



THE COLUMBIA HEIGHTS CIVIC PLAZA CONNECTIVE SERVICES PILOT REPORT:

**A Place-Based Community
Ecosystem Development Approach
in Washington DC's Ward 1**



April 2023

A collaborative summary report with recommendations for continued action.

ACKNOWLEDGEMENTS

We are grateful for the financial support of Ward 1 Councilmember Brianne Nadeau, the National Association of City Transportation Officials (NACTO), the DC Department of Small and Local Business Development (DSLBD), the DC Department of Parks and Recreation (DPR), the DC Mayor's Office on Latino Affairs (MOLA), and Donatelli Development. District Bridges acknowledges the crucial role of collaboration from residents, community based organizations, faith based partners, and city agencies in contributing to the information and recommendations compiled in this report.

We appreciate the following individuals, organizations, and businesses who have come together in creative ways to build the hyperlocal network that continues to evolve to address challenges and build a stronger neighborhood in Columbia Heights.

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La Clínica del Pueblo
Fresh Farm Market
Thrive DC
Career Path DC
The Latin American Youth Center (LAYC)
The Community Prevention Network (CPN) of the DC Prevention Center, Wards 1&2
Breadcoin Foundation
The Catalogue for Philanthropy
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ANC1A
DC Fire and EMS (FEMS)
The DC Department of Behavioral Health (DBH)
Staff and Leadership of the Community Response Team (DBH)
The DC Department of General Services (DGS)
The DC Department of Transportation (DDOT)
The many other individuals who make important contributions to the neighborhood every day.

This is a collaborative report in the sense that the activities carried out throughout the pilot involved extensive communication and teamwork with various stakeholders. While the key findings put forth here are drawn from experiences and conversations with those stakeholders, the recommendations themselves are those of District Bridges, and do not necessarily reflect the opinion of partners referenced or acknowledged in this report. District Bridges is a community ecosystem development non-profit with a vision to thrive together in equitable, resilient, connected communities in DC and beyond. District Bridges began as a grassroots initiative in the Columbia Heights neighborhood in 2005.

This report is dedicated to Patricio, Oscar, Ernesto, Lorena, Don Irene and Keraldly

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EXECUTIVE SUMMARY

This report, compiled by District Bridges, summarizes the information gathered and learned during a pilot program at the Civic Plaza between October of 2021 and February of 2023. The pilot has sought to understand the ecosystem of the Plaza from both a place-based space management lens – that is, all physical elements related to the use and usability of the space – as well as from a human-centric, social services perspective, which considers the needs of Ward 1 residents who currently use the space. The report reflects a collaborative effort of direct and indirect input from over 62 stakeholders, gathered during an intensive 18 month research and implementation phase.

Data, experiences and recommendations were derived from outreach, coalition meetings, public forums, surveying, interviews, site visits, collaborative projects, and general community engagement.

This report makes several important contributions: (1) it identifies the gaps and strengths that contribute to the current ecosystem of the Civic Plaza; (2) it puts forth recommendations for ways that the city can better address the challenges faced by the Civic Plaza as a public space and the needs of many who currently use the space; and (3) it proposes additional ways forward through continued grassroots interventions.

With this report, District Bridges strives to:

- Provide a summary background of the work undertaken during the Civic Plaza For All program pilot, including successful interventions and lessons learned;
- Provide insight and information to be used in the planning of public realm revitalization and programming;
- Present an innovative community navigation model that integrates outreach, case management, and partner engagement targeted to address the specific needs of Ward 1 residents;
- Inform future advocacy efforts for the expansion of specific services for Ward 1 residents based on identified barriers to access and collective stakeholder input;
- Share information and strategies useful to community partners currently working with Ward 1 residents experiencing substance use disorder, mental health challenges and housing insecurity;
- Encourage continued momentum and increased communication and collaboration of community partners and city agencies towards a stronger, more connected local ecosystem;
- Invite questions and discussion between residents and other Ward 1 stakeholders who are curious about their neighborhood.



Throughout the pilot, District Bridges has identified the following barriers related to the maintenance and activation of the Civic Plaza:

- Lack of collective buy-in and financial investment from property owners in the neighborhood;
- Lack of adequate funding to programs such as the Columbia Heights Main Street, the Clean Team, and ecosystem development;
- Lack of initial buy-in and jurisdictional uncertainties among city agencies involved in the public realm, resulting in a lack of accountability;

District Bridges has identified the following overarching systemic barriers specific to access to social services for residents in Ward 1:

- A critical deficiency of case managers and outreach workers city-wide;
- A critical deficiency of Spanish speaking case managers and outreach workers city-wide;
- Cultural, linguistic and logistical barriers to access for withdrawal management (detox) and rehabilitation;
- A lack of referral or direct transfer mechanism to detox for patients initially transported to hospital emergency rooms with acute intoxication;
- Lack of funding for alcohol-specific SUD prevention and treatment;
- Lack of SUD treatment facilities and services in Ward 1, specifically culturally sensitive, low barrier SUD treatment facilities with Spanish language capacity;
- Lack of local day shelter options;
- Need for additional transitional housing options for Latino men, specifically with Spanish led group sessions, counseling, and bilingual staff;
- Public perception and stigma around alcohol use disorder;
- The following are areas where we identified promising practices through grassroots interventions related to service provision with lots of room for growth:
 - Communication, transparency, and coordination among service providers through regular working group meetings;
 - A collective accountability mechanism among outreach service providers via consistent interorganizational and interagency communication;
 - Increased training and learning opportunities between different service areas via outreach tabling, open houses and site visits;
 - An emphasis on an outreach mentality and training in outreach strategies.



The recommendations outlined here are based on the above promising practices as well as promising practices shared by the stakeholders that formed the coalitions and working groups throughout the pilot. They include:

- The establishment of a public-private partnership to increase the capacity of community based organizations to engage in and fund the most crucial elements of the development of the neighborhood ecosystem;
- Capital improvements to the key elements of the Civic Plaza public realm, namely replacement of the splash-pad fountain mechanism, stabilization or removal of the damaged solar panels, the addition of a drinking water fountain and shade features;
- Targeted research on incidence of fatalities attributable to chronic alcohol use disorder in the District;
- A targeted bilingual public education and prevention campaign specific to alcohol use and alcohol use disorder;
- Robust support for the University of the District of Columbia’s Social Work program with incentives to work in the District during and after graduation;
- Development of well-resourced training programs in outreach and social service provision at local highschools and community colleges, with an emphasis on bilingual outreach¹;
- Expanded funding to increase the number of community navigators engaged in targeted outreach with Ward 1 residents;
- A shift toward an integrated outreach and case management model for DHB and DHS providers engaged in SUD and housing;
- A stronger accountability mechanism for DBH contract providers.

¹While proposed legislation allowing District residents to enroll in a free Masters in Social Work (MSW) at the University of the District of Columbia (UDC) is a positive step, it’s important to realize that the majority of those who complete a Masters Degree will go into clinical social work and not into outreach and case management. Most open outreach and case management positions do not require an advanced degree, and many do not require a Bachelor’s degree. It is extremely rare for licensed clinical social workers (LCSWs) to work in outreach and case management. The current BSW program at UDC is generally seen as a stepping stone to an MSW and clinical track, with few choosing internships related to outreach or case management. For this reason, it will be important to explore and support exposure and training in outreach and case management in other settings where students may not be on an MSW track.

THE WORK AT THE PLAZA



A. PROJECT BACKGROUND: A Civic Plaza for All

District Bridges is a community ecosystem development non-profit with a mission of enriching neighborhood vitality by bridging community engagement and economic development opportunities so individuals, businesses and organizations can thrive together. In 2021, the Columbia Heights Main Street, run by District Bridges, launched a pilot program called A Civic Plaza for All. Funded through a grant from the National Association of City Transportation Officials (NACTO), the goal of the pilot was to activate the Columbia Heights Civic Plaza with community events and an outdoor dining area. The pilot program, launched during the COVID 19 pandemic, faced significant challenges out of the gate. District Bridges realized quickly that the space would require a more comprehensive approach, including strategies to address housing insecurity and behavioral health challenges experienced by a large number of residents frequenting the public space.

In 2022, District Bridges received funding from Ward 1 Councilmember Brianne Nadeau to build on the lessons learned the year before and to hire 2 full-time staff dedicated to the neighborhood. A four-pronged approach was developed to managing the public space:

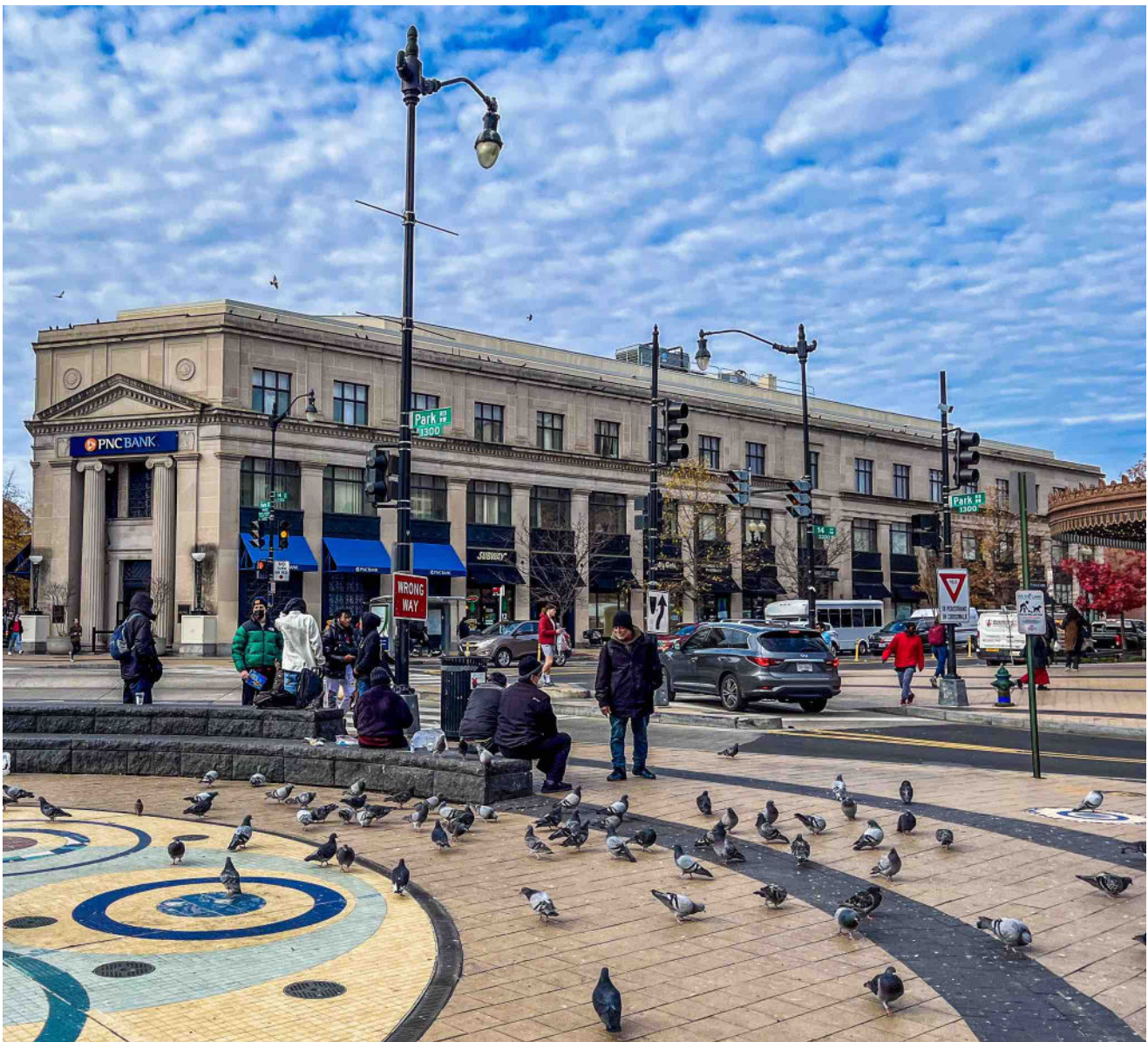
- coordination of physical maintenance and space improvements;
- connective social services;
- stakeholder engagement;
- and space activation.

Using established networks and building new partnerships to address these core areas, District Bridges began mapping the ecosystem of the Civic Plaza to gain an in-depth understanding of the root causes of the issues. As a result of the efforts and gains through this approach, District Bridges received funding to continue to expand upon the pilot in 2023.

B. THE APPROACH: Community Ecosystem Development

The concept of community ecosystem development is derived from the ecological systems theory that “ecosystems” consist of all the organisms and the physical environment with which they interact. In any ecosystem, the absence or introduction of a single element can devastate the entire system. The theory is grounded in an understanding of the transfer of energy or materials between organisms and their interconnected environments. Applying this theory to the function of a neighborhood, or in this case, a micro study of a single public space, we can better understand

the complexity and interconnectedness of people, systems, and place. In applying an ecosystem model to the study of the Civic Plaza, we had to approach the environment through many different lenses, studying the physical space, getting to know the people, and mapping out the city and community resources of the neighborhood - money, services, natural resources, human capital, and influence. Through this approach we have been able to propose new interventions to address the systemic challenges affecting the overall health of the Civic Plaza and of the residents of Columbia Heights.



C. COALITION BUILDING: The Appreciative Inquiry Process

Phase 1: Civic Plaza Stakeholder Coalition and Working Group Formation

District Bridges' approach focuses on building individual and institutional relationships to create sustainable bridges between partners, so that we can increase our mutual capacity to solve complex challenges.

