D.C. Homeless Initiative Mtg 5/21

Cont. of Care: Prev (Outreach), Emergency, Transit, Permanent

"Initiative City" - to test, ~~strengthen~~ develop cont-of-care

$100M → Six cities: 1) D.C. — $20M

2) Denver - closed mil. base (County)

3) L.A. — $20M

4) Miami - testing perf-based initiatives - if not succ'ful HUD loans $ to community given back

Food + Beverage Excise tax passed

demonstrating some success → streets "cleaner"

some ppl have moved to self-suf

5) Philadelphia

6) S.F. - Perf

Olive Corr was bend - now return to here

D.C. Initiative

- built into existing D.C. Partnership

Model

Using funding as galvanizer → was able to overcome turf wars... $ was flexible

→ also leverages → brings together fragm'd, not eff. servic

to create a coord'd plan requires coord → systems change - more effective

accountability thru perf/benchmarks

Potential problem: institutionalize w/ losses

- other agencies replicating

Sept. 1993

U.S. Department of Housing and Urban Development | District of Columbia

The D.C. Initiative:
WORKING TOGETHER TO SOLVE HOMELESSNESS

Secretary Cisneros and Mayor Kelly would like to thank those individuals and organizations who contributed to the preparation of the D.C. Initiative Implementation Plan, "Working Together to Solve Homelessness." Their substantial input and advice were essential in the development of the plan and the Initiative will count upon their support, dedication and continued hard work in the actual implementation of the D.C. Initiative.

This plan was prepared by:

HUD Office of Community Planning and Development

Executive Office of the Mayor Office of Policy and Evaluation

Interagency Council on the Homeless

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Table of Contents

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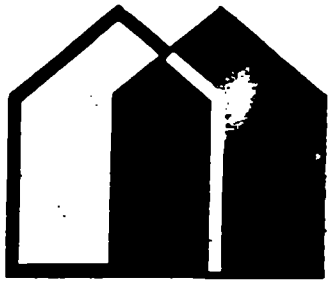
The D.C. Initiative

Working Together to Solve Homelessness



Executive Summary

> "We must do what America does best: offer more opportunity to all and demand responsibility from all. It is time to break the bad habit of expecting something for nothing, from our government or from each other. Let us all take more responsibility not only for ourselves and our families but for our communities and our country."
>
> President Bill Clinton
> Inaugural Address

Despite heroic efforts by some to address the problem of homelessness in America, we have not honestly or accurately recognized its true nature and causes and, therefore, have never devised an effective system. During the explosion of homelessness in the 1980's, we attempted to address the problem primarily by providing emergency shelters.

Shelter alone is not the answer to homelessness. Numerous cities have made extraordinary efforts to provide shelter to the homeless, but it has not solved the problem. In spite of large increases in Federal, state and local spending, homelessness is not getting better.

The continued presence of men, women and children living on the streets of America disgraces us all. The failure of the emergency shelter approach has caused homeless individuals and families as well as the community to suffer.

It is time to recognize that past approaches have not worked, cannot be reformed, are inherently flawed and must be replaced. We need to break with the past and adopt a new approach that addresses the real problem.

An honest assessment must be made of the needs of the homeless. Once that determination is made, the system must address those needs. Homelessness is not caused merely by a lack of shelter, but by a variety of underlying human service requirements and economic and housing needs that are not being met. In order to effectively attack homelessness we did not need to create an "emergency shelter system" but remedy the existing human service and housing systems.

The D. C. Initiative, led by Department of Housing and Urban Development Secretary Henry Cisneros and District of Columbia Mayor Sharon Pratt Kelly, proposes to establish such a system in the District of Columbia. That system — "a continuum of care" — consists of three basic components: (1) outreach/assessment, (2) transitional housing combined with rehabilitative services, and (3) placement into permanent housing. Depending on the specific needs of the individual or family, continuing supportive services may be provided.

The commitment to provide these services then gives rise to an obligation on the part of the homeless themselves. Under the new system a social contract will provide that government is responsible for providing assistance, but that the individual or family is responsible for making the most of that assistance. This approach necessitates that homeless families and single individuals do all they can to help themselves live independently where they are able.

An intensive outreach program will be undertaken for those service-resistant individuals currently living in public spaces. Experienced not-for-profit and other provider organizations will engage and assist the mentally ill and those with substance abuse problems. Once the necessary services are available, the use of public spaces by the homeless as a residence of last resort can be ended through the program of outreach and the continuum of care.

No matter how well designed, a system is only as good as its implementation. Consistent with the movement to "Reinvent Government," the Mayor will work with the Council of the District of Columbia to establish a new public/private entity for its homeless effort. The proposed new entity would be entrepreneurial and customer service driven, contracting with experienced

not-for-profit and other organizations to provide services. This entity would consolidate and streamline housing development and services for homeless individuals and families.

The Initiative proposes a bold step. However, no system designed to address the individual needs of the homeless can eradicate poverty and other social conditions that allow homelessness to develop. Education and vocational training, for example, can do only so much if an economy does not produce jobs. Ultimately, society must look to economic development, adequate wages, the end of racial and economic segregation, and welfare reform to improve the overall climate which has allowed homelessness to take root and choke off the aspirations of so many of our fellow citizens.

A New Model for Solving Problems of Homelessness: Analysis and Action

Early in his tenure at the Department of Housing and Urban Development (HUD), Secretary Henry Cisneros identified homelessness as a top priority to be addressed by HUD during the Clinton Administration. Secretary Cisneros' commitment to fighting homelessness is shared in the District of Columbia by Mayor Sharon Pratt Kelly who has been assessing the District's approach to homelessness. Secretary Cisneros and Mayor Kelly have now joined forces to develop a focused and comprehensive plan to address the problem of homelessness in the District.

Homelessness is one of the most pressing challenges facing the nation. It is simply unacceptable that there are families and individuals that have no place to call home in one of the most affluent nations the world has ever known. The continued presence of homeless men, women, and children begging for help in our streets, huddled for warmth in the winter in cardboard boxes and over steam grates, is a national disgrace.

While homelessness is a tragedy for all of those caught in its vice, the permanent scars left on the young people are especially painful. An entire segment of our youth has been cast off by society. At an age when others are attending college or buying their first home, these young people have been consigned to a life in the shelters and on the streets. Those young adults who are completely on their own, primarily young men, live in a world where they are cycled through shelters, detention centers, emergency rooms and the streets. The economy has no place for them; their children and their children's mothers — often supported by government assistance — have no use for them; and the public tries not to see them. They are a reminder of our failure as a society to take care of our most vulnerable citizens. They are truly a generation lost to homelessness, casualties of society's neglect.

The continued presence of homelessness is difficult for many to understand in light of the fact that national spending for the homeless has been increasing dramatically. Federal spending alone has increased from less than $400 million in 1988 to over a billion dollars in 1992 and 1993.[1] It is clear that

[1] HUD figures

we have been following ineffective approaches to addressing the homeless problem.

Developed in consultation with partners in the private and not-for-profit sectors, the D.C. Initiative has been undertaken in an attempt to break the cycle of homelessness. It is based on the premise that the nation's homeless system is ineffective and inefficient. This is evident in the District, where too many people who are homeless have been poorly served or not reached. Funds have not produced results, and the public's quality of life has been diminished. This problem is by no means unique to the District, but is a national situation because the approach to homelessness was fundamentally misguided.

The traditional approach of providing "emergency shelter" has been ineffective in moving homeless people into the mainstream of American life. The essential problem is that there has been too little emphasis on providing the human services necessary to address the underlying problems that cause homelessness. Services necessary to allow shelters to truly diagnose the problems of homeless individuals and their families have been sporadic or non-existent, while virtually no effort has been made to develop an effective, long-term plan of action to overcome these problems. Often programs are fragmented locally, and there is an imbalance in the real need for, and the supply of, emergency shelter with transitional and permanent housing. Of a total of 6,701 privately and District government supported homeless beds, the large majority are in emergency shelters. [2]

The commitment of the not-for-profit community has been extraordinary. Working with limited resources, not-for-profit organizations have provided the majority of homeless services. Many of these organizations are represented in the active membership of the Coalition of Housing and Homeless Organizations (COHHO). However, systemic flaws must be addressed before these and other efforts can achieve their full potential.

The homeless population has diverse and unmet needs and a systematic process is required to address those needs to bring a person from homelessness to independent living or other appropriate living arrangements. The system must provide more than emergency shelter, it must provide an array of human services, as well as income and housing services. The Federal and District governments share a vision of assisting homeless families and individuals with

[2] D.C. Initiative figures developed within local non-profits, see District, a report commissioned by Fannie Mae and material from COHHO.

special needs in making a transition from life on the street and in shelters to independent living and other appropriate living arrangements.

Government's obligation to provide assistance to the homeless must be balanced by the responsibility of homeless people to develop independent living skills to their maximum potential. In order to address effectively the problem of homelessness, the District's emergency-based system must not be reformed or enlarged, but replaced. A new system which recognizes the diverse and underlying needs of homeless families and individuals must be established. At the same time, incentives to become homeless in the hope of obtaining affordable housing must be eliminated.

Recognizing that any system design is only as good as its implementation, an effective administrative mechanism must be established to ensure that needed assistance is properly focused and reaches those homeless families and individuals who desperately need it. In the spirit of "Reinventing Government," embraced by Secretary Cisneros and Mayor Kelly, and the initiative headed by Vice President Al Gore, the District would establish a new public-private entity which would explore use of innovative financing options and service delivery mechanisms. Because different human services are provided by different agencies, each with its own expertise, the new entity would be designed to cut through red tape and fragmentation to organize and channel this assistance in an effective way.

Homelessness is not a condition but an outcome. The causes of homelessness are as diverse as the full range of social and economic problems confronting the most impoverished among us. The unrelenting Federal cutbacks in housing over the past 12 years have made a bad situation worse.

Some people are homeless because they lack the education or vocational training necessary to find work in an economy that is now knowledge- and service-based. Others are homeless because large mental health institutions have been closed in the name of progressive medicine and civil liberties, and long-promised community-based mental health care centers have been slow in coming. Still others are without a home because a history of welfare dependency has cut them off from mainstream society, deteriorating basic independent living skills. Alcohol and drug addiction are other contributors to homelessness.

If government is to effectively address these problems, it must have a mechanism to address both housing needs and the various personal and treatment needs presented by the many types of homeless families and individuals. Essentially: (1) human service needs must be accurately assessed; (2) appropriate services must be provided in a transitional setting; and (3) the family or single individual must be assisted in moving into a stable permanent housing arrangement. The three-step "continuum of care" model provides the mechanism for achieving these objectives.

The ambitious program outlined here by the D.C. Initiative proposes to produce or contract for the following over a two year period:

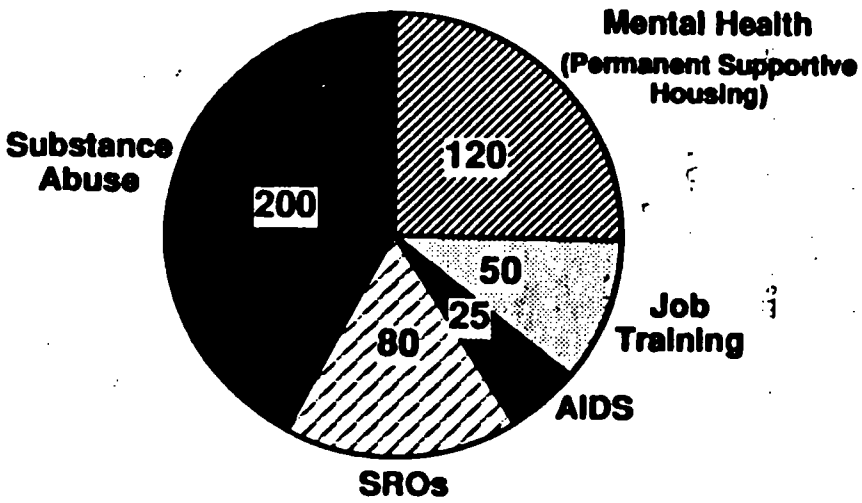
Year 1:	
Single Adults	**Families**
120 Mental health (permanent supportive housing)	500 permanent housing placements (includes HOME and public housing)**
*200 substance abuse	* 50 substance abuse
50 Job training	
25 AIDS	
80 SROs	
475 Year 1 Total	**550 Total**

By Year 2 an Additional:	
Single Adults	**Families**
120 Mental Health (permanent supportive housing)	500 permanent (includes HOME and Public Housing)**
*200 substance abuse	*50 substance abuse
25 AIDS	
50 job training	
80 SROs	
475 Total	**550 Total**
Cumulative Total: 2,050	

* (dependent on ability to site)

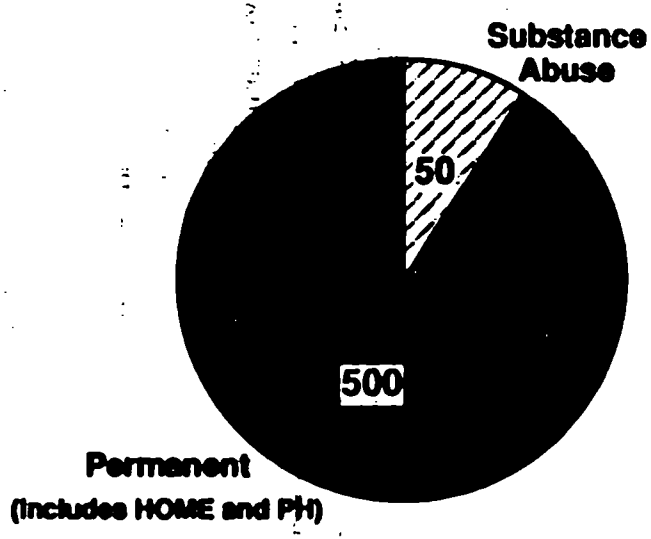
** Homeless Families and Families at Risk

Proposed First and Second Year System under the D. C. Initiative



Singles

Total 475
1st + 2nd Year Total of 950



Families

Total 550
1st + 2nd Year Total of 1,100

Figures for each category represent the number expected to be produced per year.

The D.C. Initiative is a bold attempt to change the District's approach to the problem of homelessness. It builds on a decade of costly experience and should put to rest a failed approach to addressing one of America's most tragic social problems. It also offers a vision of entrepreneurial government that moves beyond the constraints imposed by existing programs and business as usual.

The District of Columbia's Experience

The District's experience with homelessness reflects that of other large cities. In 1975, the District maintained two small emergency facilities with about 100 units for destitute families with no place to live. When more families needed shelter, the District would enter into a contract with a local motel or hotel to provide shelter. An additional 200 single men and women were served by the Central Union Mission, the Gospel Mission and the Salvation Army, with no financial support from the District. A few short blocks from the White House, the Zacchaeus Community Kitchen, relying exclusively on volunteers and donated food, fed about 400 people daily. This was the extent of public and private efforts to assist the most destitute in the nation's capital. At the same time, there were virtually no people living on the streets.

By 1981, the situation had changed dramatically. That winter, nine homeless people residing in public spaces died of exposure. At the same time, the District's shelter capacity had grown to include 15 shelters, four of which were operated directly by the District government. On any given night, these shelters accommodated 600 men, women and children. An additional 200 families received temporary vouchers from the District government for hotel or motel rooms.

Dismayed by the continued growth in the numbers of the homeless people living on the streets, on November 6, 1984, 72 percent of the District's voters supported Initiative 17, guaranteeing the "right to adequate overnight shelter." Initiative 17 became law the following year and significantly expanded the government of the District of Columbia's emergency shelter effort. By 1989, the District was sheltering more than 11,018 single adults and 2,400 families at a cost of $40 million.[3] Despite this considerable public investment, there

[3] D.C. Comprehensive Housing Affordability Strategy

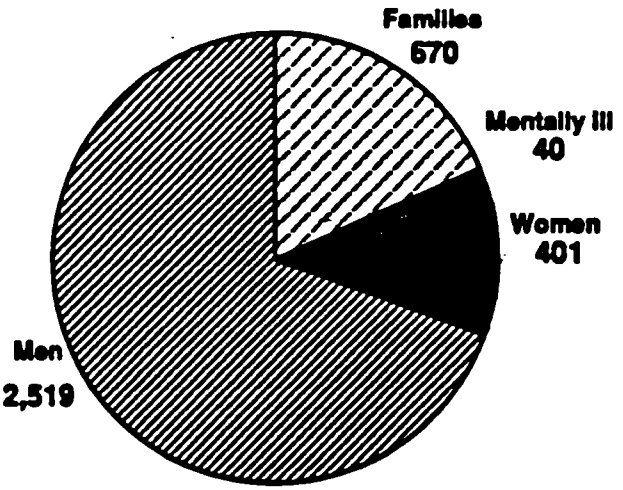
was no visible impact on the growing presence of homeless people on the District's streets.

