

# **Chapter 11 Community Services and Facilities Element**





# Community Services and Facilities Element

## Overview 1100

**T**HE COMMUNITY SERVICES AND FACILITIES ELEMENT CONTAINS POLICIES and actions for public facilities that provide health and older adult care services, as well as community facilities that include libraries, police stations, fire stations, and other municipal facilities such as maintenance yards. A well-balanced and adequate public facility system is a key part of Washington, DC's drive to sustain and enhance the quality of life for its residents and to deliver services on an equitable and inclusive basis, supporting growth and prosperity, resilience, public health and safety, civic gathering, learning, and cultural production and expression. 1100.1

This element addresses the public health sector, recognizing the strong links between the built environment, land uses, and public health outcomes. It highlights Washington, DC's work toward providing more equitable health access and on improving health outcomes for all. 1100.2

This element also addresses the vulnerability of District facilities and services to natural and human-made shocks, such as extreme weather events, public health events, and security incidents, and to long-term stressors, such as sea level rise and other adverse effects of climate change. 1100.3

Several District departments and other government agencies are responsible for the planning, construction, modernization, management, maintenance, and oversight of the District's public facilities that deliver health and community services upon which all residents depend. These departments and agencies include the Department of General Services (DGS), the Department of Health (DC Health), the Department of Human Services (DHS), the Department of Disability Services (DDS), the Department of Behavioral Health (DBH), the Department of Aging and Community Living (DACL), the Department of Corrections (DOC), the Metropolitan Police Department (MPD), Fire and Emergency Medical Services (FEMS), and the Homeland Security and Emergency Management Agency (HSEMA). This element incorporates planning and policy guidance from the short-term and long-range plans and programs of these agencies. These agencies should coordinate their facilities master planning efforts and capital improvement plans with the District's land use plans so that Washington, DC can continue delivering essential services to existing customers while accommodating projected growth. 1100.4

The critical community services and facilities issues facing Washington, DC are addressed in this element. These include:

- Assessing, rehabilitating, and maintaining facilities and lands to provide efficient and effective delivery of public services to existing and future District residents;

The goal for community services and facilities is to provide high-quality, accessible, efficiently managed, and properly funded community facilities to support the efficient, equitable, and resilient delivery of municipal services; preserve and enhance public health and safety, support Washington, DC's growth and development, and enhance the well-being of and provide a high quality of life for current and future District residents.

11

- Investing in and renewing the public library system and enhancing the library's role as a cultural anchor and center of neighborhood life;
- Providing facilities to offer affordable and high-quality health care services in an equitable and accessible manner;
- Providing for the public safety needs of all Washington, DC residents, workers, and visitors;
- Making the District's critical facilities and health and emergency response systems more resilient to chronic stressors and to sudden natural or human-made events; and
- Ensuring that District-owned land and facilities meet the needs of a growing population, informed by a cross-systems Public Facilities Plan.

1100.5

Other elements of the Comprehensive Plan should be consulted for more direction on road and transit facilities (Transportation Element); school facilities (Educational Facilities Element); recreation centers (Parks, Recreation, and Open Space Element); housing for vulnerable populations and persons with disabilities (Housing Element); green building practices (Environmental Protection Element); job training facilities (Economic Development Element); water, energy, solid waste, and digital systems (Infrastructure Element); and arts and cultural facilities (Arts and Culture Element). 1100.6

## Community Services and Facilities Goal <sup>1101</sup>

The goal for community services and facilities is to provide high-quality, accessible, efficiently managed, and properly funded community facilities to support the efficient, equitable, and resilient delivery of municipal services; preserve and enhance public health and safety, support Washington, DC's growth and development, and enhance the well-being of and provide a high quality of life for current and future District residents. 1101.1

## Policies and Actions

### CSF-1 Adequate Community Services and Facilities <sup>1102</sup>

Providing adequate community services and facilities requires careful planning and, in some cases, reallocating resources and refocusing priorities. It also requires improved coordination among District agencies and ongoing evaluation and adoption of new approaches to the design, funding, and prioritizing of capital improvements. 1102.1

### CSF-1.1 Long-Term Planning for Public Facilities <sup>1103</sup>

DGS is responsible for the management, care, and operation of many of Washington, DC's government facilities. As of 2018, these facilities include over 835 government-owned properties that include 650 buildings, dozens of triangle parks and slivers, approximately 34.5 million square feet of floor space (inclusive of District of Columbia Public Schools), 64 warehouses totaling approximately 882,700 square feet, and 75 leased buildings with 4.0 million square feet of floor space. Assets also include 26 parking lots and 71 antenna locations, seven of which contain communication towers. In addition, the total space leased out by DGS to private lessees is approximately 6.2 million square feet. DGS manages and implements a building improvement program for several of the largest District agencies, including District of Columbia Public Schools (DCPS), DAFL, DOC, FEMS, DC Health, DHS, the Department of Parks and Recreation (DPR), MPD, and the Department of Public Works. The DGS portfolio also includes facilities of the University of the District of Columbia (UDC) and the District of Columbia Public Library (DCPL); however, building improvements as well as the management, care, and operation of these facilities are conducted by UDC and DCPL, respectively, rather than by DGS. <sup>1103.1</sup>

The District consolidated the Department of Real Estate Services (DRES), the Office of Public Education Facilities Modernization (OPEFM), and the capital management functions for DOC, FEMS, DC Health, DHS, DPR, and MPD to create a single agency responsible for all vertical construction (with the exception of DCPL) for DC government in 2011. This single agency is today's DGS. <sup>1103.2</sup>

Historically, planning for the facility needs of these agencies focused on addressing incremental, short-term capital needs, rather than capital needs tied to long-term forecasts based on land use, transportation, and demographic growth and change analyses. This was partially due to the advancing age of many facilities, their underused condition, and an overriding emphasis on near-term facility replacement and modernization to address basic life-safety issues such as structural integrity, rather than planning more systematically for 10- or 20-year needs. <sup>1103.3</sup>

Through the Comprehensive Plan, the District has guided Washington, DC's growth, providing a long-term perspective on future needs. The District has identified gaps, redundancies, and functionally obsolete community facilities through a variety of place-based plans, systems plans, and facilities master plans covering a wide range of public facilities. This has produced more logical and equitable capital planning that presented opportunities for co-location, shared-use, and adaptive reuse strategies to help optimize the performance and policy outcomes of District-owned facilities. <sup>1103.4</sup>

**Co-location is the reuse of a publicly owned site in a manner that accommodates a combination of public and/or private uses. Co-location can help Washington, DC to achieve many of the goals described in the Comprehensive Plan, such as maximizing the public benefits that a given public property, asset, facility, or combination thereof can deliver.**

Since the 2006 Comprehensive Plan adoption, DGS and its predecessor agencies built over four million square feet of new public facilities and renovated or opened more than 15 police and fire stations. These figures are in addition to more than eight million square feet of school modernization projects, addressed in the Educational Facilities Element. These activities demonstrate significant strides made by the District in planning and delivering facilities that now provide better and more accessible services. As Washington, DC continues to grow and its needs evolve, opportunities to enhance cross-systems civic planning should be harnessed. <sup>1103.5</sup>

Washington, DC has a land area of 61 square miles and, as of 2017, a population of 693,972. Within this compact footprint and using a finite number of public facilities and lands, the District must serve the health, education, recreation, safety, and security needs of residents. With the District's population anticipated to grow, District ownership and decision-making control over these public assets will grow more critical. Moving forward, the District should carefully consider the ownership, control, use, and disposition of these assets to ensure it can meet near-term and long-range needs of residents. A Public Facilities Plan can inventory civic assets against future needs to help inform decisions. The Public Facilities Plan would help ensure that an adequate supply of land and facilities is available for the dynamic needs of a growing residential population in the long-term future. <sup>1103.6</sup>

In addition to financing and constructing facilities itself and co-locating compatible facilities together, the District uses joint development and public-private ventures to leverage its assets. An additional tool—and one of the most important used by the District—is the Capital Improvement Plan (CIP), a six-year, forward-looking plan that establishes the strategy for future public investment in capital assets, including District-owned facilities, equipment, and transportation infrastructure, and that prioritizes and allocates investments to specific projects based on a careful annual evaluation and assessment of needs. The Public Facilities Plan can serve as a repository of cross-agency information that can help inform the CIP. <sup>1103.7</sup>

Co-location is the reuse of a publicly-owned site in a manner that accommodates a combination of public and/or private uses. Co-location can help Washington, DC to achieve many of the goals described in the Comprehensive Plan, such as maximizing the public benefits that a given public property, asset, facility, or combination thereof can deliver. <sup>1103.8</sup>

Co-location can help residents individually, by providing a one-stop shop with a variety of services typically needed by the same people in the same facility or by keeping facilities occupied and thus safer day and night, as when apartments sit atop libraries or schools are used for community meetings in the evening. Co-location can be physical, when two or more uses occur on the same site, and/or temporal, where different uses take place

at different times in the same room or same building on the site, as when religious congregations rent school auditoriums on weekends and private sports leagues use school athletic facilities.

Thus, co-location includes, but is not limited to, the following potential combinations of uses on a single site:

- One or more community services or programs located with government offices or in government facilities;
- Private uses, such as affordable and mixed-income housing built together;
- Public uses, such as libraries, recreation facilities, and police and fire stations located together or with private uses, such as housing;
- Child development facilities located on school property;
- Multiple health and wellness-related facilities; and
- Retail and commercial uses (such as grocery stores) that can serve community needs located alongside government uses.

A Public Facilities Plan can encourage the District to consider co-location of a wide range of municipal uses and assets that can help maximize the ability of any given facility to deliver services to District residents. This is especially critical when uses under consideration are under the auspices of separate agencies. <sup>1103.9</sup>

Washington, DC is facing deferred facilities maintenance. To balance limited resources and competing priorities, the District is creating a comprehensive asset management plan. This plan consolidates asset inventories from all District agencies and analyzes their maintenance and replacement schedules on a unified basis, delivering the following benefits:

- Better prioritization of capital projects relative to long-term risks and costs;
- Ability to determine optimal rehabilitation and maintenance schedules and processes;
- Determination of financial impact of deferred capital maintenance; and
- Optimal timing for delivering new projects.

This new approach will enable the District to better understand maintenance, replacement, and related investment needs, helping ensure that related budget and capital funding priorities can be optimally aligned. <sup>1103.10</sup>

As of 2017, public facilities data layers are publicly available through online tools provided by the District's Geographic Information Systems (DCGIS) Program, including the <http://opendata.dc.gov> portal, which is developed and maintained by the Office of the Chief Technology Officer (OCTO). These tools enable agencies and the public to quickly access data, create maps, and conduct analyses. While a wide array of public facilities

information is currently available through this portal, visualization of public facilities on a unified (i.e., cross-asset) basis could be improved as part of the Public Facilities Plan. By aggregating these data, relationships and dynamics within civic systems (e.g., the way schools, libraries, and parks interact) as well as alignment with other systems, such as housing and transportation, can be made more readily evident and help inform and enhance the CIP and other District efforts to help shape and manage growth. <sup>1103.11</sup>

***Policy CSF-1.1.1: Public Facilities Plan and Effective Use of District-Owned Lands and Buildings***

District-owned buildings and lands should be effectively used to meet the needs of residents. Develop a District-wide Public Facilities Plan to understand the distribution, capacity, control, and occupancy of District facilities and lands across systems and agencies, taking into account service delivery and improved alignment with current needs and expected future growth. <sup>1103.12</sup>

***Policy CSF-1.1.2: Adequate Facilities***

Construct, rehabilitate, and maintain the facilities necessary for the efficient delivery of public services to current and future District residents. <sup>1103.13</sup>

***Policy CSF-1.1.3: Adequate Land***

Ensure that the District government owns a sufficient amount of land in appropriately distributed locations to accommodate needed public facilities and meet the long-term operational needs of the government. <sup>1103.14</sup>

*See also the Land Use Element and Economic Development Element policies and actions to preserve and conserve adequate lands for public facilities.*

***Policy CSF-1.1.4: Prioritization of Publicly Owned Land***

Prioritize District-owned property for community facility uses. Wherever feasible, the District should use short- or long-term leases for lands not currently needed to preserve the District's long-term supply of land for public use. <sup>1103.15</sup>

***Policy CSF-1.1.5: Addressing Facilities That Are Functionally Obsolete***

Develop reuse or disposition plans for public buildings or sites that are functionally obsolete, that cannot be rehabilitated cost-effectively, or that are no longer needed. Before any disposition of property is made, consideration shall be given to potential future uses by, and needs of, the District. <sup>1103.16</sup>

***Policy CSF-1.1.6: Universal Design***

All District public facilities shall accommodate the needs of persons with physical disabilities to the greatest extent possible. Comply with the Americans with Disabilities Act (ADA) in all new construction and



renovations. Consider Universal Design solutions when opportunities present themselves and as funding allows. <sup>1103.17</sup>

***Policy CSF-1.1.7: Location of Facilities***

Ensure that the planning, siting, and design of new public facilities is consistent with Comprehensive Plan goals and policies, including the Future Land Use Map and the Policy Map. <sup>1103.18</sup>

***Policy CSF-1.1.8: Public Facilities, Equity, and Economic Development***

Locate new public facilities to best serve all District residents and to support economic development and neighborhood revitalization efforts, with a focus on underserved areas and areas of growth. <sup>1103.19</sup>

*See the Environmental Protection Element for policies on green building requirements for new public facilities and the Urban Design Element for policies on the design of public buildings.*

***Policy CSF-1.1.9: Co-Location***

Encourage the strategic co-location of public municipal uses on publicly-owned and controlled sites, provided that the uses are functionally compatible with each other and the site's future land use designation. Consider co-location of private and public uses as a strategy that can help advance District-wide and neighborhood priorities, such as the creation of affordable housing and equitable access to services. <sup>1103.20</sup>

***Policy CSF-1.1.10: Agency Coordination for Co-Location Strategies***

The Public Facilities Plan should include interagency coordination for co-location of public uses early in planning and project initiation processes so that critical input is captured and incorporated. Joint planning of District-operated facilities with other community facilities such as schools, older adult services, health clinics, community kitchens, healthy food growing or retail spaces, and nonprofit service centers should also be supported through ongoing communication and collaboration among relevant District agencies and outside agencies and partners. <sup>1103.21</sup>

*See the Land Use Element for policies related to the siting of community facilities and mitigation of potential impacts.*

***Policy CSF-1.1.11: Developing a Food Systems Network***

Support development of a system of food hub and processing centers where nutritious and local food can be aggregated, safely prepared, and efficiently distributed to District agencies, feeding sites, shelters for persons experiencing homelessness, schools, nonprofits, and local businesses for the District's normal institutional meal operations as well as leveraged for emergency feeding efforts during disaster events. <sup>1103.22</sup>

**Universal Design**

Universal Design is defined by the National Park Service (NPS) and the National Center on Accessibility (NCA) as the design of products and environments to be usable by all people, to the greatest extent possible, without the need for adaptation or specialized design. <sup>1103.17a</sup>

## Food Hubs



The U.S. Department of Agriculture (USDA) defines a food hub as “a business or organization that actively manages the aggregation, distribution, and marketing of course-identified food products primarily from local and regional producers to strengthen their ability to satisfy wholesale, retail, and institutional demand.” (Source: USDA 2012 Regional Food Hub Resource Guide). <sup>1103.21a</sup>

11

***Policy CSF-1.1.12: District-Owned Facilities and Shared Uses***

Encourage the shared use of District-owned facilities, such as recreation centers, as sites that can support a variety of programs and activities. These can include community education about nutrition, nutrition entrepreneurship, and small business development; urban agriculture; cultural performance, production, and exhibition; and child development and care. <sup>1103.23</sup>

*Action CSF-1.1.A: Civic Facilities Plan*

Continue to develop and refine the District’s multilayered approach to facilities master planning so that adequate community facilities are provided for existing residents and can be provided for new neighborhoods in Washington, DC, including by providing guidance for the long-term (six-year) CIP and the annual capital budget. The approach should include an assessment of all District-owned or -maintained community facilities and property, and should identify what improvements are needed to correct deficiencies and address planned growth and change in the District. The facilities plan should be continuously maintained and updated regularly with new priorities and timelines. As needed, the Comprehensive Plan should be amended to incorporate master facilities planning findings. As part of this work, the appropriate agency shall continue to annually collect and publish data on public school capacity and enrollments, recreation facilities, libraries, emergency medical service response time, sewers, green space, and public transit capacity, including bus routes and ridership statistics for Metrorail stations and lines as well as parking availability and traffic volumes on roads and at key intersections. These data should be used, as appropriate, when evaluating the need for facility and infrastructure improvements. <sup>1103.24</sup>

