HOMELESS SERVICES REFORM ACT MODERNIZATION

The Homeless Services Reform Act (HSRA) was drafted over a decade ago and focused largely on ensuring access to shelter for persons experiencing homelessness during hypothermic weather to prevent cold weather injury and death. Since that time, there have been significant changes to federal policy (via the Homeless Emergency Assistance and Rapid Transition to Housing, or HEARTH, Act of 2009[1]) as well as the District's local landscape.

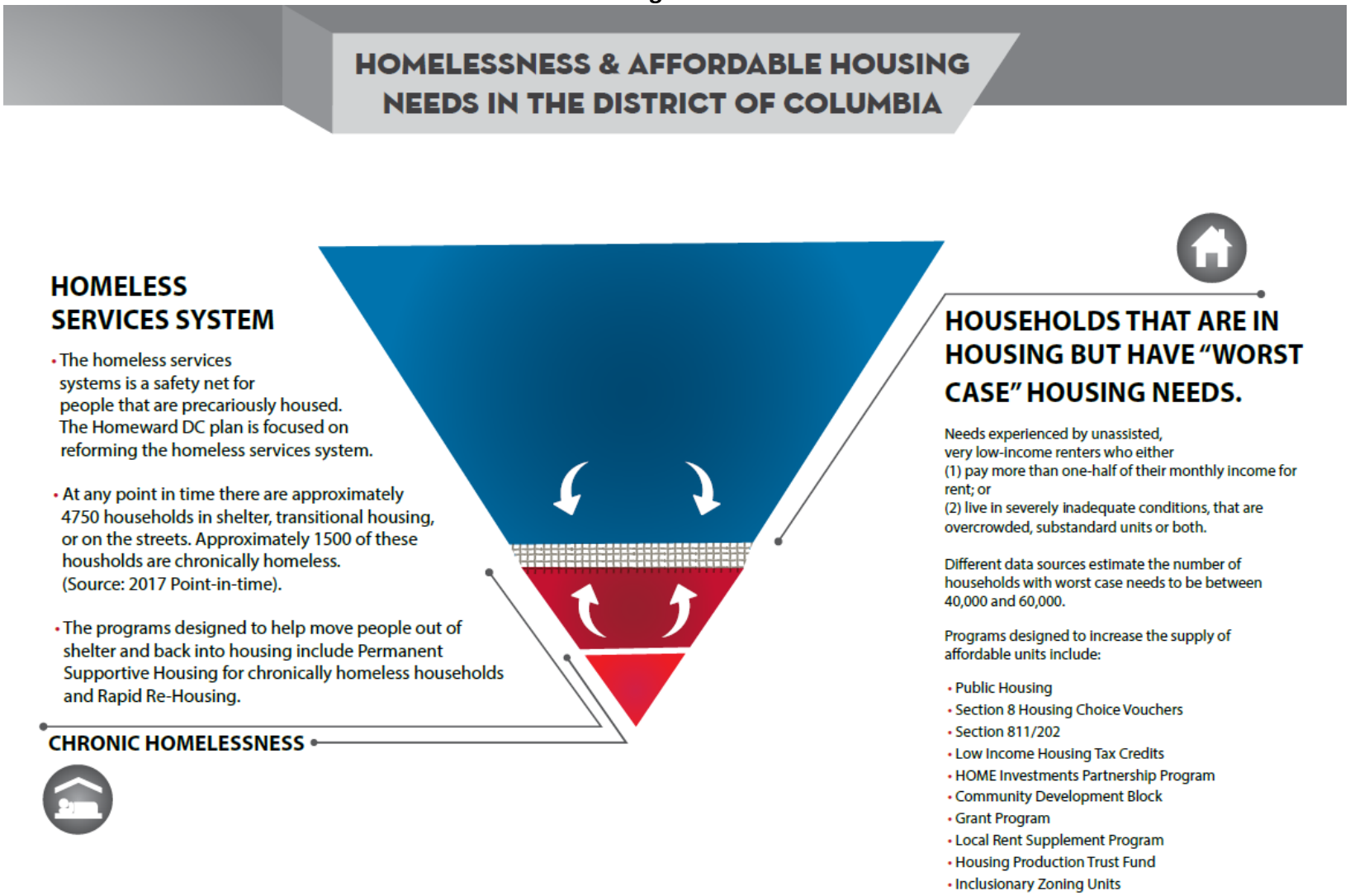
In 2014, when the Interagency Council on Homelessness (ICH) began work on the city's *Homeward DC* plan, stakeholders participating in the plan development discussed that the HSRA would need to be amended if the city were to fully realize the vision set forth in the plan. Over the past year, the ICH, in coordination with the Department of Human Services (DHS), has been working on a package of changes to the statute with the goals of 1) updating the policy framework to be consistent with federal policy and industry best practices; and 2) addressing aspects of current law that perpetuate ineffective, costly, and unsustainable practices, and consequently threaten the City's ability to manage the homeless services system as a *crisis response* system.