These figures show a familiar pattern: more and more tax dollars were financing emergency shelter and food programs offering few prospects for a long-term solution. Indeed, there was no visible relief even in the numbers of homeless people living in public places. In November of 1990, with increasing expenditures and no visible effects, District voters repealed the right to shelter by a vote of 51 to 49 percent.

The District was faced with double jeopardy. On the one hand, these emergency food and shelter programs attracted large numbers of persistently poor families and individuals who used them interchangeably with other marginal living arrangements, including doubling up and living in dilapidated housing. Indeed, the emergency shelters had become one of the few avenues through which the lowest income District residents could hope to obtain affordable housing. On the other hand, the problem which the emergency shelters and food programs were originally intended to address — people residing in public places with literally no place to go — remained.

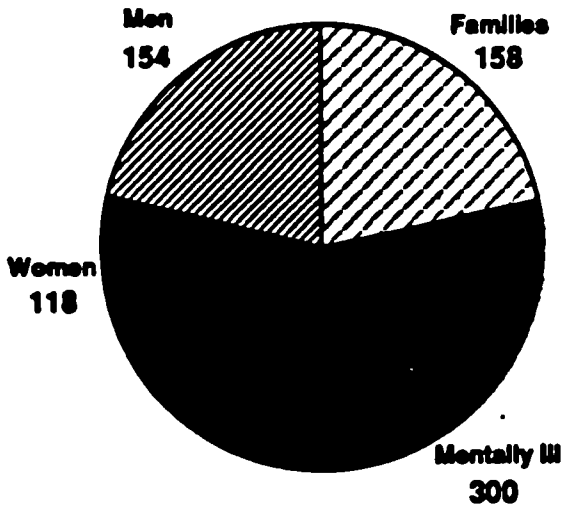
The District of Columbia's Current Emergency Shelter and Transitional Housing Capacity

Emergency Shelter



Total emergency shelter in the District is 3,016 beds.

Transitional Housing



Total transitional housing capacity in the District is 582 beds.

Source: D.C. Initiative figures developed by local non-profits, the District, a report commissioned by Fannie Mae and material from COHHO.

On June 10, 1993, Secretary Cisneros and Mayor Kelly announced their intention to develop, fund and implement a dramatically different approach to the problem of homelessness in the District — one that would serve as a national model for restructuring the Federal/local relationship in addressing homelessness. To begin, the D.C. Initiative established a working partnership consisting of "six corners":

- Not-for-profit housing developers, service providers, advocacy organizations and homeless individuals;
- Private foundations;
- Local businesses and the investment banking community;
- Neighborhood groups;
- The District of Columbia government; and
- The Federal government.

The preparation of this plan relied upon involvement of national and local experts, as well as other resources. A working paper prepared in June of this year by the Executive Office of the Mayor's Office of Policy and Evaluation entitled, "Homelessness in the District of Columbia: A Proposal for Change," and an earlier task force report prepared in October 1992 — "Mayor's Advisory Task Force on Homelessness Report," contributed to the plan. The D.C. Initiative has drawn upon the strength of an unprecedented Federal and local government partnership, as well as local and private sector cooperation. This process has included all levels of the government of the District of Columbia as well as the foundation community. It has benefitted from the inclusiveness of the planning process, as well as a broad base of knowledge addressing homeless issues.

As chairperson of the Interagency Council on the Homeless (ICH), the 17 member Federal agency body charged with addressing Federal homeless policy, Henry Cisneros invited the other members to join in this effort. A series of joint planning sessions and subcommittee meetings coordinated by HUD,

the ICH and the District government were held with the "six corners" representatives and other members of the homeless community, including homeless and formerly homeless people. Meetings with various Federal agencies addressed issues associated with existing funding and identified new possible Federal resources to support the D.C. Initiative. The Department of Health and Human Services, the Federal Emergency Management Agency, ACTION, the Veterans Administration and other agencies were involved.

The Initiative will result in a re-structuring of the past approaches to the problem of homelessness in the District. Federal resources will be added to current expenditures being made by the District to implement a system which will help homeless persons come in off the streets and ultimately move to permanent housing.

Recommendations

The recommendations of the Initiative reflect consensus on several key points. First, that there are several distinct subpopulations of homeless families and single adults. Each must be provided with the services or referrals specifically required. Second, that a more vigorous effort must be made to reach the so-called street people — arguably the most needy but difficult segment of the population to reach. Third, that a social contract exists between those individuals receiving assistance and the community-at-large. Fourth, that the laws which exist to protect both the individual and the community must be enforced. And finally, that residence in an emergency shelter cannot be the primary means for accessing affordable housing by the District's lowest income families and individuals.

The recommendations of the D.C. Initiative call for implementing the following objectives:

- Replacing the current system of "shelters" with a system that distinguishes between the different subpopulations of homeless families and individuals, and employing a continuum of care model that consists of (1) comprehensive outreach and assessment, (2) transitional rehabilitative services, and (3) supportive permanent housing designed around the specific, individual needs of homeless families and individuals. The system includes strengthening efforts to prevent homelessness.

- Recognizing the need for effective administration, and "reinventing" management structure by streamlining existing government efforts and establishing a new public/private entity to coordinate and finance the implementation of the new homeless assistance system.

- Entering into a social contract by which the government is willing to provide services to homeless persons in need, and the individual or family is responsible for participating in an effort to gain independent living skills and avail themselves of services and housing offered to them.

- Recognizing the concerns of residents and businesses, as well as the well-being and need for improved living conditions of persons who are homeless, the Initiative seeks to end the use of public space by homeless persons as residences of last resort through a sensitive program of outreach and continuum of care.

- Increasing the availability of affordable housing for low-income District residents, and developing an equitable and effective means outside of the homeless system for distributing affordable housing opportunities.

As one of the first steps, the Mayor will work with the Council of the District of Columbia to explore the establishment of the new entity. This new entity would coordinate the implementation of the new system, contract with not-for-profits and other providers for the delivery of supportive housing and services, and receive and disperse public, private and foundation funds. It would explore the use of financing options used in other jurisdictions. The new entity's activities would be backed by a HUD investment and a District contribution consisting of in-kind funds and re-direction of existing commitments and program efforts. These resources would enable the District to substantially change its system of caring for homeless people, to leverage available public and private resources needed to create and maintain the proposed new system, and to fill in the gaps in existing funding streams.

The major components of this plan are the continuum of care systems established for single adults and for families. Integral to the success of the

continuum of care systems are the following components: prevention, outreach to street people, establishment of affordable housing, an employment and training strategy, and the creation of a new entity. All of these components of the D.C. Initiative are outlined in this document.

Prevention

The prevention of homelessness is an essential component of the D.C. Initiative, because the best way to solve homelessness is to prevent it. Thus, the Mayor has committed to several innovative policy and program changes designed to prevent homelessness. The District will work with the Family Services Administration, Commission on Mental Health Services, local law enforcement agencies, the Parole Board, and the Department of Corrections to establish proactive discharge policies for acute care, foster care, in-patient psychiatric and corrections facilities. These pro-active discharge policies may include the following: developing a centralized system to identify individuals' status changes; providing housing counseling, employment assistance and educational grants; facilitating family reunification; referring individuals to community residential facilities; and encouraging the development of buddy arrangements where homeless customers pool resources and share apartments. These efforts are intended to ensure that the District's generic health, mental health and criminal justice systems assume greater responsibility for homeless customers and integrate them into on-going systems of care.

For homeless families, the Department of Public and Assisted Housing (DPAH) and the District's Income Maintenance Administration (IMA) centers will expand current efforts to identify public assistance families in public housing who owe rent in arrears by establishing a centralized computer system. This early identification system should identify families after the first 60 days of a delinquent payment to begin identification of problem areas immediately. IMA, through the Renter Vender Payment Program, will develop a rent arrears payment schedule and will arrange for future rent payments to be made directly by IMA to the DPAH, thus reducing, if not eliminating, the likelihood of evictions.

The District will continue to utilize Emergency Assistance ("EA") as part of the early identification process, thus building on the existing rental assistance program under the current EA system. DPAH will report back in 60 days with a specific plan and implementation steps to limit evictions. DPAH will review national models on eviction prevention in the preparation of this plan.

In addition, the District government's Interagency Council on the Homeless will review various agency practices and policies as they relate to homeless

prevention. In particular, the Interagency Council will explore the feasibility of stationing income maintenance eligibility workers in the District's Housing Court. The workers would assist families in avoiding eviction for non-payment of rent by determining eligibility for benefits. They may arrange for direct payment of rents to public and private landlords when appropriate. Lastly, the D.C. Initiative will work cooperatively with the local Health and Human Services Coalition and their efforts to develop creative prevention programs in the District.

Street People — Homeless People Residing in Public Spaces

Outreach

Those who reside in public places pose one of the most vexing problems regarding homelessness. Although this population is relatively small, it is often the most vulnerable, most in need yet most resistant to treatment, and the most visible to the public. This population poses mental health, substance abuse and dual diagnoses challenges which require a high level of expertise.

Because of this challenge, we propose a novel approach. Outreach services will be contracted out to qualified not-for-profit and other provider organizations. Performance measures and goals will be established, so that success may be measured and competition will be employed to determine which agencies are retained to provide the services.

Outreach to homeless individuals living on the street will be crucial to the success of the D.C. Initiative. Contracts will be made to providers to serve as outreach agencies and manage a 24 hour hotline. These not-for-profits and providers must have experience in providing both mental health and/or substance abuse treatment services, as well as the special challenges presented by those who live on the street.

Each outreach agency will identify those homeless people living on the streets that they will work to reach. The government of the District of Columbia will also identify such individuals and refer them to these agencies. The agencies will also be notified of the release to the community of a homeless individual by local hospitals, in-patient psychiatric units and criminal justice agencies. Community residents also may contact the outreach agency and provide assistance in identifying homeless individuals with special needs.

The outreach agency will attempt to engage these individuals through a combination of strategically located drop-in centers and outreach teams. Ideally, teams of two outreach workers and one clinical specialist will be responsible for caseloads of 30 individuals. Each team will maintain contact with customers in the field, either on the street, in existing shelters, drop-in centers or other settings. Names, street names and any other identifying information about each such individual will be entered into a District-wide

management information system available to each of the outreach agencies.[4]

Outreach and engagement can often be a long, labor intensive process, particularly in the case of individuals who have been residing in public spaces for long periods of time. In other cases, customers who are about to be released from inpatient psychiatric units or from jail may be more approachable. During the engagement period, each outreach team will participate in a monthly conference regarding the outreach caseload with representatives from the Police Department, the Department of Probation, Commission on Mental Health Services and other relevant agencies.

The new entity would coordinate all outreach among existing mental health and health care providers and would assist in the utilization of trained ACTION/VISTA volunteers to the extent practicable. Current outreach agencies, such as Healthcare for the Homeless, Community Connections and Community Council for the Homeless, will be an integral part of this coordinated outreach effort. These efforts would be coordinated with the District's Emergency Psychiatric Response Division of the Commission on Mental Health Services, which consists of an interdisciplinary staff of psychiatrists, psychiatric nurses, mental health specialists and counselors.

As the first step in engagement, the team brings the homeless customer voluntarily to an assessment center operated by the outreach agency. Such centers may be free-standing units or within transitional treatment facilities. Customers who are reluctant to go to an assessment center first may be encouraged to spend time at a drop-in center.

There is currently a dearth of 24 hour drop-in centers to serve hard to reach populations. Drop-in centers provide the service resistant population, including the people who are mentally ill, with core services such as income support and benefits, an opportunity for food, showers, and telephone and laundry facilities. Sites will be developed in cooperation with provider organizations, such as the Salvation Army, communities, and churches.

In cases where the outreach team identifies individuals who are a potential danger to themselves or to others, and who refuse to go to an assessment center, the team will arrange for an assessment by a trained clinician. An involuntary

[4] Any applicable privacy laws or confidential provisions regarding release of any such information will be taken into account.

commitment procedure may be initiated, if appropriate, to bring the homeless customer into an in-patient psychiatric facility.

Transitional rehabilitative services will be made available for individuals who have HIV or full blown AIDS, and individuals who are substance abusers. Local hospitals will be approached to make slots available, as will community based mental health treatment programs currently under contract to the District's Commission on Mental Health Services. Contracted services will include additional mental health, substance abuse, mentally ill/chemically addicted, and AIDS treatment slots and intensive job training slots. Thus, by the end of the two year funding period, many additional rehabilitative treatment slots with average lengths of stay of 6 months will be in place in the District.

A substantial proportion of the HUD investment fund will be used to leverage additional funds for the development of the needed rehabilitative treatment slots. In addition, existing entitlements, such as Medicaid, Supplemental Security Income (SSI), and food stamps, will be incorporated into the new overall financing and maintenance plan.

Public Spaces

The continuum of care model will provide the outreach, treatment and supportive housing services that individuals living on the street so desperately need. Once sufficient community based treatment and supportive housing services are available to serve this population, the D.C. Initiative will call for a sustained effort to get people off the streets and into appropriate service programs, returning the District's parks, streets, and other public areas to their intended use. With transitional services available, it will no longer be necessary for homeless persons to live in public spaces.

The District is committed to expanding the role of community police officers to support the efforts of the outreach teams. Community police officers will receive appropriate training with the outreach teams and will be in routine contact with them. When requested by outreach teams, the police will encourage reluctant homeless persons living on the street to accompany the team to assessment centers.

Although panhandlers constitute a relatively small number of individuals considered homeless, their effect on the community and on the community's

perception of homelessness has been tremendous. Therefore, it is essential that we acknowledge the problem of aggressive panhandling and the effect that it has on addressing the much more important and complex problem of homelessness.

The first step in dealing with panhandling is to develop a system of outreach and offer services and other alternatives. The District recently passed an aggressive panhandling law which carries penalties of a $300 fine or a jail sentence.

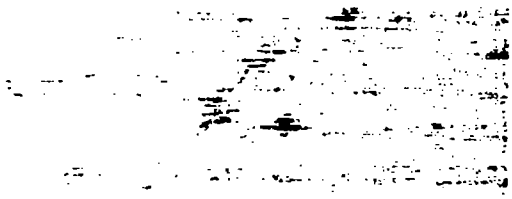
The D. C. Initiative proposes a humane alternative to incarceration with respect to the aggressive panhandling law. Once the new services associated with the continuum of care are in place, an alternative to incarceration program — the panhandling diversion program — will be implemented in conjunction with law enforcement efforts. Under the Initiative, an arrestee will be given the opportunity to enter a court supervised substance abuse treatment or other program if appropriate.

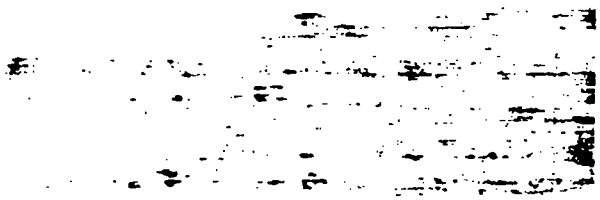
The Metropolitan Police Department, the court system, the Office of the Corporation Counsel and Public Defender Services will work together to develop the alternative to incarceration program. Under the program, the individual would be required to report to a specified location to seek treatment or remain in custody until an outreach worker can respond to the Police District to make an assessment of the treatment required. The person would then be required to participate in the treatment program and show documentation of successful participation when appearing in court. If the arrestee has continued with the program, the criminal case would be dismissed.