*Action CSF-1.1.B: Guidelines For Public Uses of Public Facilities*

Develop unified District inventory of public facilities and establish guidelines that can help the District understand the adequacy of District-owned space for use by District agencies. <sup>1103.25</sup>

*Action CSF-1.1.C: Site Planning Procedures*

Public facility planning shall include site planning and management procedures to mitigate adverse impacts on surrounding areas. <sup>1103.26</sup>

*Action CSF-1.1.D: Public Facilities Planning*

Develop a Public Facilities Plan that helps to inventory, consolidate and coordinate facility information across District agencies. <sup>1103.27</sup>

*Action CSF-1.1.E: Opportunities to Promote Local Food Businesses*

Identify best practices and potential locations for food hubs, food business incubators, and community kitchens to expand healthy food access and food-based economic opportunity in underserved areas through

co-location with job training, business incubation, and entrepreneurial assistance programs. <sup>1103.28</sup>

*Action CSF-1.1.F: Co-Location of Housing with Public Facilities*

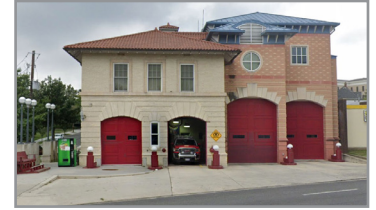
As part of facilities master planning and the CIP, conduct a review of and maximize any opportunities to co-locate mixed-income multi-family housing when there is a proposal for a new or substantially upgraded local public facility, particularly in high-cost areas. <sup>1103.29</sup>

*Action CSF-1.1.G: Universal Design*

Create a working group comprised of relevant District agencies to explore the use of Universal Design standards in new and existing District facilities. <sup>1103.30</sup>

*Action CSF-1.1.H: Central Kitchen Facility*

Explore the potential for establishment of a central kitchen facility, as required by the Healthy Students Act and subject to funding availability, which could function as a meal preparation site for the District's institutional meal programs (e.g., schools, shelters for persons experiencing homelessness), an aggregation center for fresh food to be distributed to local businesses, and a job training facility, among other potential functions including emergency feeding. <sup>1103.31</sup>



*The District's CIP includes District-owned facilities (e.g., libraries, recreation centers, District offices, parking lots), District-owned equipment (e.g., police cars, fire trucks, snow removal equipment), and transportation infrastructure (e.g., roads, bridges, Metro).*

## CSF-1.2 Funding and Coordination <sup>1104</sup>

The District's CIP includes District-owned facilities (e.g., libraries, recreation centers, District offices, parking lots), District-owned equipment (e.g., police cars, fire trucks, snow removal equipment), and transportation infrastructure (e.g., roads, bridges, Metro). Washington, DC can maximize the strategic impact of these large investments by improving inter-disciplinary/cross-sector coordination and by linking them to neighborhood revitalization strategies, private investment plans, facilities master plans, and long-range growth plans. For example, District investments in transportation may be a key part of stimulating construction of a major new development. Investments in a new community center or school may be a pivotal component of commercial district renovation, and so on. The District has begun to formalize this relationship through policy links between the CIP and the Comprehensive Plan. <sup>1104.1</sup>

The DC Office of Planning (OP) helps the District to develop and refine principles for capital planning and to coordinate links among long-range growth plans, facilities master plans, and the CIP. <sup>1104.2</sup>

***Policy CSF-1.2.1: Capital Improvement Programming***

Continue to use the capital improvement program process to coordinate the phasing, prioritizing, and funding of public facilities. <sup>1104.3</sup>

***Policy CSF-1.2.2: Strengthening Links Between the Comprehensive Plan and Capital Improvement Program***

Continue to improve links between the Comprehensive Plan and the District's CIP through the Public Facilities Plan, which should be systematic, comprehensive, and based on analytical data about community needs, service levels, and projections, in addition to facility condition assessments. Additionally, provide relevant Comprehensive Plan and Public Facilities Plan guidance to individual agencies in earlier phases of their strategic planning, facilities master planning, and budget development processes, which can strengthen cross-links and add efficiencies to the District's annual CIP and capital budget development process. <sup>1104.4</sup>

***Policy CSF-1.2.3: Construction and Rehabilitation***

Continue to improve the coordination of public facility construction and rehabilitation projects to minimize public costs, maximize community benefits, and avoid service disruption. <sup>1104.5</sup>

***Policy CSF-1.2.4: Innovative Financing Strategies***

Continue to explore alternative financing strategies for projects that provide public benefits, including public facilities. Strategies include ground leases, impact investing, joint development, creative leasing arrangements, and other financing instruments that have no effect on the District's debt cap and can maximize financial performance and achieve public policy outcomes. <sup>1104.6</sup>

***Policy CSF-1.2.5: Planning For Maintenance and Operation***

Continue to develop and fund adequate maintenance budgets for all public facilities based on industry standards. Evaluate projected operating and maintenance (O&M) costs before approving new capital facilities so that sufficient funds will be available for O&M once a new facility is constructed. <sup>1104.7</sup>

***Policy CSF-1.2.6: Impact Fees***

Ensure that new development pays its fair share of the capital costs needed to build or expand public facilities to serve that development. Consider the use of impact fees for schools, libraries, and public safety facilities to implement this policy. Adoption of any fees shall take potential fiscal, economic, and real estate impacts into account and shall be preceded by the extensive involvement of the development community and the community at large. <sup>1104.8</sup>

***Action CSF-1.2.A: Capital Projects Evaluation***

Continue to refine measurable criteria, standards, and systematic coordination procedures to evaluate capital improvement projects. <sup>1104.9</sup>

*Action CSF-1.2.B: Inventory of Lands Owned By or Under the Jurisdiction of the District*

Continue to update and expand the District’s property management database, identifying the location, size, and attributes of all District-owned facilities and properties. <sup>1104.10</sup>

*Action CSF-1.2.C: Coordinate Facilities Master Planning with Public Facilities Planning*

Improve facilities master planning processes and outcomes by coordinating facilities master planning efforts of individual agencies with public facilities planning efforts. This coordination can illuminate relationships and dynamics across systems, helping to inform the District’s public investments. <sup>1104.11</sup>

**CSF-2 Health** <sup>1105</sup>

One of Washington, DC’s most important resources is the health of its residents. While many of the District’s residents and neighborhoods enjoy exceptional health, significant health disparities persist along dimensions of income, geography, race, gender, and age in the District. <sup>1105.1</sup>

DC Health promotes health, wellness, and equity across the District and protects the safety of residents, visitors, and those doing business in the nation’s capital. The responsibilities of DC Health include identifying health risks; educating the public; preventing and controlling diseases, injuries, and exposure to environmental hazards; coordinating emergency response planning for public health emergencies; promoting effective community collaborations; and optimizing equitable access to community resources. <sup>1105.2</sup>

The DC Health Equity Report (HER) 2018 lays out a comprehensive baseline dataset of key drivers of health. Non-clinical determinants of health influence 80 percent of health outcomes, with the remaining 20 percent determined by clinical care (HER 2018). The nine drivers—education, employment, income, housing, transportation, food environment, medical care, outdoor environment, and community safety—were mapped thematically by statistical neighborhood (n=51) and overlaid with life expectancy estimates. There was a strong correlation between differences in life expectancy and differences in key driver outcomes by statistical neighborhood, underscoring the need for shared collective impact goals and practices across sectors and applied health in all policy approaches. <sup>1105.3</sup>

While the 2006 Comprehensive Plan focused on advancing equitable access to health care services to address disparities in health outcomes, the District’s approach has evolved to better recognize and incorporate the role and effect of social and structural determinants on health. Thus, the

**Social and Structural Determinants of Health**

The World Health Organization defines social and structural determinants of health (SSDH) as the conditions in which people are born, grow, work, live, and age and the wider set of forces and systems shaping the conditions of daily life. These forces and systems include economic policies and systems, development agendas, social norms, social policies, and political systems. The District has adopted this understanding of the larger factors that shape health and that influence the systems and conditions for health and outcomes, including health equity in the District. <sup>1105.2a</sup>

## Health

Health is a state of complete physical, mental, and social well-being and not merely the absence of disease or infirmity.

*(Source: World Health Organization.)* <sup>1105.5a</sup>

Comprehensive Plan now seeks to improve population health by providing health-informed policy guidance for the future of Washington, DC's built and natural environments. While policies contained in this section focus on the traditional health care infrastructure and clinical care service delivery system, transportation, housing, economic development, and other important social/structural determinants are addressed in other Comprehensive Plan Elements. <sup>1105.4</sup>

This section of the Community Services and Facilities Element focuses on the adequacy, maintenance, and expansion of health care facilities as important contributors to the health of District residents, as well as the provision and improvement of human service facilities such as senior wellness centers. Recognizing that education and learning are lifelong endeavors and reflecting the District's evolving approach to early childhood care and development, the child care section was moved from this element to the Educational Facilities Element and retitled to "Child Development." <sup>1105.5</sup>

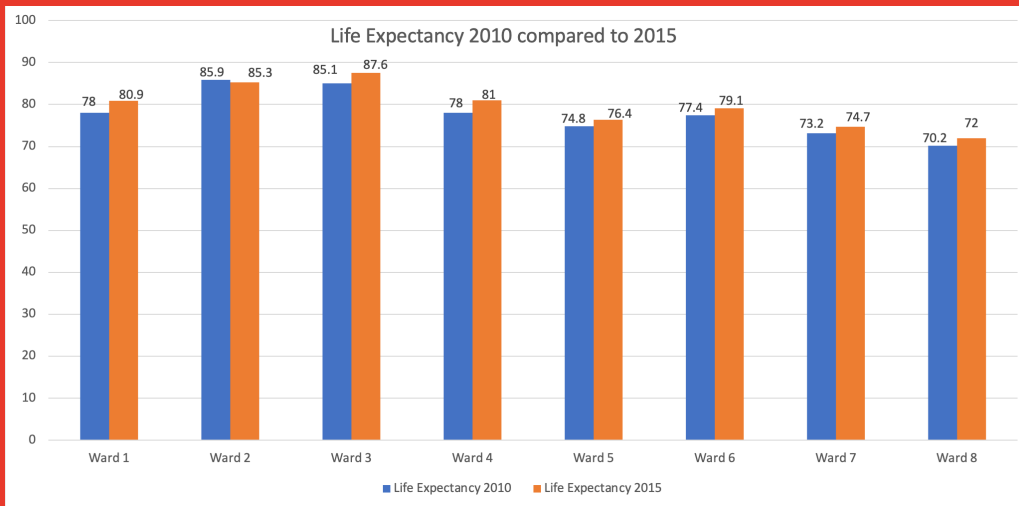
Planning for accessible and equitable health care facilities is complicated by a broad set of factors, including the changing nature of the nation's health care delivery system and the District's limited jurisdiction over private service providers. The Comprehensive Plan can inform and guide public and private investments in support of Washington, DC's commitment to provide an adequate distribution of facilities and services that support the health of District residents, promote health equity across the District, and increase the District's emergency preparedness. This includes measures to advance health through the design of Washington, DC and conservation of the environment. <sup>1105.6</sup>

HER 2018 shows that there are differential opportunities for health across the District by income, geography, and race. The most racially and economically segregated neighborhoods are also at the extremes of life expectancy estimates, with majority Black (and low-income) populations experiencing the lowest life expectancies and majority White (and high-income) populations experiencing the highest life expectancies. Overall life expectancy at birth for Washington, DC residents increased from an average of 78 years in 2013 to 79 years in 2015, closing the gap with the U.S. estimate of 78.8 in the same year. All District wards experienced an improved life expectancy from 2010 to 2015, with the largest gain seen in Ward 6 and the smallest gain seen in Ward 7 (see Figure 11.1). However, when evaluating smaller geographic areas, the gap between the highest and the lowest life expectancy estimates increases to more than 21 years. Again, the social and structural determinants of health influenced by geography, race, and income level are major intersecting components that drive the differences in estimated life expectancy and other population health outcomes across Washington, DC. <sup>1105.7</sup>

The 2020 public health emergency is anticipated to have broad impacts that can exacerbate existing inequities in the District, including disparate health effects. While the data in this chapter precede the 2020 health emergency, the policies contained in the Health and Health Equity section below address equity in a manner that supports the District’s response to and recovery from the 2020 health emergency in the near-term, and that provides guidance for shocks and stressors that may occur in the long-term. Additionally, social and structural determinants of health such as income, employment, housing and transportation, are also addressed in other elements of the Comprehensive Plan. <sup>1105.8</sup>

Figure 11.1.

**Life Expectancy in 2010 and 2015 at Birth by Ward in the District of Columbia** <sup>1105.9</sup>



*Sources: Data for the 2010 life expectancy estimates are drawn from DC Health’s 2013 Community Health Needs Assessment. Data for 2015 are drawn from DC Health’s Draft/Unpublished HER.*

*Note: The 2010 and 2015 life expectancy estimates were calculated as the average of the current and preceding four years. Five-year averages are more reliable predictors of life expectancy estimates than single-year data points, since the latter identify a trend over multiple years.*

Figure 11.2.

### Leading Causes of Death in the District of Columbia, 2015 <sup>1105.10</sup>

Age-Adjusted Rate Per 100,000 Population		
District Rank	Cause of Death	Age-Adjusted
1	Heart Disease	186.4
2	Malignant Neoplasms (Cancer)	166.5
3	Accidents (includes falls and overdoses)	39.4
4	Cerebrovascular Disease (Stroke)	37.9
5	Diabetes	25.6
6	Chronic Lower Respiratory Disease	23.1
7	Alzheimer's Disease	19.2
8	Homicide/Assault	17.5
9	Influenza and Pneumonia	16.2
10	Septicemia	13.4

District of Columbia Department of Health, Center for Policy, Planning, and Evaluation, Data Management and Analysis Division

(Source: Behavioral Risk Factor Surveillance System, 2015 Annual Report, DC Health)

Compared to national trends, data from 2015 in Figure 11.3 indicates that Washington, DC has higher rates of heart disease mortality and homicide compared to the U.S. and a higher prevalence of stroke. However, a larger percentage of District residents report routine health care checkups compared to the U.S. average. Additionally, while HIV/AIDS incidence and mortality have decreased over the last decade, the rates are still at an epidemic level in the District, with a prevalence of 1.9 percent as of 2017. <sup>1105.11</sup>

Notable trends displayed in the District's 2015 Behavioral Risk Factor Surveillance System (BRFSS) annual health report show a slight improvement among residents who receive preventive care and who take steps to prevent future illness. However, data trends from 2015 demonstrate a steady decline among Washington, DC residents who are overweight or obese. The variation in obesity rates is linked to access to healthy foods and to parks and recreation facilities. <sup>1105.12</sup>



Figure 11.3.

**Top 10 Leading Causes of Death in the District of Columbia and the United States, Age-Adjusted Rates per 100,000 population, 2015 DC Health** <sup>1105.13</sup>

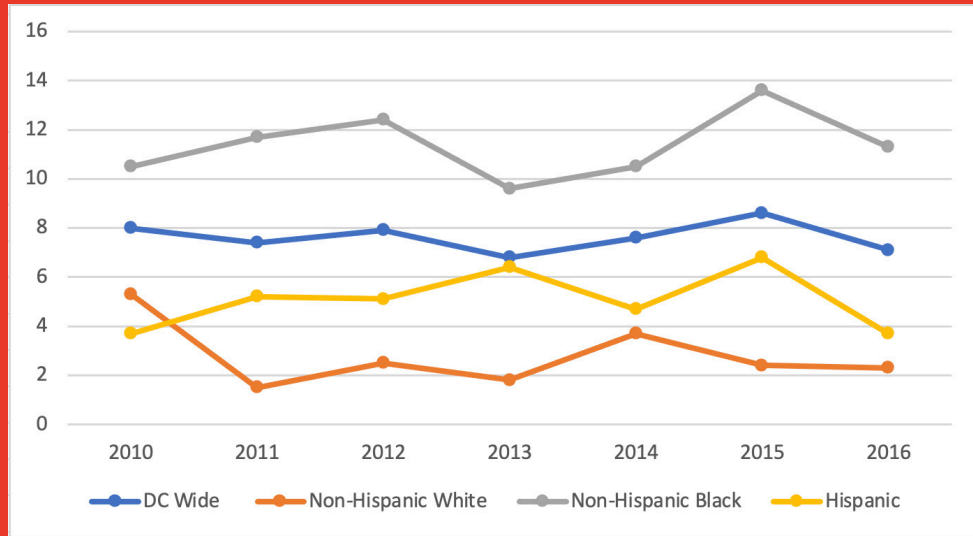
District of Columbia	Rate per 100,000	United States	Rate per 100,000
1. Heart Disease	186.4	1. Heart Disease	168.5
2. Cance	166.5	2. Cancer	158.5
3. Accidents	39.4	3. Chronic Lower Respiratory Disease	41.6
4. Cerebrovascular Disease (Stroke)	37.9	4. Accidents	43.2
5. Diabetes	25.6	5. Cerebrovascular Disease (Stroke)	37.6
6. Chronic Lower Respiratory Disease	23.1	6. Alzheimer's Disease	29.4
7. Alzheimer's Disease	19.2	7. Diabetes	21.3
8. Homicide/Assault	17.5	8. Influenza and Pneumonia	15.2
9. Influenza and Pneumonia	16.2	9. Kidney Disease	13.4
10. Septicemia	13.4	10. Suicide	13.3

(Source: Center for Policy, Planning, and Evaluation; DC Health; Xu, Jiaquan, et al; Mortality in the United States, 2015; Centers for Disease Control and Prevention.)

