

Chapter 11 Community Services and Facilities Element





Community Services and Facilities Element

Overview ¹¹⁰⁰

THE COMMUNITY SERVICES AND FACILITIES ELEMENT PROVIDES POLICIES and actions on health care facilities, child care and senior care facilities, 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 the city's drive to sustain and enhance the quality of life for its residents. ^{1100.1}

Several District departments and other government agencies are responsible for the planning, management, and oversight of the District's community services and facilities. This Element incorporates planning and policy guidance from the short-term and long-range plans and programs of these agencies. These agencies must coordinate their capital improvement plans with the District's land use plans so that the city can continue delivering essential services to existing customers while accommodating projected growth. ^{1100.2}

The critical community services and facilities issues facing the District of Columbia are addressed in this Element. These include:

- Assessing, rehabilitating, and maintaining facilities and lands to provide efficient delivery of public services to existing and future District residents
- Investment in and renewal of the public library system
- Providing facilities to offer affordable and high-quality health care services. ^{1100.3}

Other elements of the 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 special needs populations (Housing Element), green building practices (Environmental Protection Element), job training facilities (Economic Development Element), and water, sewer, and drainage (Infrastructure Element). ^{1100.4}

The goal for community services and facilities is:

Provide high-quality, accessible, efficiently managed, and properly funded community facilities to support the efficient delivery of municipal services, protect public health and safety, and enhance the well-being of current and future District residents.

Community Services and Facilities Goal ¹¹⁰¹

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Policies and Actions

CSF-1 Ensuring Adequate Community Services and Facilities ¹¹⁰²

Planning for 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 new approaches to the design, funding, and prioritizing of capital improvements. ^{1102.1}

CSF-1.1 Long-Term Planning for Public Facilities ¹¹⁰³

The District Office of Property Management (OPM) is responsible for the management, care, and operation of all District government facilities. These facilities include over 100 government-owned buildings with nearly 5.9 million square feet of floor space, 13 warehouses totaling almost 730,000 square feet, and 35 leased buildings with 4.3 million square feet of floor space. Assets also include 10 parking lots and seven communication towers. The Capital Services Construction Administration Division of the OPM manages and implements a building improvement program for several of the largest District agencies, including the Office of Aging, the Department of Corrections, Fire and Emergency Medical Services, the Department of Health, the Department of Human Services, the Metropolitan Police Department, the DC Public Library, the Department of Public Works, and the University of the District of Columbia. ^{1103.1}

Historically, planning for the facility needs of these agencies has focused on short-term capital needs rather than long-term growth forecasts or demographic analyses. This is partially due to the advancing age of many facilities and the overriding emphasis on facility replacement and modernization. Given the poor condition of many public buildings, the city's focus has been on addressing basic life safety issues such as structural

integrity rather than planning more systematically for 10 or 20 year needs. At the same time, planning for community facilities is complicated by blurred jurisdiction—agencies like the Department of Parks and Recreation and the DC Public Schools are responsible for their own capital budgeting and facility planning. While such efforts are coordinated with OPM through the City Administrator, the system is still imperfect. ^{1103.2}

The Comprehensive Plan should be viewed as a tool for improving community facility planning on a number of levels. First, it is underpinned by an analysis of existing facilities that identifies existing gaps, redundancies, and functionally obsolete community facilities. For instance, functionally obsolete facilities can include fire stations that no longer can accommodate modern fire fighting equipment and cannot be modernized. Second, it articulates how and where the city will grow—providing a long-term (20 year) perspective on future needs. Third, it addresses facility planning for multiple agencies. This not only provides for more logical and equitable capital planning, it also presents the opportunity for co-location of multiple services in single facilities. ^{1103.3}

Since land in the District is limited and is a scarce resource, the city needs to make sure that existing land devoted to community facilities is well used and retained for the long-term. This means that land resources should generally be preserved in District ownership if a facility is found to be obsolete, in order to ensure that the city can address current and future needs. Short-term or long-term land leases to private entities are preferred to selling such properties so that the District of Columbia can retain an adequate supply of land for the long-term future. ^{1103.4}

The city must employ a range of techniques and tools to develop community facilities given the high cost and limited supply of land. 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. ^{1103.5}

Policy CSF-1.1.1: Adequate Facilities

Construct, rehabilitate, and maintain the facilities necessary for the efficient delivery of public services to current and future District residents. ^{1103.6}

Policy CSF-1.1.2: 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. ^{1103.7}

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

The Big City Dilemma in Community Services and Facilities Planning ^{1103.8}

Planning for new public facilities like libraries and police stations is an important long-range planning activity. In fast-growing suburban cities and counties, such planning usually occurs in tandem with preparation of the Comprehensive Plan, since the need for new facilities correlates directly with growth. The process is different in large, mature cities like Washington. In older cities, public facilities are usually already established, and the issue is typically replacement and modernization rather than the acquisition of new sites. This can lead to disjointed planning practices.

As part of the revision of the District Elements, the Comprehensive Plans for several other large US cities were reviewed. A summary of the public facilities provisions in the San Francisco, Atlanta, Seattle, and Baltimore Comp Plans is provided below:

- In **San Francisco**, the General Plan provides prescriptive guidance on community facility planning. It sets general criteria for locating police and fire stations, libraries, public health centers, and neighborhood centers. For example, the plan stipulates that police stations should be accessible by public transit, that fire stations should have a ½ mile service area radius, and that each branch library should serve 25,000-50,000 residents. The Plan does not quantify future community facility needs, and does not provide specific locations for future facilities.
- **Atlanta's** Comprehensive Plan includes a public safety element with policies on police,

fire and emergency management services. The policies are generally programmatic and only address specific facility needs in a few cases. For instance, high priority replacement fire stations are listed. The Plan's Human Services Element discusses the need for child care and health facilities but does not identify specific sites for such facilities. Similarly, recommendations for libraries address capital projects that are already underway rather than long-term needs for new facilities.

- **Baltimore's** recent Comprehensive Plan draft does not address community services and facilities planning for fire, police, library, health and neighborhood centers.
- The **Seattle** Comprehensive Plan includes a 20-year growth projection that is very similar in quantity to the District of Columbia's projection. In the Capital Facilities Element of their Plan, there are several policies relating to the location of new facilities, including policies to target investments to areas expecting the highest levels of residential and employment growth, and to encourage the location of facilities like schools, libraries, and clinics in transit-served urban villages. The capital facilities needed to meet projected needs are included in the city's Capital Improvement Program rather than in the Comp Plan.