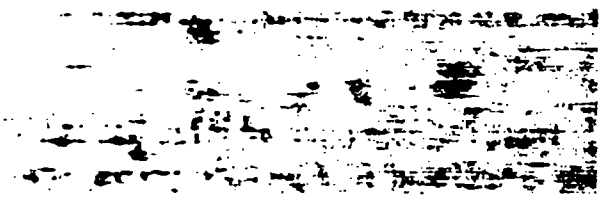
In essence, the District's panhandling law would be used to encourage homeless individuals who panhandle to access necessary services, while balancing the needs of the community with those of people who are homeless. This effort will result in the development of a cooperative relationship between the community policing program and District neighborhoods to provide services to those in need. At the same time, it would address the concerns of business owners and the community.

People with Mental Illness

The issue of the treatment of individuals who are mentally ill living on the street poses delicate questions involving the balance between individual freedom and the safety of both the individual and the general public. The law protects both the individuals and the public by prohibiting the involuntary commitment of those who are mentally ill unless they present a danger to either themselves or others. Consistent with the principles underlying the continuum of care, no involuntary commitment procedure would be instituted unless and until outreach efforts to engage the individual voluntarily in treatment had failed.







New System for Homeless Single Adults

The Single Adult Population

The single adult population currently using the District's shelter system consists primarily of two different subpopulations: (1) homeless adults with special needs, and (2) adults with short-term emergency shelter needs.

1. Single Adults with Special Needs

An estimated 3,400 single adults with special needs require intensive assistance for mental illness, chemical addiction, and HIV/TB infection. Over a significant period of time, the principal "homes" of these individuals are shelters, emergency psychiatric inpatient facilities, acute care hospitals, jails, automobiles and public space. This population includes most of the 1,200 - 1,500 individuals estimated to live on the District's streets and in other public places — street people — as well as the estimated 60 percent of current single shelter residents with special needs.[5] Homeless people with special needs appear to use the various forms of non-permanent shelter or public space intermittently and interchangeably.

Studies have shown that, compared to homeless families, this population is disproportionately mentally ill, chemically addicted, HIV positive and tuberculosis infected, and physically frail. In most cities, the profile of single adult shelter users is as follows: (1) 35-65 percent alcoholics, (2) 20 percent drug abusers, (3) 35 percent with chronic and severe mental illness, (4) 20 percent with both mental illness and chemical addiction, and (5) 10-20 percent HIV infected.[6]

These characteristics are magnified among the street homeless population. Several studies of homeless people living in public places or in prisons show rates of mental illness and illicit substance use of 80 to 90 percent. The HIV infected homeless population continues to grow at an alarming rate. The population of single adults living on the street is the most difficult to reach and requires a separate strategy of outreach and intake.

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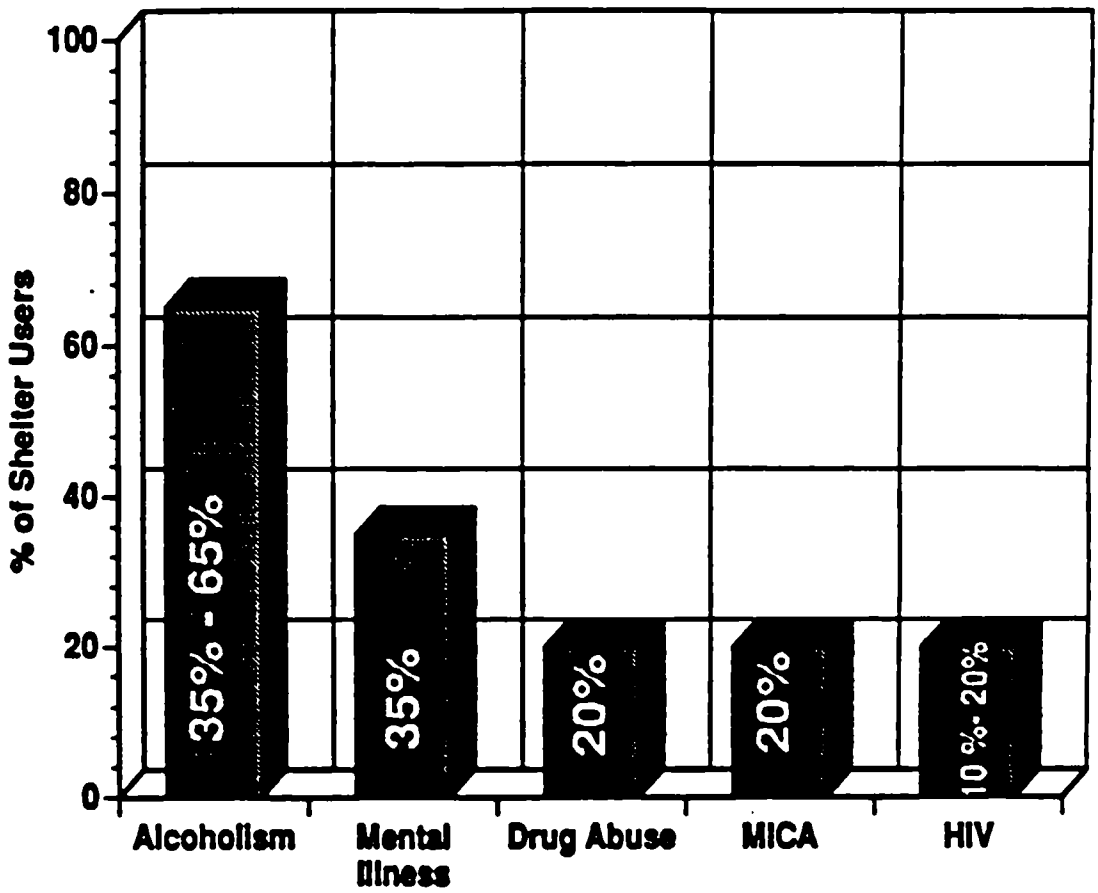
[5] D.C. Comprehensive Housing Affordability Strategy

[6] Pamela J. Fischer and William R. Breakey "Epidemiology of Alcohol, Drug and Mental Disorder Among Homeless Persons" Journal - American Psychologists, VOL 46 No. 11 - November 1991, p. 115-1128

Characteristics of Single Adult Shelter Users



Homeless Characteristics

Source: P. Fischer and W. Breakey "Epidemiology of Alcohol, Drug and Mental Disorder Among Homeless Persons."

The D.C. Initiative assumes at least three-quarters of the single adult special needs population accessing the system will require significant rehabilitative services due to problems of mental health and/or chemical addition. Evidence suggests that at least 10 percent of the population is expected to be HIV infected and to suffer comparable rates of other infectious diseases, such as tuberculosis and other communicable diseases. The entire single adult population is likely to face significant barriers to employment and independent living, such as lack of job skills and work experience, attenuated family and personal support networks, as well as poor physical health. Approximately 15 percent of the single adults special needs population will primarily require job readiness training and assistance.

Additionally, the Veterans Administration (VA) recently conducted an assessment through its Health Care for Homeless Veterans program which revealed that an increasing proportion of homeless veterans in the District have both substance abuse problems and psychiatric disorders. The VA has expressed its commitment to helping homeless veterans and is committed to assisting with the implementation of this component of the D.C. Initiative.

2. Singles with Short-Term Needs

The second major group of homeless single individuals are those with short-term emergency shelter needs. Included in this category are individuals who are temporarily homeless due to fires, floods, building condemnations, cold weather emergencies, threatened eviction for non-payment of rent, etc. This group of individuals does not include those who need intensive special services associated with mental illness, chemical addiction, and major medical disabilities.

Some adults with short-term emergency shelter needs are employed, while others primarily need job placement assistance. Both groups require short-term shelter and assistance in making alternative arrangements. While the needs of this group are primarily short-term, the current system's failure to provide appropriate transitional support results in unnecessarily long stays.

Through its Office of Emergency Shelter and Support Services (OESSS), the District operates 12-hour emergency shelters under contract with a variety of private agencies. These shelters provide immediate respite during frigid temperatures and inclement weather.

Shelter beds for singles under contract with the government of the District Columbia are available on a first-come first-serve basis from 7:00 p.m. to 7:00 a.m. While at the shelter, a homeless person may be referred to a variety of services, such as T.B. testing, health services, and food services provided by private organizations and city contractors. The emergency shelter system for single individuals includes 1,616 beds funded by the District, and operated by the D.C. Coalition for the Homeless, Catholic Charities, House of Ruth and other private providers. It also includes a 1,400 bed District-owned facility operated by the Community for Creative Non-Violence and 768 beds operated by private missions and the faith community.

OESSS and a number of community organizations also provide for emergency shelter beds intended to prevent hypothermia among persons who are homeless from November 1 through March 31. The District's Winter Plan is conducted pursuant to D.C. Law 7-204, the "Frigid Temperature Protection Act of 1988," enacted to assure that persons who are homeless are sheltered when the temperature falls below 26 degrees Fahrenheit. In fact, the District currently provides hypothermia assistance when the temperature falls to 32 degrees Fahrenheit or below.

Emergency shelters do serve a critical need, enabling people who are homeless to survive their crisis situations. However, these shelters offer no real solutions to the problem of homelessness. In fact, individuals remain in shelters beyond their crisis period, due as much to their personal circumstances as to the severe shortage of permanent and alternative housing and supportive services.

The D.C. Initiative recognizes that the current system of emergency shelter poorly serves those most in need — families and single adults who are homeless as a result of special needs. At the same time, the emergency system is being strained beyond capacity by large numbers of persistently poor,

marginally housed District residents who use it to make ends meet and, in some cases, as a way to try to obtain affordable housing. The current system must be replaced by one that will effectively and fairly serve both homeless and marginally housed District residents.

The New System

The proposed system for single individuals is designed to: (1) assess individual needs and refer persons to the District's new comprehensive program for homeless individuals with special needs, (2) accommodate cold weather, fire and flood emergencies on a short-term basis, and (3) direct single adults from emergency shelter to the District's existing income support, social welfare, subsidized housing and employment and training programs, where possible.

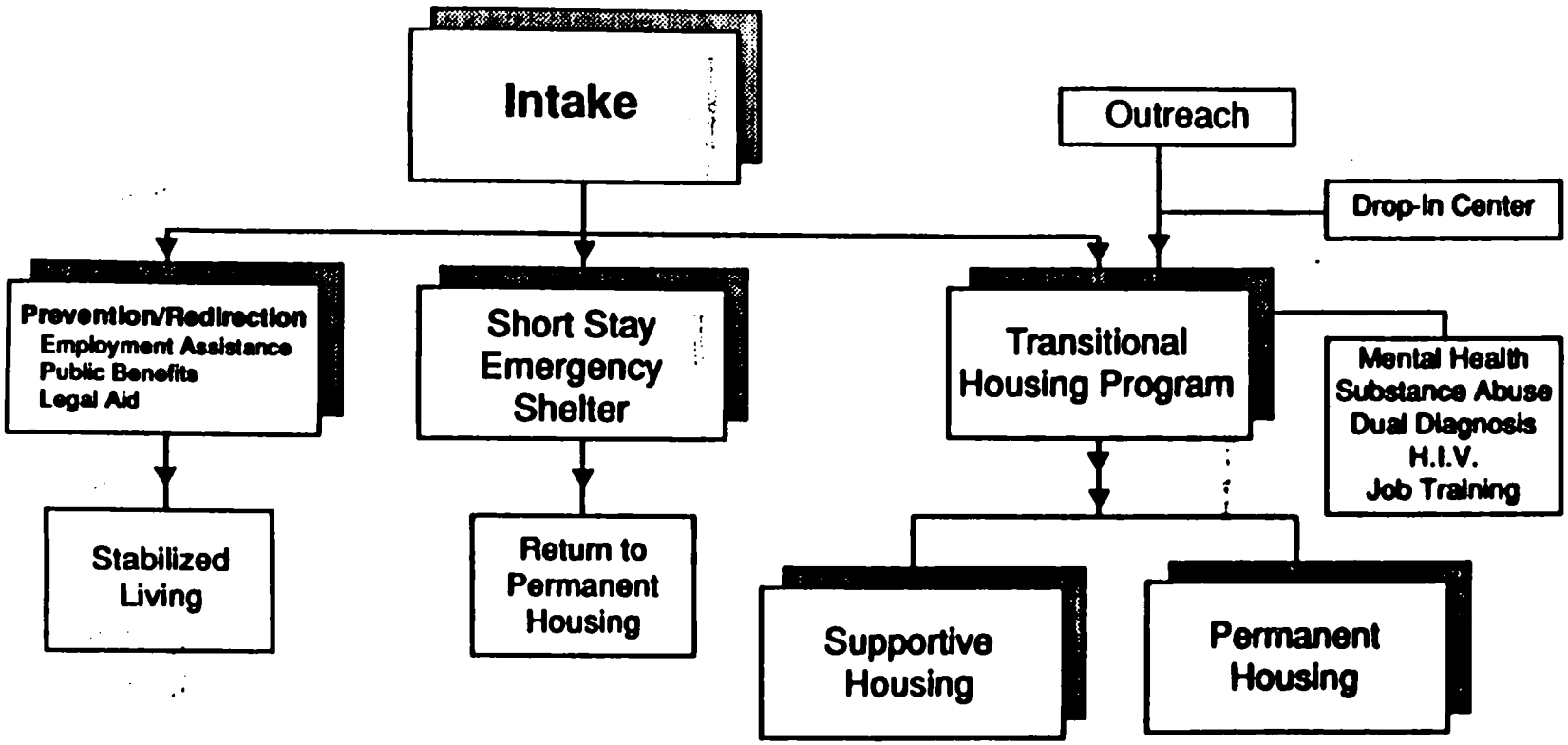
The new system for single adults will include 3 components:

1. Outreach and a centralized intake and assessment process which will be used to determine eligibility and services required, if any.

2. Procedures for direct referral of homeless adults with special needs to the District's new transitional program for these individuals, and for the referral of individuals with emergency needs to short-term facilities.

3. Procedures for referral to appropriate permanent housing with required aftercare services, if necessary.

Comprehensive Homeless System for Singles



Step I - Intake/Assessment

Initially, eligibility screening will occur at one of two central intake/ assessment units to be identified by the District. Eligibility workers from the Income Maintenance Administration will be stationed in the intake units which will operate on a 24-hour basis. These workers will first try to identify those individuals whose immediate needs can best be met through existing income support and related programs. Individuals will be referred to those programs, where appropriate, and to legal assistance and other benefit programs for which the individual may be eligible.

Eligibility workers at the new intake units will identify homeless adults with special needs and refer them to the District's new comprehensive program. These individuals will be provided with appropriate services, such as education assistance and vocational training, mental health care or substance abuse treatment. In addition, shelter operators will identify and refer adults with special needs from existing emergency shelters. The outreach teams described below will contact referred individuals directly at the eligibility screening unit or the existing shelter and will arrange for their transport to an assessment center.

Step II - Transitional Services

1. Individuals With Short-Term Emergencies

Applicants without special needs, but with short-term shelter emergencies, are expected to comprise only a small portion of homeless individuals. These individuals will be placed in a 24 hour emergency shelter facility operated by not-for-profits, local churches or non-city funded shelters coordinated by the new entity. The District will work to identify specific sites. During the emergency stay, which is expected to average 30 days, customers may be required to participate in an independent living program, if necessary. Customers will receive referrals to existing employment and training programs and will be assisted in the preparation of applications for subsidized housing.

Transportation to Income Maintenance Administration centers will also be made available to provide adults with assistance in making alternative short term and long term arrangements. Adults with short-term emergencies who are unable to make alternative arrangements may remain in the facility tempo-

rarily. However, they must follow the individual independent living plans developed by them with the help of facility staff. Depending on individual circumstances, these plans might include participation in a job readiness skills development program or cooperation with job placement efforts.

Individual case plans could require that, after the first 30 days, employed residents of short stay facilities set aside funds commensurate with their income in an escrow account. These funds would be available for first and last months' rent and other costs associated with moving into permanent housing. In addition, short stay facilities will attempt, where appropriate, to facilitate family-reunification, apartment sharing arrangements and the like so that homeless adults with short term emergencies can return to the community as quickly as possible.