Over the past decade, our understanding of the interventions that work for people experiencing homelessness has grown, and the industry has shifted from a "housing ready" approach, where clients were expected to address mental health, substance use, and education/employment barriers prior to being offered housing, to a "housing first" approach, which focuses on rapid connection back to permanent housing with wrap-around services provided to the client once in housing.

Federal policy recognizes that homeless service system interventions are not one size fits all, and that successful system reform will require strategic targeting of the most intensive (and expensive) interventions to that subset of households that will not be able to resolve their homelessness without it. It also recognizes that the affordable housing crisis in this country has gotten so severe and will take so long to address that we must have short-term interventions while we continue to work on long-term housing affordability. (See Exhibit 1: Worst Case Housing Needs in the District of Columbia.) More plainly put: time-limited interventions like rapid re-housing that are designed to help individuals and families regain a foothold in housing in the short-term are *not a replacement* for the long-term investments needed to make housing more affordable for all low-income renters, *but they are critical* to ensure that individuals and families experiencing homelessness today do not languish indefinitely in shelter, and that we operate a shelter system that has the capacity to meet emergency housing needs as they occur.

[1] In 2009, the Homeless Emergency Assistance and Rapid Transition to Housing (HEARTH) Act was included in a larger piece of legislation, passed by Congress, and signed by President Obama. The HEARTH Act accomplished the first comprehensive overhaul of the U.S. Department of Housing and Urban Development's (HUD's) homelessness programs in 15 years. During that time, HUD made many changes to its programs based on advancements in research and knowledge across the homeless assistance field. For an overview, see "The HEARTH Act" (Steve Berg, National Alliance to End Homelessness) at http://www.huduser.gov/portal/periodicals/cityscpe/vol15num1/Cityscape_March2013_hearth_act.pdf

Exhibit 1: Worse Case Housing Needs in the District of Columbia



Fixing the homeless services system and the broader affordable housing system are interrelated in that there is overlap in the population served, implementing agencies, and funding sources. However, ensuring the homeless services system can function as a crisis response system does not address broader affordable housing needs in our community, just as investments in broader affordable housing alone cannot fix a broken homeless services system if households cannot access help when they need it. *Accordingly, the amendments being proposed to the HSRA are intended to ensure the District can operate an effective homeless services system that quickly and safely stabilizes households in crisis and helps them resolve the homeless episode*.

This document provides the following information:

- An explanation of the process used to identify the proposed changes;
- An overview of the proposed changes; and
- Frequently Asked Questions (FAQs) about the provisions.

I. Stakeholder Engagement Process

In April 2016, the ICH launched a formal process to gather input on areas of the law that needed to be addressed. The process included the following steps:

1. Solicitation of written comments from stakeholders – including past or current consumers of homeless services, system providers, advocates, and government partners – to identify the areas where change was needed.
2. To provide transparency, use of a work group to review and triage comments into the following categories: 1) issues that could only be addressed through the statue; 2) issues that could be addressed through guidance; 3) issues that were fundamentally related to funding or operating procures and not relevant to this process.
3. A series of stakeholder meetings to gather input on the issues identified that could only be resolved through the legislative process.

   Note: In many cases, an issue was raised by more than one type of organization (government, service provider, advocate, consumer representative), but different parties often had different ideas about the nature or content of the change.
4. Based on the first series of meetings, the ICH and DHS developed a redline version of the law to propose new/modified language on the issues identified.
5. An additional series of stakeholder meetings throughout the fall and winter to discuss proposed language on each topic.
6. Summary meetings in May 2017 to review final proposed changes once they had passed legal sufficiency.

The ICH process provided a vehicle for community partners to provide direct input into the areas of the law that needed to be addressed, including feedback on the specific language incorporated prior to the Council process. It allowed government partners to understand the extent to which there was consensus around different issues, and where we lacked consensus, why and how we

could address those concerns. While 100% consensus is an unrealistic expectation in a process like this, we believe the process led to a thoughtful, comprehensive package of changes.

II. Overview of Proposed Changes

The Homeless Services Modernization Amendment Act contains extensive changes – both technical and substantive. The changes can be summarized in the following categories:

- Subchapter I: Definitions (HEARTH Act Alignment).
    - The bill makes changes to existing definitions and adds new definitions to align with Federal policy. This includes updating our definitions of "homeless," "at risk of homelessness," and "chronically homeless." Although there is little operational impact due to these changes, having two different definitions and two sets of documentation requirements makes it difficult/cumbersome for providers that operate programs with blended funding from the Federal and District government.
    - The bill also eliminates the term "supportive housing" (which is a general term inclusive of transitional and permanent programs and is used throughout the current statue) and creates distinctions between shelter, transitional, and permanent housing programs. This change was important because clients have different rights and providers have different responsibilities based on the type and nature of the programming.
    - The bill adds a definition for "medical respite services," a program type that did not exist when the original law was drafted, and "retaliation," to further protect clients' ability to exercise their rights.
    - Finally, the bill expounds on the type of documentation clients can use to demonstrate District of Columbia residency to align with other District government programs and to comport with standards used in some neighboring jurisdictions. Providers and advocates have repeatedly requested greater clarity on this issue, but because there is already language in the statute, legal counsel advised that we would need to make changes in the statute (versus regulations or guidance) to avoid having conflicting standards.

