	FY25 TD	FY24	FY25 TD	FY24	FY25 TD	FY24	FY25 TD
Mean	0	0	75	0	89	21	129	0*
Median	0	0	64	0	71	21	116	0

\*Matching to PSH-F started January 2025, so we do not have enough data to report yet.

**b. Submission to Decision;**

	TAH-I		TAH-F		PSH-I		PSH-F	
	FY24	FY25 TD	FY24	FY25 TD	FY24	FY25 TD	FY24	FY25 TD
Mean	0	0	109	0	69	4	56	0*
Median	0	0	86	0	59	4	30	0

\*Matching to PSH-F started January 2025, so we do not have enough data to report yet.

**c. Approved to Unit Viewing; and**

	TAH-I		TAH-F		PSH-I		PSH-F	
	FY24	FY25 TD	FY24	FY25 TD	FY24	FY25 TD	FY24	FY25 TD
Mean	0	0	0	0	116	0	68	0*
Median	0	0	0	0	104	0	46	0

\*Matching to PSH-F started January 2025, so we do not have enough data to report yet.

**d. Unit Viewing to Lease Up.**

	TAH-I		TAH-F		PSH-I		PSH-F	
	FY24	FY25 TD	FY24	FY25 TD	FY24	FY25 TD	FY24	FY25 TD
Mean	0	0	0	0	48	0	58	0*
Median	0	0	0	0	36	de	44	0

\*Matching to PSH-F started January 2025, so we do not have enough data to report yet.

**113. Specify the detailed actions to be completed at each stage of the timeline between when a resident is matched to a voucher and a resident's leasing up, by voucher type, including:**

**a. All stages of the timeline**

**Match to assignment** refers to the time between when a client is matched to a voucher and when they are assigned a case management provider. This step also includes the program intake, which is sometimes impacted by the team's ability to locate a client, and the client's selection of a PSH provider. Thanks to the dedicated efforts of our entire community to increase case management capacity, we have made remarkable progress in this area, significantly reducing the time it takes to assign a case management provider. In

FY22, on average, this step took 163 days. In FY25, on average, this step has taken 16 days.

**Assignment to Submission** references the time between the assignment to a case management provider and the submission of the voucher application, which is used to determine eligibility for the LRSP voucher. The steps include case manager assignment and initial meeting; voucher application completion by the case manager; voucher application quality control and review by DHS; and submission of the completed application to DCHA. In November 2024, with the goal of continuing to reduce the length of time it takes from assignment to submission, DHS reduced the number of reviews at DHS from two to one.

**Submission to Decision** references the time it takes DCHA to review a submitted voucher application and determine eligibility.

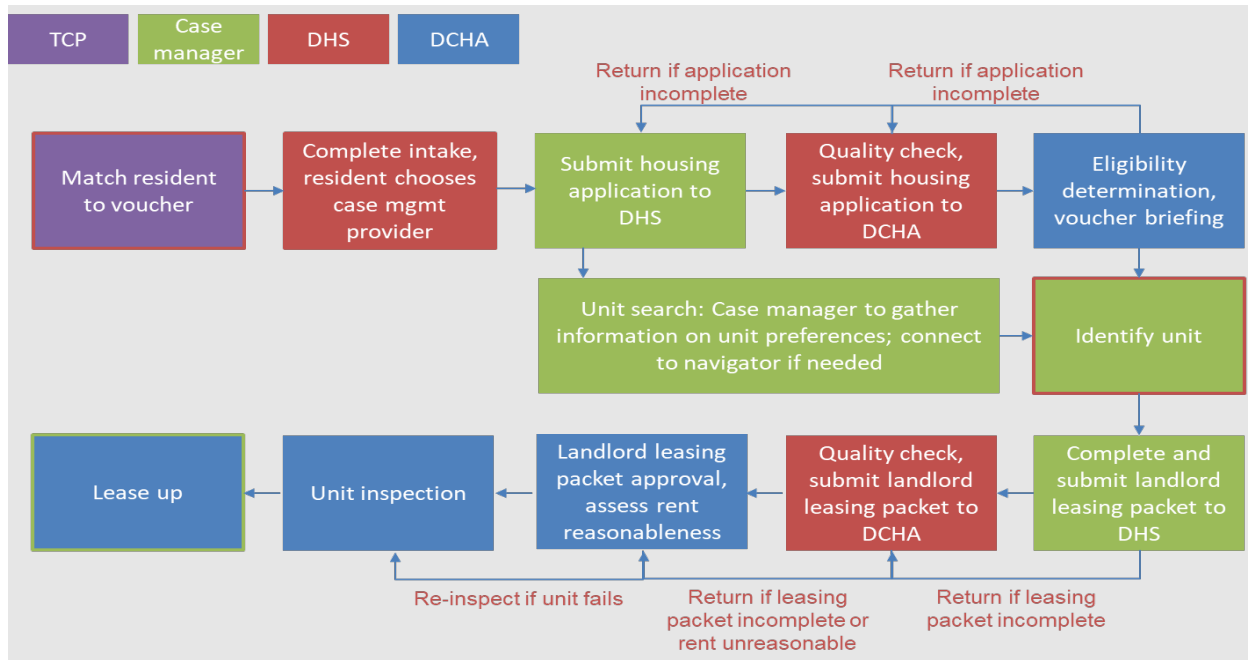
**Approved to Unit Viewing** references the time it takes to identify and select a housing unit. The steps include client attendance at the DCHA voucher briefing and DCHA's issuance of the voucher; unit and selection; submission of unit viewing form to DHS; and application to housing unit.

**Unit Viewing to Lease Up** references the time it takes to lease-up once a unit is identified. The steps include landlord completion of the Request for Tenancy Approval Packet (RFTA packet); RFTA packet quality control and review by DHS; submission of the RFTA packet to DCHA; rent reasonableness determination; unit inspection by DCHA; issuance of the Housing Assistance Payment contract (HAP contract) and scheduling the lease up.

**b. When inspections occur;**

Please see Q113a and Q113c.

**c. The distinct roles played by DHS and DCHA; and**



- d. **The number of DHS staff assigned to each stage of the timeline and their respective responsibilities.**

#### ***Coordinated Assessment and Housing Placement (2 FTEs)***

The I-CAHP and F-CAHP Coordinators play an essential role within the Coordinated Assessment and Housing Placement (CAHP) system, with each focusing on a distinct population. They are responsible for managing and overseeing CAHP processes, ensuring that both individual and family households are efficiently transitioned into appropriate housing programs. Key responsibilities include managing the identification of households moving into tenant-based and unit-based programs, assigning programs and providers, and generating prior authorization codes for Medicaid billing. Additionally, they serve as liaisons between The Community Partnership and DHS housing programs. By maintaining a transparent and systematic approach, the I-CAHP and F-CAHP Coordinators help ensure fair, efficient housing placements and the overall effectiveness of the CAHP system.

#### ***Permanent Supportive Housing (23 FTEs)***

##### ***Intake (3 FTEs)***

The program intake team administers a conflict-free assessment once the participant is matched to PSH through the CAHP team. It is a virtual or in-person assessment completed with each participant at intake and annually while in the program to determine if they still have the risk factors and housing status necessary to continue with the Housing Supportive Services Medicaid benefit. Intake is completed by a team staffed with 2 Program Support Specialists and 1 Homeless Coordinator. This team is supplemented by up to five contracted intake specialists.

#### *Navigation (8 FTEs)*

There are 6 PSH Housing Navigation Program Analysts/Housing Navigation Monitors who provide oversight to their assigned portfolio of PSH providers, whose case managers provide direct intensive case management to PSH participants. The monitors review all documents submitted to DHS and meet with their assigned providers bi-weekly to discuss progress towards lease up for every unhoused participant. One of these 6 Housing Navigation Monitors is the Lead Program Analyst that tracks all participants in housing navigation, with a primary focus on special populations (STFH, Bridge Housing, FRSP, RRH-I, etc.). There are 4 tenant-based Navigation Monitors and 1 unit-based Navigation Monitor on this team.

The FY25 budget includes resources for an additional Housing Navigation Program Analyst, as well as a Supervisory Homeless Coordinator that will oversee the team of Housing Navigation Program Analysts. Hiring for these positions is in process.

#### *Stabilization (10 FTEs)*

There are 10 PSH Housing Stabilization Monitors/Licensed Social Workers who provide oversight for a portfolio of PSH providers, whose case manager provide direct intensive case management to the PSH Participants. These monitors complete audits of the participants electronic case files for 10% of the provider portfolio each quarter. This data is used to develop a quarterly report card that is discussed with the provider. They look for congruency and comprehensive work that is strengths-based and collaborative in nature. In addition, the social workers complete exits, support regular and emergency relocations and triage the critical cases in the navigation and stabilization phases. They meet with Providers to train and provide ongoing capacity building regarding the processes and procedures of PSH and to assist with mitigating mental, behavioral and substance abuse concerns with their assigned provider and DBH.

#### *Special Team (2 FTEs)*

The Program Support Specialist serves as the HSP Liaison and managing the PSHP Local recertification bi-annually with the PSH Providers. She works to recertify all local subsidy participants and transitions many to a LRSP voucher. In addition, she acts as a collaborative partner with DCHA and HSP team to triage and quickly mitigate concerns in the housing navigation phase. The Special Assistant to the Program Manager/LICSW Social Worker focuses on managing the data for the UIR, Mortalities and High-Profile cases. She works across the agency, with landlord, other DHS programs, the Providers and their assigned monitors to quickly resolve urgent crises, which are often emergency moves or relocations.

#### ***Targeted Affordable Housing/Local Veterans (58 FTEs)***

Distinct from the PSH program, TAH clients receive services and support directly from DHS case workers and supervisors. Each TAH client is assigned a case worker. During the lease-up process, clients are initially assigned to a case worker on the housing navigation/intake team, which specializes in the LRSP application and lease-up process. Once the lease-up process is complete, the client transitions to the housing stabilization team, which focuses on maintaining housing stability.

The TAH program includes a team of 44 Case Managers or Social Workers, 5 Program Support Specialists, and 6 supervisors, including 4 Licensed Independent Clinical Social Workers (LICSWs). While each of these team members play some role in helping the 232 unhoused TAH households access housing with their voucher, they are also providing services to an additional 1,411 housed households.

***Housing Support Program (9 FTEs)***

The Housing Support Program (HSP) team liaises between PSH/TAH and DCHA. They are responsible for providing review and quality control of the voucher applications and RFTA packets before they are submitted to DCHA; following up on missing information that is preventing packets or applications from moving forward; requesting voucher briefings once a client is deemed eligible; requesting rent reasonableness assessments; requesting unit inspections once unit is deemed rent reasonable and RFTA packet is completed; and requesting the HAP contract and lease-up date. This team is staffed by 1 Supervisory Homeless Coordinator, 1 Program Analyst, and 5 Program Support Specialists. The FY25 budget includes resources for two additional Program Support Specialists and hiring for those positions is in process.

Staff in CAHP, HSP, the PSH Monitoring team, and the TAH team support “Match to Assignment,” “Assignment to Submission”, “Approved to Unit Viewing”, and “Unit Viewing to Lease Up”. The only step where we do not have dedicated staff is “Submission to Decision” since this is completed by DCHA’s eligibility staff.

114. **Please provide the number of District residents being served by PSH and TAH in FY24 and FY25-to-date. For each fiscal year, please provide the number of residents who entered and exited each program by month. As of the date of this report, for individuals and families in PSH and TAH in FY24, how many:**

**Entered/Exited by month:**

		TAH-I		TAH-F		PSH-I*		PSH-F*		Unit-Based-I		Unit-Based-F	
		Enter	Exit	Enter	Exit	Enter	Exit	Enter	Exit	Enter	Exit	Enter	Exit
<b>FY2024</b>	October	0	4	4	3	28	32	29	1	9	6	1	1
	November	0	5	6	2	71	19	38	2	10	6	0	0
	December	0	3	1	2	10	13	17	6	7	7	6	0
	January	0	0	12	1	69	24	27	4	8	2	7	1

	February	0	3	8	6	154	49	24	1	5	5	9	3
	March	0	2	2	5	70	30	41	5	11	4	8	0
	April	0	2	21	5	106	35	53	1	15	6	2	0
	May	0	0	13	7	71	35	24	0	22	12	22	2
	June	0	0	2	4	49	34	30	4	0	4	10	0
	July	0	2	3	7	92	34	58	4	3	8	13	0
	August	0	3	1	3	68	30	74	4	17	6	2	0
	September	0	0	0	9	68	54	69	8	11	10	4	5
<b>FY25</b>	October	0	0	2	9	72	26	14	2	20	4	9	1
	November	0	0	3	8	9	43	20	4	12	2	5	1
	December	0	0	2	0	18	37	14	3	13	8	3	0

\*Data for EHV is included within PSH-I/F

**a. Have been matched to a voucher (tenant-based only);**

	<b>FY2024</b>	<b>FY2025 TD</b>
PSH-I	995	33
PSH-F	441	27
TAH-F	64*	0
<b>TOTAL</b>	<b>1,500</b>	<b>60</b>

\*No new TAH resources were allocated in FY24, but DHS continued to match FY23 resources.

**b. Have been leased up (tenant-based only); and**

	<b>FY2024</b>	<b>FY2025 TD</b>
PSH-I	544	149
PSH-F	158	31
TAH-F	118	24
TAH-I	1	0
<b>TOTAL</b>	<b>821</b>	<b>204</b>

**c. Remain unmatched.**

District residents who are unmatched are not served by PSH or TAH.

**115. What steps has DHS taken in FY24 and FY25-to-date to match families exited from FRSP with the HCVP vouchers that DCHA has designated for these families, and how many families have been matched to these vouchers so far?**

- Families  
In FY24, DHS was allotted 1,300 federal housing choice vouchers (HCVP) for exiting FRSP families. As of January 22, 2025, 725 families have been approved for HCVP, and 63 families have leased up.

**Application Assistance**

For exiting families, DHS continues to work with families who are eligible to apply to assist with the completion of HCVP voucher applications and ultimately lease up.

- DHS hosted several Application Fairs in FY24 (August through October) to allow families opportunities to submit new applications or complete incomplete applications,
- DHS also hosted several application sprints in FY25 to date to work with providers on incomplete applications, and
- DHS also implemented additional internal quality assurance audits of all files prior to submission to DCHA.

**Housing Navigation:**

The DHS Housing Navigators team provides personalized support to families who have been approved to, ensuring they understand the leasing process and available resources. They are also assisting these families with landlord engagement, submission of RFTA, unit search/tours, and lease up.

- 116. For FY25, please provide the number of families in FRSP who have been determined eligible for PSH, and the percentage of those families who have been assigned to a PSH case manager. In FY25, how many locally-funded vouchers were available for families exiting FRSP and how many of those vouchers have been matched to families in FY25-to-date?**

There are 38 new locally funded PSH resources available to match to families in FY25. These matches began in January 2025 and will be completed in March 2025. As of January 31, 2025, 27 vouchers were matched to families. Prior to case management assignment, the CAHP team receives a transfer summary from the current provider and an intake is completed by DHS.

- **FRSP**

DHS had a total of 126 locally funded vouchers available to exiting FRSP families and is in the process of making referrals and plan to have all referrals completed by spring.

- 117. Please provide the number of funded but unused vouchers as of the date of this report.**

As of January 31, 2025, there are 2,221 vouchers that were funded in FY22-25 that have not yet been leased. With the exception of FY25 resources and approximately 195 turnover vouchers for individuals, participants are in various stages of applying for the voucher and leasing up.

Please note that there is a distinction between budget utilization and voucher utilization. Nearly all families who are matched to PSH or TAH are housed through the FRSP program at the time of match. While they are working towards leasing up with their

voucher, DHS continues to pay their rent; instead of their rent with FRSP-designated resources, DHS pays rent with LRSP resources. While the voucher is not yet utilized, DHS is utilizing the budget.

**118. What is the status of the 325 PSH-F vouchers and 126 LRSP subsidies the Council funded in the FY25 budget?**

In the FY25 budget, the Council allocated 325 vouchers for PSH-F in the DHS budget and 126 LRSP vouchers without services in the DCHA budget. Because the Council swept the resources from the PSH-F line-item in DCHA's budget, DHS will use the FY25 allocation of 325 vouchers for PSH-F to support families that were already matched to vouchers for whom funding was subsequently swept. We are working closely with DCHA to track utilization and expect to have at least 38 new PSH resources available to match to families in FY25. These matches began in January 2025 and will be completed in March 2025.

For the 126 local resources, DHS has begun to refer families and expects for all referrals to be made by the end of March.