2. Individuals With Special Needs

The present system is most deficient in the availability of a timely and coordinated array of human services. It is essential that these services be provided properly in the "transitional" phase of the continuum. Organizations such as S.O.M.E. and Samaritan Inns have been leading efforts to provide these services and housing. However, the much needed service programs do not exist in sufficient capacity. Accordingly, the Initiative proposes 790 transitional beds for homeless singles connected with the following services:

Substance Abuse Treatment:

There is a pressing need for residential substance abuse facilities. These facilities provide counseling, treatment programs and job and education skills. Treatment programs can range in duration from three months to two years and may involve the therapeutic community model. As entry to and exit from these facilities is strictly limited, siting requirements are flexible.

The development of substance abuse facilities will include Single Room Occupancy (SRO) facilities and group homes which will provide on-site services for substance abusers. The District's Alcohol and Drug Abuse Services Administration ("ADASA") will expand transitional beds within ADASA's current system for people who are homeless with substance abuse problems. The District will identify District and other facilities for this purpose. Any necessary retrofitting will be done to accommodate 400 total residents in several facilities. The expected cost of operation is approximately $20,000 per bed per year.

Mental Health Care:

Approximately 30 percent of the homeless singles population is estimated to suffer from some form of mental illness. Unfortunately, capacity for treatment is very limited at present, with only about 600 community based slots available. The Initiative would provide an additional 240 beds for homeless people who are mentally ill.

The beds would be in both congregate and independent living arrangements and would address the full range of illness problems. Treatment would take place at residential facilities as well as supportive living arrangements. These mental health housing efforts would supplement the District's housing plan as it applies to the homeless mentally ill population. Housing would include creation of transitional and supportive housing in group homes, SRO's and community residential facilities. The expected cost of operation is approximately $24,000 per individual per year.

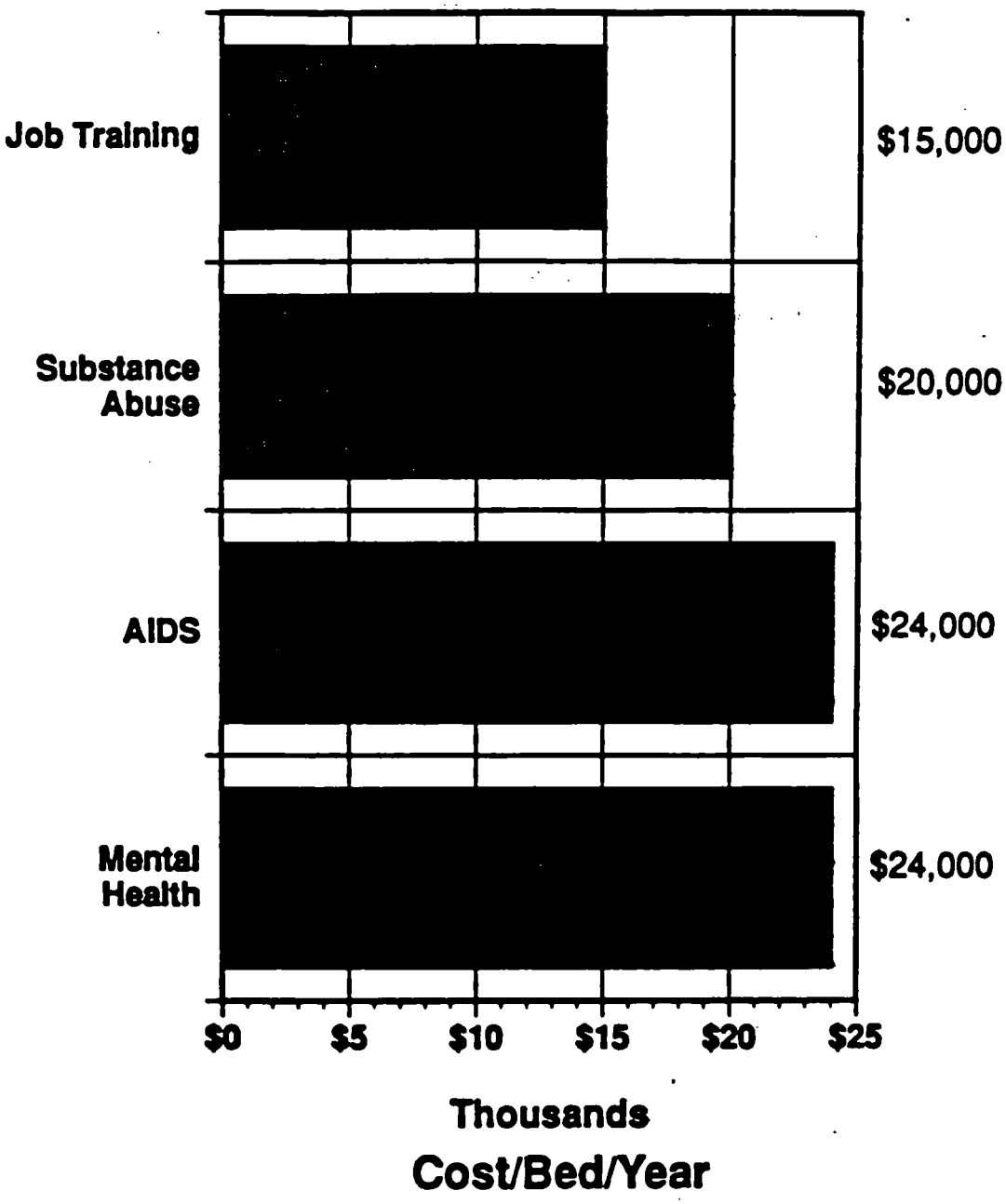
Housing for Person Living with AIDS:

The desperate need for permanent and transitional housing for persons with AIDS and tuberculosis as part of the continuum of care has been well documented. Strategies to deal with this problem would include rent subsidies, shared apartment programs, sponsored group homes, and cluster apartments combined with disability payments to assist in financing these efforts, and will be coordinated with the District's AIDS Service Organizations including the D.C. Care Consortium.

Job Training:

One segment of the homeless single adult population requires primarily job training and educational assistance. Many single men have found they lack the necessary skills to enter and remain in the work force. This often exaggerates a cycle of dropping-out, imprisonment, occasional drug use and homelessness, although substance abuse and mental health care are not necessarily required for this population. To meet this need, 100 job training slots will be provided. The expected cost of operation is $15,000 per slot per year. (See Job Training Chapter.)

Cost per Bed of Operating Homeless Facilities



Source: D.C. Initiative figures developed by local non-profits, the District, a report commissioned by Fannie Mae and material from COHHO.

Step III - Permanent/Permanent-Supportive Housing

The D.C. Initiative calls for the development of a range of supportive housing options for customers who have been engaged through the outreach teams and completed transitional programs. These options will consist primarily of scattered site permanent housing units. In some cases, entire buildings of 50 or fewer units will be developed for supportive housing; in a few cases, clusters of supportive housing units serving 6 to 10 customers may be developed in a conventional or public housing setting.

To the extent appropriate, case managers will attempt to identify a range of informal community supports for individuals relocated to supportive housing. These supports could include active assistance from the faith community, entry level jobs with local businesses, and identification of civic and community activities in which individuals might participate.

Over three years, the plan calls for: (1) developing additional units of supportive SRO housing; (2) accessing existing groups homes and other special needs housing; (3) promoting family re-unification; and (4) accessing scattered site units managed under contract with not-for-profit agencies.

Employed, healthy single individuals may have the least difficulty in obtaining housing. Even so, the District DPAH is making efforts at SRO leasing and "buddy" co-location. For certain individuals, however, the need for support will continue even after they move to permanent housing. To meet this need, a case manager will continue to work with the customer after the completion of the transitional treatment program.

The development of the new supportive SRO capacity will involve a complex effort administered through the new entity to leverage existing sources of local funds such as American Security Bank's Community-Based Facilities, Project LEND, LISC, the District's Housing for the Elderly and Developmentally Disabled (HOFFEDD), the Commission on Mental Health Services funds, the Trust for Affordable Housing, as well as local philanthropies and foundations. These efforts would be in coordination with the Coalition of Not-for-profit Housing Developers, Coalition of Economic Development Organizations and other housing developers. In addition, the new entity would apply for various project-based Federal support funds available under the McKinney Act as well as Federal low-income tax credits.

The Family Population

Families currently utilizing the District's shelter system consist of three basic subpopulations: (1) families with special needs, (2) families with short-term shelter emergencies, and (3) marginally housed families. The D.C. Initiative establishes a strategy for meeting the needs of each of these different types of families.

1. Homeless Families With Special Needs

Homeless families with special needs are those families who have repeatedly used the District's emergency shelter system and/or to a lesser extent have been living in automobiles, abandoned buildings and on the street. Serious and persistent mental illness, chemical addiction, domestic violence and major medical problems among adult members confound many of these families ability to maintain permanent housing. This population is expected to be 20 percent of existing emergency shelter residents.

2. Families With Short-Term Emergencies

The second group of families are those who become temporarily displaced from their homes or living arrangements as a result of incidents such as fires, flood, cold weather emergency, eviction by a landlord, and building condemnation. Special needs problems, such as those related to mental illness, substance abuse and HIV infection are not prevalent in this population and are not the cause of their homelessness. This group is estimated to represent a significant proportion of the families in the District's shelter system.

3. Marginally Housed Families

Marginally housed families are those families living in doubled-up arrangements, in dilapidated housing, or who are on the verge of eviction. These families tend to move between their precarious situations and the District's shelters. In general, this population consists primarily of families who have been dependent on welfare benefits for long periods of time. They include teen parents, families whose housing arrangements tend to change frequently and, in most cases, families without steady income. These families sometimes use shelters as one of a series of makeshift living arrangements.

While some marginally housed families do have mental health and chemical addiction problems, the problem is less serious than for other groups. However, marginally housed families do need appropriate services and assistance to prevent homelessness and to stabilize their living arrangements. Because of the structure of the existing emergency shelter programs and the absence of appropriate alternatives, such families enter shelters in an attempt to obtain benefits and supports to improve their situation although they are not literally homeless, but, often are at the threshold of having no permanent living arrangement.

The Current System

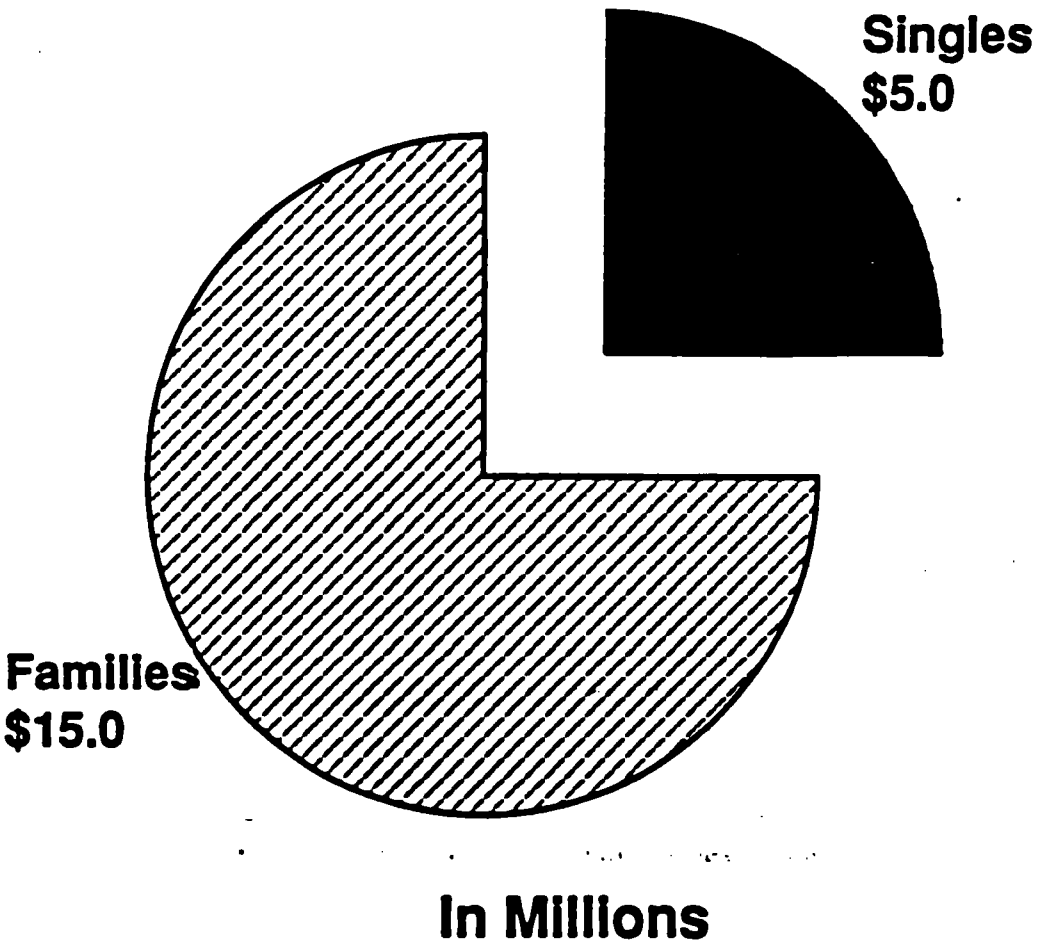
Over time, services to homeless families have outpaced those available to single adults to the point where families now receive the largest portion of homeless expenditures. While the average expenditures for homeless singles range between $4 and $5 million in any fiscal year, the family program consumes more than three times that amount — over $15 million per year.[7]

Upon entering the shelter system, a homeless family is directed to 25 "M" Street, assessed and offered emergency housing services in a hotel or motel, and is registered for public or subsidized housing assistance with the DPAH. Health services are made available through a health care clinic at the intake facility and a case manager is assigned to work with the family for the period they remain in emergency housing. Before being provided with permanent housing, families move to apartment style transitional housing, where they are to stay for no more than 90 days. At present, 90% of the Districts' shelter capacity is provided through apartments with 10% available through motel rooms which are now used for emergency housing and initial assessment. Unfortunately, the availability of permanent affordable housing is limited. Therefore, the 90 day limit is rarely enforced and many families remain for an average of six months or longer.

Wherever possible, the District moves families directly from emergency housing into permanent housing because there is less disruption of services to the family and less trauma for the children.

[7] Mayor Kelly's "Proposal for Change"

The District of Columbia's FY 1992 Expenditures on the Homeless



This plan recognizes that the current system of emergency shelter poorly serves those most in need — homeless families with special needs. At the same time, the emergency system is being strained beyond capacity by large numbers of persons seeking to obtain affordable housing, forcing the District to contract for more beds than are actually necessary for emergency purposes. In essence, there is no balance in the system among the different types of shelter and housing required.