Policy CSF-1.1.3 Retention of Publicly-Owned Land

Retain District-owned property for community facility uses. Wherever feasible, the District should use short- or long-term leases for lands not currently needed so as to preserve the District's long-term supply of land for public use. ^{1103.9}

Policy CSF-1.1.4: 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. ^{1103.10}

Policy CSF-1.1.5: Barrier-Free Design

Require that all District public facilities accommodate the needs of persons with physical disabilities to the greatest extent possible. ^{1103.11}

Policy CSF-1.1.6: Location of Facilities

Ensure that the planning, siting, and design of new public facilities is consistent with all Comprehensive Plan goals and policies, including the Future Land Use Map and the Policy Map. ^{1103.12}

Policy CSF-1.1.7: Public Facilities and Economic Development

Locate new public facilities to support economic development and neighborhood revitalization efforts. ^{1103.13}

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-1.1.8: Co-Location

Encourage the co-location of multiple community services in the same facility, provided that the uses are functionally compatible with each other and are also compatible with land uses and activities on surrounding properties. The planning of public facilities such as libraries, police and fire stations, recreation centers, job training centers, early childhood development centers, and wellness centers, shall be fully coordinated to ensure that such facilities are logically and efficiently sited, and support the goal of providing neighborhood-based services. Joint planning of District-operated facilities with other community facilities such as schools, health clinics, and non-profit service centers shall also be supported through ongoing communication and collaboration between the Office of Planning, the DC Public Schools, the Office of Property Management, the City Administrator, the Office of Budget and Planning, other District agencies, and appropriate outside agencies and partners. ^{1103.14}

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

"The co-location idea is brilliant! But make it so that small satellite social service offices can use these spaces too, and if at some point the neighborhood changes and they're not needed, then other uses for their office space could move in."

— PARTICIPANT IN A
COMPREHENSIVE PLAN
MEETING.

Action CSF-1.1.A: Master Public Facilities Plan

Develop a Master Public Facilities Plan (MPFP) to ensure adequate community facilities and infrastructure and to provide guidance for the long-term Capital Improvements Program and the 6-year capital budget. The MPFP 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 the MPFP findings and to add newly developed benchmarks and standards, acreage and locational requirements for various public uses, and identification of sites for new or refurbished facilities. As part of the MPFP and for each planning cluster, the appropriate planning agency shall annually collect and publish data on public school capacity and enrollments, recreational facilities, libraries, emergency medical service response time, sewers, green space, 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. This data should be used when evaluating the need for facility and infrastructure improvements, and for evaluating appropriate densities for development in various neighborhoods both in the rezoning process and for planned unit developments. ^{1103.15}

Action CSF-1.1.B: Criteria For Re-Use

Establish formal, measurable criteria for determining when a public facility can be deemed surplus, obsolete or too poorly located for its current public use, and therefore subject to a lease agreement for an interim use. Specific criteria should also be developed that spell out the limited circumstances when District-owned community facilities may be sold or traded for other suitable uses. ^{1103.16}

Action CSF-1.1.C: Site Planning Procedures

Develop site planning and management procedures that mitigate adverse impacts from public facilities on surrounding areas. ^{1103.17}

CSF-1.2 Funding and Coordination ¹¹⁰⁴

The District's Capital Improvement Plan (CIP) includes city-owned facilities (e.g., libraries, recreation centers, city offices, parking lots, etc.), city-owned equipment (e.g., police cars, fire trucks, snow removal equipment, etc.), and transportation infrastructure (e.g., roads, bridges, Metro, etc.). The city can maximize the strategic impact of these large investments by improving coordination, and by linking them to neighborhood revitalization strategies and private investment plans. For example, city 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. This linkage has often been missing in the past, in part due to the lack of a formalized connection between the Capital Improvement Program and the Comprehensive Plan. ^{1104.1}

In 2004, the Council of the District of Columbia adopted legislation giving the District’s Office of Planning the authority to coordinate capital improvement planning, and confirm the consistency of proposed capital improvements with the Comprehensive Plan. This responsibility is currently shared by a “Technical Review Team”, including representatives of about a dozen District agencies involved in public facility planning. In addition, the City Administrator’s Office has led a Master Public Facilities Planning Program to help District agencies assess their facility needs so that capital budgets can be more effectively coordinated. ^{1104.2}

Policy CSF-1.2.1: Capital Improvement Programming

Use the capital improvement program process to coordinate the phasing, prioritizing, and funding of public facilities. ^{1104.3}

Policy CSF-1.2.2: Linking the Comp Plan and Capital Improvement Program

Use the District’s Comprehensive Plan, particularly its analysis of growth needs and service adequacy, to establish priorities for the funding of capital improvement projects. Public facility planning should be done systematically and comprehensively and should be based on analytical data about community needs, service levels, and projections—in addition to facility condition assessments. ^{1104.4}

Policy CSF-1.2.3: Construction and Rehabilitation

Improve the coordination of public facility construction and rehabilitation projects to minimize public costs, maximize community benefits, and avoid service disruption. ^{1104.5}

Policy CSF-1.2.4: Alternative Financing Strategies

Develop and apply alternative capital financing and public facility construction techniques, including joint development, creative leasing arrangements, and financing instruments that reduce long-term debt accumulation. ^{1104.6}

Policy CSF-1.2.5: Planning For Maintenance and Operation

Develop and fund adequate maintenance budgets for all public facilities based on industry standards. Require an evaluation of projected operating and maintenance (O&M) costs before approving new capital facilities to ensure that sufficient funds will be available for O&M once a new facility is constructed. ^{1104.7}



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

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. ^{1104.8}

Action CSF-1.2.A: Capital Projects Evaluation

Develop measurable criteria, standards, and systematic coordination procedures to evaluate capital improvement projects. ^{1104.9}

Action CSF-1.2.B: Property Data Base

Continually update and expand the District’s property management data base, identifying the location, size, and attributes of all DC-owned facilities and properties. If feasible, develop a publicly accessible on-line data base displaying this information. ^{1104.10}