From September, 2021 through August, 2022 the Columbia Heights Civic Plaza Stakeholders Coalition met monthly to engage primarily the city agencies, some community based organizations, and a handful of residents,

business owners and property owners who have stake in the success of revitalization efforts at the Plaza. The goal of these meetings was to bring those voices to the same table, to clarify roles, and to begin to hold each other accountable for addressing the various areas of concern that are affecting the overall health of the neighborhood and of its residents.

The Stakeholder Coalition comprised the following partners:

| | |
|---|--|
| DC Department of Behavioral Health (DBH) | The DC Peace Teams |
| DC Department of General Services (DGS) | The DC Prevention Center for Wards 1&2 |
| DC Department of Parks and Recreation (DPR) | The Latin American Youth Center (LAYC) |
| DC Department of Public Works (DPW) | Thrive DC |
| DC Department of Transportation (DDOT) | Career Path (Clean Team)B |
| The Office of the City Administrator | Community Connections |
| The DC Metropolitan Police Department (MPD) | Unity Healthcare |
| The Mayor's Office on Latino Affairs (MOLA) | Fresh Farm Market |
| The Mayor's Office on Community Relations (MOCRS) | FrozenYo |
| The Office of Councilmember Brienne Nadeau | Livable City Group |
| ANC1A | Marcus Asset Group |
| Miriam's Kitchen | Paradigm Companies |

By early 2022, it became clear that we needed to establish two separate working groups in order to dive deeper on the issues of both physical maintenance and management of the public realm, and on issues related to the provision of, and access to, social services for residents spending time in the space. We began convening a monthly social services working group, a monthly maintenance and activations working group, and continued to meet monthly as a larger coalition.

Throughout the initial pilot year we found that some partners were more active and responsive than others, and also realized that much of the work relevant to the space

was happening on the hyper-local level, with individuals and community-based partners stepping in to try to fill in gaps and take action on urgent issues that the city would take longer to address. As a result of the lack of follow-through from several agencies, and a decision to shift priorities towards project management of grassroots action, the original Stakeholder Coalition disbanded after a year of consecutive monthly meetings.



Phase 2: Appreciative Inquiry, Site Visits, and the Ward 1 SUD Working Group

District Bridges carried forward the momentum established during this first year, meeting with agency partners individually instead to inquire about roles and responsibilities with regards to the public realm, as well as to understand issues of capacity and systemic challenges affecting the outcome of service provision at the Civic Plaza. Through this process, along with several site visits, we were able to map out the ecosystem of partners involved in the physical space management of the Plaza, as well as those engaged in provision of behavioral health services, identifying strengths and weaknesses and beginning to address gaps through continued partnership development and grassroots interventions.

At the start of 2023, a new more targeted working group formed for partners engaged in support for Ward 1 residents experiencing behavioral health issues, including SUD and co-occurring disorders (COD). Co-hosted by District Bridges and DBH's Community Response Team (CRT), the Ward 1 SUD Working Group will continue to meet monthly with a goal of increasing our collective capacity through regular communication and coordination. Identified objectives of the Working Group include the formation of an advisory group for the proposed Park Rd. sobering center, joint advocacy around increased access to transitional housing and medical respite for Spanish speaking residents, formalized pathways and increased communication at the Director level between area SUD providers including hospital EDs, and the implementation of regular site visits to partner organizations.



Members of the Ward 1 SUD Working Group currently include:

The Community Response Team (DBH)

The Mobile Crisis Unit (DBH)

District Bridges

La Clínica del Pueblo - Volviendo a Vivir Program

Regional Addiction Prevention (RAP) Inc.

Federal City Recovery Services

Howard University Hospital

La Casa Transitional Rehabilitation Program

Latin American Youth Center

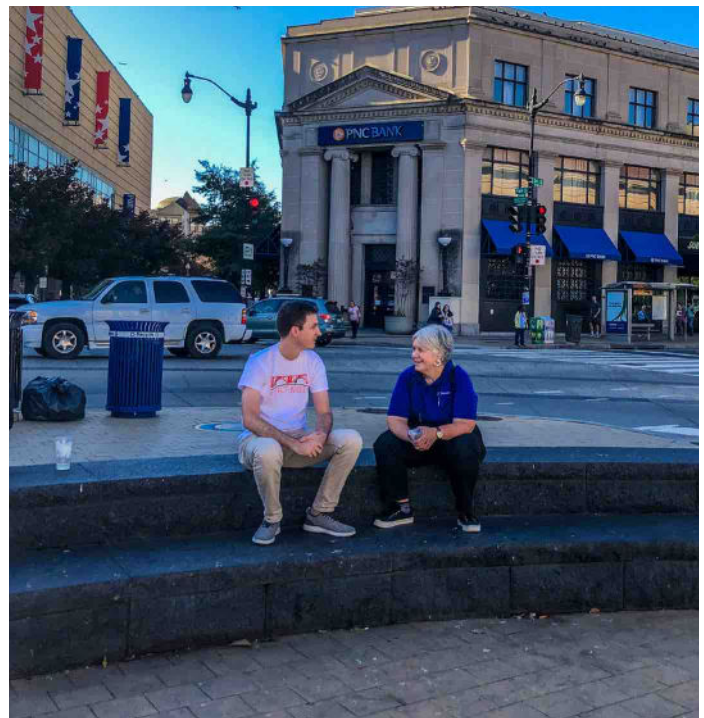
DC Prevention Center (Wards 1&2)

Miriam's Kitchen

Catholic Charities

Volunteers of America, Yo Creo Program

Unity Health Care



D. COLLABORATION: Promising Partnerships

Over the course of the pilot, partnerships were established with over 43 community organizations, agencies, small businesses, and faith-based groups engaged in some element of the work at the Civic Plaza. Some of the most fruitful partnerships include:



1. Tabling and Networking with the Community Prevention Network

In the summer of 2022, District Bridges signed an MOU with the DC Prevention Center for Wards 1 & 2 (DCPC) and began a mutually beneficial substance use awareness, prevention and treatment partnership consisting of joint tabling outreach at the Plaza and participation in DCPC's Community Prevention Network (CPN). Through the CPN we have been able to collaborate with other network partners on outreach, harm reduction, and increasing communication and collaboration among community partners in Ward 1, ultimately strengthening our impact in the Columbia Heights neighborhood.

2. Public Safety Partnership

In the spring of 2022, District Bridges, the DC Peace Team and Fresh Farm Market developed a comprehensive, community based security strategy for the Columbia Heights farmers markets. The DC Peace Team has been a recognizable presence at the Plaza over the past 20 months, and became a core partner acommunity through stewardship, relationship building, and non-violent intervention with their Civic Plaza Community Safety Unit.

3. Coordinated Street Outreach

During the summer of 2022, District Bridges began a coordinated outreach and co-response model with DBH's Community Response Team (CRT) and Miriam's Kitchen². After demonstrating the effectiveness of our consistent community navigation efforts at the Civic Plaza in building trust with Columbia Heights residents experiencing behavioral health issues and SUD, District Bridges was able to establish a coordinated outreach model with CRT and Miriam's Kitchen where District Bridges and Miriam's Kitchen flag individuals for targeted outreach, provide background information, and meet twice a week at the plaza to assist CRT in making connections for assessment, treatment and follow-up. On numerous occasions District Bridges staff have engaged in a co-response model with CRT, arriving on scene once CRT outreach workers are dispatched to the Plaza. The goal of the co-response model is to assist CRT outreach workers in locating the individual, facilitating introductions and providing outreach support to increase the chances of resident receptivity and a positive outcome. The model also allows us to provide critical background information from our case notes to CRT's team, and to engage acquaintances or family of the individual to encourage and support them if they desire treatment or resources.

District Bridges and Miriam's Kitchen's bilingual outreach staff work extremely closely on outreach at the Plaza, communicating multiple times a week, and working to support high priority cases where vulnerable residents may

not be receiving the support they need through consistent case management or Assertive Community Treatment (ACT)³. In their outreach capacity, Miriam's Kitchen has made a concerted effort to reach all residents experiencing housing insecurity at the Plaza and has been successful in matching at least 31 residents from the Plaza with vouchers for Permanent Supportive Housing (PSH), completing assessments for countless more, and in securing spots for all of those matched with vouchers in the District's Pandemic Emergency Program for Medically Vulnerable Residents (PepV) program⁴. District Bridges has been able to assist Miriam's Kitchen's housing outreach by aiding in obtaining identification documents, providing homelessness attestation letters, accompanying residents to appointments, connecting individuals who do not have access to a phone, providing transportation to disabled residents, and helping keep tabs on residents with open cases. The primary way that District Bridges supports the housing outreach process is by assisting residents in entering detox and rehab when they express an interest. This is important because outreach workers cannot effectively work with residents who are intoxicated and need to complete the screening process when residents are sober. Additionally, once someone is in the PepV program, they must comply with curfew and sobriety regulations in order to keep their spot in the program.

² Miriam's Kitchen provides street outreach, housing case management, meals and direct services to the District's unsheltered residents. They are one of three providers for the DC Department of Human Services (DHS) Comprehensive Street Outreach Network, covering all homeless outreach in nearly half of the District, including most of NW and NE DC.

³ In theory, "Assertive Community Treatment (ACT) is an intensive, integrated, rehabilitative, treatment and community-based service provided by an interdisciplinary team to adults with serious and persistent mental illness." ACT teams are required to have specific program hours but to be available for crisis services 24/7. At least 60% of ACT services are meant to be provided in non-office settings out in the community. DBH contracts many ACT service providers and ACT teams are assigned to residents based on evaluation by DBH. In reality DC's ACT providers have little to no accountability, are understaffed, and are often not able to provide relevant or consistent service.

⁴ The District's PepV Program launched in April of 2020 with the goal of slowing the spread of COVID-19 amongst residents experiencing housing insecurity, especially among those at the highest risk of severe illness. The DC government reports that the program helped temporarily house over 2,200 residents during the pandemic, providing access to medical and mental health services and assisting residents with access to permanent housing options. In January of 2023, it was announced that the program would stop taking new referrals in order to phase out over the coming year, in large part due to discontinued federal funding which largely sustained the program over the past three years.

E. ACTIVATION OF THE CIVIC PLAZA: Free and Accessible Community Events

A core element of our work at the Plaza has included consistent activation of the public space to create more opportunities for connection among residents, to offer opportunities for collaboration among neighborhood partners, and to support the small business ecosystem by increasing foot traffic, promoting stores and restaurants, and creating a more vibrant public space. After initial challenges with activations during the NACTO grant, we made the determination that programming should be tailored to fit the current environment of the Plaza, with a focus on diversity, inclusivity, and connection. Yoga classes, which were canceled after some participants experienced verbal harassment, were replaced with salsa classes in which a more familial and inclusive environment allowed any and everyone to feel that they could participate by joining the class for the whole time, for a single song, or simply by observing and enjoying the music. Community meals, winter clothing distributions, and ID screening clinics became

another way that we were able to engage local residents and volunteers to create a welcoming and inclusive space in which all residents were able to interact.

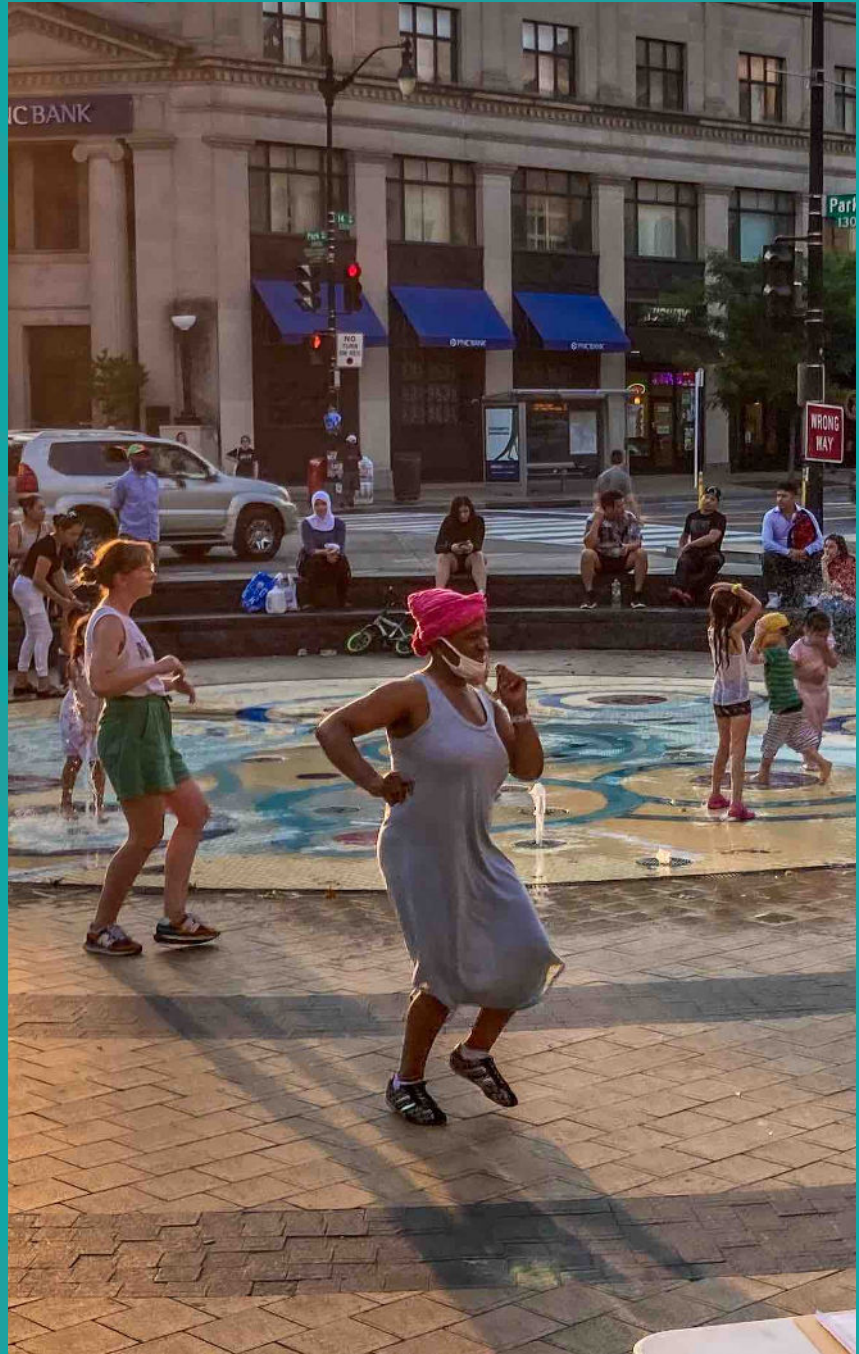
In the spring of 2022, District Bridges won a grant from DPR to activate three public spaces located in Ward 1, including the Civic Plaza. As part of the pilot, we were able to engage Columbia Heights residents at over 90 free and accessible community events and activities at the Plaza. We coordinated inclusive, multi-generational fitness classes, family entertainment nights, musical and cultural performances, community meals, book sales, community eco swaps, neighborhood clean-ups, story-times, movement, music and bubbles for preschool aged children, a back-to-school event, holiday celebrations, and more. Additionally, we were able to support the farmers market with funds to bring music and cultural performances on market days to increase business for their vendors.