Washington, DC has experienced improvements in perinatal health outcomes, such as a decline in infant mortality rate from 11.8 deaths per 1,000 births in 2009 to 7.1 in 2016. However, while the overall infant mortality rate has declined, significant disparities persist based on race and geography (Figure 11.4). In 2015, non-Hispanic Black mothers were five times more likely to experience infant mortality than non-Hispanic White mothers, and Hispanic mothers were 1.6 times more likely to experience infant mortality than non-Hispanic or White mothers in the District. <sup>1105.14</sup>

Figure 11.4.

**Infant Mortality Rate per 1,000 Live Births,  
District of Columbia, 2010-2016** <sup>1105.15</sup>

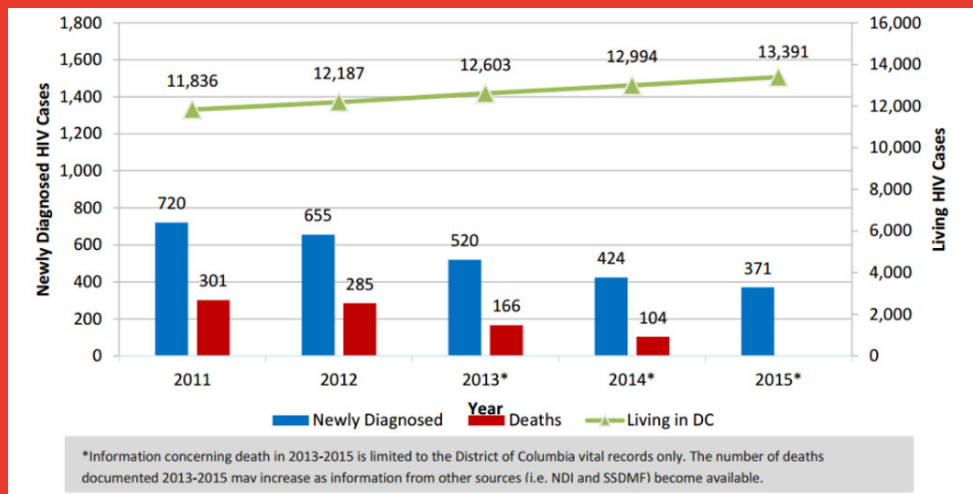


(DC Health, Perinatal Health Report, 2018)

11

Figure 11.5.

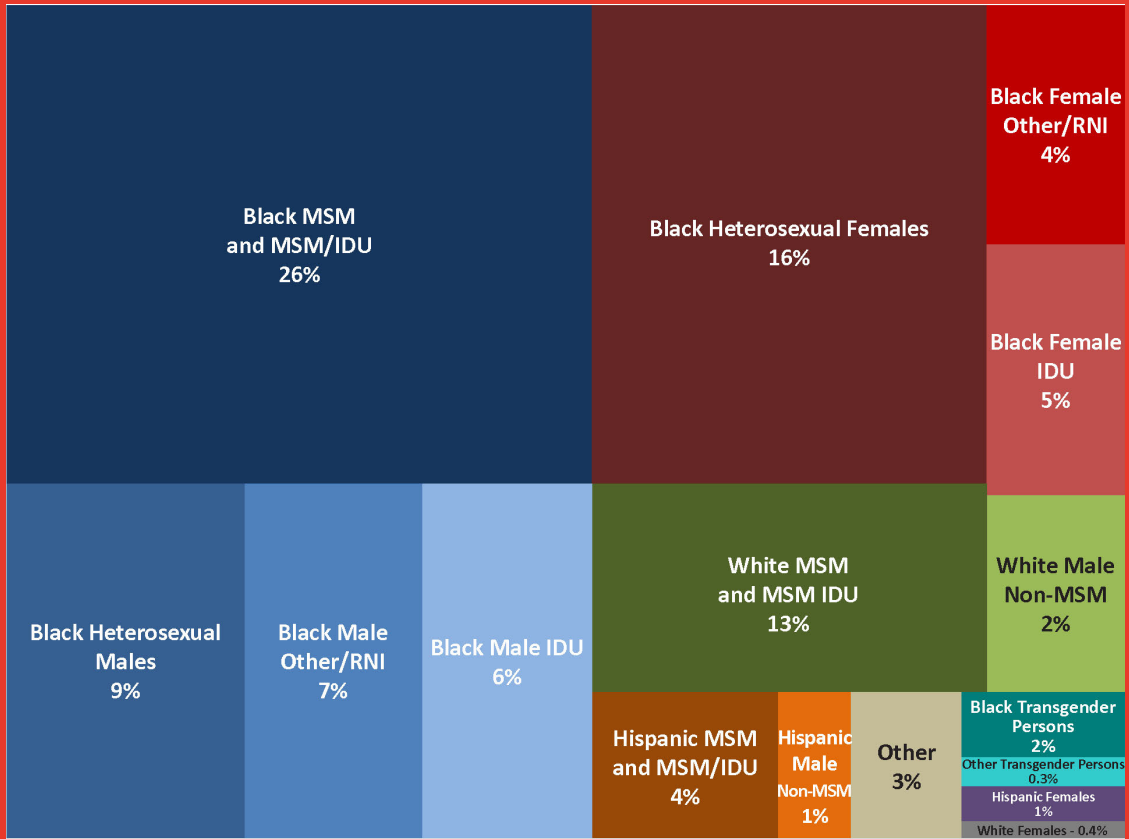
**Newly Diagnosed HIV Cases, Deaths, and HIV Cases  
Living in the District by Year, 2011-2015** <sup>1105.16</sup>



(Source: HIV/AIDS, Hepatitis, STD, and TB Administration, Annual Epidemiology & Surveillance Report: Surveillance Data through December 2015, DC Health, 2017.)

Figure 11.6.

**Proportion of HIV Cases Living in Washington, DC by Race/Ethnicity, Gender Identity, and Mode of Transmission, District of Columbia, 2015 (n = 13,391)** <sup>1105.17</sup>



\*MSM: includes men who have sex with men;  
 IDU: injection drug use;  
 RNI: risk not identified  
 Other: perinatal transmission, hemophilia, blood transfusion, and occupational exposure (healthcare workers);  
 Non-MSM: All modes of transmission excluding MSM and MSM/IDU  
 Hispanic Male non-MSM: Heterosexual, IDU, RNI, and other modes of transmission  
 Black Female Other: RNI and other modes of transmission  
 Black Male Other: RNI and other modes of transmission  
 Hispanic Female: All modes of transmission  
 White Female: All modes of transmission  
 Other: All persons of other race with all modes of transmission  
 Transgender persons: include both transgender men and transgender women

(Source: HIV/AIDS, Hepatitis, STD, and TB Administration, Annual Epidemiology & Surveillance Report: Surveillance Data through December 2015, DC Health, 2017.)

As shown in Figure 11.5, approximately 1.9 percent of Washington, DC residents live with HIV (considered an epidemic level). While there were still newly diagnosed cases of HIV in 2017, this number declined significantly, by 31 percent from 2013 and by 73 percent from 2007. However, concerns remain as the populations with the highest rates of HIV are Black men and Black women. When examining residents living with HIV, 27 percent were Black men who have sex with other men and/or use injection drugs, 16 percent were heterosexual Black women, and 14 percent were White men who have sex with other men and/or use injection drugs in 2017. <sup>1105.18</sup>

### CSF-2.1 Health and Health Equity <sup>1106</sup>

Health equity is defined as the commitment to ensuring that everyone has a fair and just opportunity to be healthier. Many of the determinants of health and health inequities in populations have social, environmental, and economic origins that extend beyond the direct influence of the health sector and health policies. Thus, public policies in all sectors and at different levels of governance can have a significant impact on population health and health equity. Washington, DC is moving toward a Health in All Policies (HiAP) approach, a systems-wide, cross-sector consideration of health in government decision-making. This HiAP approach seeks to advance accountability, transparency, and access to information through cross-sector and multilevel collaboration in government. <sup>1106.1</sup>

Access to affordable, equitable, quality clinical care and health behaviors are crucial for improving health outcomes. DC Health has advanced this framework through several strategic plans, including DC Healthy People 2020 (DC HP2020), the DC Health Systems Plan (HSP), and the DC State Health Innovation Plan (SHIP), and by continually developing and deploying innovative tools that help track and improve health outcomes. <sup>1106.2</sup>





Further, Sustainable DC 2.0, a multi-agency initiative led by OP and the Department of Energy and Environment (DOEE), includes the goal of improving population health by systematically addressing the link between community health and place, including where people are born, live, learn, work, play, worship, and age. Sustainable DC 2.0 sets a target of reducing racial disparities in the life expectancy of residents by 50 percent by 2032. <sup>1106.3</sup>





The District has adopted an overarching framework of health equity. Achieving health equity requires an explicit focus on and targeting of societal structures and systems that prevent all people from achieving their best possible health, including poverty, discrimination, and lack of access to economic opportunities. <sup>1106.4</sup>












Figure 11.7.

**Leading Health Indicator Chart, District of Columbia Healthy People 2020, Annual Report and Action Plan 2017- 2019** 1106.5

● Getting Worse   ● Improving   ● 2020 Target Met   ● Little/No Change   ● New Data/No Data

Number	Leading Health Indicator	Baseline (Year)	Recent (Year)	Target (2020)	Status
 <b>1. Mental Health and Mental Disorders</b>					
MHMD-2	Reduce the proportion of adolescents aged 12 to 17 years who experience major depressive episodes (MDEs)	6.9% (2010)	10.0% (2015)	5.8%	●
 <b>2. Injury and Violence Prevention</b>					
AH-1.1	Reduce homicide rate among 20-24 year olds (per 100,000)	46.9 (2012)	49.3 (2016)	32.7	●
IVP-2	Reduce fatal injuries (per 100,000)	49.4 (2012)	83.9 (2016)	46.3	●
 <b>3. Access to Health Services</b>					
AHS-2	Increase percentage of residents who receive preventive care	74.6% (2011)	76.2% (2015)	80.3%	●
 <b>4. Nutrition, Weight Status and Physical Activity</b>					
NWP-2	Decrease the number of food deserts	9 (2014)	6 (2015)	0	●
NWP-4.1	Reduce the proportion of children and adolescents who are considered obese	20.6% (11/12)	19.5% (16/17)	14.5%	●

Number	Leading Health Indicator	Baseline (Year)	Recent (Year)	Target (2020)	Status
 <b>5. Clinical Preventive Services</b>					
C-5	Increase early detection for cancer (% in situ or local)	48.4% (2010)	55.2% (2014)	57.0%	●
D-4	Reduce the proportion of persons with poor control of diabetes	37.1% (2013)	33.8% (2015)	27.2%	●
HDS-4.1	Increase the proportion of adults with hypertension whose blood pressure is under control	55.7% (2013)	61.9% (2015)	77.4%	●
IID-2.2	Increase the percentage of children aged 19 to 35 months who receive the recommended doses of vaccinations	66.2% (2010)	76.3% (2015)	80.7%	●
 <b>6. Social Determinants of Health</b>					
AH-2.1	Increase the 4-year high school graduation rate	59% (10/11)	72.4% (16/17)	80%	●
SDH-4	Decrease proportion of persons living in poverty	18.5% (2010)	18.0% (2015)	16.7%	●
 <b>7. Substance Use</b>					
MHMD-4	Increase the proportion of persons with co-occurring substance use and mental disorders who receive treatment for both disorders	N/A	N/A	TBD	○
 <b>8. Oral Health</b>					
OH-2	Increase percentage of residents who receive preventive dental care	71.1% (2012)	72.5% (2015)	78.2%	●

Number	Leading Health Indicator	Baseline (Year)	Recent (Year)	Target (2020)	Status
 <b>9. HIV</b>					
HIV-2	Reduce the number of new annual HIV infections in all ages	889 (2010)	347 (2016)	196	
 <b>10. Maternal, Infant and Child Health/Perinatal Health</b>					
MICH-1	Decrease infant mortality rate (per 1,000 live births)	8.0 (2010)	7.1 (2016)	6.0	
MICH-2.1	Decrease total preterm births	11.0% (2011)	10.8% (2016)	6.5%	
 <b>11. Tobacco Use</b>					
TU-4	Reduce the early initiation of the use of tobacco products among children and adolescents in grades 9-12	8.3% (2010)	<b>7.0% (2015)</b>	7.5%	
 <b>12. Older Adults</b>					
OA-1	Improve overall health of older adults (50+)	73.6% (2011)	78.5% (2015)	90%	
 <b>13. LGBTQ Health</b>					
LGBTH-3	Decrease the percentage of youth in grades 9-12 who were threatened or hurt because someone thought they were gay, lesbian, or bisexual	10.7% (2010)	16.5% (2015)	4.2%	

(Source: Annual Report & Action Plan, 2017-2019, DC Healthy People 2020, DC Health)

## Strategic Planning and Implementation Frameworks for Improving Community Health

The approach of DC Health to population health improvement consists of cross-cutting plans and implementation frameworks that include DC HP2020, SHIP, and HSP. <sup>1106.5a</sup>

DC HP2020, adopted in 2016, sets goals and targets for health outcomes for the year 2020 (the District's leading health indicators are shown in Figure 11.7) and provides evidence-based strategies to improve them. As of 2017, five percent of the leading health indicators in HP2020 were met, 50 percent improved, 25 percent had no change, and 20 percent worsened. SHIP, released in 2016, seeks to improve primary health care, better coordinate care for vulnerable residents, enhance patient care experience, and reduce costs. Finally, HSP, released in 2017, serves as the District's roadmap for developing a comprehensive, accessible, equitable health care system through comprehensive assessment of community needs, provider capacity, and service gaps and strategies for strengthening health services. <sup>1106.5b</sup>

Together, these three plans identify the strategic needs and priorities essential to Washington, DC's community health improvement agenda and advancing social and structural determinants of health for all residents. These plans are all informed by an equity lens, recognizing the importance of social and structural determinants in population health outcomes. <sup>1106.5c</sup>

11

## Person-Centered Thinking and Cultural and Linguistic Competence

The District recognizes that person-centered thinking, cultural competence, and linguistic competence are keys to promoting equity in health. Person-centered thinking is a philosophy that encourages positive control and self-direction of people's own lives. Cultural competency is the ability of District agencies to deliver services in a manner that affirms worth, preserves dignity, and honors the preferences and choices of people of all cultures and human identities in accordance with the DC Human Rights Act, which makes discrimination illegal based on 19 protected traits. Cultural competency also incorporates a person's cultural values, beliefs, practices, mode of communication, and economic status, including sensitivity to the environment from which the person comes and to which the person may ultimately return, in all aspects of service delivery. Linguistic competence involves the District's ability to communicate in a manner and through modes that can be easily understood by diverse groups, including but not exclusive to persons who have low literacy skills or are not literate, persons with disabilities, and persons who have limited and non-English proficiency. <sup>1106.5a1</sup>



***Policy CSF-2.1.1: Enhance Health Systems and Equity***

Support the Strategic Framework for Improving Community Health, which seeks to improve public health outcomes while promoting equity across a range of social determinants that include health, race, gender, income, age and geography. <sup>1106.6</sup>

***Policy CSF-2.1.2: Advancing Inclusion for All People in the District***

Promote person-centered thinking as well as linguistic and cultural competence across District agencies, especially those that deliver long-term services and supports. Inclusion can also be enhanced by improved cross-agency communications and coordination of service delivery to all residents. <sup>1106.7</sup>

***Policy CSF-2.1.3: Health in All Policies***

Advance a health-forward approach that incorporates health considerations early in the District's government planning processes. <sup>1106.8</sup>

*Action CSF-2.1.A: Public Health Goals*

Continue efforts to set public health goals and track and evaluate key health indicators and outcomes. <sup>1106.9</sup>

*Action CSF-2.1.B: Primary Health Care Improvements*

Intensify efforts to improve primary health care and enhance coordination of care for the District's most vulnerable residents to improve health, enhance patient experience of care, and reduce health care costs. <sup>1106.10</sup>