CSF-2 Health and Human Services ¹¹⁰⁵

This section of the Community Services and Facilities Element addresses the adequacy, maintenance, and expansion of community health centers as well as the provision and improvement of human service facilities such as child care and senior centers. These facilities are sometimes referred to as a city’s “social infrastructure.” They are just as important to the quality of life as water, sewer, and transportation facilities, and have spatial needs that must be addressed over the coming years. Planning for social infrastructure is complicated by a number of factors, particularly the changing nature of the nation’s health care delivery system and the District’s limited jurisdiction over private service providers. Nonetheless, the Comprehensive Plan can at least state the city’s commitment to provide for an adequate distribution of public facilities across the city, as well as measures to advance public health through the design of the city and protection of the environment. ^{1105.1}

CSF-2.1 Health Facilities and Services ¹¹⁰⁶

Access to quality and affordable health care for all its residents is a challenge in the District as it is across the nation. In 2003, 13 percent of District residents were uninsured. Of the remaining 87 percent, 24 percent were covered by Medicaid, 10 percent by Medicare only, and 53 percent through employer or individual insurance programs. ^{1106.1}

The District has been taking steps to expand access to health care. Since 1998, the District has increased the number of people enrolled in Medicaid,

the federally and locally funded benefit program, from 112,000 residents to 138,000. In 2002, more than 75 percent of the District’s eligible residents were enrolled in Medicaid. ^{1106.2}

The District has also enrolled more than 20,000 people in the locally funded DC HealthCare Alliance, one of the few programs in the nation that pays for health services for low-income people who do not qualify for Medicaid. ^{1106.3}

Yet, many District residents still have poor health and high rates of chronic disease and disability. In 2003, life expectancy in the District was 68 years, compared to the national average of 76.7 years. The HIV/AIDS rate in the District is ten times the national average. Illnesses like asthma, hepatitis, tuberculosis, and diabetes are also more prevalent in the District than in the nation at large. Some of these disparities are due to higher risk factors in the city, such as obesity, poor nutrition, substance abuse, and violence. But these factors alone do not determine the well-being of District residents. The incidence of serious illness and need for hospitalization can also be reduced through preventive treatment and more effective primary care. Consequently, many of the health care initiatives in the city aim to improve the delivery of affordable primary care services to residents. ^{1106.4}

The Primary Care Administration (PCA) of the District Department of Health is responsible for developing new primary care sites, developing systems to monitor the quality of services provided at health care clinics, and assisting in the physical improvement of clinic space to improve access and increase capacity. The PCA also provides financial assistance for the improvement of existing primary care and community health center facilities. PCA provides subsidies to nonprofit health centers across the District. PCA also co-funds the Medical Homes DC program. In addition, PCA designates Health Professional Shortage Areas, Medically Underserved Populations (MUP) and Medically Underserved Areas (MUA), based on federal standards. ^{1106.5}

According to the District of Columbia Primary Care Association (DCPCA), a local nonprofit health care organization, more than half of the District’s residents live in neighborhoods without adequate primary health care facilities or services. Many of the existing community health centers have significant unmet capital needs and do not have access to funds to renovate or replace their facilities. ^{1106.6}

In response to these long-term needs, DCPCA initiated a program called Medical Homes DC in 2003 (see text box next page). The program seeks to enlarge and enhance the current network of community health centers. A “medical home” is a primary care facility where a patient’s health history is known, where a patient is seen regardless of their ability to pay, and where a patient can routinely seek non-emergency care. ^{1106.7}



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

Building a Healthier City: The Medical Homes DC Initiative ^{1106.8}

Medical Homes DC is an initiative of the DC Primary Care Association designed to improve the quality and effectiveness of primary health centers in the city. The project will serve the uninsured and underinsured residents of the District, many of whom seek primary care at hospital emergency rooms. By reducing avoidable hospitalizations and overcrowding of emergency rooms, Medical Homes DC is intended to reduce overall health care costs. And, by increasing the availability of good primary health care, the initiative should improve the overall health of DC residents. Medical Homes DC works by providing capital grants for facility improvements, as well as technical assistance to participating health centers on a range of matters, including clinical practices, billing, documentation, management oversight and capacity building.

A public-private partnership, Medical Homes received a three-year grant from the federal Health Resources Services Administration. The Mayor and Council have also committed \$15 million in capital funding. Medical Homes DC launched a competitive process in 2005 to distribute \$1 million in construction-related grants for health care centers embarking on facility improvement projects. Projects that targeted medically underserved areas of the District were given priority. Nine facilities were selected to receive grants. Collectively, these projects have the potential to create capacity for 125,000 patient visits per year. Fund raising efforts are underway to support future projects.

Hospitals are another important part of the health care delivery system. There are numerous hospitals in the District, including large full-service facilities such as the George Washington University Hospital, Georgetown University Hospital, and the Washington Hospital Center, and more specialized facilities such as Walter Reed Medical Center, which serves the military and family members, the National Rehabilitation Center, and the Psychiatric Institute of Washington. The text box to the right includes a list of existing hospitals located within the District of Columbia. ^{1106.9}

The distribution of these facilities across the city is presently uneven, with most hospital beds on the west side of the city and only one full-service hospital east of the Anacostia River. ^{1106.10}

The health care facility policies in the Comprehensive Plan seek to provide a more equitable geographic distribution of community health care facilities throughout the city. The primary means of achieving this goal is the establishment of a comprehensive network of community-based health centers. While some centers already exist, they are often located in outmoded facilities that need to be renovated or replaced. ^{1106.11}

Policy CSF-2.1.1: Primary and Emergency Care

Ensure that high quality, affordable primary health centers are available and accessible to all District residents. Emergency medical facilities should be geographically distributed so that all residents have safe, convenient access to such services. New or rehabilitated health care facilities should be developed in medically-underserved and/or high poverty neighborhoods, and in areas with high populations of senior citizens, the physically disabled, the homeless, and others with unmet health care needs. ^{1106.12}

Policy CSF-2.1.2: 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. ^{1106.13}

Policy CSF-2.1.3: Coordination to Better Serve Special Needs Residents

Design and coordinate health and human services to ensure the maximum degree of independence for senior citizens, the disabled, and the physically and mentally handicapped. ^{1106.14}

Policy CSF-2.1.4: Drug and Alcohol Treatment Facilities

Develop an adequate number of equitably distributed and conveniently located drug and alcohol treatment facilities to provide easily accessible, high quality services to those District residents in need of such services. ^{1106.15}