Weekly Salsa Nights

Between April and September of 2022 District Bridges put on a weekly salsa series in partnership with instructor Luis Arduz, of local dance studio, Salsa with Silvia. Mr. Arduz, who has international experience dancing and teaching salsa and bachata, also has a Masters Degree in social work and was a key ingredient to the success of the series.

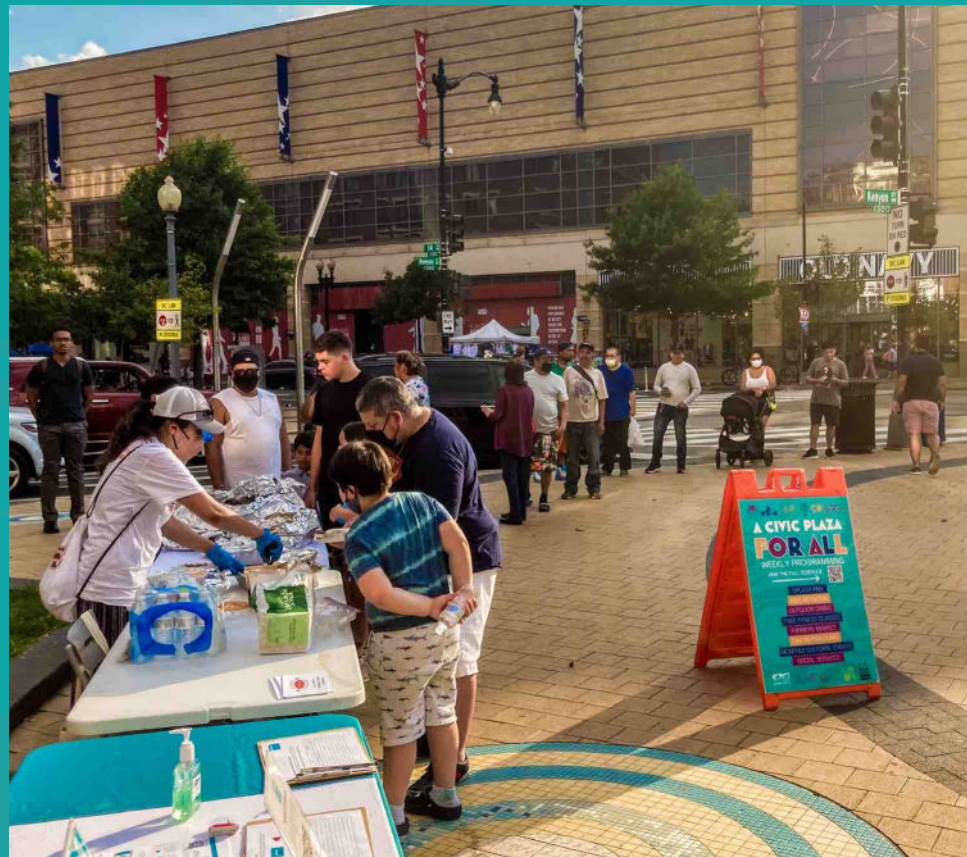
The salsa series was so special because it truly embodied the inclusive and fun environment that the neighborhood has been asking for. The event was a collaborative affair, with support from District Bridges staff, the Plaza Stewards, and the DC Peace Team. Staff of the DC Peace Team arranged to bring meal donations from Miriam's Kitchen and creatively used the donations as a tool to build trust and to de-escalate tensions between residents experiencing mental health challenges and private security surrounding the plaza, engaging everyone to pass out the meals. The salsa series will repeat beginning in April of 2023.



Community Flash Table

In October of 2022, District Bridges partnered with Breadcoin Foundation to put on a community “flash table” at the Civic Plaza. Breadcoin Foundation feeds underserved communities experiencing food insecurity with food tokens, while supporting local businesses who sign up as vendors, and resourcing community groups to disseminate the coins within their community. Breadcoin vendors are local restaurants that accept food tokens in exchange for prepared meals as a way of providing food with dignity of choice. The Foundation works in several neighborhoods in the District, as well as in Maryland, Pennsylvania and Florida. They connected with District Bridges as they were looking to expand in the Columbia Heights and Mount Pleasant neighborhoods. Through our relationships with local businesses as well as community partners and faith based groups, we have begun a partnership that includes several new local vendors.

Breadcoin began hosting flash tables centered around kinship and connection in 2014 as a way to create a space where everyone is welcome and can share in a hot meal. The Columbia Heights flash table brought 100 community members from all walks of life together for a spontaneous “pop up” meal and conversation. Tables set with tablecloths and real silverware, meant many residents were sitting down to be served a home cooked meal in company and with dignity for the first time in years. Food was provided by Los Hermanos Dominican Restaurant, one of the new Breadcoin vendors. Resident volunteers supported the event by helping set up, serving, and sitting and talking with their neighbors. The event was an important collaboration as District Bridges works to spread the word about Breadcoin and secure more vendors in Columbia Heights in order to address issues of food insecurity while supporting and promoting the neighborhood’s small businesses.





F. PHYSICAL SPACE IMPROVEMENTS: Stewardship of the Public Realm

1. History and Background of the Columbia Heights Public Realm

Dedicated in 2009, the Columbia Heights public realm and Civic Plaza were the result of an intensive and highly-participatory public process led by DDOT and project designer ZGF Architects that included neighborhood residents, government agency experts, Ward 1 Councilmember Jim Graham, and a range of community organizations already working in the neighborhood. The project radically transformed 14th Street NW between Newton and Irving Streets, widening sidewalks, adding street trees and benches, removing travel lanes, rerouting Kenyon Street, and creating a new public plaza in the center of it all to serve as the community's heart, and to serve the rapidly developing mixed-use commercial parcels in these blocks.

The project was designed around the community's chosen theme of 'Kaleidoscope,' which was meant to reflect the cultural diversity and inclusivity of the neighborhood – one of the District's most diverse – home to people from

all over the world. The Kaleidoscope reflects the coming together of these cultures into one shared space. The fountain's tilework, designed by artist Jann Rosen-Queralt, and the circular bands within the streets are physical reminders of this theme.

The new Civic Plaza and public realm enjoyed early success, the fountain attracting children from all backgrounds to play in the choreographed water display. The Columbia Heights farmers market, which predates the Plaza construction, benefitted as well, expanding to serve a growing community, and making fresh produce available for the first time to a significant number of neighborhood residents with lower income. The Plaza and its fountain quickly became an important community meeting place – and remains so today. The success of this space has contributed to the economic vitality and overall success of the neighborhood over the past 15 years⁵.

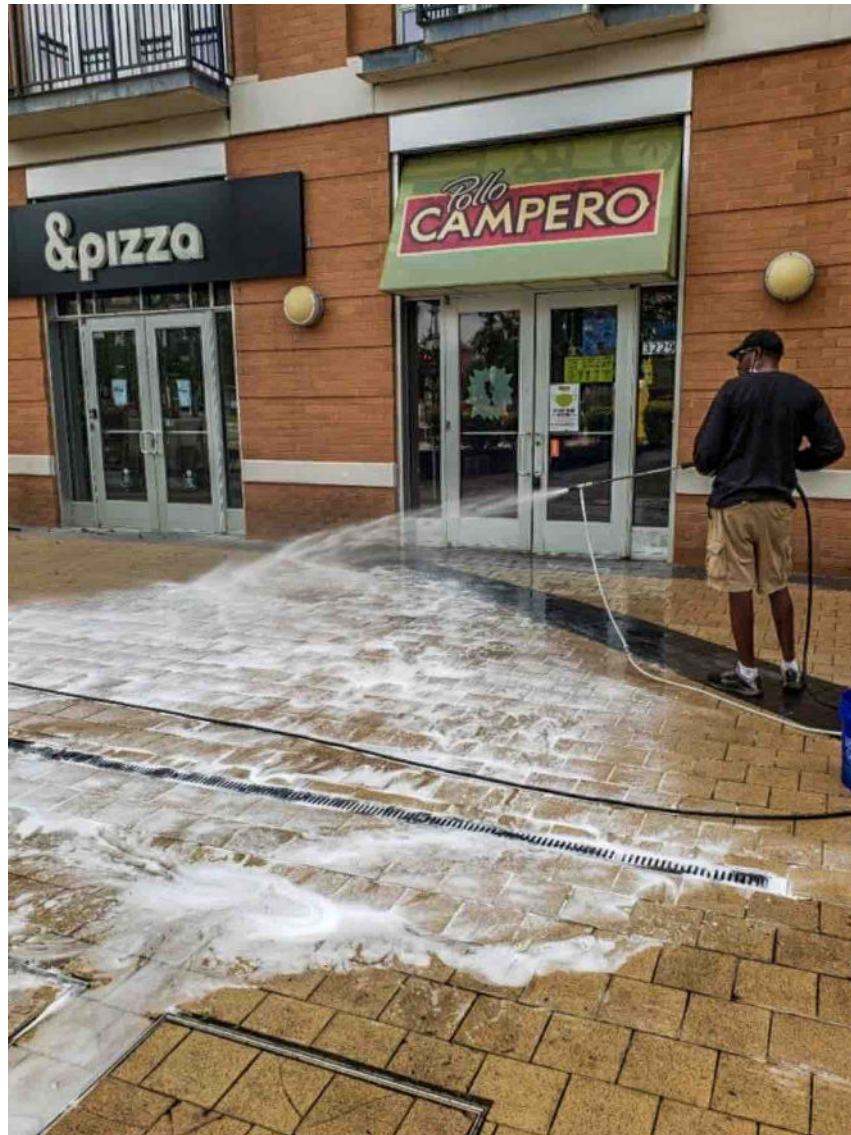
⁵ David Levy, Livable City Group, and Government of the District of Columbia Office of Planning, Columbia Heights Public Realm Framework, Oct 2004. <https://planning.dc.gov/sites/default/files/dc/sites/op/publication/attachments/CHPR%2520Plan%2520Full.pdf>

2. Current State

Today however, heavy use, inadequate maintenance, and changes brought on by the pandemic have led to the physical deterioration of the space and an erosion of much of the community's embrace of this important public plaza. Broken infrastructure, failing landscaping, rat infestation, and the regular occurrence of human fecal matter in the Plaza and fountain have contributed to a sense that nobody is taking care of the neighborhood. Once a major factor in the commercial success of the neighborhood, many perceive the Columbia Heights public realm and Civic Plaza as hastening the neighborhood's decline.

One of the challenges of the Civic Plaza relates to a lack of ownership over the physical maintenance of the space. A flaw of both the original public realm planning phase and of the city's system of bureaucratic and siloed agencies, there are multiple agencies with responsibility or ownership for various parts of this relatively tiny public space. DDOT controls the sidewalks, but because the public realm design utilizes a special paver stone that only the DGS has access to, neither agency appears to have clear responsibility for making repairs when needed.

The plaza's splash pad was meant to be physically maintained by DGS, but it was also part of the DPR's portfolio. Therefore, if the fountain is turned on or off at the wrong time, DPR is supposed to address the issue, but if it is malfunctioning, it is DGS' responsibility. During the Stakeholder Coalition meetings in 2021 and 2022, the group identified a list of maintenance priorities and



developed a tool for tracking needs, repairs, and maintaining accountability between agencies and partners. This tracking tool was made available to all members of the Coalition and was updated by District Bridges and reviewed at each monthly meeting for an entire calendar year. After experiencing initial frustrations with a lack of action from the agencies involved in these projects, we are now in 2023 finally beginning to see some action regarding the maintenance and repair of the Plaza's physical infrastructure. DDOT was among the most responsive partners, attending multiple site visits and reporting back with successful repairs of the sidewalk in the public right of way on several streets surrounding the Plaza.