**119. Please provide a list of PSH service providers, including:  
a. The number of clients assigned to each;**

The table below includes tenant-based and site-based assignments as of January 21, 2025.

<b>Provider Name</b>	<b>Individuals Assigned</b>	<b>Families Assigned</b>	<b>Overall</b>
Bradley & Associates	68	51	<b>119</b>
Catholic Charities	215	102	<b>317</b>
Community Connections	674	335	<b>1,009</b>
Community of Hope	110	258	<b>368</b>
CORE DC	168	115	<b>283</b>
DC Doors	178	100	<b>278</b>
Edgewood Brookland	26	40	<b>66</b>
Everyone Home DC	53	40	<b>93</b>
Friendship	345	184	<b>529</b>
Housing Up	39	221	<b>260</b>
Jaydot	119	57	<b>176</b>
KC Community Services	221	43	<b>264</b>
MBI Health Services	780	220	<b>1,000</b>
Metropolitan Educational Solutions	395	332	<b>727</b>
Miriam's Kitchen	318	3	<b>321</b>
N Street Village	118	6	<b>124</b>



Open Arm Housing	305	62	<b>367</b>
Pathway Homes	68	18	<b>86</b>
The National Center for Children & Families	1	152	<b>153</b>
United Planning Organization	70	75	<b>145</b>
Wheeler Creek	169	108	<b>277</b>
Woodley House	56	39	<b>95</b>
<b>TOTAL</b>	<b>4,496</b>	<b>2,561</b>	<b>7,057</b>

**b. The amount of funding provided to each; and**

<b>Provider Name</b>	<b>DHS Local Funding (FY24)</b>	<b>Medicaid Funding (FY24)</b>
Bradley & Associates	\$ 328,738.88	\$490,556.35
Catholic Charities	\$ 1,072,513.46	\$2,077,921.41
Community Connections	\$ 2,734,797.40	\$6,264,946.07
Community of Hope	\$ 2,175,275.43	\$1,999,177.41
CORE DC	\$ 990,525.71	\$1,451,930.93
DC Doors	\$ 899,896.97	\$699,067.25
Edgewood/Brookland	\$ 333,379.58	\$162,644.13
Everyone Home	\$ 297,183.73	\$426,353.55
Friendship Place	\$ 1,674,796.29	\$3,080,329.62
Housing Up	\$ 1,508,318.74	\$1,434,115.49
Jaydot, LLC	\$ 444,711.33	\$593,387.69
KC Community	\$ 984,250.72	\$1,390,852.27
MBI	\$ 2,935,758.84	\$5,421,244.43
Metropolitan Educational Solutions	\$ 2,627,811.90	\$3,780,743.35
Miriam's Kitchen	\$ 1,336,565.22	\$1,644,417.60
N Street Village	\$ 285,136.34	\$304,897.41
National Center for Children and Families	\$ 975,679.42	\$1,179,289.76
Open Arms Housing	\$ 867,896.20	\$1,488,514.07
Pathway Homes	\$ 403,200.81	\$50,193.62
Pathways to Housing	\$ 974,023.83	\$2,842,777.58
United Planning Organization	\$ 602,966.21	\$766,976.68
Wheeler Creek	\$ 951,771.60	\$829,934.72
Woodley House	\$ 398,205.65	\$307,277.97
<b>TOTAL</b>	<b>\$ 25,803,404.26</b>	<b>\$38,687,549.36</b>

**c. The current ratio of clients to case managers or case workers at each.**

The table below shows how many Case Managers each Provider has based on a 1:25 or 1:17 ratio.

<b>Provider Name</b>	<b>PSH-I</b>	<b>PSH-F</b>
	<b>1:25</b>	<b>1:17</b>
Bradley & Associates	3	3
Catholic Charities*	12	9
Community Connections*	49	22
Community of Hope*	8	16
CORE DC*	8	7
DC Doors	12	10
Edgewood Brookland*	2	2
Everyone Home DC	3	0
Friendship Place	14	12
Housing Up	3	17
Jaydot*	6	3
KC Community Services	10	10
MBI Health Services*	46	11
Metropolitan Educational Services	17	23
Miriam's Kitchen	14	4
N Street Village*	9	8
Open Arms Housing	11	3
Pathway Homes	3	1
Pathways to Housing	26	0
The National Center for Children and Families*	1	9
United Planning Organization*	3	4
Wheeler Creek	9	5
Woodley House*	2	2
<b>As of November 2024</b>		

\*Providers assign Case Managers mixed caseloads, meaning they serve both individuals and families.

**120. For PSH generally, please describe:**

**a. The anticipated services to be provided to PSH clients;**

The PSH Program provides two core services: 1) a rental subsidy which pays for rent that exceeds 30% of a participant's income, and 2) intensive case management services (when the participant is not yet housed with their voucher, a minimum of four contacts per month, including two face to face; once a participant is housed, a minimum of two contacts per month, including one face to face in the home). PSH is designed to assist households who require ongoing, wrap-around services and can live independently. This includes connecting

participants to other supportive services, such as behavioral health, ensuring participants are receiving eligible federal and local benefits, and supporting parents to ensure their children are thriving. The goals are to maintain stable housing and move toward wellness as defined by the participant.

**b. How DHS determines the relative efficacy of service provision for each provider;**

DHS closely monitors and regularly assesses the performance of each service provider. Each provider has two program monitors – one focused on the services provided to clients in housing navigation and a licensed social worker focused on the services provided to clients who are housed. Each provider also has an assigned contract liaison specialist who monitors provider compliance with the Human Care Agreement. Each of these monitors meets with their assigned provider at least monthly to review client cases, concerns, and provide support to resolve barriers to housing stability. There is also a monthly meeting for all PSH providers with program leadership to share information and address concerns that are emerging program wide.

In addition to the regular monitoring, each provider is now graded through a quarterly report card. The focus of these report cards is on service quality during housing stabilization and each report card incorporates findings from an audit of 10% of clients randomly selected from the provider's caseload. DHS is also in the process of developing another report card focused on housing navigation, which we expect to begin using in Q4 of FY25.

At a program level, we are regularly reviewing data on program performance, including by provider, including:

- Unusual incidence reports (UIRs)
- Voucher utilization and number of lease ups monthly
- Time to lease up by program

**c. How DHS intervenes when adequate services are not provided by providers; and**

The DHS PSH monitoring team regularly provides training, capacity building and technical assistance during the monthly meeting with all providers and during the individual meetings with their monitoring team. These very regular touchpoints can provide support in resolving minor challenges. However, the DHS PSH monitoring team proactively intervenes when more serious concerns are raised, which can happen through regular monitoring activities, site visits, annual assessments with clients, or complaints submitted by clients, neighbors, landlords, or other stakeholders. For concerns related to individual cases, PSH monitors work closely with providers to develop a detailed plan and resolution and then will track progress. For concerns related to overall provider performance, the monitoring team will take additional steps such as pausing all new referrals to a

provider; developing a Performance Improvement Plan; or the contract liaisons specialists will develop a corrective action plan, if necessary. These plans have specific timelines and targets that must be achieved; if sufficient progress and improvement is not demonstrated, the provider can lose their task order or Human Care Agreement.

Additionally, participants may file a complaint with the DHS Monitoring Team, with OPRMI or with the Office of Administrative Reviews, after the participant follows the PSH Providers internal grievance process. The Program Rules denote the steps to file grievance and the timeline for managing and mitigating the grievance.

**d. The type and number of interventions by DHS when DHS PSH contractors or employees did not provide adequate services in FY24 and FY25-to-date.**

DHS employs various interventions to address inadequate contractor performance, including Performance Improvement Plans (PIPs) and Corrective Action Plans (CAPs). These measures are designed to collaboratively identify and resolve performance deficiencies, ensuring compliance with DHS standards. If performance issues persist despite these corrective efforts, DHS may request the issuance of a Cure Notice through the Office Contract Procurement (OCP). Moreover, DHS implemented two Performance Improvement Plans and one Corrective Action Plan; no CURE Notices were issued for FY 24. Providers were able to successfully correct compliances and service delivery issues through the implementation of performance improvement plans and corrective action interventions. DHS Operations and Program Team for PSH closely monitor Providers services delivery and contract compliance.

**121. How, if at all, have DHS's past efforts to improve provider hiring and retention improved the efficiency of getting PSH and TAH households leased up?**

Thanks to the dedicated efforts of our entire community to increase case management capacity, we have made remarkable progress in this area, significantly reducing the time it takes to assign a case management provider after a client is matched. In FY22, on average, this step took 163 days. In FY25, on average, this step has taken 16 days. However, DHS does not have measures to track hiring and retention at the provider level or its direct correlation to the efficiency of PSH lease ups. Further, there have been so many changes to the lease up process over the last several years – from the ability to self-certify eligibility factors to a new rent reasonableness tool to requiring proof of non-receipt of child support income – that it is challenging to isolate the impact of this particular change on the overall efficiency of the lease up process.

**122. Does DHS anticipate rolling out new bonuses, incentive payments, or amenity and building fees to providers in FY25 or FY26?**

DHS does not have resources allocated for provider bonuses, incentive payments, or amenity and building fees in the FY25 or FY26 budgets.

**123. Please provide the numbers, voucher types, and causes of mortalities of recipients of housing vouchers in the District in FY24 and FY25-to-date.**

While DHS and contracted service providers do record the cause of death in fatality records when it is known that information is not indexed for search or reporting later. The table below shows the numbers and voucher types for voucher recipients in FY24 and FY25-to-date.

Voucher/Subsidy Type	FY24	FY25 TD
LRSP	151	43
HCVP/NED	16	0
EHV	32	5
PSHP	12	7
<b>TOTAL</b>	<b>211</b>	<b>55</b>

**124. [BLANK - QUESTION NOT PROVIDED BY COUNCIL]**

## Career MAP

**125. Regarding the Career MAP Program:**

- a. **Career MAP was originally funded by the American Rescue Plan Act. How is Career MAP currently funded, and to what extent is it funded by each of its respective funding sources?**

Career MAP was fully supported through federal ARPA funding through the end of FY24, with the exception of rental assistance initially being paid through FRSP during FY23 and a small portion of rental assistance covered through other funding in FY24. Since FY25, Career MAP has been funded by 100% local District appropriation through the Fiscal Year 2025 Budget Support Act of 2024.

- b. **How many families has DHS supported through Career MAP in FY24 and FY25-to-date?**

Since program enrollment, 639 total families have been supported by Career MAP. This includes 511 current participants, down from a high of 600 in FY24. Nearly all families leaving the program have transferred to permanent housing programs (122 of 128 exits).

- c. **What is the current per family annual cost of Career MAP?**

Career MAP's FY25 total budget total is \$18,978,318, with per participant annual funding of \$37,957. These costs include housing assistance (72% of projected

costs), provider navigation/ case management services, program financial benefits, and other administrative costs.

- d. **How many families are currently being served by Career MAP?**  
Currently (2/1/2025), there are 511 families actively being supported by Career MAP.

- e. **What is the average monthly income of families participating in Career MAP in FY24 and FY25-to-date?**

In FY24, the average gross income for a participating Career MAP family was \$964/ month or \$11,572 per year, based on available DHS administrative data. This includes both earned and unearned (e.g., TANF benefits) income.

Note that our evaluation with The Lab @ DC intends to report on earnings data for both Career MAP participants and families who applied for Career MAP but were not selected. The administrative data, which The Lab is in the process of obtaining from external sources, will focus on earned income.

- f. **How many families does DHS anticipate adding to Career MAP in FY25?**  
DHS will not be adding any families to Career MAP during FY25. The program is funded to support only current participants at this time.

- g. **What metrics does DHS use to track and measure success in the Career MAP program?**

In general, program success will be focused on participating families making significant economic gains on a path to the middle class, measurable improvements in their wellness and quality of life, and the cost effectiveness of the program model.

Career MAP is being rigorously evaluated in partnership with the Lab @ DC using a randomized control trial that draws on a control group from the FY22 application and enrollment lottery. As detailed in their [Pre-Analysis Plan](#), key outcome metrics include labor market income, children's school attendance rates, and housing stability.

Additionally, DHS is tracking shorter-term outcomes for enrolled families that include receipt of Career MAP benefits (which are only received when participants earn enough to lose public benefits), employment, participant progress towards career goals, and participant engagement with the program.

DHS plans to use both early lessons learned and longer-term evaluation outcomes to inform program updates over time and other programs to support families.

- h. **Has DHS's collaboration with The Lab @ DC produced any recommendations regarding the evaluation and performance of the Career MAP program? If so, please share them.**

No recommendations from The Lab @ DC for Career MAP are currently available. This is because their evaluation focuses on key program outcomes, such as labor income, that are not expected to improve until participants have benefited from additional time in the program.

Throughout the design and implementation of Career MAP, however, The Lab has provided DHS agile support for the program through their resident-centered design work. They have made suggestions, for example, on how to adjust navigation services and communications to address participant feedback and improve engagement.

- i. **What percentage of families participating in Career MAP in FY 25-to-date, FY 24, and FY 23, respectively, have been able to exit the program with significant earnings increases that allow them to live without an ongoing direct rental subsidy?**

Career MAP is designed as a 5-year program in which families use that full period to invest in growing their earnings (e.g., identifying career paths, obtaining training) so that they have better prospects for longer-term success.

Earnings are not a relevant outcome for those who have exited early from Career MAP to date. As noted in our response to question b, above, most (122 of 128) families who have exited Career MAP early have done so to transfer to a permanent housing program. DHS allowed Career MAP participants that met prioritization criteria to transfer into the Permanent Supportive Housing (PSH) and Targeted Affordable Housing (TAH) programs if matched through the same Family Coordinated Assessment and Housing Placement (F-CAHP) process as FRSP through the end of FY24, because permanent housing match timing did not align with Career MAP startup, preventing some families that were a better fit for those programs from receiving the option to enroll before they needed to decide on Career MAP enrollment.

All possible matches to PSH and TAH were completed in FY24, with participants remaining in Career MAP no longer eligible to transfer into other DHS housing programs. We expect minimal exits among remaining participants.

- j. **For families that have exited the program, does DHS track whether those families have been able to maintain housing or if they have had to subsequently re-apply for housing assistance?**

Yes. And as noted above, Career MAP families are either remaining stably housed in the program or transferring into other housing programs. At the conclusion of participants' 5-year time-limit in Career MAP, DHS will be attempting to track their participation status in other housing assistance programs, including re-applications, in partnership with the Lab @ DC team evaluating the program.

k. **What plans does DHS have for Career MAP going forward?**

DHS is continuing to fully implement and refine services for the 511 families remaining in Career MAP, all of whom have at least three years of program eligibility remaining as of the end of FY24. In addition to ongoing evaluation efforts with The Lab @ DC referenced above, we are also closely monitoring participant progress and determining if any early lessons learned may be helpful in considering future program expansion and/or adjustments to other DHS programs.

126. Regarding the Homeless Wrap-Around Workforce Development Program for Transgender, Non-Binary, and Gender Non-Conforming Individuals:

a. **Of the funding available, how much has been expended, how much has been committed, and how much is unspent;**

Total Expended - \$107,832.82

Committed -\$600,000

Unspent \$492,167.18

TGNC Workforce Development Program serves TGNC individuals, helping them build employment readiness skills and well as provides wrap-around services that helps them enter the workforce. There are three grant funded providers that provide TGNC workforce development services - Damien Ministries, HIPS, and Us Helping Us.

b. **How many participants has this program served in FY24 and FY25-to-date;**

- In FY 24, a total of 53 participants were served through the TGNC Workforce Development Program



- In FY 25 Q1, a total of 19 participants were served by the TGNC Workforce Development Programs.

**c. What services have participants received; and,**

- The three grantees served 53 participants in total in FY24. Thirty-one participants were provided job readiness training, 18 participants received subsidized work experience, and 13 participants received unsubsidized work experience. During this time period, 9 participants obtained full-time employment and 17 obtained part-time employment. Twenty-four participants were enrolled in occupational training, 51 received employment supports, and 6 received industry recognized certifications.
- Services provided by grantees include:
  - On-site access to Substance Abuse and Mental Health Services
  - Access to Social Services Support
  - Linkage to clinical services
  - Housing case management
  - Employment and Educational linkage and supports
  - Life skills support groups
  - Linkage to Industry Credentialed Training (ie, CPR/First Aid)
  - Ongoing training and workshops
  - Addressing Food Insecurity - Facilitating access to Damien Ministries Emergency Food Bank
  - Interview and Training Preparation - Access to Damien Ministries Professional Clothing Closet & Style Services
  - 1 on 1 Job Coaching (Resume Prep, Interview Prep, Job Search) - Paired with a personal job coach and case manager.
  - Emergency Financial Assistance - Emergency assistance to pay a cell phone bill, car payment or other bill that will aid the job seeker in gaining employment.
  - Housing Counseling - Linkages to housing supportive services

**d. What contractors have been selected to provide wrap-around services?**

- Services are provided by HIPS, Damien Ministries, and Us Helping Us.