Policy CSF-2.1.5: Mental Health Facilities

Provide easily accessible, and equitably distributed high quality mental health treatment facilities for District residents in need of such services. ^{1106.16}

Policy CSF-2.1.6: Health Care Planning

Improve the coordination of health care facility planning with planning for other community services and facilities, and with broader land use and transportation planning efforts in the city. Coordinate city population and demographic forecasts with health care providers to ensure that their plans are responsive to anticipated growth and socio-economic changes. ^{1106.17}

Policy CSF-2.1.7: 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. ^{1106.18}

Action CSF-2.1.A: Implement Medical Homes DC

Work with DCPCA and other partners to implement the recommendations of the Medical Homes DC initiative, including the modernization of primary care facilities and development of new facilities in under-served areas. ^{1106.19}

Action CSF-2.1.B: Review Zoning Issues

Review and assess zoning regulations to identify barriers to, and create opportunities for, the development of primary care facilities and neighborhood clinics, including 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. ^{1106.21}

Hospitals in the District of Columbia ^{1106.20}

1. Children's National Medical Center
2. Georgetown University Hospital
3. George Washington University Hospital
4. Greater Southeast Medical Center
5. Hadley Hospital
6. Howard University Hospital
7. National Rehabilitation Hospital
8. Providence Hospital
9. Washington Psychiatric Hospital
10. Sibley Memorial Hospital
11. Walter Reed Army Medical Center
12. Veterans Affairs Medical Center
13. Washington Hospital Center
14. Hospital for Sick Children Pediatric Center

Source: DC Office of Planning, 2006



Waiting lists for child care in the District reflect a growing demand for services that support parent employment and job productivity, and provide safe learning environments for children.

CSF-2.2 Child Care and Early Childhood Development Centers ¹¹⁰⁷

The Office of Early Childhood Development (OECD) under the District Department of Human Services provides support for and collaborates with other public and private child and family advocacy organizations to provide services and care for District children up to five years of age. The office also provides access to before and after school services for eligible children up to age 13. It also manages a subsidized child care program for eligible children and families. Waiting lists for child care in the District reflect a growing demand for services that support parent employment and job productivity, and provide safe learning environments for children. Child care needs are also significant for parents who are employed in the District but live elsewhere. ^{1107.1}

Policy CSF-2.2.1: Adequate Child Care Facilities

Allow new and expanded child care facilities in all residential, commercial, and mixed use areas and in community facilities in an effort to provide adequate affordable childcare facilities throughout the District. Locations should be accessible to public transit. ^{1107.2}

Policy CSF-2.2.2: Child Care Incentives

Provide incentives for new and rehabilitated residential and commercial developments to set aside on-site space for child care facilities. ^{1107.3}

Policy CSF-2.2.3: Child Development Centers

Recognize the importance of early childhood education and related programs to the well-being of the District's youth, and support the development of appropriate facilities for these programs. ^{1107.4}

Action CSF-2.2.A: Review And Address Zoning Issues

Review and assess the zoning regulations to identify barriers to the development of child care centers in the District. The assessment should consider ways of reducing any barriers that are identified, provided that child safety and neighborhood quality of life issues can be adequately addressed. ^{1107.5}

CSF-2.3 Senior Care ¹¹⁰⁸

Seniors are expected to be the fastest growing segment of the District's population during the next 20 years. Although the District's Office of Aging and several affiliated non-profit organizations already provide a comprehensive system of health care, education, employment, and social services for the District's elderly population, these entities may be hard pressed to keep up with demand as the number of seniors in the city rises. Currently, about 45 percent of the city's seniors live alone. Some 43 percent

have no personal vehicle and 42 percent have a physical disability. The largest percentages of seniors are in Upper Northwest and Far Northeast. Many are homeowners, caring for their properties with diminished incomes and physical mobility. Others are primary caregivers for their grandchildren, facing the challenge of raising a family in their advancing years. ^{1108.1}

The policies below focus on the importance of senior centers, services, and care facilities. There are currently three senior wellness centers in the city, two in Southeast and one in Northeast. A variety of services and programs are delivered from these facilities, including nutrition, exercise, health care, creative arts, and education. Future investment in senior facilities as well as new facilities will be necessary in the future to serve the District's growing senior population and to help seniors lead more vital and productive lives. ^{1108.2}

See also the Transportation and Housing Elements for additional policies on seniors.

Policy CSF-2.3.1: Senior Care Facilities

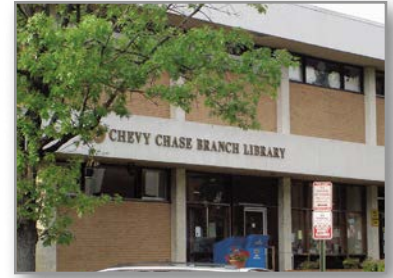
Establish new senior centers in areas that have large elderly populations, particularly neighborhoods in Upper Northwest and Far Northeast. These centers could be co-located in community health facilities or near other public facilities such as libraries or elementary schools to increase the interaction and learning between senior citizens, youth, and others. ^{1108.3}

CSF-3 Libraries and Information Services ¹¹⁰⁹

As one of world's leading centers of information and knowledge, the District of Columbia must have a state-of-the-art public library system. A revitalized library system must combine high quality physical buildings with new technology, an expanded Internet presence, inviting public spaces for meetings and gatherings, and programs and collections that meet the needs of all citizens. Our libraries should help children succeed in school, help adults improve their reading skills, and support career advancement and life enrichment goals. The District should aspire to nothing less than greatness as it creates a library system that demonstrates the city's commitment to meeting the educational and life-long learning needs of all of its residents. ^{1109.1}

The District's public library system is planned and managed by the District of Columbia Public Library (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 27 library facilities, including the central Martin Luther King, Jr. Memorial Library, four community libraries, 21 neighborhood libraries, and one kiosk. ^{1109.2}

The District's public library system faces many challenges. It lacks the facilities, technology, and collections necessary to deliver the services District



The District's public library system faces many challenges. It lacks the facilities, technology, and collections necessary to deliver the services District residents need.