3. Splash Pad Maintenance and Functionality

The Civic Plaza splash pad is an important neighborhood asset, particularly for low income families in Ward 1, providing free entertainment and relief in the middle of a heat island. In fact, the splash pad is listed as one of the city's emergency cooling stations. However, the splash pad is in disrepair, and while some children do still come to use it during the summer, it needs to be replaced in its entirety.

At any given time during the fountain season of 2022, between one and six spray jets out of twenty-two were partially functional, often only reaching a gurgle. District Bridges has been in communication with DGS throughout the pilot to obtain information about the fountain mechanism associated with the splash pad, and to request regular maintenance and repairs. At the June, 2022 Stakeholder Coalition meeting, DGS provided a timeline for repair of the fountain mechanism and lid so that the fountain would cycle properly with a confirmed completion date of June 15th. While DGS did send their contractor, Millennium Pools, there was limited to no improvement and no follow-up action was scheduled or information relayed to District Bridges by DGS at that time.

The contractor reported that the mechanism is broken beyond repair, requires replacement and that there continue to be issues with constant clogging of the spray jets with debris. District Bridges requested a copy of the functionality report provided by Millennium Pools to DGS, but did not hear back from DGS on this matter. DGS informed us in September that they had made a recommendation that DPR include this location on their list for possible capital improvement.

In the Spring of 2022, District Bridges got in touch with Jann Rosen-Queralt, the artist of the mosaic "Resonance" design of the splash pad regarding information for the replacement and restoration of the original tiles. Many splash pad mosaic tiles had been damaged and replaced with generic white tiles over the years. Ms. Rosen-Queralt was still in possession of several boxes of extra tile which she offered to donate. District Bridges connected the artist with DGS, who picked up the tile and restored the integrity of the original design. Appendix A shows the estimate from DGS Contractor Millennium Pools for the restoration of the original design.





4. Rat Abatement and Landscaping

In the spring of 2022, Livable City Group, District Bridges, DPR and DGS held several site visits at the Plaza as a follow-up to issues with the physical space that had been identified during the stakeholder meetings.

A two-step plan of action and a timeline for work were mutually agreed upon to address issues with the two landscaped beds and the trees at the plaza. Nine months passed with no action before the issue was escalated

to Councilmember Nadeau's office and the City Administrator with a positive result. In February of 2022, the Department of Health (DOH) committed to an immediate plan of action that included rat abatement, backfilling of 59 rat burrows, installation of mesh rat screens, and the addition of the Civic Plaza to the city-wide pest control contract for regular service intervals.

5. Completed and Proposed Public Realm Improvements

Through relationships established during the Stakeholder Coalition and working group meetings, and with the assistance of public space planning and design consultant, Livable City Group, District bridges has begun to address some of the physical maintenance elements of Civic Plaza. These include:

- Tree-planting - complete
 - Livable City Group worked with DDOT's Urban Forestry Division to replace trees along 14th St and to trim broken and low hanging branches of the trees on the Plaza;
- Removed abandoned hand cleaning station - complete
- Removed rats and installed rat abatement screens
 - The Department of Health (DOH) and DGS have added the site to the city-wide contract for regular service intervals
- Mulched and trimmed hedges
 - Work performed by DGS and Career Path
- Grass planting – in planning stage
- New neighborhood light pole banners – installation expected May, 2023
- More frequent powerwashing – requested
- Fountain repairs – requested
 - Attached estimate for consideration in the upcoming budget cycle (appendix B)
- Repair of solar canopies, lighting and electrical work - requested
 - Attached estimate for consideration in the upcoming budget cycle (appendix B)
- Repair of irrigation system, granite landscape terraces and seating - requested
 - Attached estimate for consideration in the upcoming budget cycle (appendix B)



5. The Stewardship Program

Trash is another issue at the Plaza. Despite excellent daily service by Career Path DC's Clean Team, heavy use during the farmers markets and by residents leads to a rapid accumulation of food waste, bottles and broken glass. In the spring of 2022, District Bridges developed the Stewardship Program as a way to support workforce training and capacity building with residents experiencing housing insecurity, while supporting a healthier physical environment at the Civic Plaza. Stemming from a conversation with the former Executive Director of the Columbia Heights-based one-stop shop homeless services non-profit Thrive DC, District Bridges decided to pilot the program for 8 consecutive weeks during May and June of 2022. After positive feedback from the farmers market

staff and community stakeholders, we decided to continue to grow the program, drawing on the dynamics that already existed within the community at the Plaza. Three residents have consistently been offered work during weekly farmers markets and at plaza events as part of the Stewardship Program. The primary roles of the Stewards include picking up trash before the market, sweeping broken glass, helping farmers market staff setup, de-escalating conflicts that may arise during the market, and calling for emergency assistance for residents requiring medical attention.

Why Stewards?

Stewardship is a concept that can mean different things in different contexts, and which has no direct translation into Spanish. The various applications of the idea in Mexico and Central America, usually involve the word "guardian" or "guard". It invokes a role as protector and peacekeeper, in addition to care-taker⁶. This interpretation has been meaningful in allowing the program to reach beyond the strict physical maintenance of the plaza space to a more holistic maintenance of the overall environment and dynamics at the plaza. Our Stewards have had careers in which they were guardians, or care-takers (security, landscaping, maintenance), so it is a role in which they feel empowered to bring their skill set to the table.



⁶The Nature of Cities Global Roundtable, How is the concept of "stewardship" and "care for local environments" expressed around the world? <https://www.thenatureofcities.com/2019/10/11/how-is-the-concept-of-stewardship-and-care-for-local-environments-expressed-around-the-world/>

G. STREET OUTREACH AND CONNECTIVE SOCIAL SERVICES: Building a Navigation Program

1. Responding to a Need

In recent years, the Civic Plaza has become a gathering spot for Ward 1 residents experiencing substance use disorder, mental health challenges, and housing insecurity. The gathering spot's central location at the heart of the neighborhood's commercial corridor drew much-needed attention to long-standing challenges with access to social services for residents in Ward 1. The Covid-19 Pandemic compounded many of the underlying contributors to challenges faced by Ward 1 residents, but it also altered the ecosystem of service provision in ways that have still not been fully reconciled. Community-based outreach efforts and walk-in service provision ceased, appointments became virtual, residential program capacity was cut, and the workforce was permanently altered, all contributing to new and increased barriers to access for residents at the Plaza.

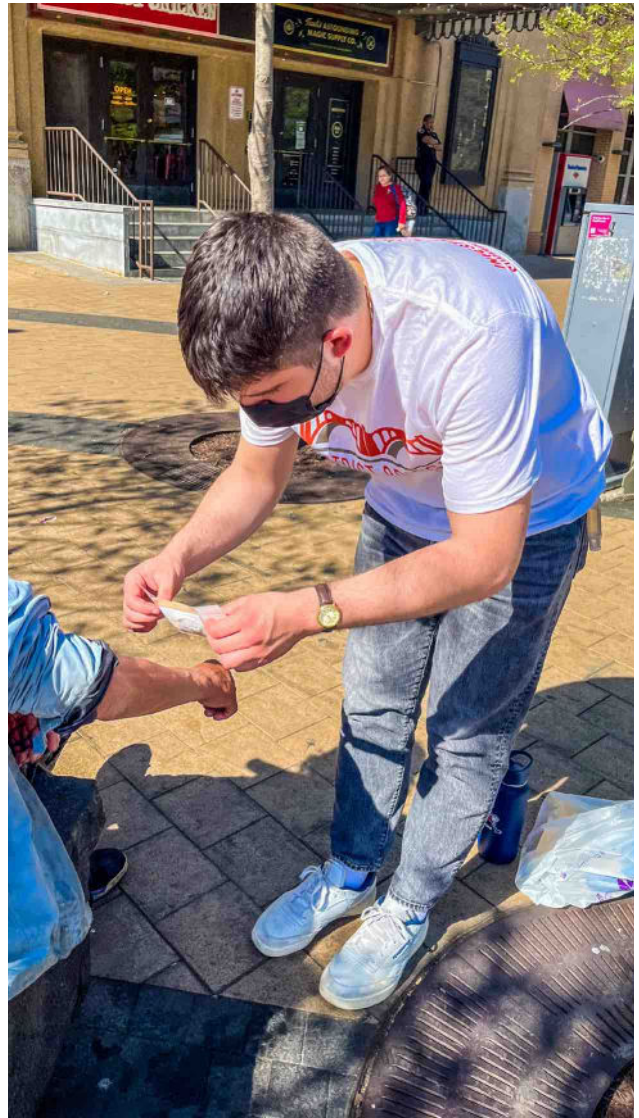
District Bridges began direct street outreach and connective social services in March of 2022, to date reaching over 170 Columbia Heights residents in need of support, through over 1,000 hours of outreach at the Civic Plaza. Through this work, we have made direct connections and provided logistical support and documentation for housing, legal, and medical services, have assisted individuals in 41 cases with obtaining identification documents, and have made direct connections in 67 cases of an individual wanting to enter withdrawal management. 24 Columbia Heights residents were successfully connected with in-patient rehabilitation for substance use disorder as a result of District Bridges connective services work during the pilot.

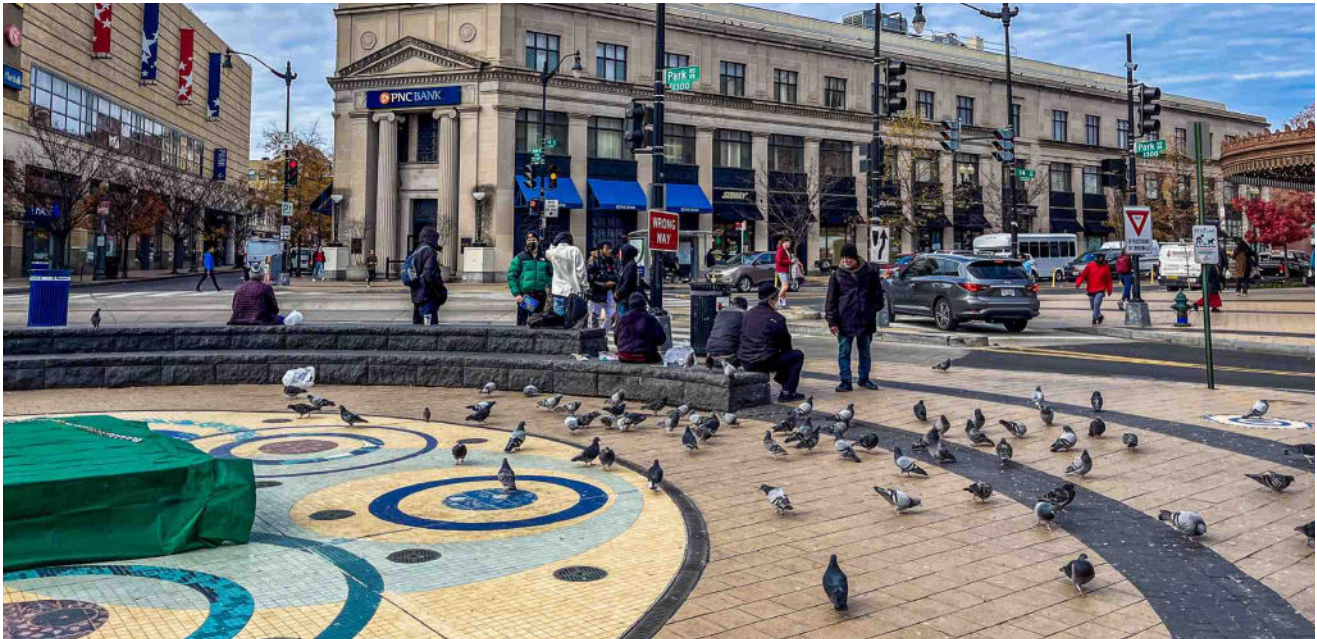


2. Goals and Strategy

The goal of our outreach and connective social service work is two-fold. By engaging in this work we gather insight into systemic gaps that limit access to a continuum of care for residents in need of support, in turn allowing us to advocate for long-term systemic change. At the same time we have been focused on tangible action in the present. Our community navigators work both to connect residents with existing services that can help address their needs, and to provide residents with specific direct services that reduce their level of vulnerability.

The primary focus of our community navigation work has been on helping residents access the city's resources for substance use counseling and treatment. This work requires our staff to maintain a consistent physical presence at the Plaza to build trust, background knowledge, compile case notes, and to be available in the moments when individuals are ready to seek support. One of the challenges in providing support to residents experiencing substance use disorder is that many do not have a phone or an address to visit them at, people may not remember or be physically able to attend appointments, and most people are not ready to seek support at any and all times. As such, consistency of outreach and accessibility are the two primary factors that have made this approach successful. Both of our community navigators are bilingual in English and Spanish and have focussed on understanding and becoming a part of the social ecosystem of the Plaza in order to be able to leverage the existing relationships in that space through a mutual support model that increases our capacity to assist more people. Because not all residents are able to keep a phone, we map relationships between residents and are able to effectively receive updates and reach people even when we are not able to be present in the space.