## Domestic Violence

**127. How many individuals and families served through the Continuum of Care identified domestic violence as a housing barrier or contributing factor to homelessness in FY24 and FY25-to-date?**

Applying the PIT Count findings to the annual counts of households served shows that:  
In FY24:

- 715 families served had histories of DV and, of that number, 508 experienced homelessness because of DV
- 2,280 unaccompanied persons served had histories of DV, and of that number, 1,138 experienced homelessness because of DV

In FY25 (to date):

- 319 families served have histories of DV and, of that number, 226 experienced homelessness because of DV.
- 998 unaccompanied persons served have histories of DV, and of that number, 501 experienced homelessness because of DV.

In FY 2024, just over 10,000 unique households (1,431 families and 8,768 unaccompanied persons) were served by the CoC's publicly funded outreach, emergency shelter, and transitional housing programs. In the first quarter of FY25, these figures are 637 and 3,846 respectively.

While some information on histories of domestic violence (DV) is collected as a part of intake in the program types mentioned above, the most comprehensive information on DV is collected during the CoC's annual Point in Time Count. Therefore, TCP typically relies on those findings to determine annual estimates for persons with histories of DV.

The 2024 PIT Count found that 29 percent of all households (50 percent of family households and 26 percent of single person households) reported histories of DV and, of those reporting histories, 55 percent indicated that DV directly caused them to experience homelessness. (By household type, 71 percent of family households and 50 percent of single person households reported that DV directly caused their homelessness.)

**128. How many families assessed at Virginia Williams in FY24 and FY25-to-date were identified as, or disclosed being, survivors of domestic violence?**

In FY24, 1,216 families were identified as, or disclosed being, survivors of domestic violence, and 256 families, to-date in FY25 have been identified or disclosed being domestic violence survivors. All of these families were referred to domestic violence services.

**129. Please provide a list of all contractors and grantees under DHS that offer assistance to victims and survivors of domestic violence in FY24 and FY25-to-date, including:**

- a. The amount of funding provided to each; and
- b. The services anticipated from each contractor and grantee.

Grantee	Grant Purpose	FY2024 – Total Grant Award	FY2025 - Total Grant Award
ASIAN PACIFIC ISLANDER DOMESTIC VIOLENCE RESOURCE PROJECT	Public Awareness/Education	<b>\$88,094.59</b>	<b>\$121,130.06</b>
AYUDA	Non-residential Counseling Case Management	\$0	<b>\$259,854.72</b>
AYUDA	Education and Outreach	\$0	<b>\$113,808.47</b>
AYUDA	Non-residential Counseling Case Management/ Education and Outreach	<b>\$187,219.73</b>	<b>\$0</b>
DISTRICT ALLIANCE SAFE HOUSING	Emergency Shelter and supportive services	<b>\$155,267.61</b>	<b>\$213,492.97</b>
DISTRICT ALLIANCE SAFE HOUSING	Technical Assistance & Training / Housing Services for DV/SA Survivors	<b>\$750,000.00</b>	<b>\$484,687.50</b>
DISTRICT ALLIANCE SAFE HOUSING	Homeless Youth Extended Transitional Housing	<b>\$928,665.00</b>	<b>\$1,042,890.80</b>
HOUSE OF RUTH (KIDSPACE)	Shelter beds	<b>\$237,500.00</b>	<b>\$326,562.50</b>
HOUSE OF RUTH (KIDSPACE)	Shelter Services	<b>\$727,000.00</b>	<b>\$680,625.00</b>

HOUSE OF RUTH	Education and Outreach	<b>\$28,080.00</b>	<b>\$38,610.00</b>
JCADA	Education and Outreach	<b>\$85,826.12</b>	<b>\$118,010.91</b>
MY SISTER'S PLACE	Case management, counseling	<b>\$30,000.00</b>	<b>\$41,250.00</b>
MY SISTER'S PLACE	Shelter beds	<b>\$415,550.17</b>	<b>\$637,327.21</b>
MY SISTER'S PLACE (RISE)	Shelter services	<b>\$210,000.00</b>	<b>\$288,750.00</b>
NVRDC	Case Management, Counseling	<b>\$75,000.00</b>	<b>\$103,125.00</b>
NVRDC	Sexual Assault Counseling	<b>\$178,584.33</b>	<b>\$0</b>
SURVIVORS AND ADVOCATES FOR EMPOWERMENT (DC SAFE)	Shelter services	<b>\$30,575.00</b>	<b>\$42,040.63</b>
SURVIVORS AND ADVOCATES FOR EMPOWERMENT (DC SAFE)	TANF Case Management	<b>\$335,000.00</b>	<b>\$335,000.00</b>
Total		<b>\$4,462,362.55</b>	<b>\$4,847,165.77</b>

**130. Please list all reductions in funding for domestic violence contractors in FY24 and FY25 to-date, specifying the impact and rationale behind each cut.**

The District's Federal ARPA Sexual Assault funding was fully allocated in FY24 and therefore did not carry over to FY25. This reduced the NVRDC Sexual Assault Grant.

From FY23 to FY25, there were fluctuations in one-time local funding for DV grants that led to decreases in available funding. In FY23, there was \$750k in one-time funding compared to \$398k in FY24 and \$500k in FY25. These funding changes from FY23 to FY24/25 contributed to decreases for the following:

- DASH Technical Assistance & Training Grant
- House of Ruth Shelter Services Grant

**131. For participants in DHS housing programs, please describe your process for facilitating transfers when the participant reports that they are in danger in their current location because of domestic violence.**

Each of our housing programs has a process for facilitating transfers when a participant reports that they are in danger in their current location because of domestic violence.

Rapid Re-Housing for Individuals (RRH-I) Process

When the Provider receives information about the DV, the Provider begins an emergency relocation by working with the client to contact a DV Shelter such as DC SAFE, DASH, Crime Victims, My Sister's Place, or House of Ruth. The client is also encouraged to file a police report and seek medical care by going to the hospital. Clients may decline to file a police report out of fear. In these cases, RRH-I will continue to assist the client in relocating.

Once the client is accepted into a shelter, the RRH-I Provider emails the RRH-I supervisor the Request to Relocate Form and supporting documents confirming the event for approval. The RRH-I supervisor approves the relocation.

If the DV occurred on the property or in the unit, the supervisor immediately contacts the property manager where the client resides to discuss relocating the client to a different unit or relocation to another property within 30 days while the client remains in the DV Shelter. If the property manager cannot identify a unit, the RRH-I Provider will collaborate with the client to identify a unit of their choice.

The relocation should occur within 30 days. RRH-I uses a maximum of 30 days, the maximum time the DV shelter will house the client. However, the client may be housed before the 30-day stay expires.

Family Re-Housing Stabilization Program (FRSP) Process

A FRSP head of households may move into a new unit under emergency circumstances. These circumstances include serious safety threats, ongoing domestic violence, the need for a reasonable accommodation, or serious ongoing housing code violations that cannot be resolved.

A relocation does not change the amount of time the client has left in the program and does not restart the program time-limit clock. Case management providers are expected to provide housing navigation services to help the family identify and apply for a new unit and assist with their move. The case manager completes and submits a Relocation Request form. The case manager is responsible for assisting the client to explore other options prior to requesting a relocation. For example – changing the locks, requesting the maintenance from the landlords, requesting a complaint inspection, etc. If none of these steps is successful, or if the safety need is acute and immediate, the case manager should assist the client with filling out and submitting a Relocation Request form.

The DHS coordinator will review and either approve or deny the relocation request within 5 business days. Please note that for situations regarding DV, DHS will partner with the DASH team to assess the need for relocation utilizing the DASH Relocation Assessment Tool. In cases of urgent safety concerns or housing code violation, DHS may consider placing the family in emergency shelter on a temporary basis. The client is notified of the relocation decision in writing.

#### Short-Term Family Housing (STFH) Process

Participants in Short-Term Family Housing have the option to move to a different family shelter if they feel unsafe. This includes situations involving serious safety concerns, ongoing domestic violence, or an active temporary protection order (TPO) or civil protection order (CPO).

When a participant submits a relocation request, the DHS coordinator will promptly evaluate the situation to find the most suitable and safe location for the family. A 15-day notice of transfer to a new shelter is issued. However, families can choose to waive the 15-day notice and move immediately if they prefer. Transportation is provided to assist the family with transitioning to the new location.

Case managers encourage clients to reach out to the courts for help in starting the process of obtaining a TPO or CPO. They also advise clients to keep the location of the new shelter confidential to protect their safety and to avoid informing the individual posing a threat. Additionally, it is recommended that clients turn off the location tracking on their phones, particularly if they need to meet in a neutral place for visitation.

#### Permanent Housing Programs

Under the Violence against Women Act of 2022 (VAWA), DCHA provides special protections for domestic violence survivors applying for or receiving assistance through HCVP or LRSP, which applies to our PSH, TAH and Local Veterans Programs. The participant is eligible for an emergency transfer if they believe there is a threat of imminent harm if they stay in the unit. To request an emergency transfer, the participant, or the case manager on the participant's behalf, must email DCHA at [hcvp.vawa@dchousing.org](mailto:hcvp.vawa@dchousing.org). If the emergency transfer is approved, the participant will be required to participate in a transfer briefing to receive their voucher.

For emergency moves for PSH and TAH participants, DCHA is able to provide first month's rent and a security deposit, if funding permits. Participants who have federal vouchers are able to move outside of the District; those who have local vouchers must remain in the District to utilize their voucher.

In some cases, the PSH Provider or TAH case managers refer the participant to the DC Superior Courts, Crime Victims Compensation office, where they will triage the concern and be placed in one of the Domestic Violence shelters for up to 30 days. During this time, the assigned case managers is collaborating with the DV shelter worker to identify a relocation option. Often, participants stay temporarily with a family or friend, or go to a Short-term Family Housing program, while they are working to obtain their transfer

voucher and lease up in a new unit. Crime Victims Compensation will also assist the participant with filing a police report and a temporary stay away from the alleged perpetrator of violence.

## Migrants

- 132. When was the last time the District welcomed a bus of migrants sent to the District under Texas’s Operation Lone Star or a similar initiative from any other jurisdiction?**

Both Texas and Arizona have paused their busing program to the District. The last bus from Texas arrived in October 2023, and Arizona in November 2024.

- 133. Please provide the number of migrant households, broken down by family and individual, who received services from DHS or DHS contractors in FY24 and FY25-to-date.**

DHS has provided services to 1,040 families for a total of 5,096 individuals. This number includes single migrants that have received services at the OMS Reception Center.

- 134. Please list the contracted or partner organizations assisting DHS with migrant services, specifying the funding amount provided to each, and describe the services offered.**

The contracted organizations providing services to OMS for FY24 are as follows:

Organization	Description of services	Total amount invoiced
Hampton Inn	Temporary accommodation facility for migrant families	\$4,222,125.00
Days Inn	Temporary accommodation facility for migrant families	\$5,417,967.34
Quality Inn	Temporary accommodation facility for migrant families	\$6,915,438.80
Catholic Charities	Case Management Services	\$2,926,497.56
Il Kings Cleaning	Cleaning Services at Temporary Lodging Facilities	\$3,024,547.43
The Family Laundromat	Laundry Services for Temporary Lodging Facilities	\$1,074,760.71
SAMU First Response	Staffing and management services for the Harbor Light Respite and Reception Center. Services include security and shelter staff, janitorial, meals, laundry for towels and linens, logistical support and	\$10,532,164.73

	procurement of supplies to operate the facility.	
IEM	Staffing and management for all OMS temporary lodging facilities and day-to-day field operations.	\$ 6,823,875.78
Hagerty Consulting	Incident Command Team providing mission-wide operational oversight based on the priorities of the Program Manager and setting up Office of Migrant Services policies, procedures, and protocols.	\$ 839,329
Midtown	Supplementary staffing for OMS sites	\$ 725,204.40
Henry's	Meals for families at the Temporary Lodging Facilities	\$1,877,834.67
K&V Limo	Transportation Services for Migrant families, primarily for the movement of migrants from bus drop off sites	\$7,900.00
Atlantic Transportation	Transportation Services for Migrant families, primarily for the movement of migrants from bus drop off sites	\$1,294.00
DGS	Security for temporary lodging facilities	\$7,563,926.85

- 135. Please describe the temporary shelter options in congregate and non-congregate settings, respite, and housing provided by DHS to migrants. Please include the number of migrants currently being served by each option.**

OMS has successfully scaled temporary shelter options to a single site. The Harbor Light Reception and Respite Center has a capacity of up to 210 beds in a semi-congregate setting. Families are assigned to shared rooms equipped with cots and storage space. As of February 6, 2025, there are 33 families comprised of 117 individuals at the facility. OMS has reserved 20 rooms at Gateway Hotel to use as overflow or isolation if needed.

- 136. Please provide the number of migrants who received assistance obtaining identification in FY24 and FY25-to-date.**

DHS has no authority over the issuance of official, government-issued identification such as a limited use identification card (issued by the DMV). Individuals applying are



required to follow the requirements outlined by the DMV regarding required documentation.

DHS, through our case management contractors, are working closely with migrants in OMS programs to help facilitate access to important services including health insurance through DC Alliance, WIC, birth certificates, etc. and to work through any challenges that lack of formal identification may present.

**137. Please describe DHS's approach to resettlement for migrants.**

OMS has developed a comprehensive process to provide a structured approach to tracking progress for the resettlement of migrant families through case management services. This process ensures that both clients and case managers are able monitor advancements and address challenges effectively to achieve independent living. The process encompasses a series of milestones for which each family is responsible for with the support of case management.

Case Management Milestones

1. Initial Assessment
2. Housing Assessment Completion
3. Goal Setting
4. Action Plan Development
5. Skill and Employment Review
6. Goal Progress Checkpoints
7. Housing Options Identification
8. Employment/Education Advancement
9. Financial Planning and Budgeting
10. Resource Connection
11. Permanent Housing Attainment
12. Long-term Stability Review

Additionally, case management works within the following framework:

1. **Assessment and Goal Setting:** Case managers work with families to develop a personalized plan to address their immediate needs and long-term goals, which may include securing stable housing, finding employment, accessing healthcare, obtaining identification documents, or addressing substance abuse issues.
2. **Housing Assistance:** Securing stable housing is often the primary goal. Case Managers assist individuals in navigating housing resources. Catholic Charities helps with housing applications, budgeting, and landlord negotiations.
3. **Employment and Income Support:** Case managers provide support with job search, resume building, interview preparation, and skills development. They may also connect individuals with job training programs, vocational education, or income support services such as unemployment benefits or disability benefits.

4. **Healthcare and Mental Health Services:** Case managers facilitate access to medical care, mental health counseling, addiction treatment, and medication management. They may also coordinate with healthcare providers and advocate for individuals to ensure their healthcare needs are met.
5. **Life Skills and Education:** Case Managers may provide or connect individuals with life skills training, such as budgeting, cooking, and household management.
6. **Social Support and Community Resources:** Case managers may facilitate connections with support groups, peer mentors, religious organizations, or community centers. They also help individuals access community resources such as food assistance programs, transportation services, legal aid, or childcare services.
7. **Follow-Up and Advocacy:** Case managers regularly follow up with individuals to monitor progress, address barriers, and adjust the service plan as needed. They advocate on behalf of individuals to ensure they receive the support and resources they need to achieve their goals.
8. **Crisis Intervention and Prevention:** Case managers are trained to handle crises such as mental health emergencies. They provide immediate support and connect individuals with appropriate crisis intervention services to prevent escalation.
9. **Documentation and Record Keeping:** Case managers maintain detailed records of their interactions with individuals, including assessments, service plans, progress notes, and referrals. This documentation is essential for tracking progress, evaluating outcomes, and ensuring accountability.
10. **Collaboration and Coordination:** Case managers often work closely with other service providers, including government agencies, nonprofit organizations, healthcare providers, and community resources. Collaboration and coordination among these entities are essential to ensure individuals receive comprehensive support and avoid duplication of services.