- Subchapter II: Interagency Council on Homelessness. The HSRA created the ICH. Minor changes are being recommended to add seats for private sector partners and streamline the powers and duties.

- Subchapter III: Continuum of Care Services. This section clarifies eligibility for CoC services in four different regards:
    - First, the bill clarifies that individuals and families that have access to safe and appropriate housing are not eligible for shelter, although they remain eligible for crisis intervention services, such as family mediation and conflict resolution services.
    - Second, it clarifies that individual and family households must meet program eligibility criteria throughout their time in a program (versus just at program application) by

clarifying that eligibility may be re-determined in cases where a household's circumstances change or new/relevant information comes to light.
    - Third, the bill clarifies that referrals to permanent housing programs will be based on coordinated assessment protocol (versus chronological order).
    - Lastly, it clarifies that individuals and families have a three-day grace period to gather documentation needed to *demonstrate* their residency, versus three days to *establish* residency.

- Subchapter IV (Part B): Client Rights & Responsibilities. Given the evolution of the system and the addition of programs to help clients connect back to permanent housing, the bill establishes additional rights for clients in permanent housing programs (where they are a leaseholder in their unit), and clarifies that it is the lease agreement – not participation in services – which dictates the client's right to stay in their unit.

- Subchapter IV (Part C): Provider Requirements. The bill includes a series of changes to ensure more efficient functioning of the system:
    - The bill clarifies the right to transfer clients to different programs when a provider loses funding or control of a facility; it also clarifies that *emergency* transfers (which have different/shorter notice provisions) can be used in the case of an immediate and unexpected loss of a facility.
    - Under the emergency termination and transfer provision, the bill also clarifies that "immediately" means within 24 hours of an incident (since incidents may occur in the middle of the night and it can take time to confer with supervisory staff and process paperwork).
    - Under this subchapter, the bill also clarifies notice procedures in cases where a client appears to have abandoned a temporary shelter or transitional housing unit to ensure the District is not paying for empty units and to ensure maximum utilization of available units.
    - Finally, the bill adds a provision allowing providers to exit clients from housing programs (in contrast to shelter programs) in cases where the client has achieved his/her goals or has received the maximum amount of assistance available under the program.

III. Frequently Asked Questions

On May 15, 2017, the Chairman, on behalf of the Mayor, introduced the Homeless Services Reform Amendment Act (HSRA) of 2017. On June 14, 2017, the Committee on Human Services held a public hearing on the proposed legislation. During the hearing, a number of concerns were raised, particularly by stakeholders that did not participate in the stakeholder engagement process. A majority of these issues had been discussed at length. To help clarify misunderstandings that may still exist, the Department of Human Services (DHS) and the Interagency Council on Homelessness (ICH) offer the following responses to frequently asked questions.

Definitions

1. **Does the definition of homelessness change who DHS serves?**
   No, the definition does not change who DHS serves through the homeless services system.

   Understanding the Federal Definition
   In 2009, Congress passed the HEARTH Act, which amended the McKinney-Vento Homeless Assistance Act and dramatically changed the way the US Department of Housing and Urban Development (HUD) administers its Homeless Assistance Grants programs. A key aspect of the changes made through the HEARTH Act was the *expansion* of the statutory definitions of homeless and at-risk of homelessness through a carefully negotiated compromise that took into account the views of multiple stakeholders. This current definition of homeless includes four broad categories:
   1. Living in an emergency shelter, in transitional housing, or on the street or in other places not meant for habitation;
   2. At imminent risk of homelessness (an individual or family who will imminently lose their primary nighttime residence within 14 days of the date of seeking assistance);
   3. Unaccompanied youth and youth-headed households experiencing persistent housing instability; and
   4. Fleeing domestic violence.