Circulation trends in the District reflect the challenges faced by the library system. Recent rankings place the District 15th among 67 large U.S. cities in terms of library circulation and utilization per capita. However, the circulation of materials decreased by 11 percent District-wide between 2001 and 2004.

residents need. The facility problems are the result of decades of deferred maintenance and the absence of funding for capital improvements. ^{1109.3}

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 recommends rebuilding the library system from the ground up. New service priorities are identified, along with a call for new physical facilities, collections, and programming. The Blueprint calls for a new central library to replace the outmoded Martin Luther King, Jr. Memorial Library and a complete overhaul of the branch libraries. The report recommends that the new central library should meet all service priorities and that the branches should be more specialized, with service priorities tailored to address the needs of local residents. ^{1109.4}

CSF-3.1 Library Facilities ¹¹¹⁰

Map 11.1 shows the location of DCPL facilities. As noted earlier, the current system includes the central library, 25 branches, and a kiosk. ^{1110.1}

The Martin Luther King, Jr. Memorial Library was dedicated in 1972 and occupies over 400,000 square feet in a multi-story Downtown structure. It draws users from across the District and also serves as a neighborhood library for residents in its immediate vicinity. It houses the Washingtoniana Room—a repository for local history of the District and its residents. It also houses data from the decennial census dating back to 1800. ^{1110.2}

The average age of the branch libraries is 46 years old and there have been no new libraries opened since 1988. Four branch libraries were closed in 2004 for rebuilding as the first phase of a 10 year rebuilding plan. ^{1110.3}

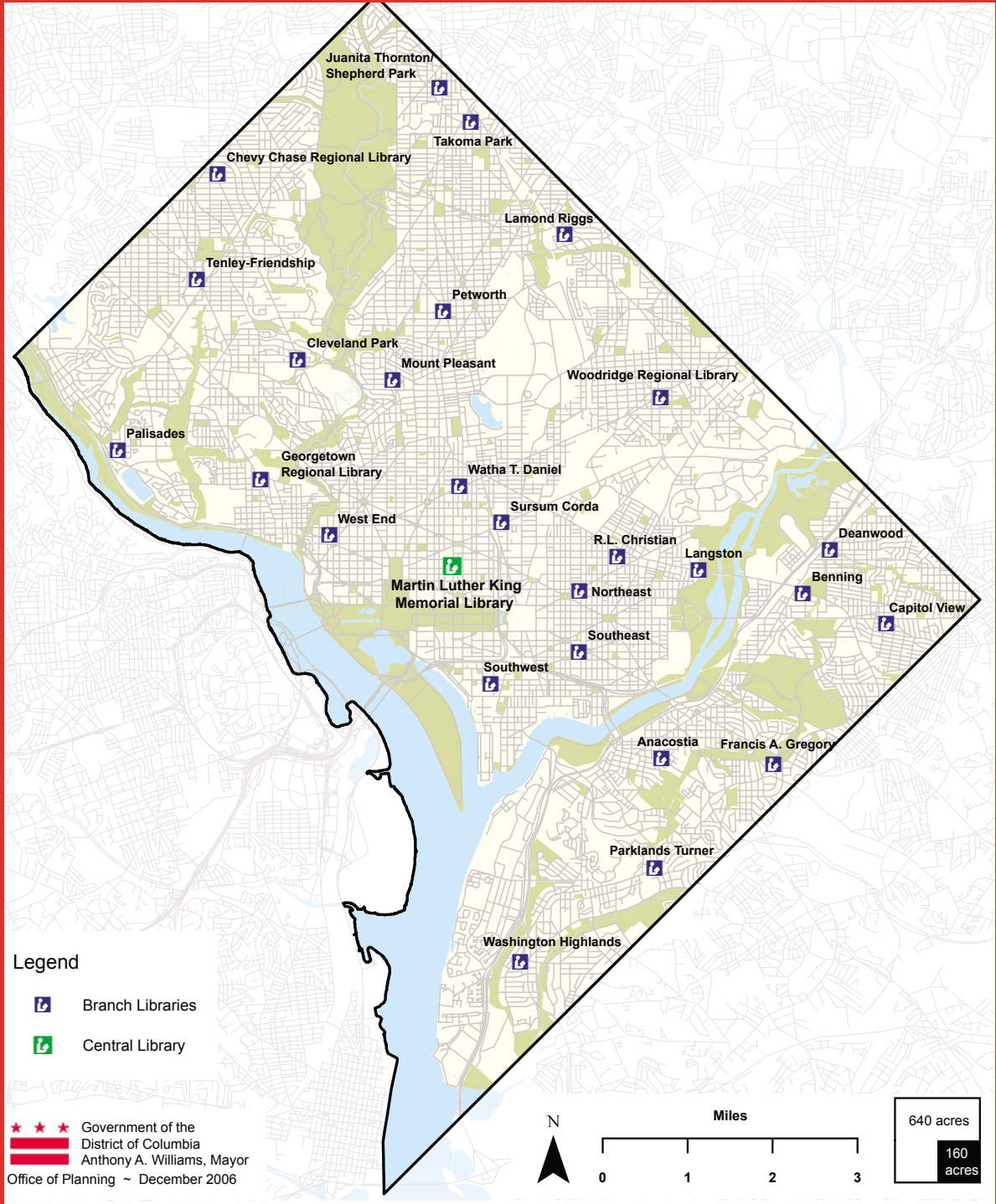
Circulation trends in the District reflect the challenges faced by the library system. Recent rankings place the District 15th among 67 large U.S. cities in terms of library circulation and utilization per capita. However, the circulation of materials decreased by 11 percent District-wide between 2001 and 2004. Most of the DCPL's existing libraries are candidates for replacement due to outdated designs, inability to accommodate modern technology, and general inefficient use of floor space. ^{1110.4}

Plans for the modernization or relocation of the central library are underway. One proposal under consideration would relocate the library to the site of the former Washington Convention Center. Regardless of where it is located, the new or modernized central library should support all the services that DCPL provides to District residents, including a literacy center, multi-purpose space, meeting and gathering rooms, and learning stations. ^{1110.5}

Renovation or relocation of the branch libraries presents similar opportunities. A branch library is one of the few local government buildings that residents visit throughout their lifetimes. Each branch should reflect

Map 11.1:

DCPL Sites 1110.7



the needs of the residents who use it. Like schools and recreation centers, libraries should be a source of civic pride and a center of community life. The number of branch libraries in the District of Columbia relative to its population is comparable to similarly sized cities as shown in Table 11.1.