*Action CSF-2.1.C: Health Care System Roadmap*

Continue refining and implementing the District's health care system roadmap for a more comprehensive, accessible, equitable system that provides the highest quality services in a cost-effective manner to those who live and work in the District. <sup>1106.11</sup>

*Action CSF-2.1.D: Advance People-Centered Thinking and Cultural and Linguistic Competency*

Enhance and expand training of District agency employees regarding people-centered thinking and cultural and linguistic competency. <sup>1106.12</sup>

*Action CSF-2.1.E: Built Environment and Health Outcomes*

Explore tools that can help decision-makers, practitioners, and Washington, DC residents to better understand how changes in the built environment can affect human health. Such tools can include Health Impact Assessments (HIAs). <sup>1106.13</sup>

*Action CSF-2.1.F: Advancing Grocery Store Access in Underserved Areas*

Enhance healthy food access, address diet-related health disparities, and generate economic and social resilience by supporting the development of locally owned, community-driven grocery stores in areas with low access to healthy food options. Such support should include targeted financing, technical assistance, and co-location with new mixed-use developments. <sup>1106.14</sup>

**CSF-2.2 Healthy Communities and Resilience** <sup>1107</sup>

Healthy communities, where social and structural determinants of health are met and supported, are also resilient communities. According to the U.S. Department of Health and Human Services (USDHHS), “health is a key foundation of resilience because almost everything we do to prepare for disaster and preserve infrastructure is ultimately in the interest of preserving human health and welfare.” Communities with poor health outcomes and disparities in disease incidence, physical activity levels, and healthy food and health care access are more vulnerable and slower to recover from major shocks and chronic stressors. When these social and structural determinants of health are addressed, communities improve their ability to withstand and recover from disaster, becoming more resilient. <sup>1107.1</sup>

While much focus is given to the vulnerability of the built environment and physical systems, underlying social and economic conditions of communities also play a significant role in their ability to recover rapidly from system shocks, such as extreme weather events, public health emergencies, or security incidents. Thus, community resilience is directly related to the ability of a community to use its assets to improve the physical, behavioral, and social conditions to withstand, adapt to, and recover from adversity. <sup>1107.2</sup>

Given the strong links among resilience and community health, equity, and social cohesion, communities can employ multiple strategies to become more resilient, including improving access to health care facilities and social services, increasing access to healthy foods, expanding communication and collaboration within communities so that individuals can help each other during adverse events, and providing equitable disaster planning and recovery, recognizing that some areas of the District will be more heavily impacted than others due to existing socio-economic conditions and other factors. These cross-cutting components of resilience and public health are addressed with policies that are contained throughout the Comprehensive Plan. While this section focuses on health facilities and services, it is important to understand these within the broader context of health in all policies, equity, and resilience. <sup>1107.3</sup>

***Policy CSF-2.2.1: Behavioral Health and Resilience***

Leverage the links between behavioral health and the resilience of individuals to bolster District efforts to build community resilience. These factors include

programs and activities that enhance the well-being of Washington, DC residents by preventing or intervening in behavioral health issues, depression or anxiety, and substance abuse. These and other measures can strengthen the ability of individuals, households, and neighborhoods to be prepared for and recover from potential emergencies and disasters. <sup>1107.4</sup>

*Action CSF-2.2.A: Assessing Disparities and Supporting Recovery Strategies from Adverse Events*

Assess the impacts of adverse events on communities with varying socioeconomic characteristics and levels of vulnerability. Track disparities in impacts to help inform response and recovery strategies aimed at reducing inequity and strengthening communities. <sup>1107.5</sup>

### **CSF-2.3 Health Facilities and Services** <sup>1108</sup>

Over the last decade, the District focused public health efforts on expanding primary care across Washington, DC. During this time, the District invested over \$71 million in the construction of new state-of-the-art primary care facilities and the renovation of existing primary care facilities across Washington, DC. DC Health funded a total of 15 medical home-focused capital expansion projects between 2006 and 2016 in seven of the District's eight wards (1, 2, 4, 5, 6, 7, and 8). Twelve of these 15 projects were completed in collaboration with the District of Columbia Primary Care Association (DCPCA), a nonprofit health care and advocacy organization dedicated to improving the health of Washington, DC's vulnerable residents by ensuring access to high-quality primary health care, regardless of one's ability to pay. DCPCA has worked for more than a decade to enlarge and enhance the network of community health centers and to improve access to non-emergency care regardless of one's ability to pay. <sup>1108.1</sup>

These past investments have increased provider capacity throughout Washington, DC. The strategic focus needs to emphasize coordinated, patient-centered care: the right care, at the right time, in the right place. Looking to the future, the District should invest in addressing the underlying factors that pose persistent barriers, including factors that lead to the underuse of preventive services, while retaining emergency care capacity. <sup>1108.2</sup>

While health care coverage in the District was already high after the 2006 adoption of the Comprehensive Plan, implementation of the federal Affordable Care Act (ACA) in 2010 provided more residents with increased access to health insurance—leading to Washington, DC achieving the second-highest coverage rate in the nation in 2017. As highlighted in the District's 2017 HSP, the ACA led to early expansion of Medicaid in the District, which in turn raised health insurance coverage to 93 percent of adult residents and 96 percent of children residing in the District. While significant strides have been made, Washington, DC residents, particularly residents of color, continue to face barriers to accessing some types of health



Hospitals are an important part of the health care delivery system.

care. Promoting health care coverage and appropriate use of services for all its residents therefore continues to be a challenge in the District. <sup>1108.3</sup>

Washington, DC is fortunate to have many health care facilities, including full- service hospitals, primary care health centers, long-term care facilities, and assisted living residences (ALRs). Additionally, as shown in Figure 11.8, in 2017 there were 161 pharmacies and a variety of outpatient private medical facilities in Washington, DC that offer an expanding range of services. However, with the changing demographic and health care services landscape, new needs and gaps have emerged. <sup>1108.4</sup>

Hospitals are an important part of the health care delivery system. Numerous hospitals provide services to Washington, DC residents, including large full- service facilities, such as the George Washington University Hospital, the Medstar Georgetown University Hospital, and the Medstar Washington Hospital Center, and more specialized facilities such as the Psychiatric Institute of Washington. The text box below includes a list of existing hospitals located within Washington, DC. <sup>1108.5</sup>

### Hospitals in the District of Columbia as of 2019

1. BridgePoint Capitol Hill Hospital (Long-Term Acute Care)
2. BridgePoint National Harbor Hospital (Long-Term Acute Care)
3. Children's National Medical Center (Acute Care) 4. Hospital for Sick Children Pediatric Center (Specialty Care)
5. Howard University Hospital (Acute Care)
6. Medstar Georgetown University Medical Center (Acute Care) 7. Medstar National Rehabilitation Hospital (Rehab Services) 8. Medstar Washington Hospital Center (Acute Care)
9. Psychiatric Institute of Washington (Behavioral Health)
10. St. Elizabeths Hospital (Behavioral Health)
11. Sibley Memorial Hospital (Acute Care) 12. The George Washington University Hospital (Acute Care)
13. United Medical Center (Acute Care)
14. Veterans Affairs Medical Center. <sup>1108.5a</sup>

The distribution of these facilities across Washington, DC is presently uneven, with most hospital beds on the west side of the District and only one planned full- service hospital in Wards 7 and 8. <sup>1108.6</sup>

In addition to hospitals, the District counts on a broad array of facilities that provide a wide range of health care and health services. Many of these facilities provide services that enable Washington, DC residents to age in their communities. As of 2017, the District has 12 ALRs, which provide long-term care in the form of housing, health, and personalized assistance. However, ALRs are not distributed throughout the District and ALR fees may exceed the means of many District residents. Some Washington, DC residents who are not eligible to receive Medicaid benefits find it challenging to pay for ALR care. Many smaller, private-pay ALR providers closed their doors in recent years due to their inability to meet regulatory requirements or attain financial support. <sup>1108.7</sup>

Prior to the advent of ALRs in 2009, the District had approximately 20 homes licensed as Community Residence Facilities (CRFs), most located in Wards 7 and 8 and catering to low-income residents. However, there has been a steady decline in the number of CRFs, as most of them converted to ALRs. In 2017, three CRFs remain in business, and while they provide support in a safe, hygienic, and protective living arrangement, today's CRF residents generally require a lower level of care and services than those residing in ALRs. However, that, too, is changing, as CRF residents who also wish to age in place find that their support needs are becoming more intensive and costly. In addition to facilities, it is important to consider the growing need for health care workers, including home health care workers, to provide the services that offer older adults care and housing options, including aging in place at home. <sup>1108.8</sup>

In addition to CRFs and ALRs, Washington, DC's four hospices and 18 nursing facilities continue to provide care and services to those who meet admission criteria. Two facilities provide hospice care where the patient resides, including their home or a long-term care facility. The District continues to support development of hospices and other long-term care facilities to serve those with a need for these services. <sup>1108.9</sup>

For a more detailed picture of health service facilities in the District, please see Figure 11.8, Health Service Facilities in the District. <sup>1108.10</sup>

Figure 11.8.

Health Services Facilities in the District <sup>1108.11</sup>

Facility Type	Facility Subtype	Physical Characteristics	Number in the District	Ownership (public/private)	District Role	Eligibility	Services Offered	Stay Type	Notes/Other Issue Areas
Long-Term Care Facilities	ALRs	Institutional, residential	12	Private ownership	District licenses and regulates	Over 60, privately insured, and private pay, and three subsidized by Medicaid	Long-term care that provides housing, health, and personalized assistance in accordance with individually developed service plans.	Live- in, long- term stays	Three subsidized through Medicaid Home- and Community- Based Waiver Program; nine funded through private payments; many of the smaller, private-pay ALR providers closed in recent years because they could not meet regulatory requirements or acquire financial support to allow residents to age in place.
	CRFs	Institutional, residential	3	Private ownership	District licenses and regulates	Over 60, privately insured, and private pay, and Supplemental Security Income	Provides a sheltered living environment for individuals who desire or need such an environment because of their physical, mental, familial, social, or other circumstances.	Live- in, long- term stays	20 prior to 2009; most converted to ALRs; most catered to low-income residents.
	Community Residences for Individuals with Intellectual Disabilities	Residential	19		District licenses and regulates	Medicare, Medicaid, and EPD waiver	Provides a home-like environment for at least four but not more than eight individuals with intellectual disabilities who require specialized living arrangements, programs, support services, and equipment for their care and habilitation	Live- in, long- term stays	
	Intermediate Care Facilities for Individuals with Intellectual Disabilities	Residential	66	Private ownership	District licenses, federally certifies, and regulates Medicare and Medicaid		Provides active treatment in the least restrictive setting. Includes all needed services for individuals with intellectual disabilities with related conditions whose mental or physical condition require services on a regular basis that are above the level of a residential or room and board setting and can only be provided in a facility equipped and staffed to provide the appropriate services.		

CITYWIDE ELEMENTS

Facility Type	Facility Subtype	Physical Characteristics	Number in the District	Ownership (public/ private)	District Role	Eligibility	Services Offered	Stay Type	Notes/Other Issue Areas
Long- Term Care Facilities	Hospices	Institutional	4 (2 inpatient and 2 home hospice)	Private ownership	District federally certifies and regulates	Provide care and services to residents who meet admission criteria without discrimination or disease.	Two facilities provide inpatient hospice care where the patient resides, including the patient's home or a long-term care facility.	Live-in only stays	Need more education on the hospice concept, including palliative care and pain management.
	Nursing Facilities	Institutional	18	16 private ownership and 2 District ownership	District licenses, federally certifies, and regulates	Medicaid, Medicare, privately insured, and private pay	Provides acute and chronic health care and personalized assistance in accordance with individual care plans.	Live-in only stays	
Hospitals	N/A	Institutional	14	12 private or 2 District ownership public ownership	District licenses, federally certifies, and regulates	All	Provides emergency room services (except for six) and all other services, including some specialties such as skilled care services, intensive care units, and psychiatric units.	Short-term, outpatient stays	
Ambulatory Surgical Centers	N/A	Outpatient	6 (1 HMO)	Private ownership	District licenses, federally certifies, and regulates	All, except children	Provides surgical services to patients not requiring hospitalization and for whom the expected duration of services would not exceed 24 hours following an admission.	Short-term, outpatient stays	
End-Stage Renal Disease (Dialysis) Centers	N/A	Outpatient	21 (2 nursing homes, 1 hospital, 1 HMO, 1 home program)	Private ownership	District federally certifies and regulates	All	Provides both hemodialysis and peritoneal dialysis for patient to repair renal functions.	Short-term, outpatient stays	
Maternity Centers	N/A	Outpatient	1	Private ownership	District licenses and regulates	All, except children	Provides antepartum and postpartum care to women eligible for labor and delivery through a developed plan of care.	Short-term, outpatient stays	
Pharmacies	N/A	Community, institutional	161	Private and public ownership	District licenses and regulates	All three pharmacies owned by DC Government: St. Elizabeths, 35 K Street NE, and United	Dispenses medications for patients.	Outpatient stays	147 community pharmacies; 14 institutional pharmacies.

Facility Type	Facility Subtype	Physical Characteristics	Number in the District	Ownership (public/private)	District Role	Eligibility	Services Offered	Stay Type	Notes/Other Issue Areas
						Medical Center			
Private Clinics	N/A	Institutional		Private ownership	District licenses and regulates	All	Offers full range of primary care.	Varies	
Medical Homes DC	N/A	Varies by location		Private ownership	District licenses and regulates; can provide grant and other funding and disburse Medicaid reimbursements	All uninsured and underinsured residents	Varies by location.	Varies	

(Source: DC Health, 2017)

The 2017 HSP aims to provide the equitable geographic distribution of community health care facilities throughout Washington, DC. The primary means of achieving this goal is the Certificate of Need (CON) Program, which reviews proposals for the establishment and/or expansion of health care facilities and services in the District. An upcoming Primary Care Needs Assessment will provide greater clarity concerning the relationship between facilities and services and how these can better meet the needs of the District population. <sup>1108.12</sup>

In addition, the District’s Health Strategic Framework emphasizes the importance of applying evidence-based programs for special populations with chronic and complex conditions and promotes healthy aging. DDS and DACL are well- positioned to support implementation of these key goals through their plans and programming. DC Health also supports policies to better coordinate resident- and patient-centered services for residents. <sup>1108.13</sup>

***Policy CSF-2.3.1: Primary and Emergency Care***

Ensure that high-quality, affordable primary health care, preventive health, and urgent care centers are available and accessible to all District residents. Medical facilities should be geographically distributed so that all residents have safe, convenient access to such services. Priority should be given to improving accessibility and quality of services at existing facilities/centers. New or rehabilitated health care facilities, where warranted, should be developed in medically underserved and/or high-poverty neighborhoods and in areas with high populations of older adults, persons with disabilities, persons experiencing homelessness, and others with unmet health care needs. <sup>1108.14</sup>

***Policy CSF-2.3.2: Public-Private Partnerships***

Develop public-private partnerships to build and operate a strong, cohesive network of community health centers in areas with few providers or health programs. <sup>1108.15</sup>



***Policy CSF-2.3.3: Coordination to Better Serve Older Adults and Residents With Disabilities***

Design and coordinate health, housing, and human services to foster the maximum degree of independence for older adults and persons with disabilities. <sup>1108.16</sup>

***Policy CSF-2.3.4: Connecting for New Families***

Encourage the creation and implementation of initiatives that can improve health care navigation for new families. <sup>1108.17</sup>

***Policy CSF-2.3.5: Development and Coordination of Behavioral Health Issues and Substance Abuse Treatment Facilities***

Coordinate development of an adequate number of equitably distributed and conveniently located behavioral health issues and substance abuse treatment facilities to provide easily accessible, high-quality services to those District residents in need of such services. DC HP2020 identified behavioral health issues as the District's number one priority. <sup>1108.18</sup>

***Policy CSF-2.6: Health Care Planning***

Continue to use strategic plans to improve community health. These plans integrate demographic forecasts and health data to prepare for Washington, DC's socio-economic changes and growth. <sup>1108.19</sup>

***Policy CSF-2.3.7: Hospices and Long-Term Care Facilities***

Support the development of hospices and other long-term care facilities for persons with advanced HIV/AIDS, cancer, and other disabling illnesses, such as dementia, including Alzheimer's. <sup>1108.20</sup>

***Policy CSF-2.3.8 Increasing Supply of Facilities That Support Assisted Living***

Promote expansion of the supply of facilities that provide assisted living services in Washington, DC. These include ALRs and CRFs, as well as adult daycare facilities. Encourage actions to expand the workforce numbers and appropriate skills of health care workers, including home health care workers, to support aging in place and assisted living. <sup>1108.21</sup>