   The challenge homeless service systems across the country face are not with the definition, but with available resources. Many people face unstable housing situations, including overcrowding, doubling up, and extreme affordability challenges. (In the District, the number of households in these "worst case" case housing situations is 10 to 15 times the number of households in the homeless services system at any point in time. See Exhibit 1 above.) HUD has argued that providing rental assistance and improving the supply of affordable housing is the best approach to helping these households. Encouraging them to enter emergency shelter or receive crisis services will not address their core needs and will make these critical services less available for people who do need them. Therefore, HUD has been mindful to push communities to use the range of tools and programs available to them – including homelessness prevention programming, emergency rental assistance, landlord-tenant mediation (legal or informal), housing rehab and preservation funds, etc. – to prevent housing loss versus immediately turning to shelter as the key strategy. This is particularly important because once a household has lost their housing or has an eviction on their record, it's much harder to find a new unit. However, in cases where housing loss cannot be prevented, the definition is sufficiently broad to serve any household who has no safe place to stay.

   How Does Aligning the HSRA with the Federal Definition Change Local Operations?

   Adopting the Federal definition does not change our current operations, though it does institutionalize protections for unaccompanied youth (which are not included in the existing HSRA definition) and it expands protections for persons fleeing violence. It will also reduce the administrative burden on homeless service providers (the majority of which operate

programs with blended funding from Federal and local sources) to operate under one definition and consistent documentation requirements.

With regard to single adults, the vast majority of shelter within the District is designated as "low barrier" shelter. As currently specified in the HSRA, "low barrier shelter is offered without imposition of documentation, time limits, or other program requirements," and there is nothing in the proposed provisions that changes the way low barrier shelter functions.

With regard to the family system, any family seeking shelter that has access to safe and appropriate housing *for at least one night* is referred to the Department's Homelessness Prevention Program (HPP). The assigned HPP provider begins working with the household immediately to prevent housing loss. For a family facing formal eviction from a rental unit, HPP can assist with negotiating with the landlord to halt the eviction, providing assistance with back rent, creating alternate payment plans, renegotiating the terms of the lease, relocating to a more affordable unit, etc. In cases where a household is staying with family members or friends, HPP assist with conflict resolution/family mediation, payment of expenses that are burdening the household (groceries, utilities), etc. If the situation is not sustainable, HPP can assist with re-housing the client directly from the housing arrangement, thereby avoiding a shelter stay. (In the past 21 months, more than 600 households have been assisted from HPP to move into units of their own.) Alternately, if the situation cannot be resolved, and re-housing is not feasible within the timeframe available, HPP also refers clients directly into shelter without the household having to return to Virginia Williams Family Resource Center.

In summary, the District is already operating with the parameters of this Federal definition, though alignment will reduce the confusion of having different definitions, institutionalizes protections for key subpopulations, and reduces the paperwork burden on providers.

HUD has provided extensive guidance on the definition over the past three years. Advocates or other partners who do not provide direct service may not be as familiar with this guidance and are encouraged to review available materials. A good summary is provided at https://www.hudexchange.info/resources/documents/HomelessDefinition_1.17.12.pdf.

2. **The bill proposes changing the definition of Permanent Supportive Housing (PSH) to "a program that provides rental assistance and supportive services for an unrestricted period of time to assist individuals and families experiencing chronic homelessness, or at risk of chronic homelessness, as determined by assessment in accordance with centralized or coordinated assessment system protocol, to obtain and maintain permanent housing." Will a family with a child that has a disability qualify for permanent supportive housing? How would this impact a family that is already in permanent supportive housing?**

Permanent Supportive Housing (PSH) consists of a permanent, deep rental subsidy (where participants pay 30% of their income towards rent and the program covers the rest) and intensive, ongoing supportive services to help the household maintain housing (e.g., understand and abide by the terms of their lease, pay their rent, schedule and attend doctor

appointments, follow medical regimens, complete paperwork to maintain benefits). Currently, households must meet the definition of chronic homelessness to be eligible for PSH funded with federal dollars. With local funding, however, the District has chosen to expand eligibility to also include households at risk of chronic homelessness (i.e., those that have a disabling condition and will likely "time into" chronic status if not otherwise assisted).

To meet the definition of chronic homelessness, the head of household must have a disabling condition. A family with a child that has a disability would not meet the definition of chronic homelessness based on the child's status alone. If the child's healthcare needs prevent the parent from working, the more appropriate intervention for this household would be Targeted Affordable Housing (TAH), which includes the permanent subsidy but only light touch services (i.e., a quarterly check-in) to ensure the household is stable and connected to other resources more generally available in the community. If the parent also has a disabling condition such that they will need intensive services to maintain their housing, then the household would qualify for PSH based on the parent's condition.

It is important to note that PSH is the most expensive housing program within the Continuum of Care, and accordingly, it must be targeted appropriately. At the time the Homeward DC plan was developed, the annual cost of supportive services associated with each PSH unit/subsidy was nearly $12,000. (Costs are higher today since that estimate was developed a few years ago.) Therefore, it's important not to use PSH for households that do not need or want services. This is the reason we developed the TAH program -- to be judicious in how we use resources and to ensure we have interventions that appropriately meet different households' needs.