**138. What percentage of migrant families receiving DHS services completed a housing plan in FY24 and FY25-to-date?**

In FY25 and FY25 to date, 524 families have exited the case management program from OMS. The breakdown for FY24 and FY25 is as follows:

- FY 24: 452 families moved out of OMS Facilities
- FY 25: to date: 72 families moved out of OMS Facilities

Catholic Charities case managers conduct a one-month check-in with relocated OMS families.

**139. Please provide the number of migrants who received assistance with relocation in FY24 and FY25-to-date.**

DHS does not provide financial assistance for relocation. Some migrant families are supported with onward travel if they are looking to resettle in other areas of the country.

Onward travel data for migrants that received assistance in FY24 and FY25 is as follows:

- FY 24: 838 tickets purchased by OMS
- FY 25: to date: 37 tickets purchased by OMS

**140. Please describe the process for notifying migrants of the denial or termination of any assistance.**

A key goal of the Office of Migrant Services is to provide a safe, stable location for newly arrived migrant families as well as the tools they need to achieve self-sufficiency either within the Washington, DC region or beyond. Migrant families who are sheltered at an OMS site are matched with case managers through Catholic Charities. Catholic Charities provides an array of services to help migrants adjust to the region and learn vital skills.

One essential component of the case management relationship is the development of robust housing plans. These plans are designed collaboratively with Catholic Charities and migrant families and have multiple milestones that must be worked towards on the path to self-sufficiency. As the housing plans are completed and the milestones achieved, families get closer to being able to identify housing on their own and support their families.

Catholic Charities provides resources to help the migrant families identify suitable apartments or houses and assistance with other required paperwork. Families who have completed their housing plan and milestones are given a recommended 30-day time limit to identify housing options which is communicated verbally by case management. or. If, for some reason, families in this situation are unable to identify a housing option, extensions will be considered based on the needs of the families.

When families are admitted into OMS Shelter, they are informed that they have 3-5 days to identify their next step. While many newly arrived families can connect with suitable housing options within that time frame, some cannot. In those instances, families are referred for case management to make a short-term plan to identify next steps. While it is essential to the sustainability of the Respite Center that families cycle through the system, DHS' OMS is committed to doing what is needed to link families to safe options and does not force families out if they are unable to do so unless there are safety concerns to other residents or excessive code of conduct violations.

DHS site providers conduct regular check-ups of the facility and the wellbeing of the families. Upon intake, families receive the site rules and code of conduct. The site operator reports code of conduct violations through official channels and tracks issued violations. OMS regularly monitors these reports and works with case management to resolve ongoing issues with clients. In the event of extreme safety concerns, DHS will remove the client (individual) who's behavior endangers the wellbeing of the program.

**141. Provide the conduct policies at the temporary lodging sites for migrants and under what circumstances may families be asked to leave temporary lodging.**

OMS has developed Code of Conduct policies for clients placed in OMS temporary shelters (See attachment "Code of Conduct Policy #Q141). OMS Clients receive a copy of the Code of Conduct upon entry into the OMS program to inform them of rules and requirements. This code of conduct is presented to clients in their native language and explained by the site operator.

OMS may terminate services to a client when the client violates OMS Code of Conduct requirements on three (3) separate occasions and is notified of these violations when they occur or reasonably prompted thereafter. OMS may immediately terminate services to a client in an OMS temporary shelter if the client is responsible for a severe violation of the OMS Code of Conduct. In such instances, the client is asked to leave temporary lodging. In addition to the policy described above for individual OMS clients, OMS does not ask family units to leave in such situations and instead works with Catholic Charities to support families with developing and completing 30-, 60-, or 90-day housing plans.

**142. Please provide a list of all temporary lodging sites for migrants, indicating the capacity of each and current occupancy at each location**

*As of January 8, 2025, DHS has the following sites:*

- *Harbor Light Reception and Respite-Semi Congregate shelter: capacity 210 beds*
- *Gateway hotel: 20 independent rooms for isolation or overflow, if needed*

**143. Please detail the support DHS offers migrants with Asylum applications and proceedings.**

Families arriving in the District in need of shelter are in different stages of their asylum process. For those arriving within a few weeks of release from detention, OMS ensures that service providers facilitate the families' arrival to their initial court appointment. For some cases this requires a change of venue or request for extension. DHS does not offer direct support to families to submit their Asylum applications. OMS works with case management to provide referrals to local resources and other non-profits to support this process.

Catholic Charities, our current case management provider, ensures families are in understanding of their immigration process and are aware of important deadlines. Case managers also provide the appropriate referrals to previously vetted organizations to support the completion of the asylum case. Additionally, clients receive basic "Know

Your Rights” presentations through OMS Partners (i.e., Catholic Charities, CARECEN, Ayuda, Workers United).

- 144. Please describe the relationship the Office of Migrant Services has with Immigrant Justice Legal Services (“IJLS”).**

DHS works closely with IJLS providers to coordinate presentations and provide referrals as needed. OMS has MOUs with CARECEN and Ayuda to coordinate efforts to serve OMS clients.

- 145. Please describe what, if any, relationship the Office of Migrant Services has with Immigration and Customs Enforcement or DC Courts.**

DHS and OMS has no relationship with either Immigration and Customs Enforcement or DC Courts.

## Application Processing

- 146. Please list the number of current staff and the number of funded staff positions at each DHS service center.**

Please see appendix digital folder labeled as “Question 146”

- 147. During FY24 and during FY25 to date, how many times has DCAS experienced technical problems that have led to DCAS being down or offline? How have these outages affected customers? Please include the length of time each instance of technical problems persisted, and the number of customers affected.**

	FY 24	FY 25
Total # of Outages	3*	0
Periods of Inaccessibility	1	
Total Time Lost	10 Hours	0
Delayed Task/Case Action Processing	2,720 – 3,030	0

*\*OCTO-related technical issue*

- 148. Please indicate how wait times at in-person service centers are tracked and the mean and median wait times at each service center in FY24 and FY25-to-date.**

Prior to FY25, DHS was not under full lobby operations and therefore does not have data for wait times at in-person service centers.

<b>Average Wait Time (Minutes)</b>
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Service Center	October '24	November '24	December '24	January '25
Anacostia	37	42	48	46
Congress Heights	43	29	25	19
Fort Davis	36	25	34	22
H Street	30	29	35	42
Taylor Street	38	41	37	40

**149. Please provide the number of calls received by the DHS call center by program and by month in FY24 and FY25-to-date.**

In FY24, The Call Center clarified its tiered approach and responsibilities. All calls are first answered and triaged by the Tier I, which provides inquiry response, including escalations. Actions which need a higher level or service are escalated to Tier II, which processes all case actions and conducts interviews.

- In December 2023, we instituted a new IVR that allows callers to direct their call based on the program. The data from December 2023 through January 2025 reflects the customer choice of program.
- For October and November of 2023, agent-selected programs in the CSL (Salesforce data) are displayed.
- The reason that the Alliance, Medicaid, SNAP/TANF columns don't equal the total Tier 1 column is that customers can also select Tech Support as a call reason, General Inquiries (no program specific). The remaining calls fell into this category.

	Tier 1	Alliance	Medicaid	SNAP/TANF	SNAP Interview
23-Oct	60,615	868	15,039	25,290	0
23-Nov	60,584	886	16,453	24,998	0
23-Dec	64,220	832	12,994	27,033	0
24-Jan	65,335	892	17,378	33,983	0
24-Feb	50,942	645	13,864	24,859	0
24-Mar	47,896	637	14,132	22,768	0
24-Apr	48,606	643	14,080	23,448	0
24-May	46,555	633	14,204	21,719	0
24-Jun	35,543	480	11,321	16,251	0
24-Jul	41,011	501	12,381	19,304	0
24-Aug	38,946	531	12,091	18,084	0
24-Sep	38,941	502	11,253	18,807	0
24-Oct	43,492	522	11,959	21,544	0
24-Nov	36,099	478	10,199	18,092	0
24-Dec	39,829	471	10,279	20,685	2,088

25-Jan	40,311	517	10,549	20,453	2,943
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**150. Please provide the call center average hold times and abandon rates by month during FY24 and FY25-to-date.**

	Tier 1		Tier 2	
	Average Hold Time	Abandonment rate	Average Hold time	Abandonment Rate
Oct-23	0:02:29	14.24%	0:08:19	33.90%
Nov-23	0:03:38	13.33%	0:07:48	32.03%
Dec-23	0:03:07	20.52%	N/A	N/A
Jan-24	0:02:48	5.91%	N/A	N/A
Feb-24	0:21:51	3.08%	N/A	N/A
Mar-24	0:02:17	2.38%	N/A	N/A
Apr-24	0:02:08	2.13%	N/A	N/A
May-24	0:02:05	1.55%	N/A	N/A
Jun-24	0:02:31	2.35%	N/A	N/A
Jul-24	0:02:28	1.79%	N/A	N/A
Aug-24	0:02:19	1.54%	N/A	N/A
Sep-24	0:02:07	1.71%	N/A	N/A
Oct-24	0:02:11	2.32%	N/A	N/A
Nov-24	0:02:01	2.26%	N/A	N/A
Dec-24	0:02:01	2.26%	0:07:48	2.20%
Jan-25	0:02:02	1.47%	0:10:06	2.27%

**151. Provide a list of the ten most common issues reported by residents to DHS call centers.**

Tier 1 to Tier 2 Salesforce CSLs	Top 10 Call Reasons
Account Closed/Submission met grace period (Outside processing time)	2,714
Account Closed/Pending/No notes/notices	6,608
Benefits Incorrect - Account is Active	6,054
Benefits Not Received - Account is Active	14,293
DD Application/Recertification or Renewal not found / not in system	2,378
Documents Mailed/Faxed/Dropped off at Service Center (Outside normal processing)	2,326
Medical - Missing household members from account	2,601
New Application outside normal processing time	4,765
Recertification/Renewal outside normal processing	15,365
Report Change of Circumstances (Not income or address)	2,378

<b>Grand Total of the Call Center Salesforce CSLs created and transferred (1/1/2024-12/31/2024)</b>	<b>67,019</b>
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152. Please list the mean and median number of days, by quarter, that it took to process supporting documents that participants brought to ESA service centers and the mean and median number of days, by quarter, that it took to process supporting documents that participants uploaded to District Direct.

<b>Days to Determination by Quarter (Mean)</b>				
<b>FY24</b>				
<b>Quarter</b>	<b>Program</b>	<b>Activity</b>	<b>Online</b>	<b>In-Person</b>
Q1	MEDICAID	APPLICATION	31	40
Q1	MEDICAID	RECERT	30	24
Q1	SNAP	APPLICATION	14	14
Q1	SNAP	RECERT	26	14
Q1	TANF	APPLICATION	20	20
Q1	TANF	RECERT	58	19
Q2	MEDICAID	APPLICATION	60	61
Q2	MEDICAID	RECERT	44	41
Q2	SNAP	APPLICATION	15	13
Q2	SNAP	RECERT	21	11
Q2	TANF	APPLICATION	33	26
Q2	TANF	RECERT	38	17
Q3	MEDICAID	APPLICATION	30	25
Q3	MEDICAID	RECERT	11	7
Q3	SNAP	APPLICATION	4	4
Q3	SNAP	RECERT	17	6
Q3	TANF	APPLICATION	10	8
Q3	TANF	RECERT	28	6
Q4	MEDICAID	APPLICATION	10	9
Q4	MEDICAID	RECERT	11	7
Q4	SNAP	APPLICATION	4	3
Q4	SNAP	RECERT	19	7
Q4	TANF	APPLICATION	8	6
Q4	TANF	RECERT	27	6
<b>FY25</b>				
Q1	MEDICAID	APPLICATION	6	6
Q1	MEDICAID	RECERT	6	5
Q1	SNAP	APPLICATION	2	2
Q1	SNAP	RECERT	6	2



Q1	TANF	APPLICATION	3	4
Q1	TANF	RECERT	8	3

**DHS to provide median data for question #135.**

**153. What protections does DHS currently have in place to prevent applicants/recipients who provide documents in a timely manner from being penalized if DHS is unable to process the timely-submitted documents before a deadline?**

If a customer submits documents timely, but DHS is unable to process the submission before the deadline, DHS will still process the case and effectuate benefits based on the date of the original submission. This process is applied to all cases within one year of the certification period.

Customers who have submitted documents may escalate cases with DHS through numerous channels:

- Directly in-person at Service Centers
- Calling the Public Benefits Call Center
- Filing OPRMI incidents reports
- Via Advocates, Council, ANC, or MOCR

Customers also escalate through the Office of the Director or ESA Administrator, and we make sure their issues are addressed as well.

Additionally, if someone is filing an administrative review with DPTQA we typically do everything we can to coordinate internally and resolve the issue without the need for a hearing.

All of these sources of concerns/complaints feed into the same DPO escalation process that result in a customer's benefits being effectuated according to their original submission date.

Additionally, if a customer does submit their documents late, DHS has a 30-day grace period for benefits to be immediately reinstated. The reinstated benefits will be pro-rated for the period between the certification date and the submission date.

**154. In light of recurring issues of documents going missing, will DHS consider reinstating the protocol of issuing receipts to individuals who drop off applications, recertifications, verifications, or other documents in person?**

DHS does issue receipts. There are two avenues for customers to drop off applications, recertifications, or verification documents at our service centers. The first is a drop box,

which is akin to a mailbox at the post office. While documents are collected and scanned daily, there is no receipt with this business process. The second avenue is to drop off information at the front desk. With this process, when a customer presents information, it is scanned immediately, the action is entered into Current (ESA's workflow system), and a receipt is provided. The receipt includes a date stamp, the associated program, and a tracking number that ties back to Current. This necessitates the customer waiting in line to drop off their application, recertification, or verification.

**155. How does ESA provide reasonable accommodations to applicants and participants with disabilities and how are these processes publicized?**

**Provision of Reasonable Accommodations**

1. **Individualized Assistance:** ESA evaluates each request for accommodations on a case-by-case basis to meet the unique needs of the individual.
  - a. **Examples of Accommodations:** Assistance with completing applications or forms. Providing documents in alternative formats (e.g., large print, braille, or electronic files). Access to sign language interpreters or other communication aids. Modifications to appointment times or processes to account for disability-related challenges.
  - b. **Dedicated Staff Support:** ESA often designates staff or ADA coordinators to handle accommodation requests and ensure compliance.
2. **Publicizing Accommodation Processes**
  - a. **Website Information:** Details about the availability of accommodations are typically published on the ESA or DHS website, often under "Accessibility" or "Customer Service" sections.
  - b. **Office Signage:** Notices are displayed in public offices informing individuals of their rights to accommodations and how to request them.
  - c. **Application Materials:** Instructions on requesting accommodations are often included in application packets, forms, and other official documents.
  - d. **Community Outreach:** ESA may collaborate with advocacy groups and community organizations to spread awareness about available accommodations.
  - e. **Customer Service:** ESA staff are trained to inform individuals about their rights and guide them through the process of requesting accommodations.

## Health Care Alliance

**156. Regarding Health Care Alliance Program re-certifications:**

- a. **For enrollees required to recertify by October 31, 2024, please indicate:**
  - i. **The number of enrollees who were required to recertify by October 31, 2024.**

Data before September 2024 is not readily available in DCAS reports from which this information is drawn. Data for available months is provided in the table below.

See column 2 for the number of Alliance enrollees required to recertify for available months of data.

**ii. The number of enrollees in i) who:**

**1. Successfully completed recertification;**

See column 3 for the number of Alliance enrollees who successfully completed recertification for available months of data.

**2. Did not successfully complete recertification;**

See columns 4 and 5 for the number of Alliance enrollees who did not successfully complete recertification.

**3. Were terminated for failure to recertify by October 31, 2024; and**

See columns 4 and 5 for the number of Alliance enrollees who did not successfully complete recertification and were terminated.

**4. Were successfully reinstated following termination for failure to recertify by October 31, 2024.**

In order to be reinstated in Alliance, the enrollee would need to submit a new application and be found eligible. Data in DCAS reports from which this information is drawn do not provide data on those who re-apply to the program.

1	2	3	4	5	6
Recertification Date	Number of Alliance enrollees with recertification due	Successfully completed recertification	Determined ineligible	Non-response	Pending
<b>Number of beneficiaries</b>					
9/30/2024	1,567	1,427	26	100	14
10/31/2024	3,292	3,122	32	125	13
11/30/2024	2,743	2,565	25	133	20
<b>Percent of the recertifications</b>					
9/30/2024	100%	91%	2%	6%	1%
10/31/2024	100%	95%	1%	4%	0%
11/30/2024	100%	94%	1%	5%	1%

**Source:** DHCF eligibility system data extracted January 2, 2025.

**Notes:** Data before September 2024 are not readily available.

**157. Please describe any changes to the administration of the Alliance program during FY24, and FY25 to date.**

There were no changes to the administration of the Alliance program in FY 2024 and none anticipated during the remainder of FY 2025.