***Policy CSF-2.3.9: Improving Access to Long-Term Supports and Services for Vulnerable Populations***

Continue to improve access to long-term supports and services (LTSS) for vulnerable populations, including people with disabilities, older adults and their families, and members of the LGBTQ+ community. Enhance the network of government and nonprofit organizations that provide LTSS to these individuals and seek to improve their experience. <sup>1108.22</sup>

***Policy CSF-2.3.10: Prioritize Investment in High-Quality Health Care Services for Underserved Residents in Wards 7 and 8***

Prioritize investment in high-quality health care services for residents, specifically for residents living in Wards 7 and 8, by developing a new acute care community hospital and health services complex at the St. Elizabeths East campus in Ward 8. Support the medical education, research, and technology uses that the new hospital and health services complex aims to provide. <sup>1108.23</sup>

*Action CSF-2.3.A: Review Zoning Issues*

Continue to review and assess zoning regulations to identify barriers to, and create opportunities for, increased access to primary care facilities and neighborhood clinics, including through the reuse of existing non-residential buildings in residential zones, after a public review and approval process that provides an opportunity to address neighborhood impacts. <sup>1108.24</sup>

*Action CSF-2.3.B: Increase Supply of Assisted Living Residential Facilities (ALRs) and of Community Residential Facilities (CRFs)*

Explore a variety of approaches for increasing the number of CRFs, as well as small and mid-size ALR facilities, in underrepresented areas and areas of high need in the District. These approaches can include financial strategies and partnerships, as well as regulatory reform. Work to increase community awareness of these needs. <sup>1108.25</sup>

*Action CSF-2.3.C: Connecting District Residents to Resources*

Continue to maintain a digital resource portal that disseminates resources on a cross-agency basis to better connect people with government and community-based health resources. <sup>1108.26</sup>

*Action CSF-2.3.D: Improving Coordination and Service Delivery Among District Agencies*

Explore the potential to create and implement a cross-agency case management system that can enhance coordination among relevant agencies to improve service delivery to persons with disabilities, older adults, members of the LGBTQ+ community, and other vulnerable populations. <sup>1108.27</sup>

*Action CSF-2.3.E: Health in All Policies*

To the extent possible, relevant District agencies should evaluate the potential impact of their policies and actions on population health and align these with strategies identified in Sustainable DC 2.0 and in the 2017-2019 Action Plan of DC HP2020. <sup>1108.28</sup>

*Action CSF-2.3.F: No Wrong Door/DC Support Link*

Continue to develop a person- and family-centered and linguistically and culturally responsive No Wrong Door system (also known as DC Support

Link) across District agencies that can better support the needs of people with disabilities, older adults, and their families by providing them with links to government and community-based resources, such as LTSS, regardless of their point of entry into the District’s service system. <sup>1108.29</sup>

### **CSF-2.4 Senior/Older Adult Care** <sup>1109</sup>

The population of older adults or seniors (persons 60 years of age and older) is expected to continue to grow at a steady rate and to be the fastest growing segment of the District’s population during the next 15 to 20 years. Although DACL and several affiliated nonprofit organizations already provide a comprehensive system of health care, education, employment, and social services for Washington, DC’s older adult population, these entities may be hard pressed to keep up with demand as the number of older adults in the District rises. The 2017 older adult population of 118,275 (17 percent of the total population) is forecasted to rise to 132,648 in 2025 and to 141,381 by 2030. As of 2017, about 36 percent of the District’s older adults 65 years and older live alone. Some 37.4 percent of older adult households have no personal vehicle, and 36.5 percent have some type of disability. The largest percentages of older adults are in Rock Creek West and Rock Creek East. Many are homeowners, caring for their properties on a fixed income. Others are primary caregivers for their grandchildren, facing the challenge of raising a family as they age. <sup>1109.1</sup>

#### **Seniors and Older Adults**

Washington, DC residents have expressed mixed preferences regarding use of the word “senior” compared with older adults to refer to persons 60 and over. Since many District programs and facilities have the word “senior” in their titles, both approaches are used interchangeably in this section of the Comprehensive Plan. <sup>1109.1a</sup>

## Age-Friendly DC

Age-Friendly DC is part of the World Health Organization’s Network of Age-Friendly Cities and AARP’s Network of Age-Friendly Cities and Communities. The initiative aims to prepare the built environment, change attitudes about growing older and lifelong health and security to better accommodate the growing numbers of older adults in Washington, DC, and promote healthy aging and purposeful living at every age. The Age-Friendly DC effort began in October 2012 and resulted in the 2012-2017 Age-Friendly DC Strategic Plan. In 2017, the World Health Organization and AARP recognized Washington, DC as a “Top City in Age-Friendly Policies.” Building upon the success of its first five-year planning and implementation cycle, the Office of the Deputy Mayor for Health and Human Services released the 2018-2023 Age-Friendly DC Strategic Plan in October 2018.

This plan, which guides the work of the initiative, outlines a number of strategies for the District to pursue across 14 domains:

1. Outdoor Spaces and Buildings
2. Transportation
3. Housing
4. Social Participation
5. Respect and Social Inclusion
6. Civic Participation and Employment
7. Communication and Information
8. Community Support and Health Services
9. Emergency Preparedness and Resilience
10. Elder Abuse, Neglect, and Fraud
11. Financial Security
12. Lifelong Learning
13. Public Safety
14. Caregiving. <sup>1109.1a1</sup>

The policies below focus on the importance of senior wellness centers and other services and care facilities for older adults. As of 2017, there were six senior wellness centers located across the District. A variety of services, programs, and opportunities for socialization are delivered from these facilities, including nutrition, exercise, health care, creative arts, and education. Future reinvestment will deploy a more decentralized approach and feature more partnerships with DPR, faith-based groups, and community organizations with a focus on promoting intergenerational and other satellite activities for isolated residents, thereby serving the District's growing senior population and enhancing their quality of life. <sup>1109.2</sup>

*See also the Transportation; Urban Design; Parks, Recreation, and Open Space; and Housing Elements for additional policies about older adults/seniors*

#### ***Policy CSF-2.4.1: Senior/Older Adult Care Facilities Programming***

Develop new programming and activities at existing community facilities, including faith-based institutions, health facilities, libraries, recreation centers, and parks. Explore partnerships with District youth to increase interaction and learning across generations. Attain community input on preferences and needs for fitness and wellness. <sup>1109.3</sup>

#### ***Policy CSF-2.4.2: All-Inclusive Care for Seniors/Older Adults***

Encourage the development of neighborhood-based, interdisciplinary, holistic models of care that promote community living and independence.

<sup>1109.4</sup>

#### ***Policy CSF-2.4.3: Senior Wellness Centers***

Maintain and upgrade the District's six senior wellness centers, helping ensure they continue to promote the health and wellness of residents 60 years of age and older across Washington, DC. <sup>1109.5</sup>

#### ***Policy CSF-2.4.4: Age-Friendly Built Environment Strategies***

Advance built environment strategies that support lifelong health and security for residents of all ages. Examples of such strategies include improvements to lighting, signage, and accessibility and safety of roads, sidewalks, and recreational paths for older adults. <sup>1109.6</sup>

## **CSF-3 Libraries and Information Services <sup>1110</sup>**

As one of world's leading centers of information and knowledge, Washington, DC has a state-of-the-art public library system, which combines high-quality physical buildings with new technology, an expanded online presence, inviting public spaces for meetings and gatherings, and programs and collections that meet the needs of all residents, including immigrants and other newcomers to Washington, DC. The District's libraries help children succeed in school and adults improve their reading



*As one of world's leading centers of information and knowledge, Washington, DC has a state-of-the-art public library system, which combines high-quality physical buildings with new technology, an expanded online presence, inviting public spaces for meetings and gatherings, and programs and collections that meet the needs of all residents, including immigrants and other newcomers to Washington, DC.*

skills, while supporting career advancement and life enrichment goals. The District aspires to nothing less than greatness as it creates a library system that demonstrates Washington, DC's commitment to meeting the educational, cultural, and lifelong learning needs of all of its residents. <sup>1110.1</sup>

Washington, DC's public library system is planned and managed by DCPL, an independent agency. The Board of Library Trustees sets policy for DCPL. Its nine members are unpaid District residents appointed by the mayor and confirmed by the Council for a maximum of two five-year terms. There are currently 26 library facilities, including the central Martin Luther King, Jr. Memorial Library, and 25 neighborhood libraries. <sup>1110.2</sup>

Since 2006, there has been significant investment in library buildings, technology, books, and other materials, as well as expanded programming and hours of operation. Nineteen of the 26 facilities are entirely new or have been fully renovated; multiple are in design or under construction; and DCPL intends to modernize the remaining facilities thereafter. The DCPL system now boasts four million visits a year. From 2008 to 2016, the number of materials borrowed annually increased by 250 percent, the number of public access computers increased by 150 percent, and the number of active library accounts increased by more than 60 percent. <sup>1110.3</sup>

In late 2005, the Mayor's Task Force on the Future of the District of Columbia Public Library System produced a Blueprint for Change that recommended rebuilding the library system from the ground up. That report made two fundamental recommendations:

1. To revitalize DCPL's neighborhood libraries to meet 21st-century opportunities; and
2. To build a new Martin Luther King, Jr. Memorial Library that inspires and empowers. <sup>1110.4</sup>

Implementation of the first recommendation has been underway over the last decade, while the second is now in progress. The District is working to enhance the library's role as a community learning hub, with neighborhood branches serving diverse neighborhoods in different ways. <sup>1110.5</sup>

In 2017, DCPL released a Strategic Plan, Know Your Neighborhood, that outlines priorities, goals, and initiatives through 2021. The plan follows an intensive community outreach process that engaged with more than 2,000 residents. The plan identifies four priority areas:

1. Reading: Support new readers and cultivate a love of learning;
2. Digital Citizenship: Prepare residents for life online;

3. Strong Communities: Neighborhood libraries should be vital centers of community learning and civic engagement; and
4. Local History and Culture: Foster understanding and appreciation of what makes Washington, DC unique. <sup>1110.6</sup>

The DCPL Strategic Plan also includes a focus on stewardship so that each library is responsive to community needs. DCPL is also seeking external funding and resources to deepen the library's impact and is working to increase awareness of libraries and the services they provide among constituents. Three key metrics have been established to measure future success: (i) 75 percent of all District residents with active library accounts, (ii) five million library items borrowed annually, and (iii) five million visits to library locations and outreach events annually. <sup>1110.7</sup>

Reinvestment in the library system is transforming the role of the library, making it a neighborhood focal point and gathering place, rather than simply a repository for books. Washington, DC has embraced the principle of Know Your Neighborhood, aiming for each neighborhood library to be responsive to and reflective of the distinctive communities it serves and tailoring its services and programs to reflect local needs. The library is envisioned as a haven for learning and civic expression and a place that enables residents in each neighborhood to meet their information and learning needs. In addition, each branch library should provide a home for cultural events, classes and programs, and community activities. Libraries are also envisioned as keepers of the story of each District neighborhood, providing a window into local history and culture. <sup>1110.8</sup>

### CSF-3.1 Library Facilities <sup>1111</sup>

Map 11.1 shows the location of DCPL facilities as of 2017. As noted earlier, the current system includes the central library and 25 branches. <sup>1111.1</sup>

In 2017, the District began a \$208 million modernization of the Martin Luther King, Jr. Memorial Library. This three-year project will preserve and restore Mies Van Der Rohe's notable glass and steel library building exterior but significantly alter much of the interior to accommodate new programs and functions that could not have been imagined when the building was designed in the late 1960s. The renovation will add creative spaces, a café, new space for special collections and exhibitions, a double-height reading room, and a rooftop event space and terrace. As of 2019, four of the six remaining modernizations are in some stage of design or construction: Southeast, Southwest, Lamond-Riggs, and the Martin Luther King, Jr. Memorial Library. Funding has not yet been allocated for the remaining two modernizations: Chevy Chase and Shepherd Park libraries. <sup>1111.2</sup>

### DC Public Library System

As of 2018, DCPL is one of a few large urban library systems in the country that is open seven days per week in all locations. Nineteen of its 26 facilities are new or fully renovated, with many in some stage of design or construction. The system boasts four million annual visits from individuals who use the library's technology, meeting rooms, books, and digital resources in record numbers. The library looks to build on this progress in the years to come. <sup>1111.1a</sup>

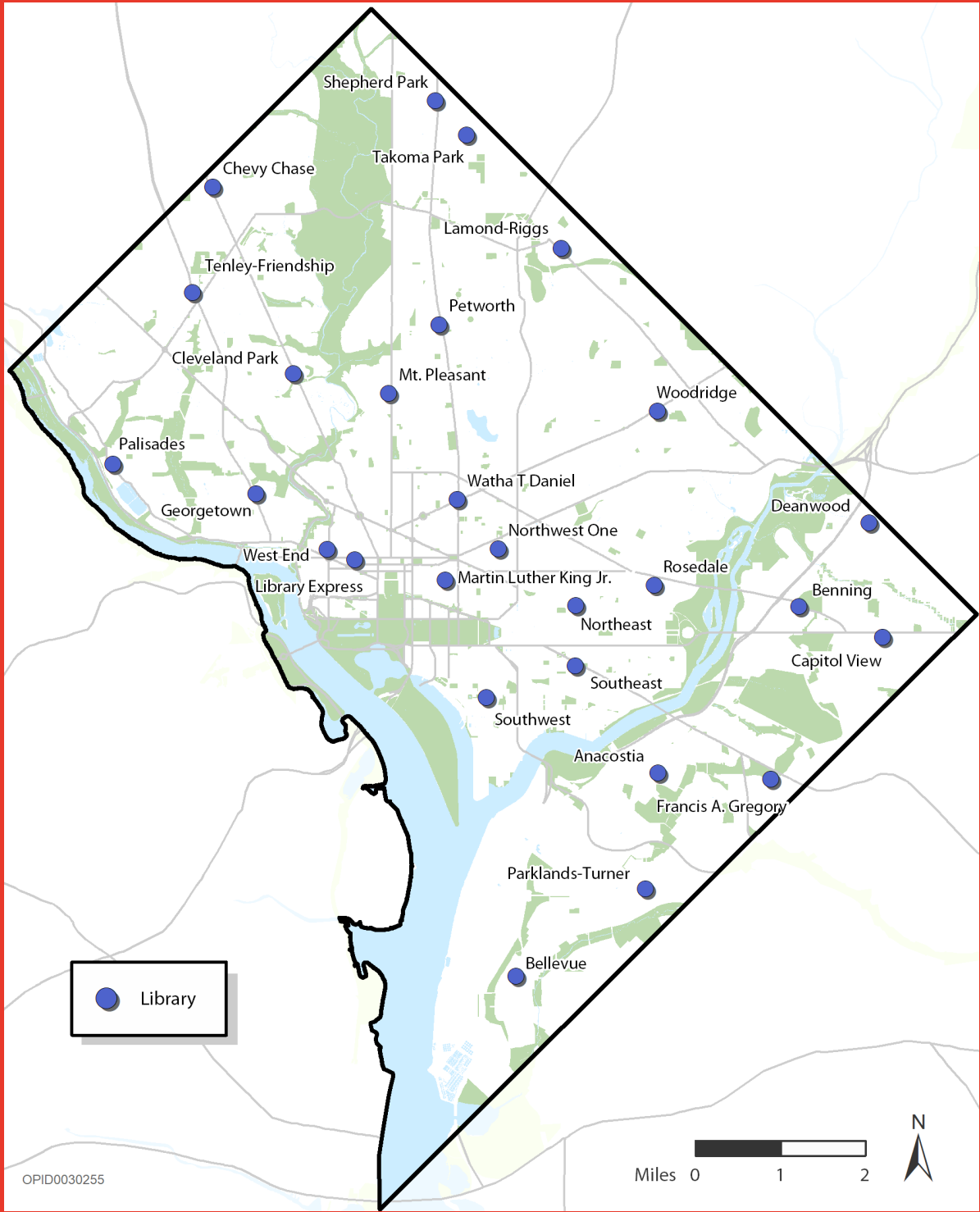
### **Martin Luther King, Jr. Memorial Library**

Washington, DC's modernized flagship library will include a spectacular new, vibrant, and transparent entryway; sculptured, monumental stairs; a large auditorium and conference center; creative spaces for fabrication, music production, and art creation; a ground-level café with patio; a double-height reading room; a newly designed special collections space for researchers and research enthusiasts; and a rooftop events space with a terrace. <sup>1111.2a</sup>

In addition to ongoing modernization work, DCPL continues to focus on improving access to library materials for all users, including students, educators, persons with disabilities, adult learners, and English language learners. <sup>1111.3</sup>



Map 11.1:  
DCPL Sites <sup>1111.4</sup>



(Source: District of Columbia Public Libraries, 2017)