1110.6 Table 11.1:

Branch Libraries: Number per 1000 Population, Selected Cities ^{1110.8}

City	2000 Population	Branch Libraries	Branches per 100,000 Population	Service Population per Branch
DC	572,059	25	4	22,882
Seattle	563,374	23	4	24,495
Boston	589,141	27	5	21,820
San Francisco	776,733	26	3	29,874

Source: DC Office of Planning, 2006

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 life-long learning needs of District residents. ^{1110.9}

Action CSF-3.1.A: Central Library

Relocate or upgrade the central library with a modernized or new central library that includes state-of-the-art library services and public space both within and outside the building. The central library should be an architectural civic landmark — a destination and gathering place for residents from across the city. It should provide performance space, display areas for art and exhibitions, and multi-purpose space for meetings and programs. Regardless of its location, the central library should continue to be named in honor of Dr. Martin Luther King, Jr. ^{1110.10}

Action CSF-3.1.B: Branch Libraries

Completely overhaul, upgrade, or re-build each branch library to provide a safe and inviting space that provides services and programs that address the needs of local residents. Each branch library should be designed to provide a minimum of 20,000 square feet of floor space with a clearly visible entrance and an open, inviting and attractive facade. ^{1110.11}

Action CSF-3.1.C: Library Funding

Explore new dedicated funding sources for the operation and maintenance of each library. This includes annual funding for collections development and programming as well as building repair and maintenance. ^{1110.12}

Action CSF-3.1.D: Archival Storage

Include space for storage of archival and historical records for the District of Columbia in the programming and planning of future library facilities. ^{1110.13}

CSF-3.2 Library Location ¹¹¹¹

The opportunity to modernize or relocate more than two dozen branch libraries creates an exciting opportunity for many District 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 the creation of space for the arts, job training and literacy programs, and the promotion of high quality civic design. ^{1111.1}

Policy CSF-3.2.1: Location of Branch Libraries

Locate branch libraries in a systematic way to maximize access for the greatest number of District 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 city and the replacement of the substandard “kiosk” type libraries with larger, more appropriately designed facilities. ^{1111.2}

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 protection of useable neighborhood open space. ^{1111.3}

See also Policy CSF-1.1.8 on public facilities co-location and the Urban Design Element for policies on the design of public facilities.

**CSF-4 Public Safety and
Emergency Preparedness** ¹¹¹²

Public safety affects the lives of District residents on several levels. First, despite marked improvements since the 1990s, violent crime remains a fact of life in the District of Columbia. The homicide rate is half what it was 12 years ago, but it is still too high. Violent crime remains a problem in many neighborhoods and substantially reduces the quality of life for law-abiding residents and businesses. ^{1112.1}

Second, fire and emergency medical services are essential to protect life and property, to respond to fires, and to assist residents requiring paramedic

Policing the National Capital ^{1112.4}

As the nation's capital, there are numerous police and security forces besides the MPD with responsibilities for security and law enforcement. Some of the most prominent are:

- The United States Park Police is a unit of the Department of the Interior, National Park Service. They provide law enforcement services to designated areas within the National Park Service around the country including National Parks Service areas within and around Washington, DC.
- The US Capitol Police protect the Congress and enforce traffic regulations throughout the large complex of congressional buildings, parks, and roadways around the US 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.

help or ambulance transportation. The city's ability to respond quickly may be compromised as streets become more congested. Competing demands for water and deteriorating infrastructure may also affect firefighting capacity. ^{1112.2}

Third, public safety personnel keep the city functioning during major public events, ranging from inaugurations to demonstrations to street fairs. The operations of District and Capitol Police, transit police, and others are essential to maintaining law and order (see text box to the left for an overview of major law enforcement providers in the city). ^{1112.3}

Finally, and perhaps most significantly, public safety has taken on new dimensions with the elevated threat of terrorism. The District's government institutions, defense interests, and iconic monuments stand out as some of the nation's most visible symbols. This unique status makes it imperative that the District's emergency preparedness efforts be better coordinated to anticipate and respond to national security concerns. The District also must be prepared to respond to natural disasters, such as hurricanes, floods, and other extreme weather events, and to hazardous material spills and other accidents. ^{1112.5}

CSF-4.1 Police Facilities and Services ¹¹¹³

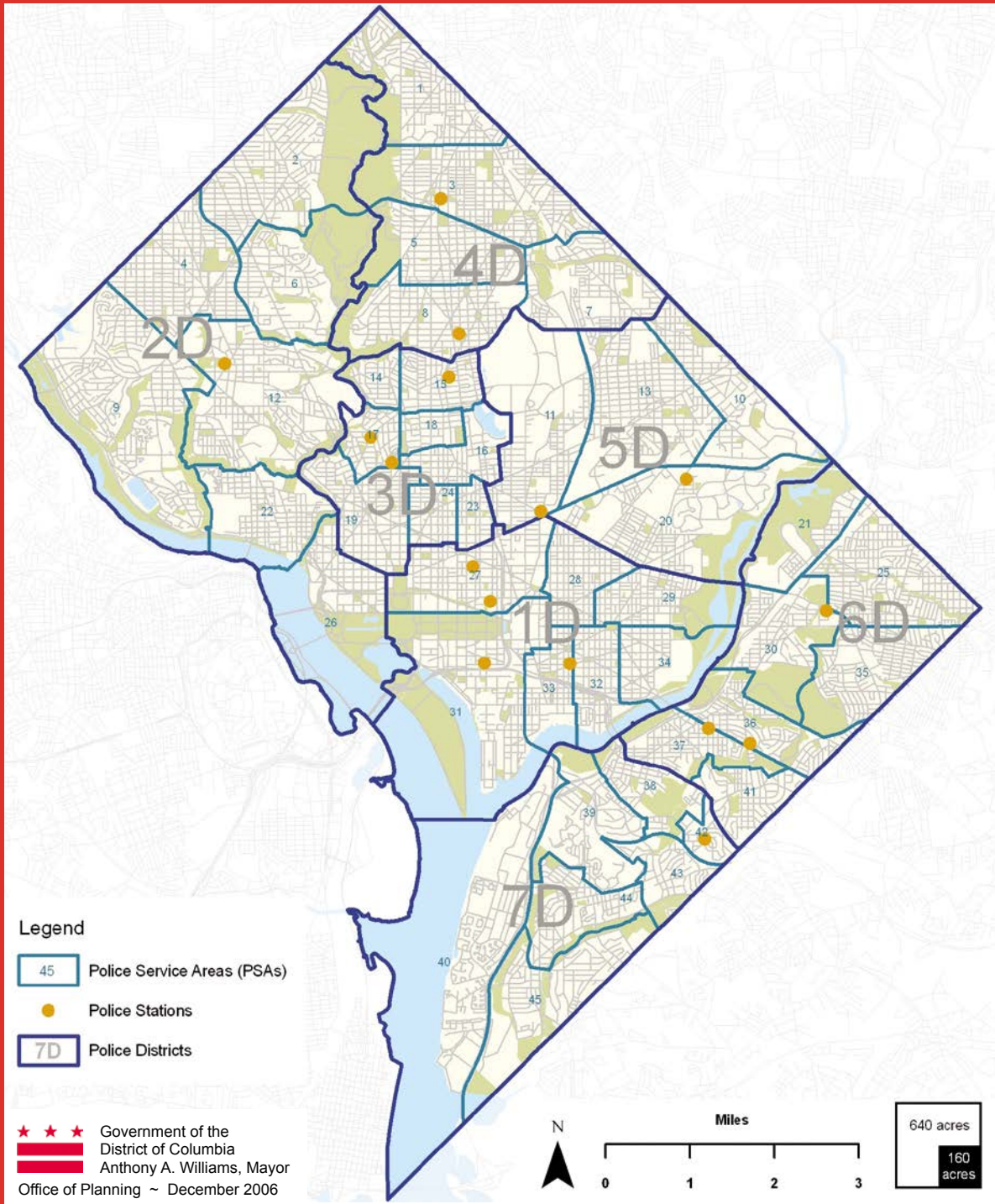
The Metropolitan Police Department (MPD) is the primary law enforcement agency for the District. The city is divided into seven Police Districts and 46 Police Service Areas (PSAs), providing the basic building blocks for community policing. Map 11.2 shows the Police Districts, the PSAs and the location of police stations. Currently, there are seven Police stations, three substations, three Regional Operations Command centers, and three liaison units in the District. ^{1113.1}