**158. Please provide an update on any cost studies that DHS is doing or participating in regarding the recent changes to the Alliance's recertification requirements, including but not limited to changing the recertification period for the Alliance from six months to one year. Please provide a copy of such a cost study if it is available.**

DHS is not currently conducting or participating in cost studies regarding Alliance recertification requirements.

## Income-Based Aid

**159. How many residents received benefits from, and how much money was expended through, the Burial Assistance Program in FY24 and FY25-to-date?**

DHS received 570 applications in FY24, and 164 customers were approved between FY24 and Q1 FY25 (October 2024-December 2024).

Burial Assistance	FY23	FY24	FY25 (as of 12/31/2024)
Approved Budget	438,231.00	438,231.00	438,231.00
Expenditure	112,100.00	91,584.34	\$0

\* Funds have been obligated for FY25, but DHS is waiting for invoices from the vendor.

**160. Please provide the following for Interim Disability Assistance (“IDA”) for each month in FY24 and FY25-to-date:**

**a. Total number of IDA applications, by ward;**

DHS does not track IDA applications by ward. From FY24 through FY25 Q1, the program received 2,510 applications.

Interim Disability Assistance (IDA)		
Month	New Customers	Customers Who Submitted an Application
October-23	25	101
November-23	31	85
December-23	28	77
January-24	21	141
February-24	33	151
March-24	24	128
April-24	33	163
May-24	25	180
June-24	43	165
July-24	38	178
August-24	44	219
September-24	22	239
<b>FY24 Total</b>	<b>387</b>	<b>1827</b>
October-24	39	258
November-24	53	220
December-24	32	205
<b>FY25 YTD Total</b>	<b>124</b>	<b>683</b>

**b. Mean and median number of days between the completion of an application and a decision regarding eligibility;**

- a. Mean: 13 days as of December 31, 2024
- b. Median: 10 days as of December 31, 2024
- c. Mode: 10 days as of December 31, 2024

**c. Total number of approvals for IDA, by ward;**

DHS does not track IDA applications or approvals by ward at this time. From FY24 through FY25 Q1, the program approved 511 applications.

- FY24 Approvals: 387
- FY25 Approvals: 124

**d. Maximum number of people that can receive IDA at a given time:**

DHS can serve 673 individuals each month, on average.

**e. Average time recipients receive IDA;**

- a. Mean: 14 months
- b. Median: 10 months
- c. Mode: 10 months

**f. Total number and reason for IDA terminations; and**

For IDA, we do not track the reason for Termination or denial. There are several reasons for termination:

- Customers lost their SSI appeal
- Customers become ineligible because they are approved for SSR
- Customer relocates out of the District
- Customer is deceased

**g. Total number and reason for IDA denials.**

From FY24 through FY25 Q1, the program denied 189 applications.

For IDA, we do not track the reason for Termination or denial. There are several reasons for denial:

- Customer is determined “not disabled”
- Customer erroneously applied/applied for the wrong benefit program
- Customer is determined “employable or currently employed”
- Customers received an automatic denial after 60 days for failure to provide verification and/or other requested documentation

**161. Please provide the following for households receiving Supplemental Nutrition Assistance Program (“SNAP”) in FY24 and FY25-to-date:**

**a. Number of households served, by ward;**

Ward	FY24	FY25 (Oct-Dec)

Ward 1	6,093	6,295
Ward 2	3,138	3,260
Ward 3	1,804	1,944
Ward 4	7,771	8,170
Ward 5	11,674	11,936
Ward 6	11,439	13,208
Ward 7	18,298	18,478
Ward 8	22,394	22,485
Non geocoded	1,344	844

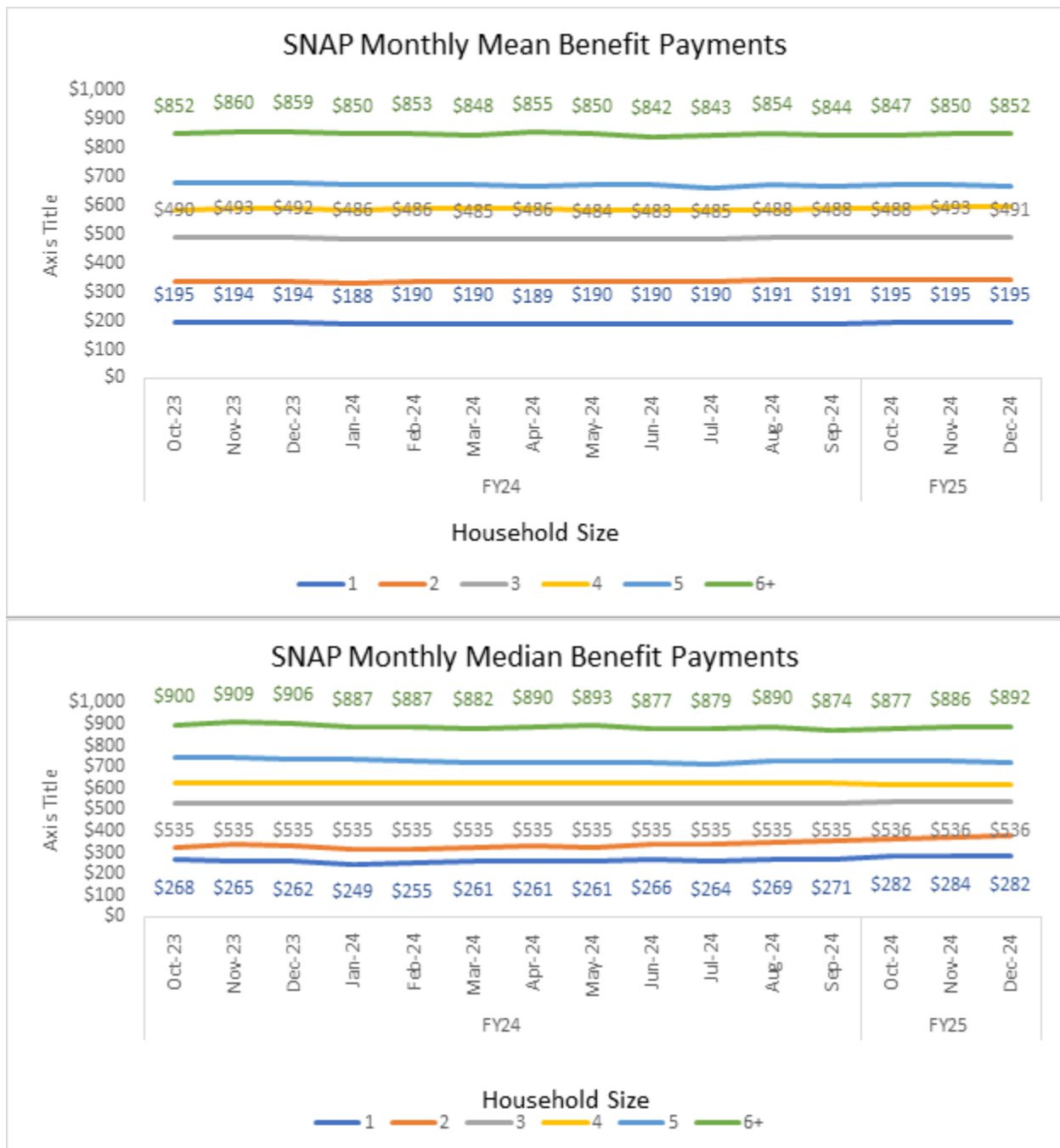
- b. Mean and median number of days between the completion of an application and a decision regarding eligibility;**

	<b>FY 2024</b>	<b>FY 2025</b>
Mean (days)	24	13
Median (days)	6	2

- c. The number of applications that took longer than 30 days to review;**

<b>Application Determinations Over 30 Days</b>		
	<b>FY24</b>	<b>FY25</b>
Approved over 30 days	4,538	442
Denied over 30 days	8,479	1,606
Grand Total over 30 days	13,017	2,048
Total Received	46,112	11,672

- d. Average size of households receiving SNAP;**  
The average household size for SNAP is 1.6 for FY24 to date
- e. The mean and median SNAP benefit paid to households by household size by month; and**



f. **The number of individual children in households receiving SNAP.**

The average number of individual children in households receiving SNAP per month for FY25 to-date is 53,414 and 57,098 individual children in households received SNAP in FY24.

162. **Regarding new applications for SNAP in FY24 and FY25 to date, please provide:**
- The number of applications that were submitted online;**



- b. The number of applications that were submitted by mobile application;
- c. The number of applications that were submitted in-person at ESA service centers;
- d. The number of applications that were submitted by mail; and
- e. The number of applications that were submitted by fax.

Application Submission Source	FY24	FY25 (Oct-Dec)
Online (Universal Access Application)	14,057	2,729
Mobile Application (District Direct)	12,800	2,470
In- Person*	28,853	7,367
<b>Total Apps Received</b>	<b>55,710</b>	<b>12,566</b>

\* Please note that "In-person" includes all service center drop-off, mail, and fax

**163. Please share the following:**

- a. Any corrective action plans submitted to the Food and Nutrition Service ("FNS") of the U.S. Department of Agriculture, including the description of developments and deficiencies for DCAS, that are more recent than April 30, 2023.
- b. Any semi-annual corrective action plan updates submitted since July 2, 2024; and
- c. Any advance warning letter (advance notification) or formal warning letter sent by FNS to DHS since July 2, 2024.

Please see appendix digital folder labeled "Question 163" for all requested documents.

**[NOTE FROM THE COMMITTEE ON HUMAN SERVICES: The number of files is too large to upload to the Hearing Management System – if a member of the public would like access to this appendix, please reach out to [ebenda@dccouncil.gov](mailto:ebenda@dccouncil.gov) and we will be happy to share it with you].**

**164. Please provide copies of any published guidance provided to program participants on the process they should follow to ensure they can add a newborn to their SNAP household in a timely manner, and describe how the guidance is shared with participants. If such guidance has not yet been published, what is the timeline for providing such guidance?**

Customers can access a District Direct User Guide, "[How to Submit a Change](#)," via the DHS website. Customers who appear in-person at a local service center can complete and submit this form along with any verification documents during service center business hours. In-person and over the phone, customers can access a worker, who can explain the process.

ESA provides a Notice of Required Verifications to households applying for benefits, recertifying or submitting a change of circumstances request. The notice explains the requirements for documenting a new addition to the household, including the

requirement to obtain a social security number within six months of the date of birth or by the time of the next certification action, whichever is later.

The notice explains the process for obtaining an SSN and includes a Verification Checklist which provides examples of documents that can be submitted for each of required verifications and explains how to send the requested documents to ESA.

ESA will publish an updated SNAP Policy Manual in March 2025. The manual will be available to the public on the ESA website. Chapter 15 “Reporting Requirements” explains the process for adding a newborn.

At ESA’s most recent SNAP Payment Accuracy Conference, held July 31 through August 2, 2024, all Social Service Representatives received a one-hour training session on how to add a newborn to a household.

**165. How is DHS implementing the reinstated federal interview requirement for SNAP and how is DHS communicating this information to participants?**

DHS received an Interview Unwinding Waiver in June 2024 from FNS in order to incrementally stand-up SNAP interviews over six months in effort to reduce negative impacts on both residents and staff. Effective December 1, 2024, DHS resumed on-demand interviews for all customers at application and non-ESAP recertification.

Customers have the option to call in via the DHS Call Center or come into an ESA Service Center to complete their interview during business hours of 7:30 a.m. to 4:45 p.m. Five notices have been implemented to inform customers of the interview requirement. DHS sends Notices of Interview Requirement to customers upon receipt of an application or non-ESAP recertification, Notices of Missed Interview 5-10 days after application and non-ESAP recertification to nudge customers to complete interviews and Notice of Denial outlining the denial reasons.

As of January 30, 2025, 8,618 Notices of Interview Requirements and 4,149 Notices of Missed Interviews have been issued. Starting in fall 2024, DHS initiated a robust outreach campaign to inform staff, residents, community partners, and parallel agencies of the upcoming interview requirement change with a variety of action-oriented efforts. Efforts include online portal messaging (District Direct), service center graphics and handouts, website publication, robocalls, providing interview aid and staff training, and leveraging community outreach workers and community partnerships.

**166. Please provide the number of SNAP terminations that occurred in FY24 and FY25-to-date.**

55,712 SNAP cases were terminated in FY24; 15,508 in FY25.

FY24												FY25		
2023-10	2023-11	2023-12	2024-01	2024-02	2024-03	2024-04	2024-05	2024-06	2024-07	2024-08	2024-09	2024-10	2024-11	2024-12
7,056	5,345	6,389	4,849	5,081	5,652	5,333	3,470	6,003	3,861	5,647	5,617	4,935	5,208	5,625

- a. Of those terminations, what were the causes for termination, including those due to clerical or administrative error?

Terminations*		
Cause for Termination	FY24	FY25
Client Request	313	104
Income Related	197	99
Created in Error	67	5
Failed to submit required information	55,529	13,964
Ineligibility	4,444	1,154
Other	1617	353
<b>Totals</b>	<b>62,167</b>	<b>15,679</b>

*\*Some terminations are documented with multiple causes which is why the total terminations are lower than the total causes for FY25. Same is true for FY24.*

- b. Of those terminations, how many customers had submitted documents to be reviewed and whose documents were unreviewed by DHS at the time of termination?

This is not tracked, but SNAP has a 30-day grace period, so if information is provided within 30 days of the recertification due date, it is treated as a recertification and not a new application. Further, when an action is worked, the entire period of eligibility is reviewed, and retroactive payments are issued, if necessary.

- c. How many of the terminations were reinstated and why where they reinstated?

	FY24	FY25
All reinstated cases	36,235	8,211
Total terminations	64,305	15,508
% of terminations that reinstated	56%	53%

*\*Reinstatement was defined by any case that was terminated and then continued to receive benefit payments at some point afterwards. Cases are reinstated if they reapply for benefits, or if they file a fair hearing and it is determined that the case was closed in error.*

167. In FY24 and FY25-to-date, how many and what percentage of SNAP participants were terminated at recertification, and how many and what percentage of those participants were reinstated within 60 days of that termination?

	FY 2024	FY 2025
--	---------	---------

Total Terminations at Recertification	47,457	11,797
Reinstated within 60 days	3,839	505
% Reinstated	8%	4%

*\*Reinstatement was defined by any case that was terminated and then received benefit payments within 2 months of termination*

**168. List the 5 most common causes of errors in termination and denial of SNAP benefits, and describe the steps DHS is taking to address each of those issues.**

Based on the FY24 SNAP Case and Procedural Error Rate (CAPER) QC data, the five (5) most common errors in terminations and denials stem from notices and untimely processing of applications and recertifications. Below is a high-level analysis of the causes and the steps DHS is taking to address these issues.

Error Causes	Denials		Terminations		Overall Total	
	# Cases	% Cases	# Cases	% Cases	# Cases	% Cases
Notice reason does not match reason for action	13	13%	63	22.66 %	76	20.11 %
Failed to send notice of action	17	17%	44	15.83 %	61	16.14 %
Notice was sent to wrong address	9	9%	34	12.23 %	43	11.38 %
Failed to process the reapplication timely (recertification application)	3	3%	21	7.55%	24	6.35%
Late denial agency failed to process the application timely	9	9%	11	3.96%	20	5.29%

**1. Notice reason does not match reason for action**

- **Analysis:** The Office of Quality Assurance (OQA) pulled a sample of cases in December 2024 in this category to determine the root cause of the error. The review of results revealed that in the correct notice was issued through DCAS to the household in most instances, and the notice content indicates the correct closure reason. A further review also indicated the reason matches the determination history screen. However, the transaction history in DCAS shows a different reason, such as failure to recertify. It has been determined that this may be a display issue, and Quality Control must review the notice and its content instead of the transaction history to ensure the customer has been properly notified of the closure.
- **Steps DHS is taking to address the issue:** DHS/ESA/OQA held a meeting with DICM/DCAS in December 2024. It was discovered that the system is working as designed; however, there is a display issue on the transaction history. DICM/DCAS is working to prioritize this issue. The OQA findings were shared with

QC in January 2025 and a meeting has been requested to discuss how to review the notice and the notice content to ensure the notice reason matches the reason for the action.