The New System

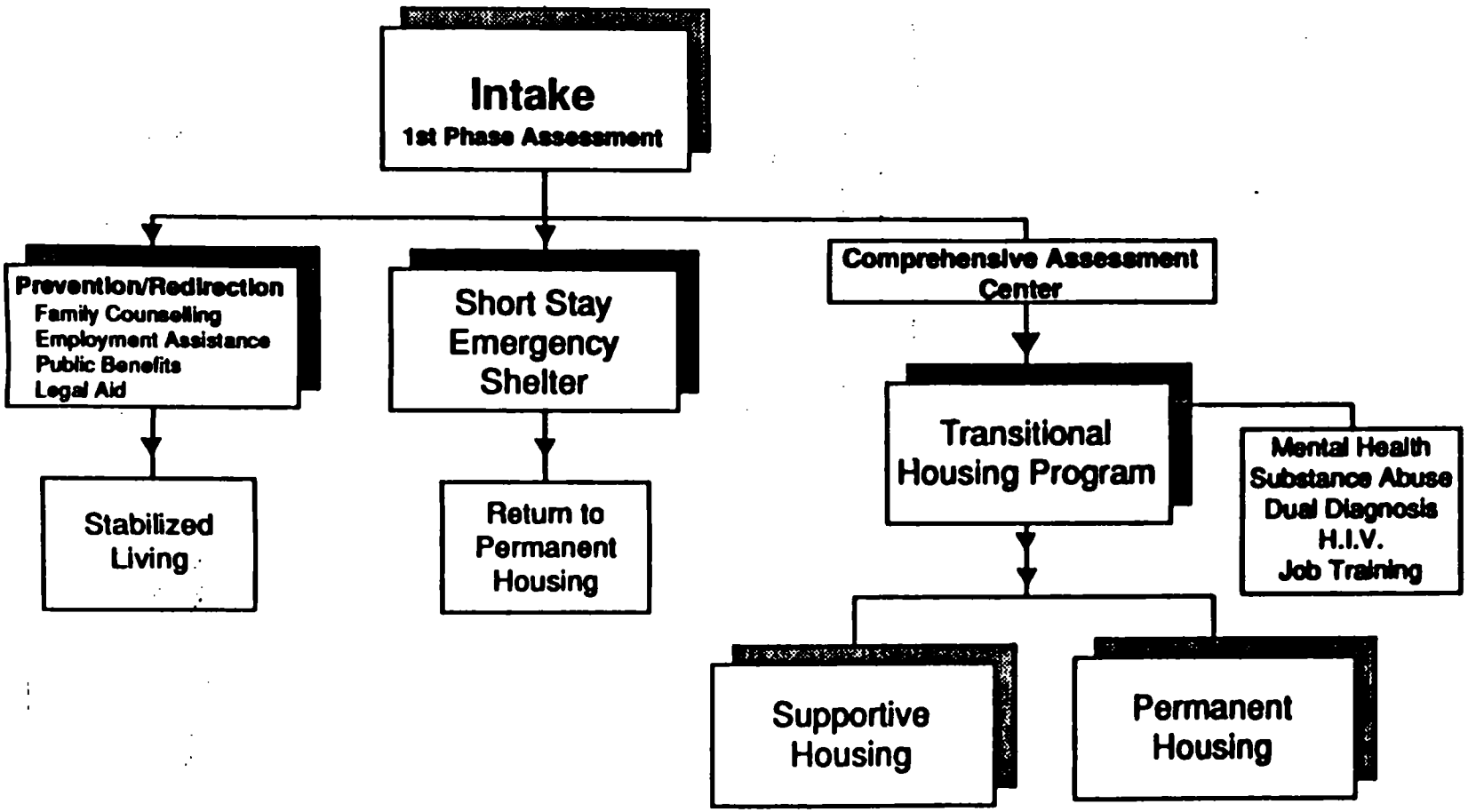
The D.C. Initiative has designed a system for homeless families which addresses short-term emergency shelter needs, transitional rehabilitative services for those who cannot otherwise sustain independent living, and establishes a connection to affordable housing. The new system includes the following 3 components:

1. First stage assessment and eligibility screening will be instituted at the District's IMA centers prior to admittance to the emergency shelter system. Referrals will be made for families who require preventative services.

2. Homeless families with special needs will proceed to a specialized second-stage assessment center which will lead to the appropriate transitional facility for housing and services. Those families with short-term emergency needs will be referred to small facilities specifically for such families.

3. Families who have completed the transitional treatment stage, as well as those who no longer require short-term shelter, will move on to permanent housing with support services, if required.

Comprehensive Homeless System for Families



Step I - Intake/Assessment

Initially, the current OESSS intake center will serve as the new intake and assessment center. IMA workers will be on site to begin the transition to the new system for full phase-in within a year to 18 months. The District will then establish shelter eligibility units in a number of the IMA service centers operated by the Department of Human Services ("DHS"). This approach will assess families applying for emergency shelter so that they can be directed to one of three options: 1) access to the District's existing social welfare, subsidized housing, and employment and training system, 2) placement in a short-stay emergency facility, and, if necessary, a short-term emergency scattered site unit until appropriate alternative arrangements can be made, or 3) in cases involving homeless families with special needs, referral and transportation to a special needs assessment center which will lead to the appropriate transitional facility for housing and services.

The D.C. Initiative builds on the concept of neighborhood based approaches by expanding points of intake and service delivery to include neighborhood IMA service support centers. The IMA centers would link up with existing service providers and the key staff member would be a generalist case manager who would act as an advocate for the family. The primary function of the case manager would be to engage people who are homeless and those at risk of becoming homeless in a long term case management relationship.

The case managers would be trained and made aware of neighborhood based service systems available to customers. They would help provide access to the diverse array of services identified in the comprehensive service plan emanating from the assessment and developed in consultation with the family. Each IMA service center which offers shelter eligibility services will be supported by a citywide automated case management data system (i.e., Community Workstation-see attachment) to ensure maximum utilization of existing services and to minimize duplication of effort.

The case manager will have direct access to neighborhood social services and housing providers in an effort to serve people in areas close to where they formerly lived. The case manager would serve as the broker, the expediter and the coordinator of the various services and would enable them to ensure that a truly coordinated package of services is delivered in a timely manner.

By locating eligibility screening in the District's IMA centers, it is expected that many families can benefit from homeless prevention programs so that they need not enter the system. Training will be provided by HUD and the District for the new IMA eligibility unit staff and case managers to assist them in understanding the prevention role and the continuum of care system. Applicants for emergency housing will also be informed of the existing mechanisms for obtaining affordable housing and will receive assistance in preparing any necessary applications. Referrals will be made for those who are eligible for the District's existing job training and job placement service programs operated by the Department of Employment Services as well as JOBS and ARC programs operated by DHS.

Homeless families with special needs require services such as mental health care, substance abuse treatment, and education and vocational training. If the family has special needs which make it difficult to maintain housing, the family will be referred and transported to a family assessment center. In addition, outreach teams who identify families living in public places will attempt to engage the families and provide transportation to the assessment center.

The family assessment center will have a capacity of approximately 50 families and the capability to assess the special needs of all family members and provide on-site medical care, detoxification and emergency psychiatric services. The District is currently exploring a number of possible sites for the family assessment center. Initially 25 "M" Street and the Best Western will serve collectively as the assessment center. It is anticipated that the new entity will contract with a not-for-profit or provider organization to operate the center.

The family's stay in the assessment center is structured around a social contract which outlines the rights and responsibilities of the family and service providers. In exchange for this assistance, families are expected to remain in the assessment center an average of 30 to 60 days and to comply fully with their service plans. Families will then be linked to specialized rehabilitative treatment providers.

Families With Short-Term Emergencies

Families with short-term emergency needs comprise only a small portion of those families who are homeless. These families, who are temporarily without shelter due to fire, flood, building condemnation, cold weather emergency or eviction, will be referred to a short-term emergency facility housing unit reconfigured from the District's existing emergency capacity for families. This emergency capacity will be developed and operated by one or more not-for-profit and other providers under contract to the new entity. Stays in emergency facilities are expected to average 30 days, and a vacancy control system available to each eligibility worker will be used to identify a placement for the family.

Transportation will be made available from emergency facilities to IMA service centers so that families can receive assistance in making alternative housing arrangements. In addition, an independent living program specifically designed for short stay families will be developed and participation will be required in order to further facilitate the family's speedy return to the community. These facilities will provide only limited support services.

In the development of the short term emergency shelter system the District will access greater financial resources. As part of this effort, the District already is exploring options for re-entering the homeless support component of the Federal Emergency Assistance program. While details of their reconfiguration have not been finalized, a pre-requisite to re-entry into this component of the Emergency Assistance program is that it fit within the District's fiscal constraints. In addition, the District will continue to evaluate current emergency housing contracts for homeless families to ensure the provision of quality and cost efficient housing and services for these families by shifting to a performance based incentive program.

Families with Special Needs

Under the D.C. Initiative, transitional rehabilitative treatment for families will emphasize programs designed to keep families together. The goal is to develop a 100 bed substance abuse treatment program specifically for homeless families who need this service and their children. Families with special needs other than substance abuse treatment will be referred to existing programs operated under the auspices of the District, including, where appro-

priate, the DHS operated "Families Together" program which is designed to provide intensive services with the goal of keeping families intact.

Step III - Permanent/Permanent - Supportive Housing

The D.C. Initiative calls for setting aside 500 units over two years of public housing for families in the new system. The families will receive on-going case management support for a minimum of six months. During this time, case managers will work intensively with the family to implement the independent living plan, which will include identifying and pursuing employment and training opportunities, enrollment of children in school, making arrangements for on-going substance abuse treatment after-care, such as Alcoholics Anonymous (AA) or Narcotics Anonymous (NA) groups, and health care. The case manager will assist the family in identifying informal sources of community support from the faith community, tenants associations, programs for children and youth, and opportunities for civic and community involvement.

Affordable Housing for Low-Income Families and Individuals

The problem of homelessness is exacerbated by the lack of affordable housing for both families and single individuals of low income. Traditionally, the Federal government worked actively to provide or ensure the availability of affordable housing. Over the course of the past 12 years, however, the Federal government abandoned this responsibility. In response, local governments have attempted to address the need for affordable housing on their own. Unfortunately, they have not been able to compensate for the loss of Federal support.

Over the past ten years, the District's housing stock has remained constant, while its population has decreased. While the number of units available for rent has increased, sufficient housing does not exist to meet the needs of lower income persons in the District. What is needed, however, are the resources to repair deteriorated units and to subsidize rents for those persons unable to afford decent housing. The average wait for affordable housing in the District is now 2 to 3 years.

Rents have been increasing faster than household incomes in the District. This is reflected in increases in the number and percent of households paying a disproportionate share of their income for rent, with 36% (53,828 households) paying more than 30% of income, and 17% (25,114 households) paying more than 50% of income. Very low-income persons paying more than 50% of income for rent are most at risk of homelessness.

In 1990 there were 24,105 very low-income households paying more than 50% of income for rent, consisting of 10,050 non-elderly single persons, 6,366 small families, 6,063 elderly households and 1,626 large families. From 1985 to 1990 there were especially large increases of single persons, both elderly and non-elderly, in this category. [8]

Thus, not only has the number of homeless persons in the District been increasing, but so too has the number of those at risk of becoming homeless.

[8] D.C. Department of Housing and Community Development

In order for the continuum of care model to work, permanent housing must be available. Homeless families and single adults must be able to move from transitional housing to permanent housing at the appropriate time. Unless a sufficient number of permanent units are available, the intake and transitional components of the system will continue to be overwhelmed.

There are more than 10,000 individuals and family members who are homeless or poorly housed in the District. The needs of this population cannot be met with housing alone, but also require that the housing be supported with health and social services. Some of the families and individuals who transition into permanent housing may need continuing support in the form of aftercare.

At least 10,000 more units of special needs housing is required to address the need posed by the District's homeless. In addition, there are thousands of other families and single individuals who are at risk of becoming homeless because of precarious economic, health and/or social circumstances. The District's real need for supportive housing, therefore, can be fairly estimated to be 20,000 to 30,000 units.

The D.C. Initiative is committed to expanding the availability of affordable housing in the District. This expansion will include:

1. Improvement in the management of existing public housing units.

2. Rehabilitation of vacant public housing units.

3. Section 8 vouchers to subsidize access to private, market rate housing by low-income families and individuals.

As part of the District's annual housing strategy for expanding the supply, availability and affordability of safe, decent and sanitary housing, and as part of the District's match under the Initiative, available HOME funds will be used to provide: (i) tenant-based rental assistance subsidies for families and individuals leaving shelters and moving into transitional and permanent housing facilities; and (ii) investments in the acquisition and rehabilitation of qualifying facilities for special needs populations. The District will also use HOME funds to construct affordable housing for large families and persons with disabilities, single room occupancy (SRO) housing and other categories of affordable housing for persons with special needs.

It is important to create an equitable system for allocating limited affordable housing opportunities. It is also essential to avoid the creation of unintended incentives to become homeless in order to obtain affordable housing. Affordable housing will be accessed through the District's Department of Public and Assisted Housing. The District is committed to reducing the number of vacancies in public housing to ensure this vital housing resource is fully utilized. As part of this effort, the District is working hand in hand with HUD to utilize modernization funds to renovate and rehabilitate these vacant units and to develop procedures to ensure rapid placement of families into these units. DPAH will utilize non-profits and the private sector to assist in rehabilitating facilities and develop creative programs to employ the residents and people who are homeless in this effort. Existing waiting lists will be reviewed and updated.

Consistent with the goals of welfare reform, families and individuals who meet low-income guidelines but who are employed or actively participating in job training programs will be eligible for priority access to 30 percent of the available units. The remainder of the units will be accessed on a first-come first-serve basis. This component of the D.C. Initiative is consistent with the renewed national commitment to "make work pay."

In addition, the importance of utilizing private housing resources for the D.C. Initiative cannot be overstated. The District and housing providers will work with the local Apartment Owners Association to develop a list of affordable and available rental units to be accessed by the homeless population. There are several not-for-profits and other providers, including Conserve, ARCH, Community of Hope and the D.C. Coalition for the Homeless who develop affordable housing in the District.

Employment and Training

In paving the road to self sufficiency, the development of employment skills is essential to helping homeless families and individuals join mainstream society. Any comprehensive plan to address the crisis of homelessness must include direct services related to employability, job creation and economic development strategies implemented by the private and non-profit sectors.

As part of the intake and assessment process, individuals will be screened to determine readiness for employment and/or training or retraining. The District's Department of Employment Services (DOES) will assist in the establishment of a pool of qualified applicants; provide placement services including resume writing and interviewing techniques; and register customers for DOES programs, including pre-apprenticeship/apprenticeship opportunities and job training programs. A critical component of this effort is to coordinate with the innovative programs of the local Private Industry Council and Jobs for the Homeless.

The District is proposing a pilot public works employment program through the collaborative efforts of the District's Department of Public Works, the Department of Employment Services, the Department of Human Services, and other supporting public and private agencies.

Several non-profit organizations, including CCNV, are developing economic development programs which employ people who are homeless and serve as a financial resource for the operation of non-profit facilities. Resources should be identified which provide technical assistance to help establish these type of endeavors and small business loans.

The New Entity

Implementing both the reform of the existing emergency shelter system and the District's new comprehensive programs for homeless families and single adults will require not only a willingness to change, but also exceptional leadership, strong managerial and evaluative capacity, and the redirection of new and existing resources. The District government should not be expected to take on this daunting task alone. Its approach in this area must be "reinvented" so that experienced not-for-profit and other providers with community ties, the business and faith communities, and neighborhood residents can all be part of the implementation partnership.

To facilitate this process, the Initiative proposes that a new entity be formed to perform these functions. The Mayor intends to work in partnership with the Council of the District of Columbia to develop the specific parameters of this entity. In concept, however, it would be a public/private entity that would embrace entrepreneurial principles. The establishment of the new entity would not create new government positions. Over the course of the two year implementation, the consolidation of services would result in a net downsizing of government staff providing services to the homeless. The entity would be governed by a Board of Directors.

The new entity will have two primary functions with respect to homelessness. First, it would be responsible for the overall implementation of the D.C. Initiative — both with respect to reform of the shelter system and development of the comprehensive new continuum of care. Second, the new entity would have the capacity to contract with not-for-profits and other private providers and receive private and public funds. The Mayor will also explore with the Council the legality and feasibility of financing authority for the new entity so that it could leverage financial resources for maximum effect. This entity would neither directly operate facilities or provide services, nor would it directly run the outreach, transitional rehabilitative service programs, or the supportive housing. It would instead contract out these functions to not-for-profits and other providers. This approach is expected to provide the flexibility needed to adjust the capacity and size of the various system components as may be necessary.

The new entity would be responsible for coordinating the policy and service delivery aspects of the District's new homeless services system. Involved agencies would include those with responsibility for housing, income support, employment and training, mental health, substance abuse treatment and criminal justice. The new entity would be responsible for working with other District agencies to implement the centralized outreach management information system.

The Mayor will evaluate the overall success of the D.C. Initiative and adjust strategy accordingly. No city in the nation has undertaken this comprehensive approach to the problem of homelessness outlined in the D.C. Initiative. There are important lessons to be learned and the new entity must position itself to take them into account and act on them.

Consequently, an important set of functions of the new entity will include research, demonstration and evaluations. New service models must be tested, refined and measured for effectiveness and efficacy. This will permit services to address what arguably is one of the most complex problems this nation ever has faced. The opportunities for continued refinement inherent in the entrepreneurial entity envisioned never could be achieved in the classic bureaucratic organizational model characteristic of virtually every government.