***Policy CSF-3.1.1: State-of-the-Art Public Library System***

Ensure that the District has a state-of-the-art Central Library and branch libraries that meet the information and lifelong learning needs of District residents. 1111.5

***Policy CSF-3.1.2: Libraries as Civic Infrastructure***

Recognize libraries as valuable public infrastructure that support residents of all ages through intellectual development, workforce development, and cultural activation, programming, and exchange. 1111.6

*See also the Arts and Culture Element for related policies.*

***Policy CSF-3.1.3: Providing Flexible Spaces in Libraries***

Encourage library facilities to incorporate multidisciplinary arts, heritage, and cultural programming by providing flexible spaces for meetings, displays, and presentations and, where feasible, dedicated spaces for learning and producing cultural work. 1111.7

*See also the Arts and Culture Element for related policies.*

***Policy CSF-3.1.4: Tailoring Libraries to the Neighborhoods They Serve***

Encourage library functions, services, and spaces to be tailored in accordance with each neighborhood's needs. 1111.8

***Policy CSF-3.1.5: Promote Libraries as Keepers of Local Heritage and Culture***

Support libraries as community and cultural anchors that can preserve local history. 1111.9

***Policy CSF-3.1.6: Supporting Immigrants***

Continue to support immigrants to Washington, DC by providing welcoming spaces and materials, resources, and programs in multiple languages as part of DCPL offerings. 1111.10

***Action CSF-3.1.A: Martin Luther King, Jr. Memorial Library Modernization***

Complete the modernization of the Martin Luther King, Jr. Memorial (Central) Library, which serves as a vital center of Washington, DC's education and civic life. The modernization will accommodate state-of-the-art library services and technology and enhance public space both within and outside the building. The Central Library should continue to be an architectural civic landmark — a destination and gathering place for residents from across the District. 1111.11

*Action CSF-3.1.B: Branch Libraries*

Complete the remaining modernization of Washington, DC’s branch libraries. Each neighborhood library should provide a safe and inviting space with services and programs tailored to meet the needs of local residents. Each branch library should be designed to be flexible to provide a variety of offerings and have a clearly visible entrance and an open, inviting, and attractive facade. <sup>1111.12</sup>

*Action CSF-3.1.C: Library Funding*

Continue to explore new, dedicated funding sources for the O&M of each library. This includes annual funding for collections development and programming; programs and services, including literacy, cultural, and computer training programs; and building repair and maintenance. <sup>1111.13</sup>

*Action CSF-3.1.D: Libraries and Local History*

Implement initiatives such as oral histories, historic archives and collections, and Know Your Neighborhood programs throughout the library system. Such initiatives should foster a deeper understanding of local history and culture, enabling residents to explore and understand their community and District. <sup>1111.14</sup>

*See also the Arts and Culture Element for related policies.*

*Action CSF-3.1.E: Archival Materials*

Provide appropriate access to archival and historical materials of Washington, DC. <sup>1111.15</sup>

*Action CSF-3.1.F: Facilities Master Plan*

Develop a Facilities Master Plan to inform future decisions on the libraries’ physical campuses and so that libraries are planned and designed to maximize their value to the community. <sup>1111.16</sup>

**CSF-3.2 Library Location** <sup>1112</sup>

The recent modernization of branch libraries creates an exciting opportunity for many Washington, DC neighborhoods. High-quality public libraries can help anchor neighborhood and corridor reinvestment efforts. Libraries can also support many of the other goals articulated in the Comprehensive Plan, including creating space for the arts, bringing communities together across generations, providing job training and literacy programs, and promoting high-quality civic design. While recent public investment in libraries has been substantial, additional investment may be leveraged through public-private partnerships that connect library improvements to new housing and mixed-use projects. <sup>1112.1</sup>

***Policy CSF-3.2.1: Location of Branch Libraries***

Locate branch libraries in a systematic way to maximize access for the greatest number of Washington, DC residents, including future residents who will reside in planned new neighborhoods. This approach may result in the development of new libraries in growing population centers within the District. Coordinate the location of future branch libraries with District-wide cross-systems public facilities planning. <sup>1112.2</sup>

***Policy CSF-3.2.2: Public-Private Partnerships for Libraries***

Explore public-private partnerships to fund the construction of new libraries, including the development of new and remodeled libraries within mixed-use projects on existing library sites. In such cases, any redevelopment should conform to the other provisions of this Comprehensive Plan, including the preservation of usable neighborhood open space. <sup>1112.3</sup>

*See also Policy CSF-1.1.9 on public facilities co-location and the Urban Design Element for policies on the design of public facilities.*

***Policy CSF-3.2.3: Libraries and Neighborhood Identity***

Neighborhood libraries should be vital centers of community learning and interaction. Library meeting space, conference space, and study space should support the role of the library as a neighborhood anchor. The services and programs offered at each library should enhance community identity and civic pride and create a safe place for all residents and families. <sup>1112.4</sup>

*See also the Arts and Culture Element for related policies.*

***Policy CSF-3.2.4: Libraries as Neighborhood Anchors***

Encourage library modernization and new construction to support corridor reinvestment efforts, create spaces for arts and culture, bring together multigenerational communities, provide job training and literacy programs, promote high-quality civic design, and create partnerships that connect library improvements to new housing and mixed-use projects. <sup>1112.5</sup>

*See also the Arts and Culture Element for related policies.*

***Policy CSF-3.2.5: Libraries and Mixed-Uses***

When feasible, locate and integrate District-owned library facilities in mixed-use facilities, such as those containing in-line retail, housing, or office uses. This can help induce programmatic links that enhance the public impact of libraries. <sup>1112.6</sup>

**Policy CSF-3.2.6: Cultural Spaces in Libraries**

Encourage provision of spaces for cultural expression, performance, and production in libraries, especially as part of modernization or new construction. These spaces can be configured to support activities, such as maker spaces, art exhibits, and cultural events and performances. <sup>1112.7</sup>

*See also the Arts and Culture Element for related policies.*

**Action CSF-3.2.A: Optimizing Library Services on an Ongoing Basis**

Periodically evaluate library use and services through DCPL Needs Assessments and make appropriate service adjustments to position DCPL to meet the needs of the community on an ongoing basis. Data on library use, services, program attendance, and material checkouts should be used to inform decisions about programming, facilities, and technology. <sup>1112.8</sup>

**CSF-4 Public Safety** <sup>1113</sup>

Public safety affects Washington, DC residents' lives and activities across multiple dimensions that collectively have a significant effect on quality of life. Over the past decade, the District experienced significant reductions in crime, particularly violent crime. Between 2009 and 2016, violent crime decreased more than 20 percent, while the District's population grew by more than 10 percent. Despite these public safety improvements, there are neighborhoods across the District that regularly still experience violent crime, substantially reducing the quality of life for residents and businesses. <sup>1113.1</sup>

Fire and emergency medical services are essential to preserving life and property, to responding to natural and human-made hazards, and to providing pre-hospital medical care and transport for its residents and visitors with medical emergencies. The District's ability to respond quickly may be affected as its population grows and its streets become more congested. Competing demands for water and deteriorating infrastructure may also affect firefighting capacity. <sup>1113.2</sup>

Public safety personnel keep the District functioning during major public events, ranging from inaugurations to demonstrations to street fairs. The operations of MPD and Capitol Police, transit police, and others are essential to maintaining public safety (see text box on the next page for an overview of major law enforcement providers in the District). <sup>1113.3</sup>

Public safety facilities are aging, with many in need of replacement. A 2014 assessment of police and fire facilities found that 30 percent had inadequate space and that approximately 40 percent are more than 75 years old. The number of facilities rated as being in good condition decreased by 13 percent between 2009 and 2014. Even buildings in relatively good condition may now lack the infrastructure needed to support modern and emerging

## Policing the National Capital

Numerous police and security forces besides the MPD are responsible for security and law enforcement in the nation's capital. Some of the most prominent are:

- The United States Park Police is a unit of the Department of the Interior, National Park Service. It provides law enforcement services to designated areas within the National Park Service around the country, including National Park Service areas within and around Washington, DC.
- The U.S. Capitol Police protect the Congress and enforce traffic regulations throughout the large complex of congressional buildings, parks, and roadways around the U.S. Capitol.
- The United States Secret Service is a unit of the Department of Homeland Security. The Secret Service has primary jurisdiction over the protection of the President, Vice President, their immediate families, other high-ranking government officials, and visiting foreign heads of state and government.
- The Metro Transit Police Department provides a variety of law enforcement and public safety services on the Metrorail and Metrobus systems in the Washington metropolitan area. <sup>1113.4a</sup>

technology and telecommunications functions. Public facilities represent one symbolic face of Washington, DC to the public—they should not only be highly functional but also promote positive neighborhood identity and elicit confidence in the government. <sup>1113.4</sup>

### CSF-4.1 Police Facilities and Services <sup>1114</sup>

MPD is the primary law enforcement agency for Washington, DC. The District is divided into seven Police Districts and 56 Police Service Areas (PSAs) that provide the basic building blocks for community policing. Map 11.2 shows the police districts, the PSAs, and the location of police stations as of 2017. In addition to police headquarters in the Henry J. Daly Building, there are seven police stations, three substations, and a variety of additional facilities, including the Metropolitan Police Academy, impoundment lot, and evidence control warehouse. <sup>1114.1</sup>

In addition to MPD, the Protective Services Division (PSD) of DGS is a police force responsible for law enforcement activities and physical security of all properties owned

or leased by the District, or otherwise under its control. PSD's mission is executed through direct staffing at critical locations, response and monitoring of contract security guards, and electronic security systems. <sup>1114.2</sup>

Change or growth within Washington, DC's neighborhoods, including the development of new housing areas, requires periodic assessments of MPD facilities and personnel needs. In 2015, DGS released a needs assessment that included space estimates for replacing many of MPD's administrative and training facilities as well as adding correctional facilities and fire/emergency medical services (EMS) facilities. The District will determine an approach to renovating the Daly Building, including opportunities for a public-private partnership that enables efficiencies and cost savings. <sup>1114.3</sup>

## A Safer, Stronger DC

Launched in 2015, A Safer, Stronger DC is an innovative initiative that integrates outreach with community building, support, and stabilization, as well as public health and economic opportunity, to foster a holistic community-based model for violence prevention and public safety for neighborhoods that have been hardest hit by crime. This initiative provides intensive focus on families and individuals likely to become victims or perpetrators of crime while also providing improved re-entry services and job training for formerly incarcerated individuals. Through investments in education, employment, home and business security, emergency response, public safety, and criminal justice system diversion programs, the District has focused on addressing the causes of violence and laid the foundation for District residents to live in communities where they feel safe and supported. The initiative has also strengthened connections between communities and the agencies, investments, and programs that serve them. Together, these measures help make Washington, DC safer and stronger. <sup>1114.3a</sup>

## Critical Physical Facilities and Infrastructure in Washington, DC

Within Washington, DC a network of facilities provides essential support functions in case of disasters and emergencies. Critical facilities and infrastructure, such as government buildings, utility plants, fiber optic telecommunications lines, highways, bridges, and tunnels, are critical assets to the continuity of operations within the District. These facilities are considered critical in maintaining the overall functionality of the District's emergency services network. These facilities are essential in ensuring the provision of infrastructure, critical systems, and other government services. In the event of a disaster that compromises any of these structures or services, the cascading effects could be detrimental. During such a breakdown, an effective response will depend on the adaptability of the whole community, including District residents, first responders, and emergency managers. <sup>1114.3a1</sup>

The restoration of services to these facilities is essential to successful response and recovery operations. In addition to the District government structure and facilities, Washington, DC is home to the three branches of the federal government and numerous structures and spaces of national symbolic prominence. While these are federal assets, it is incumbent upon District government officials to collaborate with federal partners to mitigate loss. <sup>1114.3a2</sup>

*See also the Infrastructure Element for information on critical facilities.*

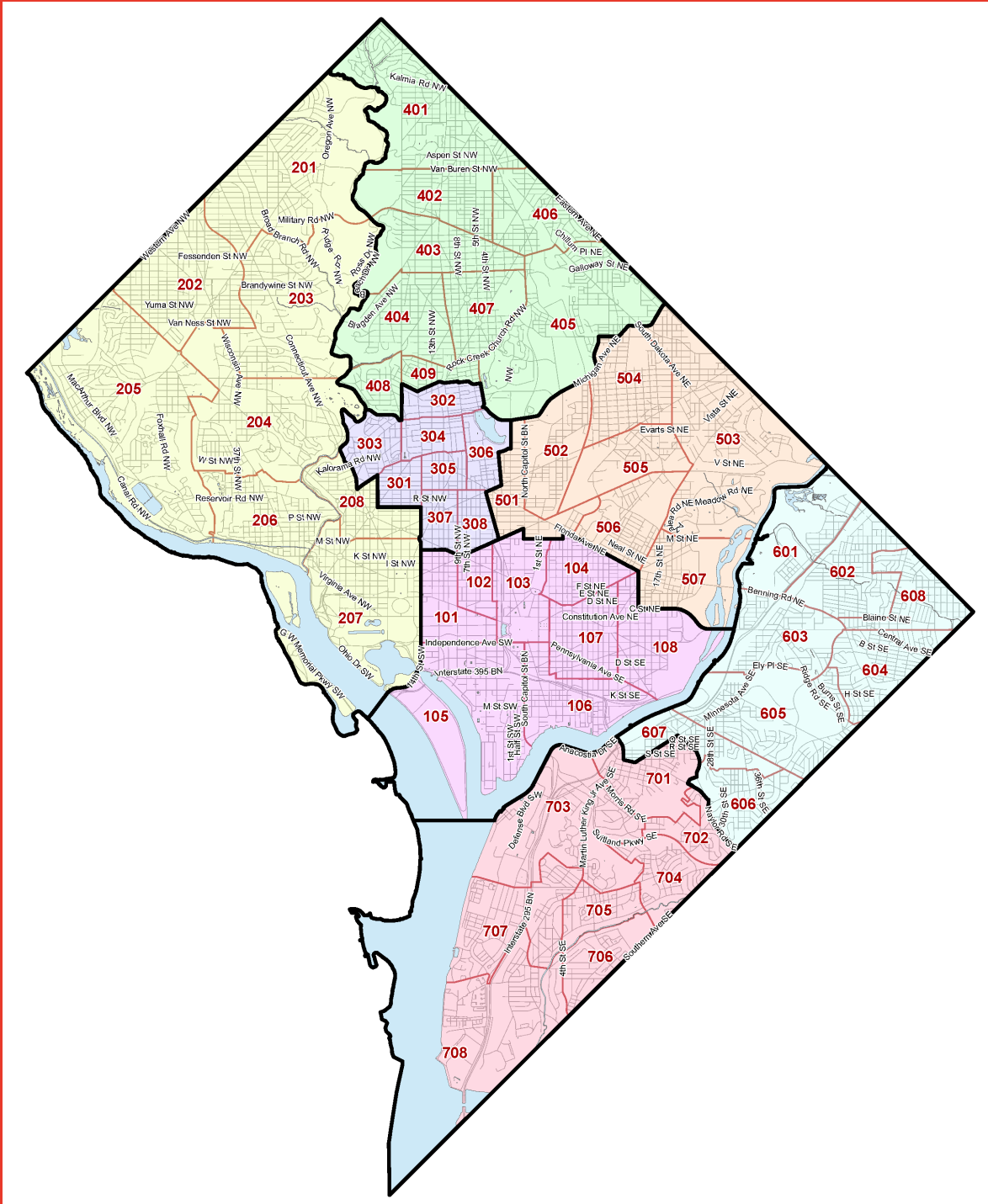
### **Policy CSF-4.1.1: Updated Police Facilities**

Provide updated and modern police facilities to meet the public safety needs of current and future Washington, DC residents, businesses, workers, and visitors. <sup>1114.4</sup>

Map 11.2.