With regard to ongoing eligibility for PSH, once an individual or family has been placed in PSH, that household is assumed to be at continued risk of chronic homelessness *but for* the intervention. The household maintains their voucher unless they increase their income so much that they exceed income eligibility guidelines associated with the voucher program, as determined by DCHA's annual recertification process. With regard to the supportive services component, if the individual or family has improved and no longer wants or needs the intensive involvement of a case manager, we would offer the participant the option to transfer to TAH (i.e., retaining their voucher, but discontinuing services). Permanency is a hallmark of the PSH program design and it's how the program has always functioned. There are no changes proposed to PSH tenure in this bill, though if stakeholders wish to clarify this in the statute, the ICH and DHS would not be opposed.

3. **Will people coming out of institutions who have been there for more than 90 days be eligible for shelter or permanent supportive housing?**
   Yes. Historically, institutions like prisons or state psychiatric hospitals have not always fulfilled their responsibility to work with clients on discharge or reentry plans. Far too many institutions rely on the homeless services system to meet the client's shelter/housing needs upon release. With this part of the definition, HUD is distinguishing between people that are experiencing homelessness and may have a short-term sentence in a local jail during the middle of that homeless episode, versus those individuals that are institutionalized for months

or years and have ample time to develop a housing plan before release.

Having said that, this distinction makes little difference in the District, both because we have a right to shelter (and therefore our capacity expands to meet need) and because we offer low barrier shelter for single adults, which means people may enter without imposition of documentation, time limits, or other program requirements. As explained under Question #1, no changes have been proposed to the way low barrier shelter operates; therefore, a person exiting an institution who has no other safe place would be able to enter shelter.

4. **Will runaway youth still qualify for services?**
   Yes. Outside of any discussion related to the definition, youth crisis beds in the District are considered low barrier beds, which operate without documentation requirements.

   Having said that, the Federal definition provides clear protections for unaccompanied youth, which do not exist under the current statute. Further, it is important to note that a youth may be eligible under any of the categories listed (e.g., Category 4, a person fleeing violence or other dangerous conditions). However, if stakeholders are concerned that there may be confusion and would like to add an explicit reference to runaway youth, the ICH and DHS would not be opposed.

5. **How do the definition changes impact the ERAP program?**
   The definition changes have no impact on the Emergency Rental Assistance Program (ERAP). ERAP is a crisis intervention program which falls within the Continuum of Care under the Homeless Services Reform Act of 2005, as amended (HSRA). The HSRA also directs the Mayor to "*issue rules on the administration of emergency assistance grants offered as crisis intervention services to individuals and families in need of cash assistance for mortgage, rent, or utility bills in arrears or for a security deposit or first month's rent*." *See* D.C. Official Code § 4-753.01(e).

   The proposed "at-risk of homelessness" definition states that to qualify for services the annual family income must be below 30% of the median family income for the DC metro area as determined by HUD. In contrast, the ERAP regulations say that an applicant unit's combined income must not exceed 125% of the federal poverty level as defined by the federal Department of Health and Human Services. This is a narrower standard than the proposed "at risk of homelessness" definition.

   Further, the definition of "at-risk of homelessness" includes a condition customizable by each jurisdiction (paragraph vii: "otherwise lives in housing that has characteristics associated with instability and an increased risk of homelessness, as identified in the community's approved Consolidated Plan").

6. **Are survivors of domestic violence presumptively eligible for services?**
   Yes, Category 4 of the federal homeless definition includes any individual or family that is fleeing or attempting to flee domestic violence, dating violence, sexual assault, stalking, or other dangerous conditions.

With regard to the proposed provision regarding access to safe housing (4-753.02a-2), the bill states that an individual or family who has access to safe housing "is not eligible for shelter, unless the individual to family can establish by clear and convincing evidence that they cannot return to such housing." The bill goes on clarify that "this presumption shall not apply to individuals to families seeking shelter services by reasons of domestic violence, sexual assault, or human trafficking."

DHS takes threats to safety very seriously. DC Alliance for Safe Housing (DASH) is located onsite at Virginia Williams Family Resource Center to provide consultation to intake staff and direct support to families that are fleeing domestic violence.

7. **How do you define an offer of "appropriate permanent housing?" How often does the Department terminate clients for refusing two offers of permanent housing?**
   According to the HSRA, "appropriate permanent housing" means permanent housing that does not jeopardize the health, safety or welfare of its occupants, meets the District's building code requirements, and is affordable for the client (4-751.014). To date, DHS has never terminated a client for refusing two offers of permanent housing.

8. **How do you define "safe housing?"**
   According to the HSRA, "safe housing" means housing that does not jeopardize the health, safety, or welfare of its occupants and that permits access to electricity, heat, and running water for the benefit of occupants (4-751.01.32A).