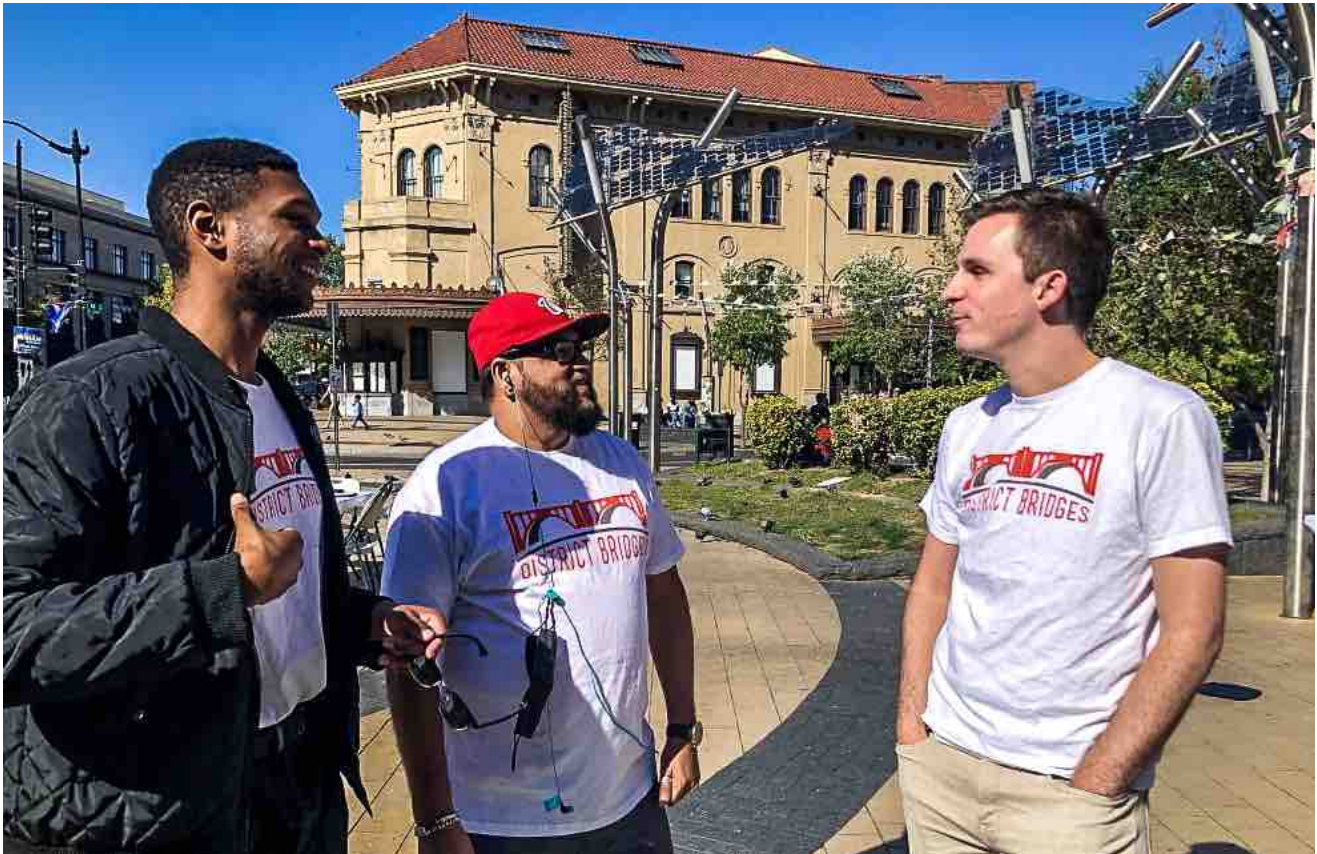




In contrast to other models of social service support and case management in which check-in attempts are required a certain number of times per month, by taking a place-based and outreach centered approach, our community navigators have been successful in maintaining regular contact with residents. This model has allowed us to act as crisis intervention and provide emergency level support on a case-by-case basis for residents experiencing severe mental health crises and who are in advanced stages of alcohol use disorder. On five occasions we developed and managed accountability of temporary care teams for individuals requiring a high level of support who were assessed as either presenting an extremely high risk to themselves or to others. Care teams involved combinations of staff from DBH, Miriam's Kitchen, Catholic Charities, Unity Health, Christ House, the DC Peace Team, various Assertive Community Treatment providers, family members, and the Pretrial Service Agency.



In addition to help accessing detox, rehab, and outpatient treatment and counseling, we have focussed on direct connections to other needed services such as housing, mental health support, medical care, SNAP/EBT benefits, health insurance, replacement social security cards, and immigration and non-immigration legal support. Building personal relationships and developing MOUs with service providers in these areas, we have been able to help cut through red tape and navigate through linguistic, cultural and logistical barriers such as access to phones and transportation. Additionally, with a grant from MOLA we have been able to increase provision of direct services including procurement of identification documents, often a requirement for access of other previously-mentioned services. Other common requests we have been able to accommodate include food, clothing, prescription pick-ups following hospital visits, metro card access, and assistance accessing veterans benefits.



H. THE PLACEKEEPERS PROGRAM: Consistency in Engagement

In 2022, District Bridges launched the Placekeepers Program in Columbia Heights as a way to engage residents across all of the major pillars of our work. The Placekeepers Program developed into a robust and hyperlocal gap network of resident volunteers and community partners that take part in localized projects on a consistent basis aimed at making their neighborhood safer, more accessible, and equitable for all.

The objectives of the Placekeepers Program are:

- to engage and sustain a community of resident volunteers in programming aimed at building an accessible, safe, and equitable community;
- to improve public safety through regular space activation and by drawing on existing neighborhood resources;
- to create and maintain a cleaner, healthier environment for everyone, inspiring all residents to become stewards of the neighborhood's physical landscape;
- to provide critical support to residents experiencing housing insecurity and SUD;
- to increase awareness of issues that affect residents experiencing housing insecurity, SUD and COD, allowing individuals and the community to feel more empowered to assist vulnerable residents in an emergency situation;
- and to foster and sustain intergenerational relationships between neighbors of diverse backgrounds who come together in service, community, and fun.

1. Community Clean-Ups and Event Support

One of the primary activities of the Placekeepers has been monthly neighborhood clean-ups in collaboration with partners like Viva the Life Realty, and local restaurants who sponsor happy hour specials for participants. During clean-ups trash grabbers, gloves and bags are provided, and residents work together to clean one area of the plaza or surrounding blocks.

The clean-ups have proven a successful way to engage residents and local families who can witness the tangible impact of their action in a short period of time, on the streets they walk every day, while meeting new neighbors.

Clean-ups have been most successful during the spring and early fall months when temperatures were most conducive to being outdoors.

The Placekeepers were also a critical element to the success of the community events at the Civic Plaza. With the number of activities that District Bridges brought to the space, volunteer support was crucial not only for logistical support with set-up and break-down, but for help spreading the word and coordinating with other local partners, such as the ANC, artists, performers and businesses.



2. The Neighbors Initiative

An off-shoot of the Placekeepers Program, the Neighbors Initiative engages local residents specifically interested in learning more about their neighbors who are experiencing SUD, mental health challenges, and housing insecurity at the Plaza. Volunteers participate in informal meetings to learn more about access challenges and about District Bridges community navigation work. Two successful elements of the Neighbors Initiative to date include regular community meal distributions and a Signal chat group for information sharing and assistance requests.

The meal distributions use food from local restaurants and offer an opportunity for local businesses to be actively engaged in community building efforts. Two of our meal distributions have also served as identification document screenings, where volunteers speak with residents who may need assistance obtaining identification documents and gather basic information for follow-up from the District Bridges community navigators.

The Signal chat group is a crucial element that allows us to increase our connective service capacity and respond to urgent matters. With only two full time community navigators, it

is impossible to know what is going on at the Plaza at all times, and it is not always possible to find a particular resident to follow up on a request for assistance. Volunteers who live and spend time near the Plaza are able to act as eyes and ears and share information, requests for assistance, or put residents at the Plaza in touch directly with District Bridges community navigators. Members of the DC Peace Team's Community Safety Unit at the Plaza are the most active partners of the Neighbors Initiative Signal chat, providing additional eyes and ears and compassionate and consistent support for residents at the Plaza.



KEY FINDINGS AND RECOMMENDATIONS

A. INFRASTRUCTURE AND PUBLIC REALM IMPROVEMENT NEEDS

1. Renovation Over Redesign

While planning for major future improvements is important for the survival of this public space, so is immediate action. District Bridges and Livable City Group believe that this is an important opportunity at a critical juncture in the neighborhood's trajectory. Where the public space once brought the neighborhood together, in its current state, it is pulling the neighborhood apart. Many things can be done now to stabilize and improve the plaza, the fountain, and the sidewalks of the Columbia Heights public realm.

Any public realm redesign should take into account what is working now, and not completely reimagine the space. As mentioned above, the neighborhood responded positively in 2009 to the introduction of the splash pad, and despite its severe state of disrepair, families do still come to use it in the heat of summer, a strong indicator that the feature should be replaced. While some property owners are tempted to do away with the Plaza seating, raze the landscaped beds, and partition the public space in a way that creates physical barriers between commercial storefronts and the public space, District Bridges argues that this would negatively impact the small business ecosystem of the neighborhood, and falls into undemocratic defensive space strategies championed by advocates for a traditional Crime Prevention Through Environmental Design (CPTED) approach⁷. Closing off the public space generally increases unwanted behavior, leads to increased private spending on security, and increases the risk of a discriminatory framework for enforcement that we already regularly witness on private property near the Plaza⁸. Alternatively, public and

private funding for expanded community navigation, stewardship, community events and activations, along with relatively minor infrastructure improvements would improve the neighborhood's perception of public safety, would invite increased foot traffic, and would promote a sense of community and connectivity.

There is a small but vocal group of residents who feel very strongly about replacing the grass on the landscaped beds, maintaining the original intended use of the terraces for neighbors to sit on and enjoy the fountain or watch community performances. With the addition of the landscaped beds to the city's rat abatement service contract, we believe the usability of this feature has been restored and we encourage the city's replacement of an accessible public toilet facility within a block of the Plaza in order to maintain a sanitary and usable green space. Important additional elements to consider adding to the plaza's infrastructure include greater shade canopy and a drinking water fountain. Additionally, we strongly recommend securing or replacing the original solar panels, which show signs of cracking and damage to structural integrity from the 2011 earthquake that impacted the city.



⁷ <https://www.baltimoresun.com/opinion/op-ed/bs-ed-op-0820-adams-urban-environmental-design-20210819-mlbjqtfnnbbvcnlb2kvmnapha-story.html>

⁸ <https://pdxscholar.library.pdx.edu/cgi/viewcontent.cgi?article=2071&context=honorstheses>

2. Public and Private Participation are Integral and Key

The most vocal proponents of a large-scale public realm redesign, including capital improvement projects and a reimagining of the Plaza, include developers who own some of the major commercial and residential properties in Columbia Heights. While many of their commercial and residential tenants have supported our work through the pilot, and while a few of the developers themselves have participated in stakeholder meetings and community forums, there has been little movement to respond to calls for private investment in the public realm. A persistent attitude exists that the city should fix everything, without a sense of social responsibility, or a recognition of the opportunity to invest in the success of the neighborhood. Millions of dollars a year are spent on private security, but the neighborhood's largest developer, based out of New York, refuses to even come to the table to discuss ways to invest in the overall health and economic vitality of the neighborhood. Appendix C lists property values and the amount that each developer would pay in a BID tax, if one were to exist in Columbia Heights.

On the small scale, just as the degradation of public space can adversely affect the adjacent businesses, the choices that commercial property owners make on their own properties

can also positively or adversely affect the adjacent public space. Private property owner decisions about ground floor uses, transparency of ground floor windows, and number and location of business entrances are some ways that the private sector can positively or negatively affect public space. Private sector buy-in, participation, and investment are key to achieving long-term success in the Columbia Heights public realm.

Similarly, buy-in from the city for any renovation or redesign will be integral to its success. Those involved in the original planning of the public realm remember a clear declaration from the city agencies that they would not be able to keep the space up. Jurisdiction for upkeep was not clarified, and in some cases was never assigned. While DGS has responded to maintenance requests on the fountain, nobody currently accepts responsibility for the upkeep of the splash pad. The Oregon-based architecture firm designed the space in the early 2000s without a clear enough understanding of the local community's future use of the space, and without buy-in from the local agencies that could maintain it. Learning from the past, any renovations and redesign of the public realm should therefore include clearly outlined maintenance contracts and an internal accountability mechanism.





B. SPACE ACTIVATION CHALLENGES

The neighborhood broadly supports increased activation of the Civic Plaza with free and accessible community events and activities. The ANC 1A has established an Events and Engagement committee with the goal of facilitating an event in the neighborhood each quarter. Many other community partners have expressed an interest in participating in events and in using the space for outreach tabling. The primary challenges to increased activation of the plaza are perception of safety and sanitation.

The most consistent and long-standing successful activation of the Plaza through the years has been the Columbia Heights Farmers Market, run by FreshFarm Markets. FreshFarm holds a year round market on Saturday mornings and a warm-weather Wednesday market in the afternoons from May through November. They are an important community asset addressing food access and food insecurity through programs like Fresh Match, which provides a dollar-for-dollar match on all federal benefits (SNAP/EBT, WIC and FMNP)⁹ spent at the market. During the summer of 2022, both safety concerns and sanitation issues threatened the sustainability of the market.