# Police Stations, Police Districts, and PSA, as of 2017

1114.5



(Source: MPD, 2017)



***Policy CSF-4.1.2: Coordination of Public Facility Planning and Management with PSD***

Coordinate physical security risk assessments with PSD at the onset of, and throughout the process of, modernization, use changes, or new development of lands and buildings controlled by the District. <sup>1114.6</sup>

***Policy CSF-4.1.3: Cross-Sector Partnerships to Support A Safer, Stronger DC***

Continue to build partnerships and advance community outreach and support, community stabilization, community building, economic opportunity, and public health objectives to reduce violence in those neighborhoods most affected by it. <sup>1114.7</sup>

***Policy CSF-4.1.4: Public-Private Partnerships for Police Facilities***

Explore public-private partnerships to fund the construction of new police facilities, including the development of new and remodeled police stations within mixed-use projects on existing police station sites. In such cases, any redevelopment should conform to the other provisions of this Comprehensive Plan, including the preservation of usable neighborhood open space. <sup>1114.8</sup>

**CSF-4.2 Fire and Emergency Services <sup>1115</sup>**

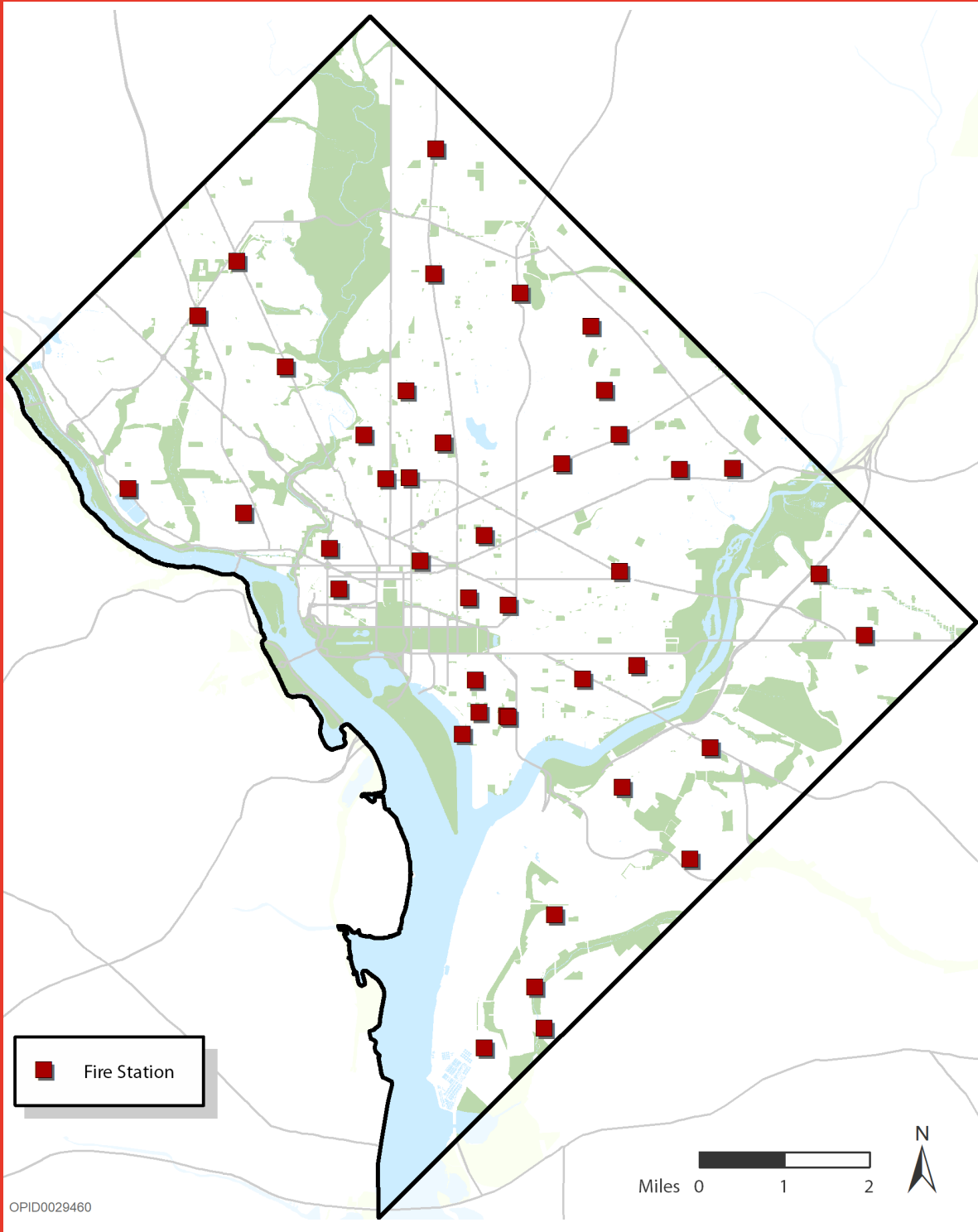
Washington, DC's FEMS provides fire protection and pre-hospital medical care and transportation to residents, workers, and visitors, including those in federal facilities located in the District. FEMS conducts fire inspections in apartment buildings, businesses, hotels, schools, hospitals, nursing homes, correctional facilities, and residential care facilities to identify and correct potential fire hazards. It is also the primary District agency dealing with hazardous materials (HAZMAT)-related incidents. <sup>1115.1</sup>

The 33 fire stations in Washington, DC include 33 engine companies, 16 truck (ladder) companies, three heavy rescue squads, one HAZMAT squad, one marine firefighting/rescue company, and seven Battalion Fire Chiefs. Emergency medical units include 17 advanced life support ambulances and 22 basic life support ambulances, seven EMS supervisor units, and one Battalion EMS Chief. Map 11.3 shows the location of fire stations in the District. <sup>1115.2</sup>

Emergency medical service units are supplemented by means of a service contract with American Medical Response (AMR), which provides up to 25 additional basic life support ambulances during peak call load periods. In 2016, FEMS began using National Fire Protection Association (NFPA) Standard 1710 (with modifications) response time goals for both fire and EMS calls. The NFPA response time goal for a first responding fire engine to structure fire calls is five minutes 20 seconds or less. During 2016, the Department achieved this goal for 96 percent of calls. The NFPA response time goal for a first responding EMT to higher priority EMS calls is five minutes or less. During 2016, the Department achieved this goal for 62 percent of calls. <sup>1115.3</sup>

Map 11.3.

# Fire Station Locations 1115.4



(Source: DC OP, 2018)

The Department has made significant progress in recent years in modernizing its fire stations and will continue this work. With the exception of a few critical major capital improvements, according to FEMS, the current number and distribution of facilities is generally adequate for maintaining the minimum standard response times. These projects include a new fleet maintenance facility, fireboat facility, and improvements to its Training Academy. Longer-term facility needs will need to be analyzed during the development of a FEMS facilities master plan. <sup>1115.5</sup>

With the highest per capita EMS call volume in the nation, Washington, DC's emergency response system is overtaxed with non-emergency and low-priority medical calls. To address this issue, in 2016 the District created the Integrated Healthcare Collaborative (IHC), also known as the Integrated Healthcare Task Force. The IHC included government and non-governmental organizations representing medical, human services, finance, and public safety sectors. Topics addressed included nurse triage, alternative transport, connection to care, policy, communications, and marketing. Recommendations were published in the IHC Final Report in 2017, and their implementation began in 2018. <sup>1115.6</sup>

Going forward, FEMS resources and physical plans will need to keep pace with the District's population growth and corresponding infrastructure needs, which will be addressed through efforts such as a facilities master plan. <sup>1115.7</sup>

#### ***Policy CSF-4.2.1: Adequate Fire Stations***

Continue to provide an adequate number of properly equipped fire stations to ensure the health and safety of Washington, DC residents. FEMS evaluates the level of adequacy of existing facilities based in part on the ability to maintain a response time of five minutes 20 seconds at least 90 percent of the time for emergency fire calls and five minutes at least 90 percent of the time for emergency medical calls. Where response times exceed acceptable limits, equipment and facilities should be relocated or provided to close these gaps. <sup>1115.8</sup>

#### ***Policy CSF-4.2.2: Public-Private Partnerships for Fire and Emergency Medical Services Facilities***

Explore public-private partnerships to fund the construction of new fire and EMS facilities, including the development of new and remodeled facilities within mixed-use projects on existing sites. In such cases, any redevelopment should conform to the other provisions of this Comprehensive Plan, including the preservation of usable neighborhood open space. <sup>1115.9</sup>

#### ***Policy CSF-4.2.3: Fleet Maintenance and Administrative Office Space***

Accommodate the administrative, maintenance, and transportation needs of the District's fire and EMS, including space for training and fleet maintenance and storage. <sup>1115.10</sup>

***Policy CSF-4.2.4: Responsiveness to Demographic Change and Facilities Planning***

Fire and EMS and facility assessments should be responsive to the changing social and economic composition of the population, including workers, visitors, and residents. This includes supporting the development of a Public Facilities Master Plan. <sup>1115.11</sup>

***Policy CSF-4.2.5: Preservation of FEMS Resources for High-Priority Emergencies***

Support the development and implementation of strategies to preserve resources for high-priority emergencies and to reduce non-emergency and low-priority medical calls. Such strategies should include those that can raise awareness and education regarding fire prevention and emergency assistance techniques. Early intervention by bystanders can complement FEMS efforts, save lives, and better triage resources. <sup>1115.12</sup>

***Action CSF-4.2.A: Level of Service Monitoring***

Continue to prepare evaluations of the response times for fire and emergency medical calls to evaluate the need for additional facilities, equipment, and personnel and identify specific geographic areas where services require improvement, on an annual basis, or as needed during disaster response efforts. This should include a review of the distribution of fire hydrants and water flow capabilities. <sup>1115.13</sup>

***Action CSF-4.2.B: Fire Prevention and Emergency Intervention Education***

Continue to educate and empower residents on fire safety and prevention measures and on emergency response techniques, such as bystander CPR and use of automated external defibrillators (AEDs). <sup>1115.14</sup>

***Action CSF-4.2.C: New Apparatus Maintenance and Fireboat Facilities***

Finalize plans to build a new apparatus maintenance facility, which will be used for maintenance and repair of FEMS vehicles, and a new fireboat facility to replace the existing one, which will provide a new dock for FEMS' four fireboats. <sup>1115.15</sup>

***Action CSF-4.2.D: Third-Party Providers***

Continue to contract with third-party providers to supplement the agency's provision of pre-hospital medical care and transport of basic life support patients to preserve FEMS resources for higher priority emergencies. <sup>1115.16</sup>

### *Action CSF-4.2.E: Implement Strategies from the 2017 IHC 2017 Final Report*

Continue to implement strategies from the 2017 IHC Final Report, including those relating to street calls, nurse triage, public education, and third-party providers of pre-hospital medical care and transport. These strategies can improve the population's health and safety by connecting low-acuity callers to a more appropriate comprehensive source of care and by reducing or eliminating the use of 9-1-1 resources for non-emergency medical issues, enabling greater and more appropriate use of 9-1-1 resources for rapid response, treatment, and transport for high-acuity, life-threatening medical calls. <sup>1115.17</sup>

## **CSF-5 Corrections** <sup>1116</sup>

Corrections is a critical component of public safety in Washington, DC. Just as police are essential to deterring unlawful activity, DOC should ensure that individuals who are deemed by the legal system to pose a significant danger to themselves or others in the community are humanely, lawfully, safely, and securely detained. During detainment, these individuals need to be offered meaningful opportunities to engage in activities that will support successful community reintegration. DOC is entrusted with the care and custody of these individuals, touching the lives of over 10,000 arrestees per year. DOC operates the Central Cell Block, the Central Detention Facility (CDF), and the Correctional Treatment Facility (CTF) and administers contractual bed space at two community halfway houses. These facilities, located in the District, require a well-trained staff, appropriate staffing levels, and comprehensive assessment of inmates to connect them to programs and services to help guide their paths forward. <sup>1116.1</sup>

Since the 2006 adoption of the Comprehensive Plan, DOC has evolved from a system that was frequently overcrowded and operating over legislated capacity to one that now operates within its operating capacity. During the intervening years, DOC has developed a more holistic understanding of how Washington, DC's incarceration and behavioral systems are interconnected and has enhanced relationships with respective providers. DOC is also improving employment readiness and behavioral health services programs; leveraging planning, analytics, and evidence-based methodologies; and expanding partnerships with over 103 community-based organizations as of 2017, providing a wide array of services to inmates. Facilitating voting is another pathbreaking program provided by DOC. <sup>1116.2</sup>

### **CSF-5.1 Corrections Facilities** <sup>1117</sup>

Secure detention facilities, like jails, require significant resources to operate. In many cases, these facilities are not the best way to address the needs of all individuals who require correctional intervention. Less restrictive, yet equally effective alternatives to detention exist. <sup>1117.1</sup>

## DOC Facilities

DOC operates the Central Cell Block at 300 Indiana Avenue NW, where over 10,000 arrestees per year who are charged with non-citable offenses are detained prior to arraignment. Most are released to the community after arraignment. It also operates the 41-year-old CDF and the 25-year-old CTF located on the DC General Campus and administers contractual bed space at two community halfway houses. About 7,600 individuals are processed yearly in over 11,000 bookings. DOC provides on-site inpatient care facilities to help those with substance abuse and other health issues. In addition, the District's Department of Youth Rehabilitation Services (DYRS) provides supervision of those under the age of 18 charged with criminal offenses at the New Beginnings Youth Development Center, located in Laurel, Maryland. This facility opened in 2009, the same year DYRS closed the Oak Hill Youth Center. New Beginnings is a 60-bed facility that provides 24-hour supervision and comprehensive social services grounded in the principles of positive youth justice, including physical and behavioral health care, behavioral modification programs, vocational and life- skills training, educational services, and structured recreational activities. <sup>1117.2a</sup>

As stated previously, in 2015 DGS released a needs assessment that included space estimates for replacing many public safety facilities, including correctional facilities. The District will explore approaches for renovating and building new correctional facilities, including opportunities for public-private partnerships that can enable efficiencies and cost savings. Such arrangements provide upfront funding that is then paid back by the District over time, with no incentive for a private partner to underdeliver services or incarcerate more persons. <sup>1117.2</sup>

### ***Policy CSF-5.1.1: Ensuring Safety, Security, and Humane Operation***

Provide adequate correctional capacity and resources to ensure safe, secure, orderly, healthy, and humane operation of correctional facilities. The appropriate design, construction, maintenance, operation resources, and staffing of these facilities is necessary to realizing public safety objectives. <sup>1117.3</sup>

### ***Policy CSF-5.1.2: Non-Detention Alternatives to Jail***

Promote the assessment of all individuals to identify the appropriate intervention and to expand non-detention alternatives to jail. These alternatives may include supervised house arrest, day-reporting program-intensive centers, and pre-release centers. <sup>1117.4</sup>

### ***Policy CSF-5.1.3: Information Systems***

Adopt appropriate information technology systems necessary to support effective operations and that related protocols, such as those for medical and legal privacy. <sup>1117.5</sup>

### ***Policy CSF-5.1.4: Public-Private Partnerships for Correctional Facilities***

Explore public-private partnerships to fund modernization of correctional facilities and services, including the development of new and remodeled facilities. <sup>1117.6</sup>

### ***Action CSF-5.1.A: Planning and Design of Correctional Facilities***

Engage the community in the planning and design of correctional facilities and ensure appropriate interagency coordination for alignment across public safety, public health, behavioral health, family/social service, and economic development objectives. <sup>1117.7</sup>

*Action CSF-5.1.B: Maintenance and Upgrades to Information Systems*

Assess needs and plan for the maintenance and systematic modernization of information systems that support correctional functions in the District, including public safety and health and human services. <sup>1117.8</sup>

*Action CSF-5.1.C: Periodic Assessment of Effectiveness*

Periodically assess the corrections process for effectiveness against desired outcomes and its needs and realign resources to support its public safety objectives accordingly. <sup>1117.9</sup>

**CSF-5.2 Formerly Incarcerated Individuals** <sup>1118</sup>

Washington DC's criminal justice system is a hybrid of local and federal control. The District's felons are housed by the Federal Bureau of Prisons, except in some instances during the last months of their sentences, where they may be stepped down to DOC custody or halfway houses. Annually, approximately 7,600 individuals return to the community after release from DOC facilities, while an additional 2,400 return from federal facilities. <sup>1118.1</sup>

Transitional and permanent supportive housing is needed for successful reentry. In many cases it must be suitable to provide not only for the returning citizen but also for the needs of children or elderly dependents they support. Without such housing, many individuals return to the cycle of activities that resulted in incarceration. <sup>1118.2</sup>

Formerly incarcerated individuals need to be connected to their children, but they can face challenges to do so, including the need to travel to services and mandated appointments. Returning parents often have difficulties supporting themselves and cannot afford adequate child care. Provision of affordable child care within their home communities would have a positive impact on returning individuals and their families. This service could also have a preventive effect for at-risk individuals in the same communities. <sup>1118.3</sup>

Access to appropriate education and employment, essential for full and productive participation in community life, is challenging for many returning citizens. Without the necessary means to support themselves and their families, they may not be able to support successful reentry and community reintegration. Education and employment readiness and support are vital for the success of these individuals and for supporting safe and strong neighborhoods and communities. <sup>1118.4</sup>

***Policy CSF-5.2.1: Supportive Services for Formerly Incarcerated Individuals***

Ensure that supportive service needs for formerly incarcerated individuals are identified and gaps addressed on an ongoing basis, including for