Correctional facilities are also an essential part of law enforcement activities. The District of Columbia Jail, which is the District's primary facility for misdemeanor and pretrial detainees, is located at Reservation 13 east of Capitol Hill. The jail opened in 1976 and is a maximum security facility for males and females. It is managed and operated by the DC Department of Corrections. ^{1113.2}

Change or growth within the District's neighborhoods including the development of new housing areas will require assessment of MPD facilities and personnel needs. Modernization is needed at all the stations and is being phased to address the most urgent facility needs first. In addition, construction of a new special operations facility and evidence warehouse is needed. ^{1113.3}

Map 11.2:

Police Stations, Police Districts, and Police Service Areas 1113.5



According to FEMS, the current number and distribution of facilities is generally adequate for maintaining the minimum standard response time for new development expected over the next six years. Longer-term facility needs will need to be analyzed during the development of the Public Facilities Master Plan.

Policy CSF-4.1.1: Updated Police Facilities

Provide updated and modern police facilities to meet the public safety needs of current and future District residents, businesses, workers, and visitors. ^{1113.4}

CSF-4.2 Fire and Emergency Services ¹¹¹⁴

The District's Fire and Emergency Medical Services Department (FEMS) provides fire protection and medical attention to residents, workers, and visitors in the District of Columbia. It also provides fire protection services to federal facilities 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. ^{1114.1}

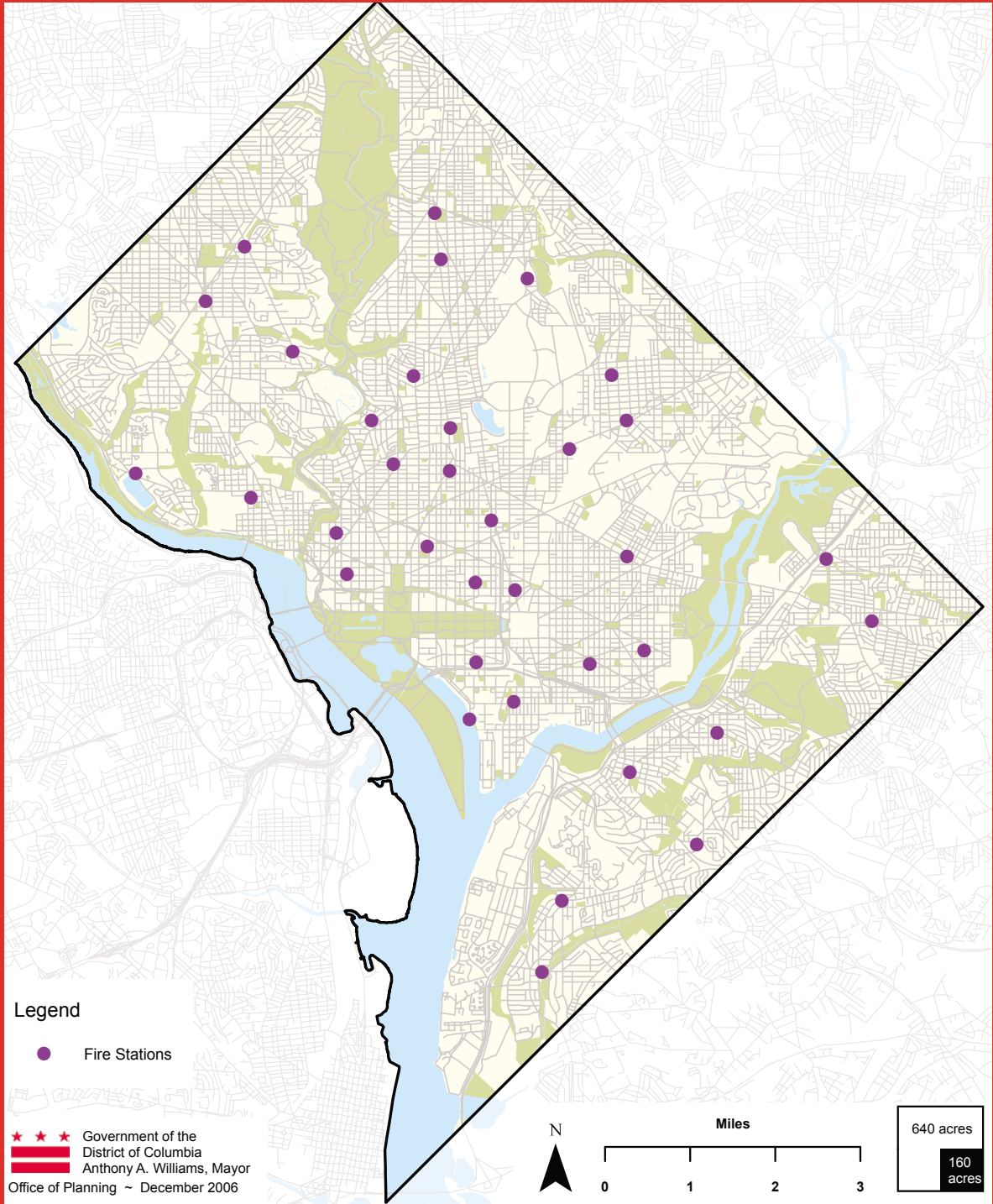
The 33 fire stations in the District include 33 engine companies, 16 ladder companies, three heavy-duty rescue squads, one HAZMAT unit and one fire boat company. Emergency medical units include 13 advanced life support ambulances and 21 basic life support ambulances, and two rapid response units. The Fire and Emergency Medical Services Department has set a minimum standard response time of four minutes for 90 percent of its fire related calls, and eight minutes for 90 percent its critical medical calls. Response time is influenced by the number and location of fire stations, the availability of fire personnel and equipment, and traffic conditions. In 2004, FEMS responded to critical medical calls in eight minutes or less 73 percent of the time and to fire related calls in four minutes or less 91 percent of the time. Map 11.3 shows the location of fire stations in the city. ^{1114.2}