1. Safety and the Perception of Safety

With regards to safety and the perception of safety, fist fights do happen at the Plaza. Additionally, residents who sleep on the street almost always carry a knife for protection and there have been a handful of incidents in which residents have exposed knives or made threats. The DC Peace Team's Impact report from August of 2021 to December of 2022 (Appendix D) provides their team's quantitative and qualitative data on deescalations at the Plaza, including those involving knives. There have been a handful of more severe violent incidents that occurred at the Plaza during the pilot that our team is aware of, including one night-time stabbing that resulted in an arrest and charge, the assault on a disabled man by an off-duty private security guard using a makeshift blowtorch that resulted in an eventual indictment and conviction, the physical assault of a passerby who was kicked in the legs by a resident experiencing a mental health crisis that resulted in an emergency psychiatric hospitalization, and a brawl style fight involving private security and a group of men in which multiple people were arrested.



⁹ **Supplemental Nutrition Assistance Program (SNAP)** provides nutrition benefits to supplement the food budget of needy families so they can purchase healthy food and move towards self-sufficiency. The Special Supplemental Nutrition Program for Women, Infants, and Children - better known as the WIC program - serves to safeguard the health of low-income pregnant, postpartum, and breastfeeding women, infants, and children up to age 5 who are at nutritional risk by providing nutritious foods to supplement diets, information on healthy eating including breastfeeding promotion and support, and referrals to health care. The WIC Farmers' Market Nutrition Program (FMNP) is associated with the Special Supplemental Nutrition Program for Women, Infants and Children, popularly known as WIC. Eligible WIC participants are issued FMNP coupons in addition to their regular WIC benefits. These coupons can be used to buy eligible foods from farmers, farmers' markets or roadside stands that have been approved by the state agency to accept FMNP coupons.



Safety and the perception of safety in Columbia Heights more broadly is somewhat outside of the scope of this report, but the impact of gun violence, carjackings, and theft do influence the way that some residents perceive the Civic Plaza. The challenges faced at the Plaza differ broadly speaking from the challenges faced at other spaces close by, including the Metro Plaza, in that they are primarily attributable to mental health and substance use and often involve residents experiencing housing insecurity. As such, jurisdictional responsibilities for response to incidents at the space often do not match the community's expectation of law enforcement, which can lead to decreased feelings of security and a perception that nobody is doing anything about it. In March of 2023, District Bridges, with the support of several community partners, conducted an in person and online survey to gauge perceptions on space usage and public safety at the Plaza. The survey collected 107 responses and captured a diversity of experiences with and opinions about the Plaza. Notably, respondents reported feeling significantly safer during the day than at night and responded to questions about what they would like to see at the Plaza with requests for bathrooms, water fountains and tables/chairs to sit freely. A large number

of responses stated a need for security and for services for those in need. Appendix E provides a brief analysis of responses to the survey questions.

While the Metropolitan Police Department (MPD) employs community policing strategies in the neighborhood and has beat officers on the corridor who regularly engage with partners such as DBH's CRT outreach workers, the agency is generally hesitant to engage residents experiencing housing insecurity at the Plaza, noting that law enforcement is unable to address the root causes of most of the challenges faced by residents who use the space and that precedent, legislation and higher priority areas nearby hamper their ability to enforce things like public intoxication. Meanwhile the authority of private security and Special Police Officers (SPOs) employed by neighboring properties extends only on private property, not to the public realm. District Bridges has received feedback that the presence of the DC Peace Team and their yellow vests have increased feelings of security for residents who come to the Plaza during the farmers market and during community events. Additionally, we have witnessed the impact of the DC Peace Team and of their community-based approach, and recommend continued support to establish a more consistent presence at the Plaza. The Peace Team's model of unarmed civilian protection, through the creation of a Community Safety Unit, is focussed on de-escalation and intervention and complements District Bridges' community navigation model. Because members of the Peace Team are familiar with the space and spend time getting to know residents, they are able to help address some of the gaps in access to services by offering space for empathetic listening and by supporting information sharing among partners involved in the Plaza space. The Peace Team has been intermittently funded through short-term Building Blocks grants and funding from All Souls Unitarian Church, Fresh Farm Market and District Bridges, but overall lack sufficient funding to provide consistent support at the Plaza.

2. Sanitation

During the pandemic DHS had installed a porta-john and handwashing station at the Plaza, as was done at several locations throughout the city where increasing numbers of residents experiencing housing insecurity were spending time. The porta-john facility was in extreme disrepair by the summer of 2022, and the handwashing station was non-functional. Both were eventually removed. However, the absence of an accessible bathroom facility meant that large numbers of residents experiencing alcohol use disorder had few options other than to use the public space to relieve themselves. Many of these residents have no home and are disallowed from entering nearby establishments, including Starbucks, Giant, and Target.

With the summer heat, the smell of urine and feces created serious issues for the Farmers Market and caused established

event partners to pull out of events we had planned through our grant with DPR. We eventually decided to discontinue our children's programming series with the Mount Pleasant Library and our "Bubbles on the Plaza" series with Barbara Chambers Children's Center due to the unsanitary conditions. ANC 1A passed a resolution (Appendix F) in support of a replacement toilet facility and District Bridges advocated for a replacement with DPR, DGS and DHS. DHS confirmed that these temporary COVID facilities were being removed throughout the city as tent encampments were being dismantled. While the Civic Plaza was never a tent encampment, the agency informed us that they would not be replacing the facility.



Several city agencies and neighborhood stakeholders engaged in site visits and walk-about of the space to confirm the need for a toilet facility. As a result of those meetings, District Bridges recommends two interventions to address usability and public health during the coming summer months, which see the highest use of the space: the reintroduction of a basic, accessible and temporary porta-john, and increased power-washing. An ideal location for the replacement was identified half a block east of the Plaza on Park Rd. The location was confirmed by DPR to be on public right of way, has strong overhead lighting, is close enough to the Plaza that we believe it will be used by those who are unable to walk far, and is situated in a way that it would not interfere with the appearance or usability of the Civic

Plaza, the farmers market or the businesses near the Plaza.

The Clean Team responsible for the Columbia Heights Plaza currently has a regular schedule and budget to power-wash the plaza quarterly. Based on the recommendations of the Clean Team staff and other stakeholders, we put forth a recommendation for weekly power washing of the Plaza between April and November, and monthly power washing throughout the colder months. This schedule would maintain a healthier, more usable space for the community and in conjunction with the public toilet, and other community-driven interventions like the Stewardship Program, would also help keep the splash pad from clogging.

C. SUBSTANCE USE, BEHAVIORAL HEALTH AND HOUSING

1. Why the Plaza?

Residents, property owners, and ANC commissioners have all expressed a curiosity as to why the Civic Plaza appears to be the primary gathering spot for residents experiencing alcohol use disorder in Columbia Heights. The short answer is that many residents experiencing SUD, mental health challenges and housing insecurity come to the Plaza out of survival instinct. The Plaza is considered a safe space by many. It has excellent sight-lines and access on all sides. If you know you may need medical attention, positioning yourself to be seen and reached communicates a desire to survive. The Civic Plaza, situated between three major streets and less than two miles from both Washington Hospital Center and Howard University Hospital, is easily accessed by emergency services.

From a socio-cultural perspective, the majority of those who consistently spend time

at the Plaza are originally from Latin American countries whose towns and cities reflect European colonial design patterns with a central plaza facing a major church. The plaza in Latin America is the gathering place in a much less individualistic society¹⁰. Particularly for those who do not have strong family ties, the Plaza is a primary socialization space. Coming outside to meet your friends and hang out in public space is more common practice in Latin America, particularly for men, than it traditionally is in many US cities. For residents experiencing housing insecurity, socialization is survival. Those who sleep on the streets report always using a buddy system so that one person can safely sleep while the other remains vigilant. At the Plaza, many consider each other family. Almost everyone goes by a moniker, often one that demonstrates familiarity and endearment - "The Buddy," "Skinny," "Fatty," "Mexico," "The Horse," "The Doll," "My Pal."

¹⁰Gade, Daniel W. "THE LATIN AMERICAN CENTRAL PLAZA AS A FUNCTIONAL SPACE." Publication Series (Conference of Latin Americanist Geographers), vol. 5, 1976, pp. 16-23. JSTOR, <http://www.jstor.org/stable/25765558>. Accessed 16 Feb. 2023.

Residents express that there are limited options of places to safely spend time during the day when experiencing substance use disorder and housing insecurity. Several resources that used to exist in the neighborhood as places of respite during daylight hours are no longer around. These include Hermano Pedro Day Center at Sacred Heart Church, which closed in 2013, and Casa Ruby, which lost its funding in 2021. While DHS's Downtown Day Services Center is relatively accessible with a 30 minute direct route on the 54 bus or Circulator, residents at the Plaza rarely visit the Center, which is outside of the neighborhood and feels outside of their comfort zone.

Finally, residents come to the Plaza now because there is an unlimited supply of cheap hard liquor, provided on credit or shared among acquaintances. For a person experiencing chronic severe alcohol use disorder, it can be deadly to stop drinking without supervised withdrawal management. Many who have struggled with the disease for a long time, or who have other behavioral health challenges, have zero income and are unable to purchase liquor from a retail location. As outlined below, when residents do want to stop drinking, access to treatment presents a challenge.

2. Mapping Substance Use and Sale in Columbia Heights

The ecosystem of Columbia Heights as it relates to substance use and sale can be broken up almost block by block into distinct smaller ecosystems. The primary substance sold and consumed at the Civic Plaza is alcohol, more specifically half-pints of vodka purchased in bulk from the Cavalier liquor store and resold for \$3.50 each or 3 bottles for \$10. Some sale of K2 and prescription opioids, as well as tobacco cigarettes is also common at the plaza. Further up 14th Street, there are pockets of sale and use of marijuana and crack cocaine. The property around the Exxon gas station and the alleys off of Parkwood Place, the strip in front of PanAm Market, and the corner of Spring Road and 14th Street are hotspots for sale of crack. Heading south on 14th St near the Metro station, marijuana, K2 and crack sale is prominent. At the park in front of Sacred Heart Church on 14th Street primarily marijuana and K2 are sold, as is also true at the corner of Mt. Pleasant Street. and Kenyon Street. The Plaza and 14th Street from Park Road north to the PanAm is generally described as Latino territory for the sale of substances, while Parkwood Place and north, as well as the strip of 14th Street south of Park Road, is considered by most at the Plaza to be Black territory.

While we were not actively mapping trends in substance use over the course of the pilot, it is notable that there has been a steep increase of

crack usage among the population that spends time at the Plaza since late 2022. There are a few individuals reported as introducing broader use of the drug to a pocket population at the Plaza.

Because research conducted during the pilot has been primarily focussed at the Civic Plaza, where the overwhelming drug of choice is alcohol, and where Latino consumers outnumber consumers of other ethnicities or races, this section stresses two areas:

- access to treatment for alcohol use disorder;
- access to treatment and counseling support for alcohol use disorder and COD designed to meet the needs of Latino consumers whose primary language is Spanish.

Despite the focus on these two areas, it is important to note that the ecosystem of the Plaza as it relates to the residents who frequently spend time there is as diverse as any other pocket of residents that can be found on any other block of Ward 1 at any given time. People of varied ages, races and backgrounds spend time at the Plaza and engage in a variety of activities. As much talk as there is about activating the Plaza, in reality there is a lot going on there. It is a dynamic, active, and reactive public space, and residents encountered there have varied and unique situations and stories.



3. Mapping Substance Use Disorder Treatment Options

The two primary and overwhelming issues affecting the health and quality of life of Ward 1 residents who frequent the Civic Plaza are undiagnosed and untreated trauma, and chronic alcohol use disorder. Of the 170 residents for whom case notes were compiled, 169 self-report as experiencing alcohol use disorder. Almost all report experiencing varying degrees of depression and symptoms commonly associated with post traumatic stress disorder (PTSD). Resources for treatment for co-occurring disorders (COD) are extremely limited, access is challenging, and coordination of care is lacking. The different parts of the system sometimes work, but only in silos. It's rare that they work as a

holistic system providing anything close to wraparound services.

Successful treatment for individuals with a severe addiction to alcohol generally involves multiple steps: withdrawal management, also commonly known as "detox," followed by inpatient, or residential treatment, and then outpatient, or non-residential treatment and counseling, which may include 12-step programs, group counseling, or one-on-one therapy. Detox programs for alcohol generally last between 3 and 7 days. If an individual successfully completes the detox process, they may have the option of a step-down to a residential rehabilitation program, typically lasting 28 days¹¹.

¹¹ In March of 2022, the staff of RAP's residential program shared that the 28 day limit for residential treatment had been lifted at the request of DBH and the insurance companies, and that while most residents still choose to stay for 28 days because it's what they are used to, they are able to stay longer in residential treatment if desired.

For DC residents, there are three options for withdrawal management for alcohol use disorder:

- Regional Addiction Prevention Inc (RAP), located approximately 3.3 miles from the Plaza in Eckington, NE (Ward 5).
- Psychiatric Institute of Washington (PIW), located in approximately 3 miles from the Plaza in Tenleytown, NW (Ward 3)
- Howard University Hospital, located approximately 2 miles from the Plaza in Le Droit Park, NW (Ward 1)

There are 4 main options for residential rehabilitation in the city:

- Federal City Recovery Services, located approximately 9.5 miles from the Plaza in Congress Heights, SE (Ward 8)
- Regional Addiction Prevention Inc (RAP), located approximately 3.3 miles from the Plaza in Eckington, NE (Ward 5)
- Samaritan Inns, located approximately .8 miles from the Plaza in Columbia Heights (Ward 1)
- Clean & Sober Street, located approximately 4 miles from the Plaza near Penn Quarter (Ward 6)

As is outlined below, not all of these facilities are in reality accessible to residents at the Plaza, and the closest ones do not currently serve this population.