This new entity would need Council approval to become a reality. The Mayor will work with the Council in a collaborative partnership to make these proposals a reality, all in the spirit of creating new hope and renewed optimism for citizens who are homeless.

Partnership Agreement

1. Both the Department of Housing and Urban Development ("HUD") and the Government of the District of Columbia (the "District") believe that government should be judged on results rather than process. The District and HUD have therefore agreed on a number of specific goals that are to be met at set times pursuant to the D.C. Initiative.

2. The Mayor will propose to the Council of the District of Columbia the establishment of a new public/private entity for all funds earmarked for housing development and services to homeless adults and families.

3. Once the new entity is established, HUD agrees to fund the new entity for $20 million which will be drawn down as follows:

a) HUD will provide funding to the new entity for $7 million upon its establishment. The new entity would have to be established within one year from the date of agreement.

b) HUD will fund the new entity for an additional $7 million after the one-year anniversary of the first payment described above, provided that the District (through the new entity, its Public Housing Authority and any other appropriate District agencies) has produced by that date: 500 permanent, 200 singles substance abuse, 25 AIDS, 50 substance abuse for families, 120 mental health care, and 50 job training for single adults.

c) HUD will provide the new entity the final $6 million upon the two-year anniversary of the first payment described above, provided that the District (through the new entity, its Public Housing Authority and any other appropriate District agencies) has produced by that date an additional: 500 permanent, 200 singles substance abuse, 50 substance abuse for families, 25 AIDS, 120 mental health care, and 50 job training for singles.

Notwithstanding the above-described $20 million contribution by HUD, both the District and HUD agree to maintain their respective FY '94 levels of funding for homeless and related programs in the District.

4. The mutual obligations undertaken in this agreement are explicitly conditioned upon this maintenance of effort, and are subject to any required approvals of the United States Congress and the Council of the District of Columbia (e.g., HUD Innovative Homeless Fund and the District's creation of the new entity).

Conclusion

The ambitious system outlined here proposes to help people help themselves become more self-sufficient and connected to permanent housing. In a recently published article, a journalist wrote on the need for an approach to homelessness which does not perpetuate dependency. He wrote that a society must say, "we will help you to help yourself; we will not support your self destruction." [9]

This self evident proposition that ultimately people must help themselves is incorporated in this plan through the social contract and is important to any hope for success.

In order to truly be effective in implementing this comprehensive homeless policy, we must recognize community relations as a very important component of the partnership needed to meet our goals. Oftentimes, approaches to addressing the issues of homelessness conflict with the concerns of the community. We must recognize this conflict and work together to resolve these problems as we proceed to implement our plan. We must recognize that the responsibility identified in the social contract does not simply extend to the individual and the government but also to the community. Community input is therefore critical to the successful and full integration of the homeless into neighborhood environments.

To accomplish this task, the plan calls for the development of a system of outreach and education which will empower the participation of the community in endorsing and supporting the homeless initiative. Meetings will be arranged and a system of support will be provided for community organizations that want to be involved in the implementation process and the resolution of issues. The community will also be used as part of the monitoring and evaluation component to provide feedback on what is effective and how we can continue to improve the process.

[9] Pete Hamill "How to Save the Homeless - and Ourselves." New York, September 20, 1993

The D.C. Initiative will be a new and innovative approach to the problem of homelessness. The D.C. Initiative will move beyond the short-term emergency solutions that traditionally have been pursued and instead offer a comprehensive, long-term approach to help homeless families and individuals attain independence and live with dignity.

Appendices

Federal Involvement

In addition to HUD, the following Federal agencies working through the ICH have made a commitment to the implementation of the D.C. Initiative and identified the following initial resources:

Health and Human Services:

The Department of Health and Human Services administers a number of programs intended to help those individuals and families who are homeless and reduce the chances that others will become so. These include 10 programs and over $220 million targeted specifically to address homelessness. Other programs, while not targeted on homelessness, are at the heart of the nation's response to the problems of poverty and family disruption, and, as such, are critical in our efforts to end homelessness.

Most of these HHS programs directly support the homelessness activities of the District of Columbia. HHS offices are committed to working with the District of Columbia to make sure that the programs operate efficiently and meet the needs of homeless people and families and individuals at risk of becoming so.

In mid-September HHS will take a first step in addressing this objective by meeting with representatives of the District of Columbia and not-for-profit service providers in the District to identify critical methods for improving programs. This will include identifying opportunities for Federal staff to provide technical assistance and information to D.C. service providers, identifying innovative practices from other jurisdictions, and identifying Federal grant programs for which the District is eligible.

The initial efforts of the HHS/D.C. partnership will focus on three major areas of concern: 1) substance abuse and mental health; 2) emergency assistance; and 3) children and families;

Federal Emergency Management Administration (FEMA):

In meeting with both local and national boards of FEMA as well as with the Federal Interagency Council on the Homeless, encouragement and support for the D. C. Initiative was stated. The Initiative is currently exploring possible financial assistance from FEMA which will support several critical components of the D.C. Initiative including outreach and the development of various homeless facilities.

ACTION/VISTA:

A joint effort with VISTA and the D.C. Initiative is being proposed to address the "hard to reach" homeless population. Specially trained VISTA volunteers would serve as outreach workers to this hard-to-engage homeless population with a plan to encourage these individuals to participate in programs on an interpersonal level, building a trusting relationship, and in linking them to "intake points" where they would be assessed and evaluated (medically/mentally/socially) and then connected, introduced and referred to specific services offered by existing service providers. They would be provided with case management services along the continuum of care until such time as these individuals would be housed in an independent living facility.

Department of Veterans Affairs:

The Veterans Administration has a Veterans Benefits Administration Regional office in Washington D.C. and a Medical Center which offers homeless veterans rapid access to alcohol and other drug abuse treatment. In addition, the VA has a Homeless Chronically Mentally Ill Veterans program site in D.C. where staff visit local shelters and facilities as part of their outreach to homeless veterans. The D.C. Initiative will work closely with the VA in coordinating these efforts and review possible new and expanded resources to address the ever-growing homeless veterans population.

Other Federal Agencies

In addition to the aforementioned agencies, the D.C. Initiative will work with the remaining 12 Federal Agencies and Departments as members of the Interagency Council on the Homeless including the following: Agriculture, Commerce, Defense, Education, Energy, Interior, Justice, Labor, Transportation, General Services Administration, Postmaster General and Office of Management and Budget.

Current Capacity

Numbers of Facilities Within the District

Emergency Shelter for Men/Women

Name:	Capacity:	D.C. Funds
1) Dwelling Place	8	
2) House of Imogene	10	
3) St. Francis Catholic Worker House	8	
4) Efforts from Ex-Convicts	2	
Total:	**28**	

Emergency Shelter/Women

Name:	Capacity:	D.C. Funds
1) Calvary Shelter, Inc.	28	28
2) Harriet Tubman Shelter	12	
3) House of Ruth-Madison	84	84
4) Luther Place Shelter	37	
5) Mt. Carmel Place	42	
6) Sarah House	12	
7) CCNV	150	
8) Crummel School (Cath. Char.)	36	36
Total:	**401**	**148**

Emergency Shelter for Men

Name:	Capacity:	D.C. Funds
1) Central Union Mission	86	
2) Emery School Shelter (Urban)	150	150
3) Gospel Mission	145	
4) Northeast Rescue Mission	8	
5) Randall Gymnasium Center (Cath.)	170	170
6) M.L.K. Shelter (Cath. Charities)	144	144

7) Mt. Vernon Shelter (Cath. Ch.)	126	126
8) St. Luke's Shelter	6	
9) La Casa (CFH)	176	176
10) Blair Shelter (CFH)	150	150
11) CCNV 1250		
12) Crummel School (Cath. Char.)	108	108
Total:	**2519**	**1024**

Emergency Shelter for Youth

Name:	Capacity:	D.C. Funds
1) Sasha Bruce Youthwork-Bruce H.	15	
2) Sasha Bruce Youthwork-ILP	8	
3) Sasha Bruce Youthwork-teen mothers	5	
Total:	**28**	

Emergency Shelter for Mentally Ill

Name:	Capacity:	D.C. Funds
1) MC/Anchor/Community Connections (crisis beds)	40	40
Total:	**40**	**40**

Transitional Housing for Women

Name:	Capacity:	D.C. Funds
1) New Endeavors by Women	39	39
2) House of Ruth - Unity Inn	25	
3) Hannah House	15	15
4) Housing Oppor. for Women	20	
5) Micah House	5	
6) Samaritan Inns	14	
Total:	**118**	**54**

Transitional Housing for Men

Name:	Capacity:	D.C. Funds
1) McKenna House	15	
2) Joshua House	12	
3) Park Road Transitional House (CFH) (District funds 10 beds)	12	10
4) Samaritan Inns	33	
5) Gen. Fredrick Davidson House (CFH)	15	15
6) Mickey Leland Shelter (CFH)	22	22
7) Webster House (CFH) (District funds 3 beds)	12	3
8) Leland Place (S.O.M.E.)	15	
9) Exodus (S.O.M.E.)	18	
Total:	**154**	**50**

Transitional Housing for Youth

Name:	Capacity:	D.C. Funds
1) Sasha Bruce Youthwork-TLP	10	
Total:	**10**	

Transitional Housing for Mentally Ill

Name:	Capacity:	D.C. Funds
1) JMC/Anchor/Community Connections`	300	300
Total:	**300**	**300**

Emergency Shelter for Families

Name:	Capacity:	D.C. Funds
1) United Management - 16th St.	14	
2) United Management - Georgia St.	11	
3) United Management - Madison St.	7	
4) Anchor (DPAH)	316	316
5) Community of Hope(Girard)	21	21
6) Dorothy Day Catholic Worker	5	
7) House of Ruth - Domestic Viol.	I 6	
8) Mary House	12	
9) Metropolitan Health	17	17
10) Purpose, Inc.	45	45
11) 17th Street Associates	20	20
12) Peoples Involvement Corp.	20	20
13) Best Western	50	50
14) Alexanders	17	17
15) CFH Family Shelter (Spring Rd.)	28	28
16) Temp. Living Communities	45	45

17) Urban Atlantic Street Shelter	13	13
18) Urban R Street Shelter	12	12
19) Community of Hope-Belmont	11	11
Total:	**670**	**615**

Transitional Housing for Families

Name:	Capacity:
1) Community Family Life Service	20
2) FLOC/Hope And A Home	16
3) House of Ruth - Domestic Viol.	II 7
4) Metro I and II Shelters	20
5) ConServe (case management)	43
6) ARCH	33
7) Community of Hope	11
8) CFH Anacostia Road	8
Total:	**158**

Battered Women/Family Shelters

Name:	Capacity:	D.C. Funds
1) My Sister's Place	18	18
2) House of Ruth	10	10
3) House of Ruth-Hexagon	6	
Total:	**34**	**28**

Emergency Shelter with/for Medically Needy

Name:	Capacity:
1) Christ House	34
2) Victor A. Howell Hospitality House	14
Total:	**48**

Housing for Persons with AIDS (PWA's)

Name:	Capacity:	D.C. Funds
1) Damien Ministries (women)	5	
2) Damien Ministries (men)	5	
3) Joseph's House	11	
4) Salud, Inc.	8	
5) Grandma's House	20	
6) Schwartz Housing		
1 CFR-singles	7	
6 group homes-singles	28	
1 apt. house-couples	10	
1 apt. house-women and children	24	
7) Tandoh House-Rap	5	
Total:	**123**	

Long Term Assisted Housing:

Name:	Capacity:	D.C. Funds
SRO'S		
1) Coalition for the Homeless (Sherman Avenue)	10	
2) Samaritan Inns-Lazarus House	81	
3) Shalom House	94	
4) Jobs for Homeless-Priority House	6	
5) Jeremiah House	50	
6) Anna Cooper House	52	
Total:	**293**	

D.C. Department of Employment Services

What is it?

The Community Services Workstation is an enhanced computer that is capable of transmitting video and text data over a high speed network to human service providers who are engaged in a number of collaborative tasks ranging from: (1) simple exchange of information, and (2) brokering of services (i.e., universal intake, automated eligibility determination, locating services and referrals) to (3) clinical interventions and problem solving and (4) full-scale integrated case management. The workstation has a number of important basic functions including:

- e-mail
- tele-conferencing
- faxing and scanning information
- transmittal of linear and interactive video, and
- sorting, storing and securing multi-media data into case files that can be assessed only by authorized members of a case management team;

The workstation itself may be customized to the needs of the users so that it contains the latest off the shelf software programs capable of:

- group calendering
- genogram/eco-mapping
- decision-support
- tracking and monitoring
- generating management reports, and
- sharing calendar information and services

With the exception of actually providing certain types of services, the Community Services Workstation will be able to provide a virtual "one-stop-shopping" system for its customers. Using this system, providers will be able to assess, screen for eligibility, conduct a common intake process, certify and refer customers to an entire panoply of human services without that customer having to leave one location.

Placing Community Services Workstations into a community is a developmental process. For the Community Services Workstations to be effective, they must be supported by: (1) a social service infrastructure composed of public and private agencies working collaboratively in interdisciplinary teams, (2) an educational institution that has the capability of training the teams in working together and making the best use of the available technology. In Washington, D.C., the creation of the social service infrastructure is being led by the D.C. Health and Human Service Coalition under a proposed grant from the Robert Wood Johnson Foundation, while the training and educational functions are being led by the Howard University School of Social Work. The Coalition and the School of Social Work are working closely with several other partners including MACRO International, Bell Atlantic Rice University, and the United Seniors Health Cooperative. The Washington, D.C. project, which includes plans to set up 16 interdisciplinary teams across the city and put Community Service Workstations in over 500 agencies, is proceeding in two phases:

1. Phase One: Dial-Up System

The first phase of the Community Services Workstation project in Washington is scheduled to take place in October with the introduction of a Dial-Up-System.

Under this system, those agencies that have access to a computer and a modem will be able to dial-up a dedicated central number provided by Bell Atlantic and access the following services:

- e-mail
- information calendars
- the Benefits Outreach Screening System - an automated eligibility determination software program that pre-screens customers for over 27 local and federal entitlement programs, and of the Services Locator, an on-line directory for over 580 agencies within the city.

2. Phase Two: Creation of Interdisciplinary Teams and Deployment of Community Service Workstations

In the second phase of the Community Services Workstation project, workstations will be deployed as interdisciplinary teams are organized and trained under the Robert Wood Johnson grant. The first two interdisciplinary teams which are composed of representatives from approximately twenty-five different public and private agencies, are scheduled to be created in January 1994. Each quarter, approximately two more teams will be added for a total of nine teams by the end of 1994 and sixteen teams by the end of 1995.

How can it help to implement the D.C. Initiative?

The Chief advantage of the Community Services Workstation is its ability to serve as a mechanism to coordinate the services of those agencies involved in the D.C. Homeless Initiative. The Workstations can provide intensive integrated case management to those hard-to-serve homeless customers with multiple barriers to self-sufficiency. The deployment of workstations throughout the city also offers the prospect of significantly increasing the points of entry that homeless individuals may use to access the continuum of care services being planned under the Initiative.

Employment Pilot Project

This pilot project is designed to provide twenty to twenty-five[1] residents of the Blair Shelter with transitional work opportunities through the collaborative efforts of the Coalition for the Homeless, D.C. Department of Public Works, the Department of Employment Services, the Department of Human Services, the Office Aging, D.C. Rehabilitation Services Administration, and other supporting public and private agencies. The participants in this program will have a secured bed with twenty-four hour access to the Blair shelter until such time a s they move into transitional and/or permanent housing. This program will be developed to encompass different phases roughly outlined at this time but subject to future changes. The activities in each phase will be determined by an assessment process that will continue throughout the program. The phases of this program are designed to be flexible to accommodate the differing and changing needs of the participants. Some phases may overlap depending on the participants' skill levels, job readiness and needs.

1. Phase One: Prevocational Preparation (2-4 Weeks)

1.01 Initial Intake and Assessment

- Screening by a Caseworker who is working in conjunction with an interdisciplinary team;
- Identification of barriers to employment
- Health - physical examinations, including TB and HIV screening can be accessed through Health Care for the Homeless
- Substance Abuses - Blair House has on staff a Substance Abuse Specialist.
- Clothing - Blair House has a store of donated clothing the program participants can access.