**Reentry Portal**

In 2018 Washington, DC began piloting a ReEntry Portal, which integrates access to transition support services for reentry, including critical connections to parole and supervision, health and behavioral health services, education and employment readiness programs, social services, benefits enrollment, identification cards, and transitional housing. <sup>1118.2a</sup>

transitional and permanent housing, health care and behavioral health, child care, educational and skills training, and employment. <sup>1118.5</sup>

*See also Housing and Economic Development Elements for related policies.*

***Policy CSF-5.2.2: Needs of Families and Minor Children of the Incarcerated***

The needs of families and children of those incarcerated should be assessed and corresponding supportive services should be provided. <sup>1118.6</sup>

*Action CSF-5.2.A: Address Supportive Needs of Formerly Incarcerated Individuals*

Work to create an inventory of housing needs for returning citizens and provide appropriate transitional, supportive, and permanent housing opportunities; provide adequate child supportive services; assess the education and training needs for these individuals; and create a plan to enhance pathways to employment opportunities. <sup>1118.7</sup>

*See also the Housing Element for related policies on housing needs for returning citizens.*

*Action CSF-5.2.B: Integrated Services Pilot Program for Returning Citizens*

Enhance and expand the ReEntry Portal based on analysis of its functionality. <sup>1118.8</sup>

**CSF-6 Emergency Preparedness and Resilience <sup>1119</sup>**

In the years since the 2006 Comprehensive Plan adoption, Washington, DC's approach to emergency management and homeland security has evolved significantly. The District has expanded its focus to include not only pre-disaster planning but also a comprehensive approach that integrates all facets of emergency management, including preparedness, mitigation, response, and recovery. In addition, resilience has emerged as a centrally vital issue to the future of cities. The District has recognized this and has endeavored to characterize threats to the District on an ongoing basis and create living plans and practices that can help the District be prepared for, respond to, and recover from severe weather events, public health events, human-made incidents, and chronic stressors. Emergency management and resilience are highly interrelated, particularly as they pertain to public facilities. <sup>1119.1</sup>

*See also Environmental Protection Element for related policies and actions on climate change, severe weather events, and natural hazards.*



### CSF-6.1 Emergency Preparedness <sup>1120</sup>

HSEMA leads efforts to ensure the District is prepared to prevent, protect against, respond to, mitigate, and recover from all threats and hazards. HSEMA develops and implements homeland security and emergency preparedness plans in coordination with a wide array of local, regional, and federal government agencies, as well as private sector entities. HSEMA serves as the central communications point for District agencies and regional partners before, during, and after an emergency; provides training exercises to District agencies and communities; and leads cross-agency coordination in preparation for special events, such as demonstrations, marches, and parades. <sup>1120.1</sup>

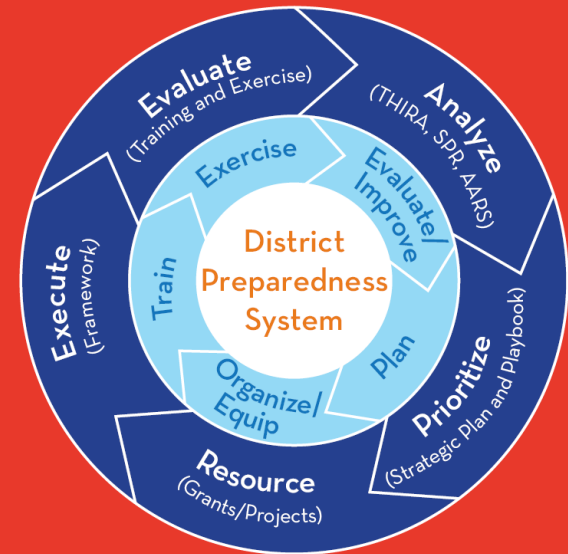
HSEMA was created by the District in 2007 in response to City Council passage of the Homeland Security, Risk Reduction, and Preparedness Act of 2005, which consolidated the functions of the former District of Columbia Emergency Management Agency (DCEMA) with those of the State Administrative Agency. In 2012 the District designated HSEMA as home for the primary Fusion Center, which houses the day-to-day operation of the Washington Regional Threat and Analysis Center (WRTAC). As a result of this change, HSEMA expanded to an additional facility on the Unified Communications Center campus. <sup>1120.2</sup>

In recent years, HSEMA developed and institutionalized the District Preparedness System (DPS), which is governed by the DC Emergency Preparedness Council (EPC), the DC Emergency Response System (ERS) Committee, subcommittees, advisory panels, and working groups. As administrator and steward of the DPS, HSEMA coordinates collaboration among these groups to leverage best practices, lessons learned, existing knowledge, and expertise and to elevate innovative resources to meet known and emerging threats and hazards, building on Washington, DC's standing as a national leader in emergency management. <sup>1120.3</sup>

In addition, HSEMA plays a key role in District efforts to increase resiliency to climate change and disasters and to improve the lives of District residents. It served as a key participant in the 100 Resilient Cities initiative launched in 2016, working closely with dozens of stakeholders to promote resilience for the whole community and to integrate resilience and mitigation measures into relevant initiatives. <sup>1120.4</sup>

Figure 11.9

### District Preparedness System <sup>1120.5</sup>



(Source: HSEMA)

## Washington, DC's District Preparedness System (DPS)

DPS encompasses all elements of the preparedness cycle that allow the District to identify capability gaps, prioritize and develop capabilities, and execute those capabilities when required by real-world events. DPS success relies heavily on the support and participation of stakeholder agencies across Washington, DC and the national capital region. By working together to identify the most critical threats and hazards and build capabilities to address them, DPS stakeholders continue to build a more prepared and resilient Washington, DC. <sup>1120.5a</sup>

## Community Risk Assessment

A vital component of Washington, DC's DPS is the Community Risk Assessment (CRA), a multipronged approach to identifying hazards and assessing risk. The CRA uses sophisticated methods and data (including geospatial, demographic, socio-economic, and critical infrastructure information) to model the risk and consequences for a variety of threats and hazards. These are then used to inform a wide range of preparedness products and processes, including hazard mitigation strategies; strategic, operational, and tactical plans; the annual DPS Report; and the District's annual Threat and Hazard Identification and Risk Assessment. <sup>1120.5a1</sup>

### *Policy CSF-6.1.1: District Preparedness*

Continue to create a District-wide culture of preparedness, informed by a sustainable and effective system, that prepares Washington, DC to prevent and protect against, mitigate, respond to, and recover from all hazards that threaten it. This includes integrating preparedness goals into relevant efforts across individual District agencies. Include Neighbor-to-Neighbor Disaster Assistance Training, building on the success of the Community Emergency Response Team (CERT) and related programs. <sup>1120.6</sup>

### *Policy CSF-6.1.2: Direction, Coordination, and Support During Incidents and Events*

Continue to enhance the capability to provide overall direction and support of significant incidents and events within or affecting the District through the O&M of the Emergency Operations Center, as well as the District's 24/7 watch center, an intelligence fusion center, a public information coordination center, and a center for private sector coordination. <sup>1120.7</sup>

### *Policy CSF-6.1.3: Reducing Vulnerability in Recovery Phase*

Capitalize on opportunities during the recovery phase to further reduce vulnerability by integrating mitigation activities into Washington, DC's post-disaster recovery operations, including Preliminary Damage Assessment (PDA) and after-action processes. <sup>1120.8</sup>

### *Policy CSF-6.1.4: Accommodating Accessibility Requirements*

Preparedness capabilities should accommodate accessibility requirements of individuals with disabilities and others with access and functional needs. Taking a whole community approach, develop plans with the Disabilities and Access or Functional Needs (DAFN) community to provide an equal opportunity to access and benefit from the District's preparedness programs, services, and facilities. <sup>1120.9</sup>

### *Policy CSF-6.1.5: Emergency Communications*

Establish and maintain capabilities to deliver coordinated, prompt, and actionable information to the whole community through the use of clear, compatible, accessible, and culturally and linguistically appropriate methods to effectively relay information regarding any threat or hazard and, to the extent possible, District actions and assistance being made available for those in need. <sup>1120.10</sup>

***Policy CSF-6.1.6: Technology and Emergency Preparedness***

Ensure ongoing coordination of District technology initiatives with DPS efforts, providing effective, efficient, and secure services to government agencies, as well as residents, businesses, and visitors who depend on them. <sup>1120.11</sup>

***Policy CSF-6.1.7: Securing Essential Resources***

Continue to assess and secure essential resources, including personnel, facilities, equipment supplies, technology, and technological systems, in response to a changing community and threat/hazard environments. <sup>1120.12</sup>

***Policy CSF-6.1.8: Stakeholder Engagement***

Continue engaging with key stakeholders and partners in relevant aspects of DPS to strengthen District-wide preparedness. Continue to build collaborative partnerships with key private sector stakeholders to facilitate timely coordination, information dissemination, and emergency response and recovery efforts, particularly during catastrophic incidents. <sup>1120.13</sup>

***Policy CSF-6.1.9: Maximize External and Alternative Funding Means***

Maximize the use of federal funding, as well as funding from the private sector and nongovernmental sources, to implement the District's preparedness, mitigation, response, and recovery strategies. When applicable, for events that qualify for federal disaster declaration, develop requests for individual assistance, public assistance, and hazard mitigation assistance. Create policies and procedures to incorporate hazard mitigation into the repair, relocation, or replacement of damaged public facilities and infrastructure. To the extent possible, include a process for identifying and prioritizing eligible projects and programs that can leverage additional funding. <sup>1120.14</sup>

***Policy CSF-6.1.10: Cybersecurity***

Continue to coordinate cybersecurity vulnerabilities and threat assessments across relevant agencies and other stakeholders and to strengthen Washington, DC's cybersecurity protection and response capabilities. <sup>1120.15</sup>

***Action CSF-6.1.A: District Preparedness System***

Continue to administer, define, refine, implement, and maintain DPS to provide continuity of government, maintain continuity of operations, and provide emergency services to the community. <sup>1120.16</sup>

*Action CSF-6.1.B: Integration of Accessibility Requirements into the Preparedness System*

Continue to develop and maintain a program that allows DPS stakeholders and partners to regularly integrate the accessibility requirements of individuals with disabilities and others with access and functional needs across all phases of DPS, as mandated by the DC Human Rights Act, Americans with Disabilities Act, and Rehabilitation Act. This includes developing and delivering training to agencies on inclusive methods and practices for preparedness. Continue to develop and maintain strategic, operational, and tactical-level plans for providing individuals with disabilities and others with access and functional needs accessible programs and services, including mass care and shelter services, transportation and evacuation, and notification and communication. <sup>1120.17</sup>

*Action CSF-6.1.C: Development Projects and Risk Reduction*

Explore methods for further reducing risks and vulnerabilities of major development projects to human-made and natural hazards. <sup>1120.18</sup>

*Action CSF-6.1.D: Evaluate Use and Impacts of Emerging Technologies on Emergency Preparedness*

Explore and evaluate the potential use and impacts of new and emerging technologies on the District's emergency preparedness, mitigation, and response operations. Arenas with rapidly evolving or emerging technologies include robotics (including drones and autonomous vehicles), data and connectivity, energy and resources, and digital visualizations and interfaces. <sup>1120.19</sup>

**CSF-6.2 Resilience and Critical Facilities** <sup>1121</sup>

This section addresses the preservation and enhancement of Washington, DC's facilities and lands to address vulnerability of critical facilities to adverse effects of natural and human-made shocks, such as extreme weather events, health events, and security incidents, and to long-term stresses, such as sea level and temperature rise driven by climate change. Washington, DC has adopted robust, multipronged strategies to address these issues. In addition to addressing sudden threats and hazards through DPS, the District is working to address chronic stressors, such as poverty, safety, and access to health care and healthy food, through a wide range of policies contained throughout the Comprehensive Plan. While the District recognizes that many, if not most, Comprehensive Plan policies are connected to resilience, policies that explicitly identify resilience are contained in specific subsections of this element to provide a logical framework (this section and the CSF-2.2 Healthy Communities and Resilience section). <sup>1121.1</sup>

***Policy CSF-6.2.1: Consider Vulnerabilities and Mitigations When Planning Critical Facilities***

Consider and evaluate vulnerabilities and mitigations for planning and preserving District-owned facilities from human-made and natural incidents and events, as well as chronic stressors, such as sea level rise and heat emergencies. Identify and prioritize major vulnerabilities and hazards. Incorporate risk and hazard mitigation into operational and investment planning. <sup>1121.2</sup>

***Policy CSF-6.2.2: Integration of Climate Adaptability***

Promote integration of vulnerability assessments in resilience planning, including climate adaptability, into pertinent aspects of DPS using the best available data and in accordance with other District initiatives to adequately prepare for an evolving risk environment. <sup>1121.3</sup>

*See also the Environmental Protection Element.*

***Policy CSF-6.2.3: Energy-Resilient Facilities***

Explore ways to make buildings critical to emergency response services more energy resilient. Consider energy systems capable of operating during periods of brief or sustained outages and supply disruptions, including microgrids. <sup>1121.4</sup>

*See also the Environmental Protection Element for policies and actions related to climate adaptability and energy-resilient facilities.*

***Policy CSF-6.2.4: Temporary Post-Disaster Housing***

Provide residents displaced by disaster with local access to emergency shelter and temporary, interim housing as part of the community disaster recovery process. Coordinate with federal and regional partners to promptly identify and secure safe, temporary housing options for those in need. Seek to reduce barriers to provision of interim housing through existing regulations, ordinances, codes, and policies. <sup>1121.5</sup>

*See also the Housing Element for policies and actions related to temporary post-disaster housing.*

***Policy CSF-6.2.5: Technology and Resilience***

Explore the use and impact of new and emerging technologies on resilience vulnerability assessment and mitigation planning. <sup>1121.6</sup>

***Policy CSF-6.2.6: Community Resilience Hubs***

Explore Community Resilience Hubs as a key component of Washington, DC's resilience strategy. Community Resilience Hubs are intended to serve

as a gathering place for residents who are experiencing a shock or stress in their neighborhood. Hubs could be located in places in the community, such as a recreation center or church, or could be provided in a virtual format when necessary. <sup>1121.7</sup>

***Policy CSF-6.2.7: Promote Resilient Communities***

Promote resilient communities in Washington, DC by advancing resilience on a District-wide basis and at a neighborhood-specific level. Improve coordination across plans and strategies that address Washington, DC's social, health, physical, and food systems and the positioning of District assets to help neighborhoods withstand, adapt to, and recover from adversity. <sup>1121.8</sup>

***Policy CSF-6.2.8: Temporary Facilities***

Coordinate across District agencies and relevant private sector entities to plan for surge capacity of existing facilities or temporary facilities that may be needed during emergency response and recovery. Identify existing facilities that can add to their capacity and adaptive space that can be used for temporary facilities. <sup>1121.9</sup>

***Action CSF-6.2.A: Community Risk Assessments***

Update the CRA of DPS on a recurring basis to reflect changes in the risk profiles of relevant natural and human-made systems in the District. <sup>1121.10</sup>

***Action CSF-6.2.B: Preserving Critical Community Facilities***

Safeguard critical facilities from a wide range of threats and hazards and develop fortified and redundant systems to deliver essential services at all times. <sup>1121.11</sup>

***Action CSF-6.2.C: Training on Safeguarding Critical Community Facilities***

Develop a training program on Critical Community Facilities for law enforcement, public utilities, and private sector personnel. <sup>1121.12</sup>

***Action CSF-6.2.D: Vulnerability of District-Owned Facilities***

Continue to support development of criteria and methodologies to assess the vulnerability of critical District-owned facilities to human-made and natural shocks, as well as chronic stressors. <sup>1121.13</sup>

*Action CSF-6.2.E: Mitigating Vulnerability of District-Owned Facilities*

Explore approaches and tools to address identified vulnerabilities of District- owned facilities. District-wide and site-specific factors should be taken into account, as well as near-term and long-range risks. <sup>1121.14</sup>

*Action CSF-6.2.F: Evaluate the Potential Use and Impacts of Emerging Technologies on Resilience and Critical Facilities*

Review and evaluate the impacts of new and emerging technologies on the District's resilience and their potential for helping the District to advance near-term and long-range resilience objectives. <sup>1121.15</sup>

*Action CSF-6.2.G: Community Resilience Hubs*

Explore the potential of establishing Community Resilience Hubs to strengthen community ties and to help establish reliable networks for vital services and disaster preparedness and recovery. <sup>1121.16</sup>

*Action CSF-6.2.H: Temporary Facilities*

Develop and periodically update a plan for surge capacity of existing facilities or temporary facilities that may be needed during emergency response and recovery. Consider taking into account relevant threats and hazards, an up-to-date inventory of facilities and other relevant spaces in the District, and facility capacity and constraints. <sup>1121.17</sup>