9. **Can people who are in unsafe housing for reasons other than violence be served under the proposed definition?**
   Yes. "Safe housing" means housing that does not jeopardize the health, safety, or welfare of its occupants and that permits access to electricity, heat, and running water for the benefit of occupants (4-751.01.32A). Depending on the severity of the situation, a Homelessness Prevention Program provider would be engaged to help the client negotiate repairs, relocation, and/or seek legal remedies against the landlord. However, if the housing is uninhabitable, and the family has no resources or support networks to obtain other housing, the client would be eligible for a shelter placement under Category 2 (an individual or family who will imminently lose their primary nighttime residence within 14 days).

10. **Will people who have no safe place to sleep be required to stay on the street or in a place not fit for human habitation for one night before qualifying as homeless?**
    No. The definition is used to establish eligibility for different program types, but also to establish consistent reporting standards. Eligibility is generally forward looking (does the household have a safe place to stay tonight?), while reporting is looking backward (where did the household stay last night?). However, under no circumstances would an individual or family have to sleep on the street or in a place not meant for human habitation to be eligible for a shelter placement. Under Category B, a household who will imminently lose their primary nighttime residence within 14 days of the date of application is eligible for shelter.

11. **Are families with children who are doubled up considered homeless under the new definitions?**
    As discussed under Question #1, under the proposed definition, any family that will lose their primary nighttime residence within 14 days can be served with a shelter placement. However, in the District, anyone seeking assistance that has somewhere safe to stay for at even one night will be referred to the Homelessness Prevention Program (HPP). The assigned HPP provider may be able to help the family stabilize the situation, but if not, the family can be referred directly to shelter without returning to VWFRC.

12. **When a household has a Writ of Eviction are they eligible for homeless services? Do they have to wait until the US Marshall's Office appears at their door?**
    Families with a Writ of Eviction are eligible for homeless services. When a family presents at Virginia Williams Family Resource Center with a Writ, DHS works with the family, Landlord-Tenant Court and the US Marshall's Office to determine when the Writ will be executed. When an eviction is not imminent, DHS refers the family to the Homelessness Prevention Program (HPP). Through emergency rental assistance and other wraparound services, DHS is often able to prevent the eviction. In cases where the US Marshall's Office has confirmed an eviction or a tenant has come to an agreement with the landlord to move out of the unit and the client has no other safe place to stay, DHS will place the family in emergency shelter.

13. **Category 3 of the definition specifically refers to unaccompanied youth. One of the conditions listed is that the youth has not had a lease, ownership interest, or occupancy agreement in the past 60 days. Does a youth have to wait 60 days to get help? How would an applicant verify that he/she has not been on a lease for the preceding 60 days?**
    No, a youth does not need to wait 60 days to receive help. It is important to note that a youth may qualify under any category of the definition. HUD has provided extensive guidance on this topic. See, for example, "Children and Youth and HUD's Homeless Definition" at https://www.hudexchange.info/resources/documents/HUDs-Homeless-Definition-as-it-Relates-to-Children-and-Youth.pdf.

    Category 3 is the only category that specifically mentions youth, though as HUD points out in its guidance, youth are much more likely to be assisted under one of the other categories. For example, if a transition age youth was a leaseholder and being evicted from his/her unit, he/should would qualify for assistance under Category 2, as would any adult.
    However, understanding that youth homelessness sometimes manifests differently than adult homelessness and that youth often resort to couch surfing (which should be distinguished from other types of situations that may also be referred to as "doubling up," such as a multi-generational household), Category 3 was included to ensure youth that are highly unstable and moving from location to location would also be covered.

    With regard to documenting the absence of a lease agreement, the provider would simply have the client sign a self-certification and keep that as part of the client's file. Again, HUD has provided extensive guidance on documentation requirements, which our providers using federal funds must already follow. For a summary, please see https://www.hudexchange.info/resources/documents/HomelessDefinition_RecordkeepingRe

quirementsandCriteria.pdf.

Residency

14. **In practice, how would a young person prove residency?**
    Easy forms of documentation for a youth would include school enrollment, a parent's benefit receipt (the youth will be listed as a member of the household), and an attestation by a verifier. A youth who has difficulty providing documentation would still be eligible to stay in a crisis bed (which functions as low barrier shelter), and from there, the providers could help the client collect any additional documents needed for referral to other programs.

15. **Why is the "grace period" necessary given that DHS also has the ability to place a family in an "interim eligibility placement?"**
    The term "grace period" is the language in the original statute. In most cases, DHS intake workers have the documentation necessary to verify residency at their fingertips – receipt of public benefits in the District and/or children enrolled in school in the District. In cases where it takes a little bit more time for families to gather documents, DHS provides for a three day grace period. While families are gathering documents, they still have a safe place to sleep.