[1] Although 25 people are the initial target of the program, it is recognized that as many as 50 people may actually receive services in the space of a year as a result of program participants moving through the program at different paces (thereby freeing up training slots for new entrants) or dropping out.

- Basic skill levels (i.e. literacy, math, computation, ESL) The Coalition for the Homeless plans to start using the TABE (Test of Adult Basic Education) in their assessment of potential participants.
- Job readiness levels (i.e. skills, attitudes etc.)
- Linkages and referrals to support services
- Entitlement programs (i.e. AFDC, Food Stamps, Medicaid) Access to a computerized system. BOSS (Benefits Outreach Screening Service) that screens for 27 entitlement programs in the city - has been arranged by the Coalition for the Homeless.
- Substance Abuse Treatment
- Office of the Aging
- Rehabilitation Services Administration
- Development of Individual Services Strategy (ISS: i.e. a service delivery plan)

1.02 Orientation

- Program Orientation
- Clear explanation of expectations
- Benefits and advantages of the program
- Requirements of the program
- Participants' rights and responsibilities
- General Orientation to the World of Work
- Punctuality
- Attitudes
- Stress Management

Phase Two: Transitional Work Experience (3 - 6 Months)

(Note: During this phase, participants will receive a guaranteed $50./wk stipend from DOES. If new money becomes available through HUD, participants will be given a minimum wage of $4.25 similar to STEP participants. Some portion of these wages will be set aside for participants in an escrow account and will be used toward the security deposit for transitional and/or permanent housing.)

2.01 DPW Work Training

- Twenty-five Residents of Blair Shelter under supervision[2] of job coaches and DPW staff;
- Work Activities (9:00 a.m. - 2:00 p.m.)
- Push cart routes
- Tree box and lawn care
- Recycle duties
- periodic evaluations and feedback will be provided with an emphasis on positive reinforcement;

Education and Skill Building Workshops

- Volunteers, agency staff and professional consultants would be invited to offer specialized life-skilled building workshops (3:00 - 5:00 p.m.);
- Financial Management
- Basic Skills Remediation
- Job Seeking Skills

[2] It is likely that some members of the program will have a verifiable disability - for example substance abuse recovery and may qualify for the services of a job coach form DC RSA. Other supervision from DPW is not funded.

- Developing Housing Options
- Using escrow account for planned savings
- Health and Physical Fitness
- Support Group Sessions
- Exploring Work Issues
- Recreation

3. Phase Three: Job Development and Training (2 - 6 Months)[3]

3.01 Assessment Update

- Career Exploration
- Job Skills Identification
- Job Readiness

3.02 Marketable Skills Training/Retraining

(Note: Some participants may move directly into job development and placement activities)

- Identification of appropriate programs to match vocational interest and aptitudes;
- Referral ton existing programs (i.e. JTPA, YEA, Voc. Rehab., Proprietary Schools for less than class training.)

For example:

- Building Maintenance
- Air Conditioning/Heating Repair
- Computer Equipment Maintenance and Repair
- Office Skills

Job Development and Placement Activities

- Developing and carrying out a Job Search Plan
- Identifying appropriate job opportunities
- Types of jobs (i.e. using the Dictionary of Occupational Titles
- Labor Market Information
- Specific Employers
- Accessing Job Bank Information (i.e. ALEX)
- Resumes/SF171/job application preparation
- Refining Interviewing Skills

4. Phase Four: Follow-Up and Retention Services to Participants and Employees (2 + Months)

4.01 Transition to Work

- Adjustment to cultural norms of workplace
- Workplace expectations (Employer/Employee)
- Developing new work habits

4.02 Interventions to Promote Job Retention

- For Employers
- Counseling

[3] This phase will overlap with Phase Two, and will vary in time with the individual's level of readiness. The Coalition for the Homeless recently received funding from DOES and the DC PIC to implement an Employment Services Program. Under this funding an Employments Services Director and Job Developer will be added to the team of caseworkers, and Substance Abuse Specialist available to the Blair Shelter.

- Providing information and referrals to additional support services and resources
- Participants
- Support groups
- Counseling
- Ongoing access to support services

Estimated Annual Budget

Employment Pilot Project

(*Indicates services or supplies that may be partially or wholly donated to this project.)

Phase One: Prevocational Preparation

Personnel	
Caseworker on staff at Blair Shelter	$27,000.00 *
Substance Abuse Specialist on staff at Blair Shelter	$28,000.00 *
Subtotal:	**$55,000.00**

Phase Two: Transitional Work Experience

Personnel	
1 - DPW Supervisor - donated PT to project	$36,000.00 *
2 - Job Coaches at $28,000.00	$46,000.00 *
25 - Workers ($4.25/hr x 25 hrs/wk x 52 wks)	$138,125.00
Subtotal:	**$220,125.00**

Equipment

2 - Ton Pickup Trucks (DPW will try to locate through surplus in the interim)	$30,000.00*
2 - Lawn Mowers (DPW will try to locate through surplus in the interim)	$600.00*
2 - Weed Eaters (DPW will try to locate through surplus in the interim)	$400.00*
10 - Pushcarts ($500.00 each)	$5,000.00
1 - Passengers Bus (seats 20 - 30)	$45,000.00
Subtotal:	**$81,000.00**
Uniforms	$3,000.00
Supplies (*DPW will provide these items)	
First Aid Kits	$1,000.00
Gloves	$10,000.00

Safety Seats	$8,000.00
Safety Goggles & Ear Plugs	$5,000.00
Hard Hats	$2,500.00
Brooms/Shovels/Rakes	$9,000.00
Blue Bags & Brown Bags	$10,000.00
Subtotal:	**$48,500.00**

Phase Three: Job Search Support

Personnel

Employment Director on staff with the Coalition for the Homeless	$37,000.00*
Job Developers on staff with the Coalition for the Homeless These are grant funded positions for another program that may contribute time to this pilot program.	$28,000.00
Employment Counselor (Would also provide services in Phase Four)	$30,000.00
Subtotal:	**$95,000.00**

Equipment *:

Typewriters (2)	$300.00
Copy machine	$2,000.00
Computer, Software, printer	$4,000.00
Fax Machine	$600.00
Subtotal:	**$6,900.00***

* These items may be acquired through donations.

Other: Telephone bank with Blair Shelter providing message services and mail drop.	$2,000.00

Phase Four: Follow UP and Retention Services

Personnel: See Employment Counselor listed in Phase Three

Miscellaneous:		
Transportation stipends		
30 program participants @ $10/wk for 52 weeks		$15,600.00
Meals: Breakfast & Lunch		
30 program participants @ $30/wk for 52 weeks		$46,800.00
(Dinner is provided to the shelter by the DC Central Kitchen)		
Recreation		$2,000.00
	Subtotal:	**$64,400.00**
	Total	**$575,925.00**

of which $285,400 (equivalent) may be contributed in part or whole.

Administration and Overhead (Approx. 10% of the total)	$60,000.00
Grand Total	**$635,925.00**

Many people participated in the process, including the following:

Name	Organization
Mohammad N. Akhter	Dept. of Human Services
Joan Alker	National Coalition for the Homeless
Annie Allen	Cafritz Foundation
Karen Armstrong	Dept. of Human Services
Michelle Arnedt	Arch Housing Corp.
Delphine Askews	Board of Parole
Charles R. Bacon	Metropolitan Police Department
Milton Bailey	D.C. Housing & Community Development
Diane Baillargeon	
Brian Barlia	BUILD, Inc.
Jack Barnett	HUD
Christopher Bates	D.C. Care Consortium
Rev. James Bell	
Brother Joseph Berg	Catholic Charities
Frances Berry	DOES
Valarie P. Bloomfield	NEW
Maria Borrero	Dept. of Employment Services
Frances Bowie	Dept. of Human Services
Jerry Britten	Health and Human Servics (HHS)
Arthur Brown, Jr.	United Planning Organization
George W. Brown	Assistant City Administrator /Ecomonmic Development
Rushern Buker	Private Industry Council
Mildred Bush	HUD
Ron Butler	Washington Collaborative/LISC
Larena Cabaniss	Dept. of Public and Assisted Housing
John Carlisi	Fannie Mae Foundation
Brian Carome	Sasha Bruce Youthwork
Oliver T. Carr	D.C. Community Partnership
Wayne Casey	Dept. of Public & Assisted Housing
Sarah Carroll	EPRD
Jesse Chancellor	Enterprise Foundation/Trust for Affordable Hsg.
Gail Chow	Green Door
Cheryl M. Christmas	United Planning Organization
Peter Clare	ARCH

Suzanne Clay	Dept. of Human Services
Steve Cleghorn	Jobs for the Homeless
Darlene Cocco	ICH
Carol Coleman	FEMA
Rebecca Coder	American Security Bank
Robert Crittenden	Catholic Charities
Linda Cropp	Council of the District of Columbia
Mary Cross	D.C. Superior Court
Andrew Cuomo	HUD
F. Clayton Dade	D.C. Public and Assisted Housing
Kelly Daly	ACTION
Beverly Davis	Dept. of Human Services
Bill Davis	MUSCLE, Inc.
Michael L. Dennis, PHD	Research Triangle Institute, North Carolina
Joanna Der-Stepanian	Consultant/Public Works and Employment Services
Dennis Desmond	The Beckner Fund (All Souls Church)
James Diggs	Office of Grants Management and Development
Judith Dobbins	D.C. Coalition for the Homeless
John Ducey	SOME
Jim Duferso	Manna
Joseph Eaglin	MACRO International, Inc.
Carol Eiven	FEMA
David Elwood	Health and Human Services (HHS)
David Erickson	Samaritan Inn
Jose' Farres	HHS, Office of Children and Families
Carol Fennelly	CCNV
Diane Flanagan-Montgomery	D.C. Private Industry Council
Virginia Fleming	Consultant
Betsy Frampton	Glen Eagles Foundation
Betty Hager Francis	Dept. of Public Works
Terri Freeman	Freddie Mac Foundation
Patty Mullahy Fugere	Washington Legal Clinic for the Homeless
Richard Fults	Anchor Mental Health
Fredric Gale	HUD
Duane Gautier	PEPCO
Janelle Goetcheus	Health Care for the Homeless
Robert Goldman	Office of Councilman Smith

Jeff Goode	Dept. of Human Services
Lisa Goode	The Father McKenna Center
Roland Goodman	ACTION
Lisa Goodson	Dept. of Human Services
Mark Gordon	HUD
Vincent Gray	Dept. of Human Services
Amos Green	D.C. Housing & Community Development
Georgia Greene	So Others Might Eat (S.O.M.E.)
Arleigh Greenbalt	Catholic Charities
Wendy Greuel	ICH
Douglas Haar	ICH
Michelle Hagans	Community
Darryl Hardy	Dept. of Employment Services
Robin Hardy	D.C. Public Schools
Tom Harmon	ACTION
Bill Hart	Community Foundation
Janet Hartnet	HHS, Office of Children and Families
Akil Hashim	Community for Creative Non-Violence
Vernon Hawkins	D.C. Department of Corrections
Audrey Hendricks	Salvation Army
Andrea E. Hill	ICH
Phillip Holman	D.C. City Administrator's Office
Harriet Ivey	Fannie Mae Foundation
Burt Jackson	PULSE
Robert K. Jenkins, Jr.	Dept. of Public & Assisted Housing
Kirstin T. Johnson	Office of Congressman Bruce Vento
Mark Johnston	HUD/SNAPS
Cydney Jones	Dept. of Public and Assisted Housing
Vincent Keane	Health Care for the Homeless
Helen Keyes	Dept. of Human Services
Robert Kiesling	Commission on Mental Health
Tom Knoll	Community Family Life Serivices
Dennis Kwalkowski	FEMA
Karen Kollias	American Security Bank
Josh Lahey	ICH
Jacquie Lawing	HUD
Jim Lawlor	Homeless Task Force
Pam Lieber	Salvation Army
Irene Lee	Meyer Foundation
Bob Linowes	Community Foundation

Jennifer Lepard	ARCH Family Services
Robert Lester	Office of Grants Management and Development
Allison Lewis	CCNV
Diana London	ACTION
Mary Ann Lutz	Rachel's House
Eric Lindblom	VA
Dr. Walter Leginski	HHS
Robert L. Mallett	City Administrator
Merrick Malone	D.C. Housing and Community Development
Chiquita Manago	MHCDO
Richard Mapp	Dept. of Human Services
Sue Marshall	Community Partnership
Dr. Marsha Martin	ICH
Donna Mauch	Special Master, Dixon Decree
Fran McCarthy	FEMA
Tori McClaran	Joseph's House
James McDaniel	HUD
Melva Major Meade	Lutheran Social Services
Gerald J. Meggett	Meggett & Meggett Associates
Marilyn Melkonian	Community
Nancy Meyer	Calvary Shelter
Keith Mitchell	Community for Creative Non-Violence
Ron Moe-Lobeda	Luther Place
Linda Moody	Homeless Task Force
Robert Moon	Dixon Implementation/ Monitoring Committee
Robert L. Moore	Community Dev. Corp. for Columbia Heights
Edwin Naylor	Lutheran Social Services
Christel Nichols	House of Ruth
Mary Ellen O'Connell	HUD
Ellen O'Connor	D. C. Chief Financial Officer
David Pass	D.C. Employment Service
Alina Patton	D.C. Care Consortium
David Perry	Federal City Council
Samuel Peterson	Blake Construction Co., Inc.
Evelyn Pierce-Jackson	Reach Out and Touch Ministeries
David Pollack	HUD
Ruth Prokop	Community

Diane Quinn	Dept. of Public and Assisted Housing
Jenifer Ragins	Exective Office of the Mayor
Vincent Ravaschiere	H.E.L.P.
Bob Raymond	Health and Human Services (HHS)
Bob Reeder	New Columbia Community Land Trust
Judy Reich	HHS Office of Emergency Assistance
Stephen Rickman	OEP
Walter Ridley	Dept. of Corrections
F. Clayton Rode	Dept. of Public Works
Angelal Rodrigues	U.L.S.
Julie Rogers	Meyer Foundation
John Romano	Office of Grants Management and Development
Liz Rosenbaum	Urban Initiatives
Louise Ross	Community Council for the Homeless
Tony Russo	CONSERVE
Toni Russin	Hope Housing & Comm. of Hope
Connie Lauren-Rox	JMC
Julie Sandorf	CSH
Arthur E. Scrapelli	Commission on Mental Health Services
Claudia Schlosberg	Dixon Implementation/ Monitoring Committee
Lindsey Scott	ACTION
Jeff Scruggs	Paine Webber
Connie Sharp	Luther Place Church/N Street Village
Lynn Shea	Christ House
Enid Simmons	Mayor's Office of Planning and Evaluation
Ernest Skinner	Citibank
Frank Smith, Jr.	Council of the District of Columbia
Janine Smith	Conserve
Lankward L. Smith, Jr.	Anchor Development Corp.
Lloyd Smith	Marshall Heights Com. Dev. Corporation
Kenneth Sparks	Federal City Council
Lael Stegall	Communication Consortium
Eric Stevenson	Dept. of Human Services
Imagene Stewart	House of Imagene
Jim Stockard	Court Appointed Master for Public and Assisted Housing

Louis Stover	Jubilee Enterprise
Evelyn Strauch	Strauch Foundation
Silvana Straw	Community Fund
Michael Strom	Irving & Esther Strom Foundation
Francine Sutton	HUD
I. Toni Thomas	D.C. Office of HUD
Michael Tierney	LISC
Bernadette Tolson	Dept. of Employment Services
Andy Tomback	ICH
Karen Tramontano	Office of the Mayor
Jack Underhill	HUD
Perry Vietti	Manna, Inc.
Clarice Dibble Walker	Dept. of Human Services
Beverly Wallace	D.C. Public Schools
L.E. Watson, Jr.	Community for Creative Non- Violence
Reginald Wells	Dept. of Human Services
Shelva Wheeler	HUD
Jack White	H.E.L.P.
Chaplain Evelyn M. Williams	Reach Out and Touch Ministries
Jearline Williams	Office of Aging
Kylla Williams	Executive Office of Mayor
Melvin Williams	Dept. of Human Services
Margie Wilson	Community
Mel Wilson	Health Care for the Homeless
Ellen Witman	FEMA Local Board
Phyllis Wolfe	Childrens Defense Fund
Thomas Wooden	Dept. of Human Services
James Woody	Community of Hope
Thomas Woodgang	Dept. of Human Services
Rita Yorkshire	HUD
Susan Young	HHS
Guido Zanni	Dept. of Human Services