**2. Failed to send notice of action**

- **Analysis:** The Office of Quality Assurance conducted a case review of notices that fell into this category. The results yielded that the majority of these issues are due to the caseworker failing to pend the case for verification, leading to an incorrect application denial. In these instances, since the worker did not send a request for additional information, the system generates denial notices because the customer failed to provide additional information.
- **Steps DHS is taking to address the issue:** DPT&QA conducted “huddle visits” at the service centers to review verifications and daily announcement. The huddles are helpful for learning to correctly pend the customer for the correct information and provide the customer with the correct notice and due date the information is due to the agency. Service Center teams meet in “huddles” primarily at the start of the day, to review daily announcements. This is a good time for DPTQA to reserve time to lead discussions, provide updates, and clarify policy to everyone at the same time.

**3. Notice was sent to the wrong address**

- **Analysis:** Throughout FY24, random samples were conducted, and it was discovered that the customers’ addresses are not updated properly in DCAS.
- **Steps DHS is taking to address the issue:** The Division of Policy, Training, and Quality Assurance implemented several initiatives in FY24 and continues to communicate these findings and provide recommendations and trainings to resolve this issue. The initiatives include monthly visits to the service centers to provide policy clarifications on error-related topics, such as updating addresses to ensure the notice is issued to the correct address. In FY25, the DCAS trainers joined this initiative to educate staff on how to apply these topics in the system.

In FY24, DPTQA implemented the District Error Analysis Team (D.E.A.T), which identifies, analyzes, and resolves errors within a process. This involves understanding the root cause of errors, implementing corrective actions, and continuously improving to prevent future occurrences. The team aimed to enhance system reliability, performance, and user satisfaction by effectively addressing and learning from errors.

The objectives of this team were as follows:

- Identify Errors by reviewing 5 cases (2 active, 2 negative, 1 PAR ME)
- Determine the root cause analysis
- Make meaningful improvement recommendations to decrease the SNAP payment error rates and timeliness
- Facilitate communication between all relevant stakeholders
- Offer training to prevent errors and enhance the team’s understanding of error-prone areas.

- Establish a feedback loop for continuous improvement based on lessons learned from past errors.

Strategic Action Description	Desired Outcome
Assessment and Planning	Evaluate the scope and impact of errors on the system and process Develop a strategic plan outlining the team's goals, timeline, and resources required
Data Collection	Gather data on reported errors, to include frequency, nature and impact through various tools to collect data
Root Cause Analysis	Conduct in-depth analysis to identify the root cause of the error Collaborate with stakeholders gain insight on systematic issues
Prioritization	Prioritize identified errors based on their severity and potential impact Focus on addressing high priority errors that significantly impact the error rates
Solution Development	Develop solutions to address root causes Collaborate with stakeholders to implement corrective measures
Documentation	Maintain comprehensive documentation of errors, root causes and implemented solutions Create a knowledge base to facilitate continuous learning and reference
Communication	Establish clear communication to report, discuss and resolve errors Keep stakeholders informed about progress and improvements
Monitoring and Feedback	Implement continuous monitoring mechanisms to track error occurrences Establish a feedback loop for ongoing adjustments and improvements
Training and Prevention	Provide training and coaching opportunities to educate team members on error prevention strategies Focus on proactive measures to minimize the likelihood of future errors

While this initiative was promising, DHS/ESA is moving from D.E.A.T to Peer Review in April 2025. This new collaborative approach will allow team members to review the work of colleagues to ensure the accuracy of SNAP Payments. This initiative will focus on

identifying and correcting the errors before they impact the final SNAP Payment Error Rate, leading to better compliance and fewer costly mistakes

The Office of Quality Assurance also conducts ongoing weekly SNAP closure denial and termination case reviews. The goal of the evaluation is to identify invalid denials and terminations and to coach the SSR responsible for the invalid closure. Quarterly conference meetings are scheduled with program managers to discuss errors, deficiencies, and suggestions aimed to reduce the error rate. These meetings are an opportunity to share best practices, review trends and patterns, and identify areas for improvement.

The Division of Policy, Training, and Quality Assurance continues to hold the annual SNAP Payment Accuracy Conference to focus on topics to improve the SNAP Payment Error Rate (PER).

Lastly, the Division of Policy, Training and Quality Assurance is conducting research to determine if there are Federal waivers that would allow the District to deliver mail through applicants'/recipients' online accounts instead of to the physical address provided to ensure the receipt of the correspondences issued from DHS/ESA.

#### 4. Failed to process the reapplication timely (recertification application)

**Analysis:** On October 23, 2017, FNS advised DHS that its application processing timeliness (APT) rate between October 2016 and March 2017 was 88.45%, which triggered corrective action per FNS policy. Moreover, between that last APT report and now, DHS has disclosed that it has experienced processing backlogs of varying severity and persistence to FNS via ongoing communications and as part of waiver requests. DHS also provided a report to FNS in August 2022 that indicated significant application processing backlogs.

DHS reassessed the root causes related to this deficiency since the last time the District submitted an AWL CAP response in 2021. Initially, DHS identified 5 key root causes, which are detailed below.

Identification of Root Cause	Action Description and Status Updates	Expected Outcomes	Monitoring and Evaluation
Root Cause #1: High Caseload Resulting from Public Health Emergency (PHE)	<b>On-going Initiatives</b> - Application processing business process driven by active data monitoring and open communication channels, Hiring more SSRs, Improving customer experience, Leveraging overtime and borrowed staff, improving customer experience and Adopting of 'Shared Workload' work model	Increase staff capacity to manage caseloads and enhance program performance to decrease the backlog for continued	Timeliness is an ongoing challenge that requires constant attention and improvement. The District will continuously evaluate the processes and

	<p><b>In-progress Initiatives</b> - Enhanced approach to resolving pending applications on the pending summary report</p> <p><b>Completed Initiatives</b> - Waiver to increase functions of contracted Call Center Staff (December 2023) and Reconciliation of systems (September 2023)</p>	improved timeliness rates.	workflows to identify areas of improvement and make strategic adjustments as needed.
Root Cause #2: DCAS Customer Service Logs (CSLs) Slowing Processing	<p><b>On-going Initiative</b>- Reducing potential sources for CSL</p> <p><b>Completed Initiative</b> - Improved communication channels for SSRs (May 2023)</p>	The CSL dashboard enhancement is expected to shorten the case processing time for the workers, which allows SSRs to quickly view their ticket status.	
Root Cause #3: Dependency on Manual Entry	<p><b>In-progress Initiative</b> - Automated Caseworker entry efforts and application harmonization, Waivers, and reduced clicks for SSRs</p>	Reduced processing times through the workflow, enabling caseworkers to complete more applications in less time.	
Root Cause #4: Training Need in Face of Unprecedented Pandemic Demands	<p><b>On-going Initiative</b> - Cross-training cohorts</p> <p><b>Completed Initiative</b> -Supervisory coaching (March 2024)</p>	Staff will be equipped with the knowledge and skills required to process cases as current policies, procedures, and eligibility requirements change or evolve.	
Root Cause #5: Eligibility Staff Required to Navigate Too Many Systems	<p><b>Completed Initiative</b> - Sunsetting of systems (September 2022)</p>	Caseworker efficiency is increased as a result of spending less time navigating across multiple systems.	

**Trends for Timeliness Rate and Backlog Completion:**



Due to the public health emergency, there was an immediate and increased demand for food support, leading to a significant increase in the caseload and workload, which, in turn, negatively impacted the district's APT rate. Through an enhanced collaborative approach, DHS continues to partner with DCAS, C!A, and other potential partners to determine the root causes and outline and implement targeted strategies to support timeliness. DHS has implemented a more data-driven approach, and key operational, policy, and systems shifts are supporting the recent increase in the timeliness rate.

**Benchmarks:**

The District acknowledges the requirement to develop benchmarks to reduce and eliminate the application backlog and address the APT rate. Since implementing various strategic interventions, the District's APT rate has continued to increase, increasing from 72.04% in February 2024 to 88% for the reporting period of January 2025. In addition, DHS remains committed to and has exceedingly met FNS' interim benchmark to increase the APT timeliness rate by 1 percentage point each month over six months.

**Steps DHS is taking to address the issue:** Please see the chart above.

**5. Late denial agency failed to process the application timely**

- **Analysis:** Please see the response above.
- **Steps DHS is taking to address the issue:** Please see the response above.

**169. What is the benchmark for evaluating the timeliness of determinations for SNAP eligibility? How many applications, and what percentage of applications, satisfied that benchmark in FY 24 and in FY25-to-date?**

Food and Nutrition Services (FNS) calculates the Average Processing Time (APT) rate using data from Quality Control reviews. FNS compares how many applications are approved on time out of the total number of applications received. The federal threshold is 95 percent.

	FY 2024	FY 2025 (Oct-Dec)
Apps approved Timely	24,894	7,339
Totals Apps Approved	35,216	9,098
<b>Timeliness rate</b>	<b>71%</b>	<b>81%</b>

**170. What steps has DHS taken to improve timeliness of SNAP determinations in FY24 and FY25-to-date, and what other steps does DHS plan to take in FY25 to improve timeliness?**

DHS has made significant improvements to SNAP Application Timeliness (APT). While the agency has not yet achieved its goal of 95%, the team has made strides across people, processes, and technology to realize an 85% timeliness in January 2025. At the time we are submitting these responses, our timeliness rate for the month of February is 88%.

Notably, DHS used data to identify opportunities, prioritize improvements, and manage delivery. The agency increased staff capacity, trained eligibility staff across programs, and invested in developing strong supervisors to drive performance. Similarly, program operations shifted resources from the Call Center and other units while also expanding and managing overtime.

DHS also made significant improvements to the processes and workflows, specifically the handling of Expedited SNAP applications. Benefits for E-SNAP applications are due to eligible customers within 7 days, and they make up 66% of DC's SNAP workload. DHS partnered with a business process vendor, as well as DCAS, to analyze and streamline each step in the management of Expedited cases. As a result, E-SNAP timeliness jumped by at least 25%.

Finally, DHS worked closely with DCAS to prioritize system improvements to address timeliness root causes. Overall, DCAS has both accelerated its ability to remediate issue tickets and reduced the rate of new issues occurring.

See appendix labeled, "Question 170"

**171. Please provide the following for households receiving Temporary Assistance for Needy Families ("TANF") in FY24 and FY25-to-date:**

**a. Number of households served, by ward;**

TANF Households Receiving Benefits by Ward		
	FY25	FY24
Ward 1	825	777
Ward 2	234	214
Ward 3	240	202
Ward 4	1,180	1,025
Ward 5	1,870	1,724
Ward 6	1,551	1,257
Ward 7	3,571	3,465
Ward 8	5,013	4,841
Non-Geocoded Households	139	195

**b. Mean and median number of days between the completion of an application and a decision regarding eligibility;**

	FY24	FY25
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<b>Mean</b>	37	14
<b>Median</b>	24	7

**c. Average size of households; and**

The average household size for FY24 through FY25, to date, is 2.8.

**d. Number of individual children in households receiving TANF.**

The average number of individual children in households receiving TANF:

- FY24: 25,370
- FY 25 (to-date): 26,827

**172. What is the benchmark for evaluating the timeliness of determinations for TANF eligibility? How many applications, and what percentage of applications, satisfied that benchmark in FY 24 and in FY25-to-date?**

There is no federal benchmark for evaluating the timeliness of determinations for TANF eligibility, however, below is the agency's timeliness rate. It tracks closely to SNAP, as DHS has worked to align the SNAP and TANF household benefit and the majority of households which receive SNAP also receive TANF.

	<b>Total Approved apps</b>	<b>Approved within 45 days</b>	<b>Timeliness rate</b>
FY24	6,794	4,163	61%
FY25	2,537	2,052	81%

**173. Please provide the committee with copies of any published guidance provided to participants on the process customers should follow to ensure they can timely add a newborn to their TANF household. Please describe where the guidance is published. If such guidance has not yet been published, what is the expected timeline for providing such guidance?**

DHS does not have any published guidance provided to customers specifically detailing the process to add a newborn to a TANF household. Customers can access a District Direct User Guide, "[How to Submit a Change](#)," via the DHS website. Customers who appear in-person at one of the local service centers can complete and submit this form along with any verification documents during service center business hours. Whether in-person or over the phone, customers can access a worker to explain the process as well.

ESA provides a Notice of Required Verifications to households applying or recertifying or submitting a change of circumstances request which explains the requirements for documenting a new addition to the household, including the requirement to obtain a

Social Security number (SSN) within six months of the date of birth, or by the time of the next certification action, whichever is later.

The notice explains the process for obtaining an SSN and includes a Verification Checklist which provides examples of documents that can be submitted for each required verifications and explains how to send the requested documents to ESA.

**174. Please provide the number of TANF terminations that occurred in FY24 and FY25-to-date.**

14,926 TANF terminations occurred in FY24 and FY25-to-date. (12,466 in FY24; 2,49 in FY25)

FY24												FY25		
2023-10	2023-11	2023-12	2024-01	2024-02	2024-03	2024-04	2024-05	2024-06	2024-07	2024-08	2024-09	2024-10	2024-11	2024-12
2040	1476	1726	999	1070	944	819	626	574	700	694	748	791	850	815

**a. Of those terminations, what were the causes for termination, including those due to clerical or administrative error?**

Causes for Termination		
Client Request	99	24
Created in error	24	1
Failed to send required information	10141	1921
Ineligible	1803	442
Sanction	374	65
Other	25	7
Total Terminations	12466	2460

**b. Of those terminations, how many customers had submitted documents to be reviewed and whose documents were unreviewed by DHS at the time of termination?**

This is not tracked, but DHS works all documents that come in, and if it is discovered that a document was submitted in a timely manner, but not acted on, the benefit action is determined retroactively and applied retroactively.

**c. How many of the terminations were reinstated and why where they reinstated?**

7,743 terminations were reinstated in FY24 and 1,063 in FY25

175. In FY24 and FY25-to-date, how many and what percentage of TANF participants were terminated at recertification, and how many and what percentage of those participants were reinstated within 60 days of that termination?

Termination Reason	FY 2024	FY 2025
Recertification	7,447	2,133
Reinstated within two months	1061	278
% Reinstated in 2 months	14%	13%

176. List the 5 most common causes of errors in termination and denial of TANF benefits and describe the steps DHS is taking to address each of those issues.

DHS does not have the same QC/QA proactive for TANF, but the cases and case actions parallel. As such, while we do not track errors in termination and denial, they track SNAP and the mitigations parallel SNAP as well.

177. What is the benchmark for evaluating the timeliness of determinations for Medicaid eligibility? How many applications, and what percentage of applications, satisfied that benchmark in FY 24 and in FY25-to-date?

The benchmark for timely processing is 45 days or less for Medicaid applications that are not based on disability; it is 90 days or less for an application based on disability. The attached spreadsheet reflects data that DHCF reports to CMS on timeliness.

Reporting date	All Medicaid determinations (MAGI and non-MAGI)	MAGI determinations	Non-MAGI determinations	Median processing time in days for all Medicaid determinations	Percent of MAGI determinations processed in more than 45 days	Percent of non-MAGI determinations processed in more than 90 days
Oct-23	1,325	1,252	73	23	38%	7%
Nov-23	1,430	1,362	68	32	42%	7%
Dec-23	1,359	1,286	73	15	30%	15%
Jan-24	1,681	1,590	91	11	29%	16%
Feb-24	1,719	1,587	132	31	44%	9%
Mar-24	2,483	2,372	111	41	47%	20%
Apr-24	2,179	2,060	119	39	47%	13%
May-24	2,278	2,186	92	22	30%	7%
Jun-24	2,200	2,117	83	20	16%	1%
Jul-24	2,172	2,099	73	14	16%	5%

Aug-24	2,272	2,167	105	14	13%	6%
Sep-24	1,918	1,830	88	14	14%	8%
Oct-24	2,053	1,966	87	10	14%	7%
Nov-24	1,920	1,848	72	5	12%	6%
Dec-24	1,933	1,869	64	5	12%	2%

**Source:** DHCF analysis of data supplied by DCAS as of January 2, 2025.

- 178. How many new applications for Medicaid were submitted in FY24 and FY25-to-date?**  
**Please breakdown by**  
**a. Medium of submission (in-person, online, mobile application etc.);**

See table below for application counts by medium of submission.