4. Barriers to Access for Alcohol Use Disorder Treatment

a. Beds

Access barriers to treatment for alcohol use disorder for residents who spend time at the Plaza are numerous. Capacity is one such barrier. It is common when we call RAP or PIW for there not to be beds, or to be told to try somewhere else. Even when patients are transferred to detox by DC Fire and EMS (FEMS), there often are not detox beds available at RAP or at PIW during the summer months of highest need. In a micro-survey during a high-use period between July 1st and July 20th of 2022, District Bridges and the DC Peace Team recorded 23 instances of individuals asking to be taken for detox and rehab treatment. During this period zero beds were available at RAP or PIW when we called. We did not attempt to take people to Howard during this period, as the intake process for the detox program is through the Emergency Department, and unless the resident is both accompanied by a community navigator, and is willing to wait often between 8 and 10 hours, they are unable to access the detox program. At all area hospitals, most residents who are intoxicated enough to require withdrawal management are not admitted, but are simply left to sleep it off for a few hours in the ED, and when they rise to use the bathroom, their

cot is given away and they are led outside. Some receive referral flyers to the above-listed substance use treatment options.

b. Language Access

Another primary barrier relates to language access, which is discussed in more depth in the section on Trends in Access Barriers below. The primary places where we see the impact of this on the people we work with at the Plaza is in options for residential rehab and options for outpatient treatment. There is only one Spanish speaking counselor in all of the 4 rehab options in the city.

Because of this, most of the 24 cases where we were successful in assisting someone from the Plaza in receiving a step-down to residential treatment were transferred to Federal City Recovery's 28 day program. Currently they are known among the relevant stakeholders as the only place with a live Spanish speaking staff member. In terms of outpatient treatment, La Clínica del Pueblo's Volviendo a Vivir Program is the only Spanish speaking outpatient treatment program in the entire DMV.

c. Access to Technology for Virtual-Only Treatment

While La Clinica's outpatient program works well for some, it is inaccessible to most who are living on the street. The primary barrier to access for residents experiencing housing insecurity is that since the start of the pandemic the program is fully virtual, with the exception of weekly in person urine tests. This necessitates participants to have access to a smartphone or computer and reliable internet access to join group sessions 3-5 times per week. Having a smartphone while sleeping in a shelter or outside presents a serious risk for many, especially for those experiencing substance use disorder who may become easy targets for theft and assault. Therefore, for those at the Plaza who sleep outside or at the winter shelters while awaiting a voucher for permanent supportive housing, this program is inaccessible, and so, upon successful completion of a 28 day residential program, most are unable to receive additional treatment support. Most of La Clinica's participants are either living with family, or are in housing programs at La Casa Transitional Rehabilitation Program¹² or Christ House¹³. A virtual program arguably works better for those who have stable shelter and access to the internet, since they are more likely to be working and are able to attend classes and hold a job at the same time since they can sign on from anywhere. However, ideally there needs to be an in person option or additional low barrier transitional housing or shelter options in the neighborhood equipped to support virtual participation through a partnership with La Clinica.

La Casa's Transitional program can be described as having a high barrier to entry, requiring an appointment and a lengthy and stringent screening process. Because the program does not have internal medical or

psychiatric care or evaluation, and because many residents who are seeking transitional housing are experiencing co-occurring disorders including depression, anxiety and PTSD, anyone entering the program must have already been evaluated, diagnosed and have at least a 30 day supply of medication. Those with no known diagnoses are usually required to go seek diagnoses at a primary care facility or hospital with a behavioral health and psychiatric provider and to come back once they have medications in hand. This of course necessitates a person to have health insurance and in many cases means a months-long wait for a psychiatric assessment.

In essence, for access to housing, whether transitional housing at La Casa or an assessment for eligibility for permanent supportive housing (PSH), participants have to remain sober. So a person who has come out of a rehab program who is not immediately housed in an environment with reliable internet and access to technology, has to remain sober on their own until they can get access to housing and have the safety to access other supports like a phone. This gap between the long term treatment and maintenance of sobriety and access to stable housing is the loop that so many get caught in. Over time it acts as a demotivating factor for those who are considering detox and rehab, but do not yet have housing lined up.

¹² La Casa Transitional Rehabilitation Program provides transitional housing for English and Spanish speaking homeless men to help them achieve self-sufficiency. Serving up to 40 men, the primary objective is to assist residents in finding employment and moving into permanent housing.

¹³ Christ House, located in the Adams Morgan neighborhood of Ward 1, is a 24-hour residential medical facility for homeless persons with a medical respite program. Patients of Christ House are offered case management, medical care and substance use treatment in a familial, yet hospital-like setting. Like other residential programs, patients must remain on the premises during their stay at Christ House.

d. A Disjointed and Difficult to Navigate Referral System

Navigation of the referral process is another barrier. Because different levels of treatment are offered at different institutions and in different parts of the city, and because coordination between these entities is lacking and referrals are often necessary, residents are often not able to get from step A to step B. In 2023, La Clinica's program began accepting direct referrals and walk-ins to the program. Prior to that, access was limited to those who had received a referral through DBH's Assessment and Referral Clinic (ARC), part of their Addiction Prevention and Recovery Administration (APRA). ARC is located in Ward 5, is walk-in only, fills up fast, is understaffed, and has very limited Spanish speaking staff capacity. While ARC has been able on more than one occasion to send a car to pick residents up from the Plaza, addressing an important transportation barrier encountered in other situations, the process through ARC has often not led to a successful referral. While PIW technically accepts walk-ins, they prefer residents to come through ARC, in which case they are supposed to be guaranteed a bed. However, twice we had residents go through ARC who were turned away at the door at PIW due to an apparent shortage of beds. Another major challenge we face with ARC is that residents are given a breathalyzer test, and if their blood-alcohol content (BAC) is over a certain level, ARC protocol necessitates their transfer via ambulance to the ED so they have access to emergency care in the case that they experience seizures, delirium tremens or other potentially fatal complications of withdrawal. The frequency of transfers from

ARC to the ED has led us to avoid bringing people to ARC in many cases as it only perpetuates a cycle in which a resident who is ready to seek treatment, is denied a referral to withdrawal management or rehab, is instead sent to a hospital ED where they are left to sleep it off, and are then turned back out on the street. This type of barrier adds a level of mistrust and a sense of hopelessness for those who have made multiple attempts at recovery.

Most people from the plaza who enter detox do so by direct transfer from DC Fire and Emergency Medical Services (FEMS). FEMS has a protocol in place as of March, 2022, where they are required to transfer stable, ambulatory patients experiencing intoxication to RAP (if a bed is available), as opposed to the hospital emergency rooms, meant to alleviate overcrowding in the EDs. As of May of 2022, FEMS' and RAP's self-reported statistics indicated that 36% of first 120 patients transported to RAP through FEMS had moved on to extended withdrawal management or longer term rehab management, though they were unable to specify what was meant by extended withdrawal management (possibly over 24 hours). This statistic did not appear to reflect the experience of individuals at the Plaza, who often return to the Plaza from RAP, PIW, and the hospitals within a few hours. Residential rehab programs also require a direct referral in the form of a step-down from detox, or a transfer from ARC.



Through our experience navigating this system with multiple residents, it became clear that the default was for people to leave after detox with no step-down, and that residents had to be able to persistently and proactively advocate for the step down if they wanted it. While it is true that many who end up in detox, do not desire a step-down to rehab or may leave detox against medical advice, we noticed a clear shift once we began accompanying residents through their detox intake, and began advocating for the step-down process. In our first four months at the Plaza, zero residents we sent to RAP or PIW for detox were transferred to rehab. After we began accompanying people and had held meetings with staff at the detox facilities it became much more common for residents to receive a transfer to Federal City, or for English speaking residents to be offered a bed in RAPs residential rehab program. In June of 2022, after a meeting between District Bridges community navigators and the staff of RAP, 4 Spanish speaking residents from the Plaza completed withdrawal management at RAP

and were offered and accepted a step-down to residential treatment at Federal City.

Anybody who works a job trying to navigate DC's social service ecosystem will tell you right off the bat, it's not what you know, but who you know that matters. The implications for access in this type of system are many. Case managers swap contacts with those on the inside because public-facing numbers won't get you what you need. Institutional knowledge and relationships are few and far between and success is dependent on personal connections between case managers, nurses, receptionists, and outreach workers. As a result it takes new case managers time to learn how to navigate, and in a field with extremely high turnover rates, potential collaborative pipelines have to be built and rebuilt every time staff changes occur. For a resident trying to navigate the system on their own, particularly in a language they have not mastered, and often while intoxicated, experiencing withdrawal symptoms and mental health challenges, it's near impossible.

5. Other Challenges Related to Substance Use Disorder

a. The Implications of "Behavioral Health"

Continuing to look at macro systemic challenges, but from a less tangible perspective, a persistent, inaccurate and uninformed public perception and attitude about alcohol use disorder and those who suffer from it continues to be an overwhelming barrier. Alcoholism was classified as a disease in 1956 by the American Medical Association (AMA). In 2011, the American Society of Addiction Medicine (ASAM) defined addiction as a chronic brain disorder, rather than a behavior problem, or simply the result of making bad choices. Substance use disorder can be caused by a combination of behavioral, environmental, psychological and biological or genetic factors, and it involves physical changes in the brain and body. (Footnote) And yet, most residents do not view those at the Plaza with the same compassion they hold for neighbors experiencing other medical disorders and

diseases. This is important for a number of reasons.

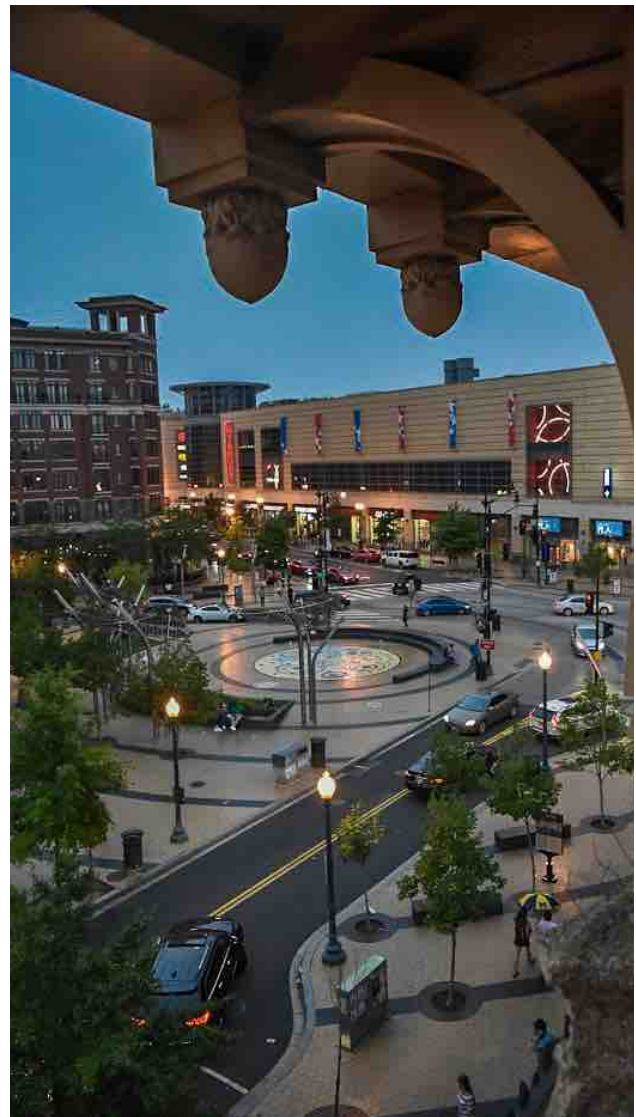
A lack of public understanding presents a very real danger to those experiencing substance use disorder. The Commissioner of ANC 1a 06, covering the single member district where the Plaza is located, shared concerns many times about residents who have expressed potential threats of violence in reaction to frustrations around the use of this space. There was one recorded incident during the pilot of severe unprovoked violence directed at a resident experiencing alcohol use disorder for which the aggressor was convicted of assault with a dangerous weapon. Additionally, it creates an unnecessary barrier of misunderstanding that further prevents more residents from engaging in the space for positive activities. In a context where alcohol use disorder is

seen as a choice, the conflation of ideas about violent crime throughout the city with unlawful public intoxication lead to the conclusion that the majority of those who are experiencing alcohol use disorder are criminals who don't care about the neighborhood.

The term "Behavioral Health" emerged in the 1980s and was a way of incorporating regularly co-occurring disorders of mental health and substance use disorder under one umbrella. While it certainly makes sense to study, consider and treat mental health and substance use disorder together, the fact that substance use disorder falls under the purview of an agency called the Department of Behavioral Health, does have implications. People associate behavior with choice and the suggestion is that those at the Plaza are there because they are choosing to drink until incapacitated and are choosing not to seek help. This perception is much worse with alcohol than with other drugs simply due to the fact that recreational alcohol consumption is much more widespread than is the use of crack cocaine, K2, or heroin. There are many people who use alcohol in their daily lives who do not suffer from alcohol use disorder and so it is easier to attribute other people's addiction to the drug as related purely to choice and behavior, rather than consider continual use in the context of disease and chronic co-occurring disorders. The vast majority of residents we interacted with at the Plaza during the pilot have been experiencing alcohol use disorder for between 10 and 30 years. Most have sought treatment numerous times.