    In 2015, through the *Interim Eligibility and Minimum Shelter Standards Act,* DHS established a tool called Interim Eligibility (IE). Though not incompatible with a grace period, IE is used for a broader range of issues; the grace period is simply for providing documentation. Interim Eligibility gives DHS the authority to place a family in emergency shelter for up to 12 days while we engage more deeply with the family to accurately access eligibility for homeless services and to work with the family and their support network to determine whether other safe housing options are available for that family. Nearly 80 percent of families placed in shelter had last stayed with friends and family. There are several reasons why those living situations may no longer be viable, but there is also the possibility a safe living arrangement can be reestablished under the right circumstances and with the right supports.

16. **Is there data to support the assertion that people from other jurisdictions are accessing our services?**
    Yes, there is data to support the assertion that people from other jurisdictions are accessing our services. Between October 2016 and April 2017, 11 percent of applicants seeking homeless services at Virginia Williams Family Resource Center were not District residents.

    Additionally, when we look at utilization in our low barrier shelter system, only 42% report the zip code of their last permanent address to be within the District. While 21% reported a zip code outside of the District, 38% did not answer the question or indicated that they did not know. It is likely that at least some of the "refused" responses are from individuals coming from outside of the District. While we do not ask for documentation for individuals entering low barrier shelter (and the proposed legislation does not change this), this provides strong evidence that we do have individuals and families from the region accessing the District's

homeless services system.

17. **Will undocumented immigrants be eligible for shelter?**
    Yes, undocumented immigrants will continue to be eligible for services. Proof of identity or residency is not a requirement for the District's low barrier shelters. In our family system, we see very few families that are undocumented. Families that are undocumented can demonstrate residency by providing documentation of school enrollment, receipt of Alliance benefits and/or through attestation. Note that families would be placed in shelter using the Interim Eligibility provision if they needed time to gather documents.

18. **Are residency requirements constitutional?**
    Residency requirements are constitutional. A durational residency requirement that prevents people from accessing public benefits for a certain period of time would be unconstitutional. The HSRA currently has a residency requirement (as do the majority of jurisdictions surrounding the District); the proposed amendments clarify that applicants must be a DC resident on the day they are applying for services and further clarity the documents that may be used to demonstrate residency.

Re-determining Eligibility

19. **Will re-determining eligibility allow for terminations without due process? And why is this provision necessary? Would it apply to PSH clients?**

    No, re-determining eligibility does not allow for terminations without due process. Clients have the right to appeal their eligibility determination. A re-determination of eligibility would result in either a transfer to another program (in cases where a client is no longer eligible for the program they are in but eligible for other programs in the CoC), or an exit (if the client is no longer eligible for any services in the CoC, such as in cases where they have increased their income and no longer meet income thresholds). The latter situation of being exited from the system is exceedingly rare.

    There are three cases where DHS has a clear need to use this provision:

    1. When a family is not regularly using their motel room because they have another safe place to stay;
    2. When a family composition changes and there are no longer minor children in a household; or
    3. When a young person turns 25 and has aged out of a service that is offered for youth and that young person would be more appropriately served by an adult program.

    This provision is important to ensure we are using resources judiciously by matching clients to the most appropriate intervention as their needs or circumstances change, and to ensure we are in compliance with federal policy. In programs where federal funding is used, providers cannot continue serving someone that is no longer eligible. If ineligible clients are identified

through a monitoring visit, this puts the District at risk of having to repay federal funds. It is an easy and common sense fix to clarify that a participant must remain eligible throughout their entire time in a program – not only at program entry.

Finally, some stakeholders have expressed concern that this provision could be used to terminate clients from PSH because they are no longer considered chronically homeless once in housing. This is extremely inaccurate. Once an individual or family has been placed in PSH, that household is assumed to be at continued risk of chronic homelessness *but for* the intervention. The household maintains their voucher unless they increase their income so much that they exceed income eligibility guidelines associated with the voucher program, as determined by DCHA's annual recertification process. With regard to the supportive services component, if the individual or family has improved and no longer wants or needs the intensive involvement of a case manager, we would offer the participant the option to transfer to TAH (i.e., retaining their voucher but discontinuing services). Permanency is a hallmark of the PSH program design and it's how the program has always functioned. There are no changes proposed to PSH tenure in this bill, though if stakeholders wish to clarify this is the statute, the ICH and DHS would not be opposed.

20. **Will DHS see an increase in appeals due to re-determining eligibility?**
    It is difficult to project whether DHS will see an increase in appeals after the provision is in place.

Virginia Williams Family Resource Center (VWFRC) Operations

21. **How long does it take for DHS to determine eligibility?**
    Eligibility determination is an extensive, but fairly quick process. On average, it takes four minutes from the time a family reaches the front desk at VWFRC until they time they meet with an eligibility work; 37 minutes from the time their intake begins until they receive a placement or are determined to be ineligible for services; and for clients requiring transportation, 48 minutes from the time they received a placement to the Shelter Hotline van arriving on-site.