**Medicaid Applications, by Medium of Submission**

Month	Total applications	Online	In person	Mail	Phone	Other
Oct-23	965	823	128	3	4	7
Nov-23	994	881	90	5	11	7
Dec-23	1,025	868	112	3	33	9
Jan-24	1,412	1,175	179	6	30	22
Feb-24	1,050	789	222	3	26	10
Mar-24	1,163	922	200	1	24	16
Apr-24	1,056	829	196	2	12	17
May-24	1,237	913	294	2	13	15
Jun-24	1,241	936	275	3	11	16
Jul-24	1,480	1,097	336	5	17	25
Aug-24	1,563	1,203	321	5	19	15
Sep-24	1,351	1,027	299	2	14	9
Oct-24	1,500	1,129	346	2	12	11
Nov-24	1,359	965	343	5	24	22
Dec-24	1,528	1,117	379	3	18	11

**Source:** DHCF eligibility system data compiled as of January 2, 2025.

**Notes:** Online reflects the District Direct website and mobile app.

- b. Number based on disability and number not based on disability;**

See table below for number of applications for MAGI and non-MAGI Medicaid. Many, but not all, non-MAGI applications reflect individuals applying on the basis of a disability (for example, some are Medicare beneficiaries who can receive Medicaid to help pay for

Medicare cost-sharing; individuals with Medicare qualify for this non-MAGI Medicaid category based on their income, not their disability status).

**Applications, by MAGI and non-MAGI**

Month	Total applications	MAGI	Non-MAGI
Oct-23	965	928	37
Nov-23	994	955	39
Dec-23	1,025	992	33
Jan-24	1,412	1,349	63
Feb-24	1,050	946	104
Mar-24	1,163	1,108	55
Apr-24	1,056	1,008	48
May-24	1,237	1,187	50
Jun-24	1,241	1,195	46
Jul-24	1,480	1,423	57
Aug-24	1,563	1,505	58
Sep-24	1,351	1,281	70
Oct-24	1,500	1,437	63
Nov-24	1,359	1,307	52
Dec-24	1,528	1,467	61

**Source:** DHCF eligibility system data compiled as of January 2, 2025.

**c. The mean and median number of days between the completion of an application and a decision regarding eligibility; and**

See table below for mean and median number of days between the completion of an application and a decision regarding eligibility.

**Mean and Median Processing Time for all Medicaid Determinations**

Determination month	Mean Processing Time – All Medicaid Determinations	Median Processing Time – All Medicaid Determinations
Oct-23	31	23
Nov-23	33	32
Dec-23	30	15
Jan-24	31	11
Feb-24	45	31
Mar-24	44	41
Apr-24	37	39
May-24	29	22
Jun-24	25	20
Jul-24	22	14

Aug-24	20	14
Sep-24	20	14
Oct-24	20	10
Nov-24	16	5
Dec-24	16	5

**Source:** DHCF eligibility system data compiled as of January 2, 2025.

**d. The reasons for any delays.**

DHCF and DHS coordinate to ensure timely processing of all medical assistance applications and renewals. Medicaid rules on timeliness of application processing generally require an eligibility determination within 45 days, with 90 days allowed for determinations of eligibility based on disability status.

DHCF coordinates with DHS to identify paper backlogs through quarterly coordination meetings and service center site visits. During unwinding, DHCF procured a staffing contract to specifically help DHS with management of paper applications, paper renewals, and the processing of returned mail at Taylor Street and H Street service centers. In addition to DHS' daily oversight of contractor work, DHCF has bi-weekly management meetings with the contractor staff to ensure resources are properly allocated to manage their workload. DHCF receives regular reports about the volume of returned mail processed and the contractor's efforts to scan and sort paper applications and renewals.

As of December 2024, the number of beneficiaries due for a renewal since the beginning of the unwinding period whose renewal has not been completed is approximately 9,000 (This includes all beneficiaries pending due in all recertification months and includes beneficiaries who responded during the grace period. This number also includes beneficiaries for whom we have requested additional verification and are awaiting response, if those beneficiaries were excluded this number would decrease substantially.). This number is down from its high during unwinding of approximately 20,000+.

In addition to pending renewals, the number of medical applications pending generally exceeds 1,000 in any given month. This figure is based on registered applications that either require an applicant response to a request for information notice or processing by a caseworker in order to receive an eligibility determination; it excludes applications not yet registered in DCAS.

Large numbers of pending cases, when not processed completely, have the ability to disrupt the polling process that happens as a component of renewal. Polling is part of the Medicaid renewal initiation process where DHCF checks electronically available information to determine the continued eligibility of enrolled beneficiaries. To mitigate this, DHCF has implemented a process that resolves all pending cases, prior to the initiation of polling. This process, along with other efficiencies, have lowered the number of cumulative outstanding renewal cases.



During the unwinding, DHCF had many Medicaid cases that were in converted status. This converted status was due to the implementation of a new eligibility system and during the initial renewal, beneficiaries had to complete a detailed renewal form in order for the agency to capture all necessary information for the renewal. Since we have completed that initial unwinding period, we have current information and are able to send out shorter pre-populated renewal forms and ex parte/passively renew an increased number of beneficiaries (especially those in Non-MAGI programs).

DHCF has seen substantial increases in the average passive renewal rates for the MAGI and non-MAGI populations between year 1 and year 2 of unwinding so far. The overall MAGI passive rate has increased roughly 18 percentage points with non-MAGI increasing approximately 40 percentage points.

Additionally, to assist beneficiaries who are renewing their coverage and simplify the renewal process for caseworkers, DHCF leveraged federal flexibility to extend existing 1902(e)(14) waivers and other eligibility processing flexibilities through the Summer of 2025.

A summary of other key steps DHCF and DHS have taken to decrease backlogs and improve processing, is summarized below:

#### Curam Upgrade

- DCAS completed the Version 8 Curam upgrade in July 2024. The technical upgrade offers new features that DHCF - DHS can take advantage of by continuing to streamline in app menus and providing more direct access to actions versus clicking through multiple screens. DCAS is continuing to progress on other projects to take advantage of other features that will be made available as a result of the upgrades throughout FY2025 and 2026. The main objective of the upgrade to keep our software use compliant with our vendor agreement was accomplished.

#### Ex Parte Process for Non-Magi Programs.

- Ex Parte or Passive renewals happens when DHCF is conducting renewals, we first attempt to renew the case using reliable information/electronic data sources without contacting the beneficiary. All MAGI programs are reviewed for the ex parte/passive process. We have expanded this to Non-MAGI cases to include Aged, Blind, and Disabled (ABD) groups and Qualified Medicare Beneficiaries (QMB).

#### Streamlined Renewal Process for Long Term Care Programs.

- CMS approved a progressive route for DHCF to utilize that begins the ex parte/passive renewal process for our long-term care programs. This process is broken up in three phases. The first phase started in November 2024, and we began passively renewing all Long Term Care (LTC) waiver programs. In phase 2 and 3, we will begin adding interface information automatically to DCAS to verify the level of care and improve the institutionalized calculation cost of care process to improve efficiency. By the end of

phase 3, there will be an attempt to use electronic data sources to passively renew LTC programs.

#### Workforce Training, Augmentation, and Deployment.

- Allotted overtime hours for staff to process cases that are overdue; Extended key service center staffing contracts through Spring 2025 to help with paper and mail processing; Continued cross-program training to ensure caseworkers can be deployed to process all social services programs (SNAP, TANF, Medicaid, Alliance/ICP)

#### DHS Specific Activities

- DHS has been successful in decreasing the sources for incoming/received work, which tends to compete with Medicaid processing. This has been accomplished through Federal oversight partners, who permitted DHS to automatically approve 'No Reported Change- SNAP Mid Certs' specifically. This allows the approval of some forms without the manual review and processing by workers. This implemented feature within our eligibility system, DCAS has already and continues to save DHS hundreds of manpower hours each month.
- DHS has leveraged overtime (OT) opportunities for processing staff throughout the work week and Saturdays. OT Planning tools are produced on a regular basis for intentional purposes to focus on the direct review and processing of Medical work.
- DHS Workload Management System, Current has received an overall makeover through initiated Configuration Changes to streamline and ensure Medical Work is being properly acquired/accessed by the relevant staff based on their skillsets.
- After DHS worked to get approval from its Federal oversight partners, DHCF assisted in maintaining a contracted Tier 1 Call Center. Through this achievement, DHS Staff have been able to strictly focus on the review and processing of work; not to include the high volume of calls pertaining to requests for help about District Direct password resets and/or general case inquiries.
- DHS Medical Training for the Cohorts – throughout the year, DHS has been cross-training a steady stream of staff who had previously only been able to process SNAP or TANF so they are able to work on Medicaid cases as well.
- Approximately 13 months ago, DHS created an ESA Resource Management Portal. Through this portal, at any time, ESA Staff can access policy materials, memorandums and/or shortcut links to various systems; assisting with eligibility determinations for the public assistance programs administered by the agency, which includes medical assistance programs. This has cut down on the workers relying heavily on supervisory guidance when they've been able to access this resource tool for immediate assistance.
- DHS has designed Learning Labs to address SNAP, TANF and Medical Assistance program case processing accuracy. Through these Learning Labs, identified staff with processing deficiencies are required to attend the sessions. The Supervisory/Management Staff provide the support and tutorials, which are tailored to meet the needs of the designated staff based on their known and documented deficiencies.

- DHS engages in ESA Service Center sand Specialty Unit huddle visits on a monthly basis rotation; during these visits, Medical policy information is shared via PowerPoint Presentations, the issuance of Memorandums and verbal training sessions.

**179. How many pending applications for Medicaid renewals have been pending for 61-90 days?**

As of 1/2/25, there were 700 beneficiaries with a renewal pending for 61-90 days.

**a. Over 90 days?**

As of 1/2/25, there were 7,042 beneficiaries with a renewal pending over 90 days. Data in DCAS reports from which this information is drawn do not provide information on renewals that are waiting for beneficiaries to take an action versus those that require a caseworker or DCAS system action. Information from CURRENT, the workload management system used by DHS, indicates the number and type of tasks that are outstanding for caseworkers. Efforts are ongoing to obtain a full picture of pending medical cases using data from both systems.

**180. Please provide the number of Medicaid terminations that occurred in FY24 and FY25-to-date.**

See table below for the number of Medicaid beneficiaries who ever lost coverage in FY 2024 and the first quarter of FY 2025.

**Medicaid Beneficiaries Ever Enrolled, Losing Coverage, and Regaining Coverage, FY 2024 and FY 2025 Q1**

Fiscal year	Number of Medicaid beneficiaries ever enrolled	Number ever losing coverage*	Number ever regaining to date after coverage loss**
FY 2024	327,206	64,174	11,089
FY 2025 Q1	277,652	11,354	579

**Source:** DHCF Medicaid Management Information System data extracted January 31, 2025.

**Note:**

\* Reflects any individual enrolled in Medicaid during the fiscal year for whom MMIS currently indicates at least one month with coverage loss. Includes those who lost coverage at their recertification date (e.g., due to renewal notice non-response) and were not reinstated during their grace period, as well as those who dropped before their certification period ended (e.g., due to a change in circumstance such as a move out of the District). FY 2024 coverage loss is high in part due to large numbers of beneficiaries who remained enrolled under a continuous coverage requirement during the public health emergency (PHE), but were known to have income or other changes that made them unlikely to renew when eligibility redeterminations restarted following the end of the PHE. In addition, roughly 9,000 beneficiaries in FY 2024 and FY 2025 to date were disenrolled due to Public Assistance Reporting Information System (PARIS)

evidence that they may be receiving government benefits in other states and may no longer live in the District.

\*\* Reflects those who lost coverage in the period shown but regained at any point to date. This number will continue to increase over time as additional individuals re-enroll after a coverage gap.

Responses to items a-c are drawn from the table provided below that reflects Medicaid enrollees terminated through the renewal process in FY 2024 and FY 2025 to date. Existing reports do not contain a similar level of detail for individuals losing coverage before their certification period ends (e.g., due to a change in circumstance such as a move out of the District).

**a. Of those terminations, what were the causes for termination, including those due to clerical or administrative error?**

See column 4 for the monthly count of beneficiaries who lost coverage through the renewal process due to procedural reasons or “non-response”. This includes MAGI beneficiaries terminated at their certification date and non-MAGI beneficiaries terminated after the one-month extension.

See column 8 for the monthly count of beneficiaries who lost coverage at renewal due to being determined ineligible. These beneficiaries had their non-passive renewal processed and were determined to no longer be eligible for coverage.

Data in DCAS reports from which this information is drawn do not provide any other reason for termination at renewal, such as clerical or administrative error.

**b. Of those terminations, how many customers had submitted documents to be reviewed and whose documents were unreviewed by DHS at the time of termination?**

The most common scenario under which existing Medicaid beneficiaries must submit documents for review is when an annual renewal cannot be completed passively (i.e., based on electronic sources alone). If a beneficiary submits a document for review in response to a non-passive renewal notice, their coverage is extended in DHCF’s Medicaid Management Information System (MMIS) until the renewal is processed by a caseworker. If the beneficiary responds prior to their certification date, there is no coverage termination while the case is awaiting processing. If the beneficiary responds within their 90-day grace period, coverage is reinstated to their certification date in MMIS and extended until the case is processed.

**c. How many of the terminations were reinstated and why where they reinstated?**

Column 6 is a subset of column 4 and reflects MAGI beneficiaries terminated at their certification date and non-MAGI beneficiaries terminated after the one-month extension who returned a renewal form during their 90-day grace period. These individuals regain

coverage in DHCF's MMIS until their renewal is processed; most are ultimately determined eligible but a small number are determined ineligible and disenrolled. The grace period for the October and November 2024 cohorts is incomplete and the number of beneficiaries to regain coverage from these groups is expected to increase. There are likely some individuals who re-enrolled but whose re-enrollment is not shown as a renewal in DCAS reports used to conduct this analysis.

Column 7 reflects beneficiaries who returned a renewal but the date is currently unknown. It is likely that a subset of the beneficiaries in this column were terminated for procedural reasons and then reinstated once their renewal was received.

**Terminations Among Medicaid Beneficiaries Receiving Non-Passive Renewal Form, FY 2024 and FY 2025 to Date**

1	2	3	4	5	6	7	8
Recertification Date	Total receiving non-passive renewal form (3+4+5+7)	Date of renewal received is known				Renewal received with an unknown date	Determined ineligible before or after their certification period (subset of 3, 4, 5, 7)
		Returned a renewal form prior to the end of their certification period	Terminated for failure to manually renew prior to the end of their certification period	Did not return renewal form prior to end of certification period but reinstated or never terminated	Lost coverage at the end of their certification period but were able to regain coverage during the 90-day grace period following the end of their certification period (subset of 4)		
Number of beneficiaries							
2023-10-31*	15,507	6,756	6,722	194	2,616	1,835	975
2023-11-30*	17,718	7,699	7,609	413	2,811	1,997	908
2023-12-31*	6,448	2,779	2,718	97	970	854	507
2024-01-31*	3,849	1,853	1,433	70	531	493	497
2024-02-29*	5,285	2,574	2,079	140	512	492	370
2024-03-31*	8,384	4,070	4,006	133	1,154	175	453
2024-04-30	9,347	4,677	4,488	134	1,420	48	598

2024-05-31	6,724	3,413	3,147	119	820	45	394
2024-06-30	5,717	3,045	2,613	45	1,038	14	464
2024-07-31	6,553	3,725	2,764	53	1,156	11	489
2024-08-31	6,606	4,078	2,435	73	1,011	20	485
2024-09-30	4,430	2,861	1,500	67	706	2	191
2024-10-31	5,262	3,296	1,903	58	792	5	208
2024-11-30	4,407	2,567	1,771	57	541	12	121
<b>Percent of total receiving non-passive renewal form</b>							
2023-10-31*	100%	44%	43%	1%	17%	12%	6%
2023-11-30*	100%	43%	43%	2%	16%	11%	5%
2023-12-31*	100%	43%	42%	2%	15%	13%	8%
2024-01-31*	100%	48%	37%	2%	14%	13%	13%
2024-02-29*	100%	49%	39%	3%	10%	9%	7%
2024-03-31*	100%	49%	48%	2%	14%	2%	5%
2024-04-30	100%	50%	48%	1%	15%	1%	6%
2024-05-31	100%	51%	47%	2%	12%	1%	6%
2024-06-30	100%	53%	46%	1%	18%	0%	8%
2024-07-31	100%	57%	42%	1%	18%	0%	7%
2024-08-31	100%	62%	37%	1%	15%	0%	7%
2024-09-30	100%	65%	34%	2%	16%	0%	4%
2024-10-31	100%	63%	36%	1%	15%	0%	4%
2024-11-30	100%	58%	40%	1%	12%	0%	3%

**Source:** DHCF eligibility system data extracted January 2, 2025.

**Notes:** December 2024 and later months are excluded because the outcomes for the one-month extensions offered to non-MAGI beneficiaries are not yet known.