Members of the Coalition of Housing and Homeless Organizations
UNITY of New Orleans
National and Local FEMA Boards
Staff of the Interagency Council on the Homeless
Members of the Interagency Council on the Homeless

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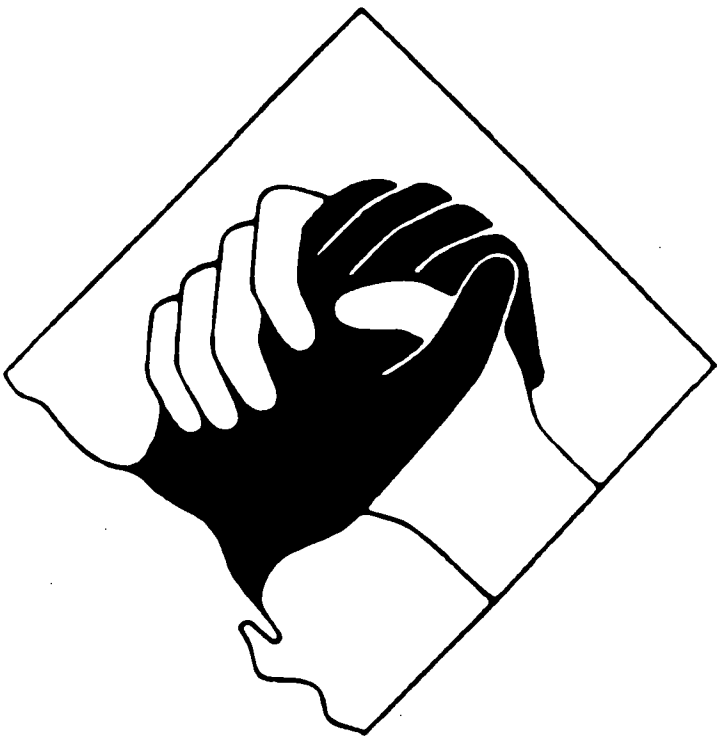
THE COMMUNITY PARTNERSHIP FOR THE PREVENTION OF HOMELESSNESS



A REPORT TO THE COMMUNITY: THE D.C. INITIATIVE ON HOMELESSNESS YEAR ONE

JUNE 28, 1995

HENRY G. CISNEROS
SECRETARY
U.S. DEPARTMENT OF
HOUSING & URBAN
DEVELOPMENT

OLIVER T. CARR
CHAIRMAN
THE COMMUNITY
PARTNERSHIP

MARION S. BARRY, JR.
MAYOR
THE DISTRICT OF
COLUMBIA

The Washington Post

OUTLOOK

Commentary and Opinion

MARY McGRORY

The Homeless and the Heartless

IN 1993 President Clinton took action that said plainly that he is his brother's keeper. He asked for a $1.6 billion budget for the homeless. He didn't have to. The people who sleep in shelters or on grates do not have a large constituency on Capitol Hill. But Congress went along, minus $4 million, and HUD Secretary Henry Cisneros made good use of the money. And now that they're getting somewhere, Congress wants to slash the funds.

Why?

Opponents of the program are not saying that HUD's new approach isn't working. They're not saying it is inefficient. They're not saying it costs too much to reclaim human beings who have hit the skids and need all sorts of help, like drug rehabilitation, job training and child care. They're just not saying.

HUD Assistant Secretary Andrew Cuomo, who pioneered a new approach to homeless solutions in New York and now runs HUD's homeless programs, says it is just part of the Republicans' "overall machete solution to budget-cutting and government downsizing." Cuomo protests that the "continuum of care" approach now required of all applicants for HUD help is the epitome of what Republicans say ought to be done.

"They want local control. It's done," he says. "They want church involvement. It's done. They want non-profit organizations. Done. They want volunteers. Done. But they still want to cut us by 32 percent. I will defend investment in a person with a lot of problems as opposed to long-term dependency. It is worth investing in substance abuse control as against incarceration."

HUD is deeply into devolution, which is of maximum concern to Republicans this season. No longer are great behemoth programs wheeled out of Washington and planted in some locale that doesn't particularly want them, except for the money. Instead, HUD goes to the city or town and asks what it needs. The number of emergency shelters has declined. People have learned that taking the homeless in out of the cold is not enough. They have to help them to define their problems and then address them.

Localities have to have plans that dovetail with the plans of other organizations. HUD money is just a part of the budget. It may not impress Republicans, but it is a complete reversal of the old ways.

A little restaurant-carryout at the corner of Third and E Streets NW, called "Third and Eats" is a model Cuomo uses to showcase the new HUD. It's the brainchild of the people on the block, who said the neighborhood needed a deli-type restaurant, and the creation of the Trinity Lutheran Church's Community Family Life Services. CFLS is a truly awesome institution, a kind of miniature HUD, a powerhouse of social activism and a rallying place of people who tutor little children, find housing and jobs for adults, anticipate problems, do battle with the District of Columbia bureaucracy and behave in general like early Christians. The pastor, Tom Knoll, never met a problem he won't take on. But he shakes his head sadly when conservatives say the church can do it all. "We just can't do any more," he says, and there is no reason not to believe him.

People who are not sure of their own identity or the day of the week can hardly be expected to snap to when it comes to remembering where and when to go for help.

"Third and Eats" is next door to the Trinity Arms, where CFLS houses homeless people who are on their way to permanent housing. Its employees, all homeless, are undergoing intensive training in food services. The trainees have sad personal histories of drugs, degradation and prison. But they have fallen into a safety net and they are sustained by reasonable hopes of a job and a home. The success rate is dazzling. Eighty-five percent of their alumni have landed jobs in classy local places like the Olive Garden. HUD's contribution is $10,000 a year, surely a bargain.

Government policy makers find humble pie on their menus these days. It is quite clear that some big plans went seriously awry. Housing projects, once in great repute are in bad odor, and HUD seems to brag as much about its demolitions as about construction. In his 1996 Status Report, Secretary Cisneros writes of "deeply rooted and systemic problems" in the agency.

Another bright idea gone wrong is deinstitutionalization of the mentally ill, which overtook planners in the '70s. It was right and humane to remove people from vast warehouses of the mentally ill, where abuse and neglect were lamentably common. But the idea of having satellite clinics to which the former inmates would repair for medication and help at stated intervals was off the mark. People who are not sure of their own identity or the day of the week can hardly be expected to snap to when it comes to remembering where and when to go for help.

HUD has learned from past mistakes and should be commended. So should Clinton, who has not wavered in his commitment to the homeless.

Mary McGrory is a Washington Post columnist.

U.S. Department of Housing and Urban Development
Office of Public Affairs

Washington, D.C. 20410

News Release

HUD No. 94-76
Jack Flynn (202) 708-0685 x113

FOR RELEASE:
Wednesday,
May 18, 1994

HUD, DISTRICT AND COMMUNITY PARTNERSHIP SIGN AGREEMENT;
FUNDS RELEASED FOR D.C. INITIATIVE

HUD Secretary Henry G. Cisneros announced the signing of a Memorandum of Understanding between the District of Columbia, HUD and the Community Partnership for the D.C. Initiative, which paves the way to continued implementation of a unique partnership initiated by HUD to address the problems of homeless men, women and children in the District.

Secretary Cisneros also released $317,700 to local non-profits through the Community Partnership to continue HUD's efforts to develop a continuum of care system. These funds will be used for outreach workers District-wide, expand services to 24 hours at Blair Shelter for men, expand beds for women, provide case management for homeless families placed in public housing, and provide funds for permanent and transitional housing facilities in the District.

"This Memorandum of Understanding lays the foundation for the continuum of care approach in the District of Columbia. By combining the District's funds, HUD funds and private sector support, the Community Partnership as the 'new entity' will implement the goals and objectives of the D.C. Initiative.

-more-

"The initial release of funds will provide much needed financial support to organizations who will expand their efforts to provide outreach, shelter, case management and permanent housing for the homeless men, women and children who call the streets their home," Secretary Cisneros said.

"As part of the Memorandum of Understanding the District of Columbia has agreed to maintain funding for homeless programs from the Office of Emergency Shelter and Support Services and sustain levels of services targeted solely to the homeless population in the areas of job training, health and substance abuse. This maintenance of effort is critical to ensure HUD funding is used to improve the lives of homeless individuals and families on the streets of D.C., " said Secretary Cisneros.

"The D.C. Initiative: Working Together to Solve Homelessness implementation plan has proven to be a model for the nation," said HUD Assistant Secretary Andrew Cuomo.

"Cities across the country are designing a continuum of care model based on the goals and implementation strategies outlined in the D.C. Initiative. The D.C. Initiative is an unprecedented partnership between government, local non-profit providers, foundations, homeless individuals themselves, and the private sector.

"The D.C. Initiative strategy includes prevention, coordinated outreach and assessment, emergency shelter, transitional facilities, permanent and permanent-supportive housing for homeless individuals and families," Cuomo added. "The D.C. Initiative moves the District away from an emergency based shelter system to a comprehensive continuum of care system."

# # #

(Attached is a list of non-profits that will use the grant funds.)

D.C. INITIATIVE FUNDING

To provide immediate assistance to non-profit organizations providing services and housing to the homeless population as part of the D.C. Initiative, HUD is providing the Community Partnership with an initial grant of $317,700 for the activities outlined below. None of these activities will supplant existing programs currently funded by the District of Columbia.

OUTREACH AND DROP-IN CENTERS:

Rachael's Women's Center $12,500

Rachael's Women's Center will take responsibility for training the VISTA volunteers in coordination with appropriate District offices and with other nonprofit agencies at which the volunteers are placed; and will take the next 90 days to pull together a comprehensive, city-wide outreach plan, again in coordination with an array of public and private agencies that have been involved in the D.C. Initiative planning process.

Saloman Zelaya Center $15,000

This grant is for a non-bureaucratic, self-help effort by Hispanic men recovering from alcohol and drugs. The grant will help cover operating costs and lead toward permanent funding of a larger transitional facility if these initial funds are used well and there are demonstrable program outcomes.

Friendship Place $15,000

This grant represents partial funding for an outreach worker and other operating costs of this new Homeless Resource Center in Ward 3 of the District.

EMERGENCY SHELTER:

Coalition for the Homeless $43,200

This grant will pay for new daytime case management services, including employment assistance, at Blair Shelter (which is now overnight only), and is expected to be a step in the direction of converting Blair Shelter to a 24-hour facility.

Calvary Shelter $20,000

Funds to the Calvary shelter will allow for the continuation of the provision of 25 emergency beds for women at the church facility initially funded by the D.C. Initiative.

CCNV $36,000

The CCNV facility is vital to the District's continuum of care, and needs --in addition to the District's utilities and maintenance support - about $12,00 per month (28 cents/day/bed) to operate. Funds for 3 months operation will allow CCNV to seek additional funding, and will require CCNV to move toward implementation of a case management plan for all residents in coordination with other agencies, thereby becoming an integral piece within the District's continuum of care.

TRANSITIONAL REHABILITATIVE

House of Imagene $15,000

This grant will allow the House of Imagene to expand its shelter capacity for intact homeless families and create space for two to three additional families. This program provides transitional services such as employment assistance, self-esteem building, and group counseling, and it makes a special effort to attract and support families that want to stay together.

Community of Hope $36,000

The Community of Hope's "Familihope" transitional housing program is operating at far less than its capacity of 22 apartments. This grant will provide enough funding for 10 families for 90 days as part of bringing Familihope program back to full capacity while this project seeks additional funding.

PERMANENT W/ SERVICES

Anacostia Partnership $25,000

The Anacostia/Congress Heights Community Partnership will use these funds to provide 4-6 months case management support for 10-12 homeless families being placed in public housing.

HEALTH SERVICES

Howard University Nurses/CCNV beds $46,000

The Howard University nurses project at CCNV provides 32 infirmary beds for ill homeless persons who do not need hospitalization but do need nursing care. The funding for this project expires at the end of June. This grant will allow this project to complete and begin implementing a strategic plan for securing mainstream health funding, in combination with some continued funding from the District's Commission on Public Health.

EDUCATION/EVALUATION

NATURE OF THE INITIATIVE AND WHY THIS IS AN INITIATIVE CITY

The nature of the Initiative has been to restructure the disparate homeless services in the District into a"continuum of care. The Initiative has begun to reform, coordinate and structurally reconfigure the system by which the prevention of homelessness, homeless services and supprotive housing are provided in the District.

The D.C. Initiative is a partnership among the U.S. Department of HOusing and Urban Develpment(HUD(, the District of Columbia government and the Homeless provider community of Washington, D.C. to change the purpose and nature of the city's homeless service system. It operates through a non-profit entity, the Community Partnership for the Prevention of Homelessness. The goal is to create a true "continuum of care" for homeless people in the District, reduce warehousing of homeless people and help the homeless move through the system and on out into productive lives.

Prior to the District's designation as a homeless initiative city there was no clear point of coordination for all homeless services.

The fragmentation of services had caused a great deal of mistrust between the homeless providers and the District gevernment. The services purchased by the District, while running over budget year after year and absorbing at least 22 million in the last year before the D.C. Initiative were virtually all emergency units.

Virtually no case management was availablew in city emergency units, whether these units served single men or women, or homeless families.

SUCCESS STORIES AND COOPERATION AMONG PARTIES

1. The basic infrastructure for a "continuum of care" has been established under the coordination entity known as the Community Partnership for the Prevention of Homelessness. This entity is invested with both responsibility for outcomes and authority for resources.

2. There is a plan and direction for the provision of homeless services in the District.

3. The Partnership has been able to keep money flowing in regardless of the District's current financial crisis.

4. Six of the eight HUD benchmearks have been met in five areas ; namely substance abuse,HIV. employment and training and SRO units for singles;Public housing and permanent scattered site housing for families.

5. There has been improvement in the relationship among providers and between providers and the funding authority.

    - The focus groups established by the Partnership were the key factor in giving non-profits an opportunity to work together to decide on goals for a homeless service system and the best system of care to achieve those goals.

PUBLIC CONTACT POINT IN THE COMMUNITY

Sue Marshall, Executive Director
Steve Cleghorn, Deputy Director
The Community Partnership for the Prevention of Homelessness
801 Pennsylvania Avenue,SE
Suite # 450
Washington, D.C. 20003
202/543-5298(phone)
202/543-5653(fax)

D.C. HOMELESS INITIATIVE SUMMARY

January 18, 1996

The D.C. Initiative has greatly improved efficiency and service through the transfer of homeless services from D.C. government to the Community Partnership which has the responsibility for administering the Initiative.

The current 1995-96 Hypothermia season is in full swing. A Hypothermia Respite Center for Mothers and Infants and a Family Hypothermia Shelter have been established.

The Respite Center is intended to provide temporary emergency 24 hour residential care and support during the hypothermia season to women with infants between the ages of 4 and twelve months. Families will be assisted in acquiring transitional, or permanent housing. The Family Hypothermia Shelter will provide temporary shelter with intense case management to assist families to find permanent housing, unification with family members, or assist them in obtaining permanent shelter.

The Initiative has also established a Family Resource Center. This Center will receive families in the District who are seeking emergency shelter and assistance. The Center is staffed by Family Aides, Social Service Representative, a Housing Specialist. Health Services,Legal Services and Child Development Services.

In regard to permanent housing a 58 bed SRO opened in July in the Marshall Heights area of the District and it is being run by the Marshall Heights Community Development Organization. And in February a 36 unit SRO will open in another ward of the city

Additionally the Community Partnership is currently establishing an outreach demonstration program to address the needs of the chronically homeless people living on the street and in the public spaces of D.C.