Medical Respite

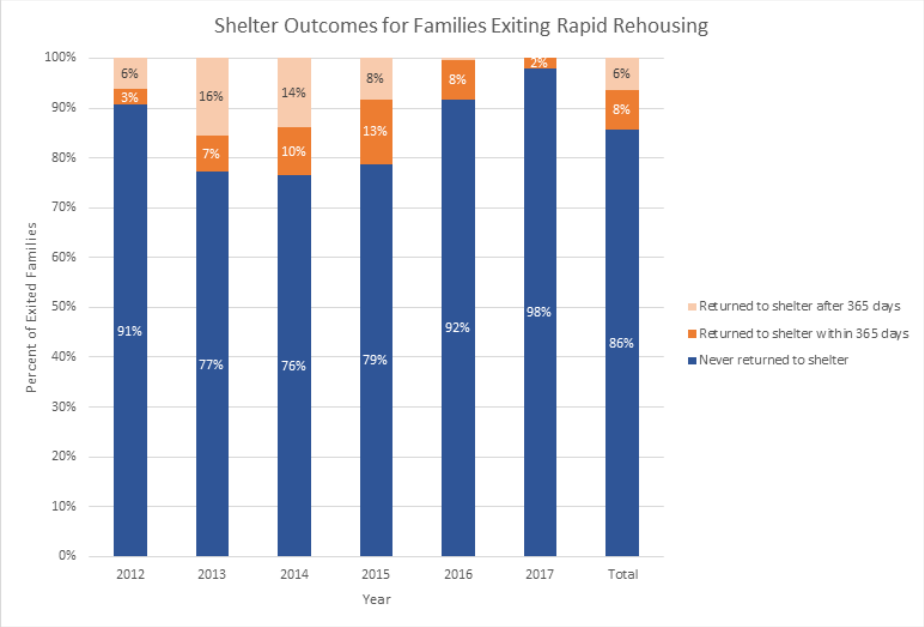
22. **Do the medical respite provisions eliminate all due process protections for clients?**
    Medical respite services – a relatively new service in our community – are not equivalent to shelter, and should not be subject to the provisions of the HSRA. Similar to hospital discharge decisions, decisions about discharge from medical respite services should be made by a medical professional. These decisions are exempt from the due process that exists under the HSRA, but are still appropriately regulated by and subject to the grievance processes of the medical system.

23. **Why is the notice requirement for ending medical respite services different from transfer**

and termination notice requirements?
A stay in a medical respite facility is typically very short. Medical respite is used when a client is preparing for a medical procedure (e.g., a colonoscopy) or recovering from an *acute* (versus chronic) medication condition. Medical professionals and supporting staff communicate with the client from the time they enter regarding their anticipated length of stay, and subsequently work with the client during that time period on their next step. In order for the system to work effectively and create space for clients coming behind them who have those acute medical needs, providers need to be able to quickly discharge people from medical respite services when they no longer need the intensive level of medical assistance that respite provides. The client will always be offered a transfer to another program in the continuum that is available, but it is up to the client whether they choose to accept that transfer. Without this provision, clients will occupy beds without medical necessity which could be used by others.

Rapid Re-housing

24. Is rapid re-housing is an effective tool to end a family's homelessness? Yes, our data shows that since 2016, 86% of families who exit rapid rehousing do not return to homelessness. This is above the national success rate of 80%. We also know that families served with rapid re-housing are homeless for shorter periods of time than those provided shelter assistance only. And rapid re-housing is less expensive per exit or family than shelter or transitional housing. The HSRA defines Rapid Re-Housing as "a program that provides housing relocation and stabilization services and time-limited rental assistance as necessary to achieve stability in that housing and under which the individual or family has a lease in their own name and may remain in the housing when the program assistance ends."



25. Why is there a different appeals process for rapid re-housing?
Rapid rehousing is a time-limited subsidy. As there is no right to housing in the District, the law does not provide a legal right to retain a time limited assistance that as there would be with a permanent subsidy. Further, this decision should be made by someone with clinical insight, who understands the system's needs, resources and constraints. If these decisions are

made in a vacuum, we risk having a one-size fits all system where our limited slots are allocated based on who appeals first – and we lose our ability to provide our most intensive resources to those who need them most.

26. **Will a family in the rapid re-housing program still be eligible for homeless preference as defined by DCHA?**
    Currently, a family would not be eligible for homeless preference as defined by DCHA. However, we are open to working with DCHA on how they interpret homeless status for the purposes of their programs.

Shelter

27. **What homeless shelters currently operate in the District and what is their capacity?**
    The Winter Plan details the capacity at each of our shelters for adult men and women, and families.

28. **Will youth providers be able to continue to operate low-barrier/crisis beds?**
    Yes, youth providers will continue to operate crisis beds. In fact, the Fiscal Year 2018 Budget includes the addition of 22 crisis beds for young people.