\* Due to a system process implemented to ensure that renewals are fully recognized in DCAS, renewal outcomes for these months are updated prior to a beneficiary's next renewal initiation. In this process, dates on the renewal may no longer be readily available. As a result, this leads to

a large number of renewals with unknown dates and we are unable to determine the columns to which they belong in the table.

Column-specific notes are provided below.

- Column 3 includes a small number of beneficiaries who responded before the grace period but were determined ineligible. In addition, column 3 includes only beneficiaries who responded before the certification date; non-MAGI beneficiaries who responded during their one-month extension are not included.
- Column 4 reflects MAGI beneficiaries terminated at their certification date and non-MAGI beneficiaries terminated after the one-month extension.
- Column 5 includes non-MAGI beneficiaries who responded during their one-month extension.
- Column 6 is a subset of column 4 and reflects MAGI beneficiaries terminated at their certification date and non-MAGI beneficiaries terminated after the one-month extension who returned a renewal form during their 90-day grace period. These individuals regain coverage in DHCF's Medicaid Management Information System (MMIS) until their renewal is processed; most are ultimately determined eligible but a small number are determined ineligible and disenrolled. The grace period for the October and November 2024 cohorts is incomplete and the number of beneficiaries to regain coverage from these groups is expected to increase. There are likely some individuals who re-enrolled but whose re-enrollment is not shown as a renewal in DCAS reports used to conduct this analysis.
- Column 7 reflects beneficiaries who returned a renewal but the date is currently unknown. A system process to ensure that renewals are fully recognized in DCAS thus far has affected recertification dates in October 2023 through March 2024 and led to an increase in renewals in these months with dates that are no longer readily available.
- Column 8 is a subset of columns 3, 4, 5, and 7 and reflects beneficiaries who returned a renewal form and were determined ineligible. These individuals represent a small share of terminations, as most beneficiaries who lose coverage do so for non-response.

**181. What is DHS doing to address the issues families have experienced in undue application processing delays and terminations of benefits?**

**Increasing Staffing and Training** - DHS is hiring additional eligibility workers and ensuring they receive thorough training on policies and best practices to handle applications efficiently and accurately.

**Expanding Communication Channels:** To keep residents informed, DHS has enhanced communication through online portals, mobile apps, and phone systems, making it easier for residents to track their application status.

**Community Outreach:** Partnering with local organizations/ advocates, DHS is conducting monthly meetings to share updates and to give them a platform to discuss concerns.

**182. How does DHS comply with the federal regulations that require Medicaid applications be accepted telephonically?**

Medicaid applications (and recertifications) are completed over the phone. The Contacted call center. After taking the application, the call center has a specific script which is recited, and an electronic signature is ascribed upon an affirmation by the applicant/caller.

**183. For the Child Care Subsidy Program, please provide for FY24 and FY25-to-date:**

**a. The number of applicants for the program;**

The Childcare Subsidy Program received 4,431 applications in FY24. As of December 31, 2024 (FY25Q1), the program has received 1,387 applications.

**b. The number of residents assisted;**

TYPE	FY24	FY25 YTD
Non-TANF	5,113	4280
TANF	3,304	2126
TOTAL	8,417	6,406

**c. The amount of funding allocated to the program;**

\$24,278,465.36 for FY25, which is the same amount of allocated funding for FY24.

*\* Note: These amounts are according to the MOUs between DHS and OSSE and does not include operation and staffing costs.*

OSSE is the State Education Agency, which administers childcare in the District. The limited role of DHS is to determine and maintain eligibility. DHS has an MOU with OSSE, which supports their funding of Childcare in the District. It should be noted that OSSE has a blended funding model. While DHS sends money to OSSE via an MOU, the budget for childcare in the District is larger, and administered by OSSE.



**d. The amount spent on processing applications;**

In FY24, OSSE transferred \$1,947,314.68 to DHS to fund 20 staff to determine eligibility within the Child Care Services Division. The CCSD staff share DHS facilities, supplies, and services. The Child Care eligibility system is maintained by OSSE.

<b>SUMMARY</b>	
Total Salaries FY 2024	1,526,858.36
Benefits @ 25.9%	395,456.32
<b>Annual FY 24 Salaries &amp; Benefits</b>	<b>1,922,314.68</b>
Office Supplies	25,000.00
<b>TOTAL FOR PROGRAM OPERATIONS FY24</b>	<b>1,947,314.68</b>
<b>Total FTE FY 2024</b>	<b>20</b>

**e. The eligibility requirements for the program;**

A child shall, at the time of eligibility determination or redetermination, must meet the following criteria for a childcare subsidy in the District:

- Age: be 13 years old or younger; 19 years old or younger if the child has special needs.
- District Residency: A child must reside with a parent(s), guardian(s), or adult with a legal relationship to the child and must be a resident of the District of Columbia. The following children may reside outside of DC, provided that they receive subsidized care in a District child development facility or with a relative care provider who resides in Maryland or Virginia.
  - A foster child who resides with a foster parent(s) or guardian(s) living in Maryland or Virginia.
  - A child under the protection of the DC Child and Family Services Agency (CFSA) or the DC Superior Court who is living with a relative or guardian in Maryland, Virginia or another state; or
  - A child under the protection of DC, but placed in Maryland, Virginia, or another state by a DC agency.
- Citizenship or Immigration Requirements: An eligible child must be a US citizen or qualified immigrant, which includes lawful permanent residents, refugees, asylees, parolees who have been in the US for at least one year, and children whose deportation is being withheld.
  - Only the citizenship and immigration status of the child may be considered when determining eligibility. A child's eligibility for subsidized child care may not be based upon the citizenship or immigration status of their parent(s) or the provision of any information about the citizenship or immigration status of their parent(s). Verification of the parent(s) or guardian(s) citizenship or immigration status is prohibited. Citizenship and immigration status verification requirements do not apply to children enrolled in the Quality

Improvement Network (QIN) or the Pre-K Enhancement and Expansion Program (PKEEP).

- **Qualifying Activity:** Applicants must demonstrate a need for child care due to employment, participation in a job training or education program, seeking employment, or the special circumstances of the child. If both parent(s) or guardian(s) reside in the household with the child(ren), each parent or guardian must meet one of the need categories.
- **Income -** The annual gross family income is less than 300 percent of the federal poverty level (FPL) (for the initial eligibility) and 85 percent of the (SMI) (at redetermination) for a family of the same size.

**f. The average income of families assisted by the program;**

Annual Income	FY 24	FY 25 (YTD)
Average Annual Income	\$23,906.01	\$22,752.21
Average Annual Income (no earned income removed)	\$42,978.62	\$43,367.48
Median Annual Income	\$20,798.57	\$13,167.00

*\*Note: Average income with 0's removed includes customers who report no earned income, which can drastically deflate the average since many customers do not have earned income. Additionally, median is another strong measure of central tendency and therefore is reported in addition to the average.*

**g. Mean and median number of days between the completion of an application and a decision regarding eligibility; and**

- Mean: 10 days as of September 30, 2024 (FY24)
- Median: 5 days as of September 30, 2024 (FY24)

An application is good for 30 calendar days of the initial request. Upon receipt of a complete application, including all necessary supporting documentation, the Social Service Representative (SSR) will determine eligibility within 10 business days.

**h. A breakdown of families assisted by the program by family size.**

Family Size	Families Served in FY24	Families Served in FY25 YTD
2	2563	2001
3	2823	2112
4	1799	1370

5	930	708
6	282	197
7+	108	93

**184. What is DHS's current staffing capacity for processing applications to each of the following programs?**

- a. Burial Assistance Program;
- b. Interim Disability Assistance;
- c. SNAP;
- d. TANF;
- e. Medicaid; and
- f. Child Care Subsidy Program.

Program	Division	Eligibility Processing Units	Eligibility Staff (SSRs)
<b>SNAP</b>		ESA Service Centers	
<b>TANF</b>	DPO	Virtual Service Center	245
<b>Medicaid</b>		Centralized Processing Unit	15
<b>IDA</b>	DPO	Centralized Processing Unit	11
<b>Burial</b>	DPO	Centralized Processing Unit	2
<b>Child Care</b>	DCWET	Child Care Subsidy Division	11

- Most of ESA's eligibility staff (SSRs) are trained across SNAP, TANF, and Medicaid programs. These applications are primarily handled by 245 SSRs at 5 in-person Service Centers and 1 Virtual Service Center (formerly the Public Benefits Call Center Tier 2 team).
- Approximately 15 SSRs from CPU contribute to the shared, SNAP/TANF/Medicaid workload on a given day, as well.
- Interim and Disability Assistance (IDA) and Burial Assistance are handled within the Centralized Processing Unit (CPU). CPU has 57 SSRs deployed across a range of functions. There are typically 11 SSRs assigned to IDA and 2 SSRs assigned to Burial Assistance.
- Child Care Subsidies are processed by 11 dedicated SSRs assigned to CCSD in the Division of Customer Workforce Employment, Education, and Training (DCWET).

## **The Fair Hearing Process – Economic Services Administration**

*Please note: There are separate hearing processes for each administration in DHS. Responses following below focus on the hearing process for the Economic Services Administration.*

**185. For cases in which consumers file a fair hearing at the Office of Administrative Hearings (OAH) related to their DHS-administered benefits, please describe the procedures and practices for assigning DHS staff as representatives at OAH hearings.**

When a customer submits a fair hearing request to the Office of Administrative Hearings (OAH), the request is immediately forwarded to the Department of Human Services (DHS) email account. The request is then entered into the Office of Administrative Review and Appeals, Quick Base data system.

OAH schedules all hearings and sends notification via the scheduling order to the DHS/ESA email account. Notices are generally sent to DHS 10 days before the hearing (which includes, status conference, status hearing or evidentiary hearings).

New hearing cases are distributed evenly among the policy analysts to maintain a balanced workload. If a hearing is continued, the originally assigned policy analyst will continue to represent the agency in all subsequent hearings until the customer withdraws the hearing request or a final order is issued.

**186. How does DHS determine the number of hours that policy analysts are available for hearings? How are staffing issues decided?**

The Office of Administrative Hearings provides the date, time and location for all newly scheduled hearings. It is the responsibility of the assigned policy analyst to be prepared and attend the hearing in person or virtually at the designated date, time and location.

If the hearing is continued, the originally assigned policy analyst will continue to represent the agency in all subsequent hearings until the customer withdraws the hearing request or a final order is issued.

The Office of Administrative Hearings (OAH) schedules the status hearings in 20 or 30-minute intervals and evidentiary hearings approximately an hour to two hours. The Administrative Law Judge confirms these dates with the policy analysts for continued cases. However, evidentiary hearings, which may require more time due to the presentation of evidence, exhibits and witness testimonies, are allotted for longer durations as necessary. In these situations, the policy analyst will notify the presiding Administrative Law Judge to schedule an evidentiary hearing on a day with fewer hearings. This approach ensures that sufficient time is allotted for the presentation of evidence and witness testimonies, thereby facilitating an efficient fair hearing process.

Currently, there are four policy analysts responsible for addressing the scheduled hearings. If an analyst is not available a reassignment will be made to another analyst, or a supervisor may attend the hearing.

- One hundred percent of policy analysts' time is devoted to the hearing process.
- Staffing issues require a review of the workload distribution to evenly assign cases, which prevent over extension and maintain efficiency.
- Routinely reviewing staffing levels and reports to address backlogs or emerging needs.
- Quarterly collaboration meetings include the Office of Administrative Hearings to stay informed about any updates, challenges, or procedural changes that may impact our work, and open discussions.
- Provide ongoing feedback to ensure staff are well prepared for all hearings.
- Evaluating these factors will assist in making informed staffing decisions which uphold the integrity of the hearing process and ensure fair outcomes.

**187. If the DHS representative changes between hearings at OAH, how is this information communicated to the Petitioner/consumer?**

The DHS representative/policy analyst is only reassigned in the event of an emergency. When this occurs, a reassignment will be made to ensure consistency and to minimize disruption to the ongoing proceedings.

The customer is not aware of this change until the time of the scheduled hearing. If it is a continued case, the reassigned analyst is required to review the case and obtain an update on the case from the policy analysts' previous notes. The reassignment to a new policy analysts is temporary and should not delay the hearing process.

**188. What protocols or oversight does DHS have to ensure that policy analysts attending OAH hearings are familiar with their assigned cases and prepared to provide a status report?**

The Department of Human Services implements several protocols to ensure the analysts are adequately prepared for the scheduled hearing in-person at the Office of Administrative Hearings (OAH) or virtually.

**Case Review and Preparation:** Policy analysts are required to thoroughly review and read the administrative review conference decision prior to the scheduled hearing. This review provides a concise overview of the key issues in the case and whether the decision was in favor of the customer.

The policy analyst is required to know the specific reason the customer requested a hearing. Responsible for reviewing the case file, which includes all relevant documents, correspondence, and any prior case history before attending an OAH hearing. This process ensures the analyst has a comprehensive understanding of the issue under appeal, the case status and any pending or outstanding issues.

**Hearing Discussions:** Policy Analysts, prior to the hearing and when necessary, may discuss the issue under appeal with DHS legal counsel, the clients Attorney, if necessary, the Supervisor,

Office of Administrative Review and Appeals (OAR&A), Program Manager, and agency staff with knowledge of the issues of the case.

**Standardized Reporting Procedure:** The Department of Human Services employs a standardized status report form to respond to any request from the Judge to submit a status report based on any action taken by the agency for which the court deems necessary.

The policy analyst is notified by the Judge verbally during the hearing of the status report and by a scheduling order of the action to be taken, and the due date for the status report. The policy analyst is required to complete the status report on or before the due date and responsible for providing a copy to all applicable parties, including the Judge.

**Status Report Due Date:** The policy analyst is required to review the agency action daily report to ensure the status reports are completed in a timely manner. When the status report is complete, the policy analyst enters the date the status report was submitted to OAH.

**189. For FY24 and FY25, to date, please provide the average amount of time for DHS to resolve cases at OAH from the time the fair hearing request is filed to the issuance of the Final Order.**

The Federal Regulations require that state level hearings be withheld within 60 days of receipt of a request for a hearing.

A review of all cases resolved in FY24 and FY25 shows the average time taken by DHS to resolve a case with OAH in FY24 was 67.6 days, while in FY25, the average time is 41.5 days as of December 31, 2024.

It is important to highlight that although most cases are resolved by the first hearing, some cases—specifically 20% in FY24—require additional hearings, which delays the timeframe to reach completion or a final order.

Average Lifespan (in Days) of a Fair Hearing Request FY24 & FY25 thru 12/31/2024		
	FY24	FY25*
Average Time (in days) from Date of Request to Case Closed/Final Order	67.6 Days	41.5 Days

*Data Source: Fair Hearing Database as of 1/31/2025*

*\*FY25 data shown include data from October 1, 2024 through December 31, 2024*

## The Fair Hearing Process – Family Services Administration

*Please note: there are separate hearing processes for each administration in DHS. Responses following below focus on the hearing process for the Family Services Administration.*

- 185. For cases in which consumers file a fair hearing at the Office of Administrative Hearings (OAH) related to their DHS-administered benefits, please describe the procedures and practices for assigning DHS staff as representatives at OAH hearings.**

The appeals office within the Family Services Administration, the Office of Administrative Reviews, does not assign DHS staff as representatives to OAH hearings. This is a decision made by the individual homeless services programs.

- 186. How does DHS determine the number of hours that policy analysts are available for hearings? How are staffing issues decided?**

The office of administrative reviews has hearing officers who use 100 percent of their time to conduct hearings and write administrative decisions based on the Homeless Services Reform Act (HSRA), supporting program regulations and agency policy.

- 187. If the DHS representative changes between hearings at OAH, how is this information communicated to the Petitioner/consumer?**

The Office of Administrative Review does not make decisions regarding changes to the DHS or contracted provider representative.

- 188. What protocols or oversight does DHS have to ensure that policy analysts attending OAH hearings are familiar with their assigned cases and prepared to provide a status report?**

This does not apply to the FSA office of administrative reviews as this unit does not send representatives to OAH. The representatives who attend OAH are either from contracted providers and/or DHS staff of the homeless services programs.

- 189. For FY24 and FY25, to date, please provide the average amount of time for DHS to resolve cases at OAH from the time the fair hearing request is filed to the issuance of the Final Order.**

The office of administrative review cases average over 6 months from the time of filing due to the influx of program exits following the loss of federal funding post pandemic.