According to FEMS, the current number and distribution of facilities is generally adequate for maintaining the minimum standard response time for new development expected over the next six years. Longer-term facility needs will need to be analyzed during the development of the Public Facilities Master Plan (see Action CSF-1.1.A). The Department has identified several needed capital improvement projects to replace, upgrade, and renovate aging fire fighting stations and other facilities such as its training center. The Department also needs to renovate its fleet maintenance yard and find additional space for its headquarters. ^{1114.3}

The District of Columbia Emergency Management Agency (DCEMA) coordinates and supports the city's response to emergencies and both natural and man made disasters. In 2002, the Mayor's Task Force and DCEMA developed the District Response Plan (DRP). The Plan provides the framework for District agencies to respond to public emergencies both within the District and in surrounding jurisdictions. The Plan was recently updated. ^{1114.4}

Map 11.3:

Fire Station Locations 1114.6



Emergency Preparedness Plans in the District of Columbia ^{1114.7}

The District Response Plan

The District Response Plan (DRP), developed in response to the terrorist attacks of September 11, 2001, describes the mechanism and structure by which the District government mobilizes resources and conducts activities to address the consequences of any major disaster or emergency within the boundaries of the District of Columbia. The plan takes an all-hazards approach to disaster response, which means the plan does not address specific scenarios, but can be used in any public emergency situation such as:

- **Natural Hazards**—severe weather, hurricanes, tornadoes, flooding, or earthquakes
- **Infrastructure Disruptions**—utility and power failures, water supply failures, critical resource shortages, or exploding manhole covers
- **Human-caused Events and Hazards**—urban fires, special events, civil disorder, or transportation accidents
- **Technological Hazards**—hazardous materials, radiological, biological, or computer-related incidents
- **Terrorist Incidents**—bomb threats, sabotage, hijacking, or armed insurrection that threatens life or property. Terrorist attacks can also be conduits through which biological, chemical, and radiological agents can be employed.

More information on the District Response Plan can be found at <http://dcema.dc.gov/dcema>

The Regional Emergency Coordination Plan

The Regional Emergency Coordination Plan was developed by the Metropolitan Washington Council of Governments, in partnership with local, state, federal, and private sector organizations, to strengthen regional communication and coordination in the event of a regional incident, disaster, or emergency.

At the heart of the Regional Emergency Coordination Plan is a 24/7 communications capability called the Regional Incident Communication and Coordination System. Local, state, and federal officials can be linked and share information within 30 minutes or less of an emergency. The plan is organized along 15 regional emergency support functions and it parallels the emergency support function structure of the National Response Plan and the District of Columbia Response Plan.

More information on the Regional Emergency Coordination Plan can be found at <http://www.mwcog.org/security/>

National Response Plan

The National Response Plan establishes a comprehensive approach to enhance the ability of the United States to manage domestic incidents. The Plan forms the basis of how federal departments and agencies will work together and how the federal government will coordinate with state and local governments and the private sector during incidents.

In addition to the District Response Plan, there is a Regional Emergency Coordination Plan that addresses regional emergency preparedness activities and a National Response Plan. (See text box on page 11-22 for more information on these plans). ^{1114.5}

Policy CSF-4.2.1: Adequate Fire Stations

Provide an adequate number of properly equipped fire stations to ensure the health and safety of residents of the District of Columbia. The adequacy of existing facilities should be evaluated in part on the ability to maintain a response time of four minutes at least 90 percent of the time for emergency fire calls and eight 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. ^{1114.8}

Policy CSF-4.2.2: Fleet Maintenance and Administrative Office Space

Accommodate the administrative, maintenance, and transportation needs of the city's fire and emergency medical services, including space for training and fleet maintenance and storage. ^{1114.9}

Policy CSF-4.2.3: Responsiveness to Demographic Change

Ensure that fire and emergency medical services and facility assessments are responsive to the changing social and economic composition of the population, including workers and visitors as well as residents. ^{1114.10}

Action CSF-4.2.A: Level of Service Monitoring

Prepare an annual evaluation of the response times for fire and emergency medical calls in order to evaluate the need for additional facilities, equipment, and personnel and identify specific geographic areas where services require improvement. This should include a review of the distribution of fire hydrants and water flow capabilities. ^{1114.11}

Action CSF-4.2.B: Implement the District Response Plan

Continue to implement the policies and recommendations of the District Response Plan (DRP). Periodically update the plan in response to changing circumstances and resources. ^{1114.12}

Action CSF-4.2.C: Regional Emergency Coordination Plan

Work with the Metropolitan Washington Council of Governments and its member jurisdictions to help implement the Regional Emergency Coordination Plan. ^{1114.13}