In the same way that there are many residents who continue to believe that the majority of those experiencing housing insecurity choose to be homeless, the idea persists that those who are not in recovery do not want to seek treatment. This in turn has negative effects on systems of social support for people who might otherwise receive more encouragement and logistical support from family, neighbors, communities of faith and even social service providers. Our team interacted regularly, especially during the summer months, with FEMS staff dispatched in response to 911 calls

to the Plaza. While many showed patients compassion and respect, it was also common for FEMS staff to become frustrated at the frequency of calls for cases they deemed to be non-critical or non-life-threatening. Staff commonly made comments revealing their anger at potentially not being able to respond to more urgent matters while treating people who are passed out at the Plaza "by choice." Through numerous conversations we were able to learn more about their concerns and frustrations and developed a working partnership with several staff. However, the treatment of individuals experiencing chronic alcohol use disorder by FEMS, as well as by ER nursing staff, was often couched in disgust and anger at the choices that the individual was making.



b. Alcohol Use Disorder vs. Substance Use Disorder

When we talk about terminology and the way that alcohol use disorder is classified, we encounter another factor affecting access to resources for treatment in a very tangible way. You almost never see the term alcohol use disorder. Rather those whose primary drug of choice is alcohol must access resources from programs aimed at treating substance use disorder. Many of the 169 individuals who self-reported at the plaza as experiencing alcohol use disorder also use or have used other substances. However, every single one of them reported alcohol as their primary drug of choice, and the majority describe alcohol as the cause of their housing insecurity and of their use of other substances. When we first started working at the Plaza we were given many leads on clinics and programs offering treatment and counseling for substance use disorder. In fact, the ecosystem of entities engaged in SUD treatment and prevention in the city is quite vast. However, of all of those, only the ones discussed above offer services for individuals experiencing alcohol use disorder. There is only one program in the city currently where you can receive residential rehabilitation treatment for alcohol use disorder with live Spanish language staff and there is only one program in the city currently where you can receive non-residential treatment for alcohol use disorder if your primary language is Spanish. Only the latter is located in Ward 1.

There is no shortage however of partners offering Narcan training for opioid overdoses. Within our first month of the pilot we had been offered training at least 6 times by 6 different partners. It's commendable that the city has put so many resources towards prevention and treatment of opioid addiction and the access to emergency prevention of opioid overdoses is important for so many Ward 1 residents. At the same time, when all types of SUD are grouped together, an increase in funds for SUD, does not equate to an increase in funds or services for alcohol use disorder, and may in fact lead to a decrease in programmatic capacity for prevention and treatment of alcohol use disorder. A federal campaign to address

opioids, means DBH is contracting providers specifically for those services. Small clinics and nonprofits in many cases do not have the capacity to offer non-reimbursable services for alcohol use disorder prevention or treatment, particularly to Spanish speakers. Providers that typically engage with residents experiencing homelessness or with the Latino community, including Unity Health and Mary's Center, are listed as DBH SUD treatment providers, but only offer medically assisted treatment for opioids and other non-alcohol specific behavioral health and SUD treatment services.

The disbursement of resources should go where it is most needed. However we strongly encourage and recommend increased studies on the incidence of alcohol-related fatalities among DC residents experiencing chronic alcohol use disorder. Overdose deaths from substances like opioids are relatively easy to count, whereas, for various reasons, the cause of death for those experiencing alcohol use disorder may often be recorded as something else. Our team is aware of 5 confirmed fatalities of residents who regularly frequented the plaza between February of 2022 and February of 2023, all caused by complications from chronic alcohol use disorder. Of those five, two died in hospital, two died at the Plaza, and one traveled back to his home country and died within weeks of departure. All had been sick for a long time, but there is no statistic we are aware of that accurately tracks these deaths. Among other medical complications related to alcohol use disorder, many of those in end stage alcohol use disorder are living on the street and may succumb to weather-related factors or physical assault. It would be important to record the underlying alcohol use disorder that put them in a situation where they became vulnerable to those other factors in order to be able to effectively advocate for proper resources.

6. Mapping Non-SUD Specific Mental and Behavioral Health Needs and Service Access

Undiagnosed and/or untreated acute, chronic and complex trauma are all prevalent among the population of residents spending time at the Plaza. While impossible to summarize the breadth of traumatic experiences and symptoms reported by the individuals we have interacted with in the space, common experiences include domestic violence and childhood abuse, assault and emotional trauma incurred as a result of being unhoused, anxiety, depression, and PTSD as the result of living through war, and the death or other loss of loved ones. A large number of residents at the Plaza lived through war and other forms of persistent, recurring violence in Central America before arriving in the US, and despite having lived with that trauma for decades, have never received counseling or treatment. Some have never had the opportunity to speak about their experiences at all. Many express experiencing trauma from living without documentation and being unable to return to their home countries to see family. Others report complex trauma due to years of SUD, living on the street, incarceration or alienation from children and other family members. Common symptoms observed and recounted include persistent crying, general depressive mood, lack of motivation, severe lack of self-care, self-harm, flashbacks, anger management challenges, and in several cases hallucinations. These symptoms and conditions were observed by our team, were described to us by the individuals experiencing them, and were shared with us by medical and psychiatric care professionals during evaluations. Additionally, there are residents at the Plaza that are experiencing other forms of severe mental health challenges for which our team is neither trained to identify, nor which were disclosed to us as medical diagnoses. Examples of manifestations of these challenges include impaired cognitive ability, erratic behavior, and on a few occasions physical violence.

An unknown number of residents at the Plaza are connected with mental and behavioral health services. Some residents are aware that their symptoms and SUD may be linked to trauma and do not consider therapy or counseling to be a viable option. However, at least 11 individuals during the pilot specifically requested help making a first-time appointment with a mental health professional for issues not specifically related to drug or alcohol rehabilitation. Unfortunately, during the time period mentioned, we were not able to connect a single one of those with appropriate care. There are four local options where Ward 1 Latino and Spanish-speaking residents are most often referred for mental and behavioral health services not related to SUD treatment: La Clínica del Pueblo, Unity Health - Upper Cardozo Clinic, Whitman-Walker, and Mary's Center. La Clínica del Pueblo is no longer taking new patients. When attempting to schedule new-patient appointments at Unity Health and at Mary's Center, we encountered wait times of 8-12 months, and complications scheduling without insurance. Whitman-Walker's services are limited to LGBTQ+ individuals, and they have only been able to schedule medical appointments for transgender patients to assist with hormone therapy, but are not taking new patients for mental or behavioral health.



7. Mapping Housing Needs and Access

Not all residents who spend time at the Plaza and are experiencing SUD are also experiencing housing insecurity. We were not able to capture an estimate of the number who are, partially due to inconsistent definitions and interpretations of homelessness and housing insecurity, but there are a significant number of residents at the Plaza who have been assessed for eligibility for permanent supportive housing and other city-subsidized housing over the past two years.

The provider responsible for housing outreach through the city's Comprehensive Street Outreach Network in Columbia Heights is Miriam's Kitchen. They have been able to assess eligibility for housing resources, successfully connecting at least 31 residents from Columbia Heights with housing vouchers, and offering a spot in the PepV program to all of those while waiting for an apartment. Miriam's Kitchen has one bilingual (Spanish-English) housing outreach worker who visits the Plaza and together with District Bridges navigators, is the most consistent outreach presence in the space.

It is important to understand that assessment for housing, using the District's common assessment tool, the Vulnerability Index - Service Prioritization Decision Assistance Tool (VI-SPDAT), is only the first step in the process. Many residents at the Plaza end up waiting up to a year or more after assessment to be matched with a voucher. Once matched, the process can still take several months or longer as they contend with a scarcity of case managers and wait for sometimes cumbersome and slow processes of inspection of potential apartments. For those who are undocumented, a separate

funding stream and structure can translate to fewer landlords willing and able to offer units. In the past 12 months we have seen only a handful of residents who frequent the Plaza successfully move in to permanent supportive housing.



The PepV Program, which has stopped taking new referrals in anticipation of the dissolution of the program in 2023, was not an effective option for the majority of people from the Plaza. Initially the Program included a hotel in Dupont Circle, and a number of residents were successful in staying there for several weeks, however when that hotel stopped participating in the Program and residents were transferred to the Skyline Hotel in Anacostia and the Arboretum Hotel off New York Ave, NE, most residents from the Plaza left the program immediately. The PepV staff at the hotels, run by DHS, had extremely limited Spanish speaking staff which caused communication issues. Residents also were unable and unwilling to stay that far away from the neighborhood where they have lived for years. Some were unable to travel back and forth for work, socialization or other reasons as they are not provided metro cards or access to transportation, with the exception of pre-approved medical appointments. The hotels also implemented curfews with residents having to be back at the hotel between the hours of 7pm and 9am, which for many homeless residents, especially those with SUD, is not a schedule that is easy to follow.



8. Access to LGBTQ+ Services

There are multiple residents at the Plaza who identify as transgender and who would benefit from a group living situation in a neighborhood that could provide a safe environment with wrap-around services specific to the LGBTQ+ community. Several residents we have met at the plaza used to live at and receive support services from Casa Ruby, which lost its funding in 2021. While most transgender residents who spend time at the Plaza are housed, in several cases they are not receiving adequate, if any, case management. LGBTQ+ residents are at a higher risk of being victims of violence in the District¹⁴ and

accessible resources and safe housing options are hard to come by. As mentioned previously, Whitman-Walker health clinic was only able to offer hormone therapy to the transgender residents we work with, but were not accepting new patients for general medical appointments, mental health appointments, or for legal immigration cases. Residents reported not receiving adequate services in these areas or for substance use support at La Clinica's Empoderate program, though a few are connected with case management and have received testing and vaccination services there.

D. OTHER SOCIAL SERVICES AND COMMUNITY NEEDS

1. Identification Documents

a. Why IDs Matter

IDs are extremely important in terms of access to services and institutions. There are several places throughout DC that provide various forms of "homeless IDs" or non-official photo IDs for people who otherwise wouldn't have access to one. Unfortunately, these serve an extremely limited purpose. To open a bank account, access health insurance and other benefits, apply for or renew immigration benefits, or access permanent supportive housing, an official ID becomes important. In a more abstract way, every time someone receives an ID, their demeanor changes. This small thing is many times the only personal possession a resident experiencing housing insecurity may have other than the clothes they are wearing, and for some it reminds them of the life they were living a year or two ago, and that provides hope and momentum.

Several residents from the Plaza have wanted to open bank accounts but have not been able to for lack of two forms of Govt issued ID. Bank accounts are important for residents who might be in transition and



trying to get off the street. Anyone with cash on them who is sleeping on the street is extremely vulnerable. Many residents from the Plaza work as day laborers when they are not using alcohol and are paid in cash. Bank accounts can also be a way for residents to obtain proof of residency necessary for access to local benefits (including DC IDs - Catch 22!), and also for immigration benefits.

¹⁴ <https://dcvlp.org/domestic-violence-peaks-more-than-ever-for-the-lgbtqia-community/>



b. Challenges obtaining Passports and Consular IDs

Of the foreign-born residents for whom we compiled case notes during the pilot, most are originally from El Salvador. Obtaining a passport or consular ID for Salvadoran citizens, requires scheduling an appointment online or via phone, getting to the Consulate (located in Silver Spring, MD), and paying the cost of the documents, which varies and increases with each replacement due to loss, theft or damage. The cost for a Salvadoran passport is generally between 60 and 80 dollars, with a fine of \$160 by the second replacement. For those who have never had a Salvadoran Consular ID, an original Birth Certificate is required and must be sent from a family member in El Salvador, or ordered online from the municipal office located in the town or city of birth of the resident. Generally speaking, with the assistance of a community navigator, this

process is relatively accessible compared with other country consulates. The consulates of Mexico, Guatemala and Honduras in particular are very difficult to navigate, have few open appointments available online, or require multiple visits and waiting in line for hours at a time. In most cases we have only been able to obtain appointments at the consulates of Mexico and Honduras with the help of community partners who provided personal connections to consular staff members. The biggest barriers overall to accessing passports and consular IDs for residents experiencing housing insecurity at the Plaza include cost, ability to physically get to appointments, and ability to schedule appointments and navigate the system.

c. Challenges obtaining DC IDs

Many service providers are completely unaware of this process and of the documents needed to obtain an ID. Part of this is because many of the residents at the Plaza do not have a social security number (SSN), and that is often only the case for Latino consumers, so only service providers that work predominantly with that community are aware of the extra form that's required to replace the SSN. Additionally, requirements have been changed several times by the DMV and there does not appear to be any inter-organizational, or intra-organizational mechanism to make sure service provider staff are re-trained or updated on this information.

The DMV has a "homeless ID" option which functions the same as any Limited Purpose Non Drivers DC ID, but has different required documents to get around the barriers of having to show multiple forms of proof of residency in DC. Despite this, we've still encountered challenges. Residents still must provide two forms from a list of DMV accepted Social Service Providers acting as Proof of Residency for unsheltered residents. To prove six months of residency in the District, one of these forms must be from at least 6 months ago, so residents have to hold onto the forms and remember to return for a second one before going to the DMV. Additionally, with the introduction of the REAL ID, requirements changed. Many residents at the Plaza have a social security number and lawful immigration presence, however they have lost or allowed their immigration documents to expire. For several of them, they are unable to renew them now but technically still have a social security number and lawful status. What this means is that they are technically neither eligible for a REAL ID (because they can't prove their SSN and legal immigration status), nor are they eligible for the Limited Purpose ID, for which you have to sign a form stating that you have not been assigned a SSN. Essentially, DMV rules were not written with the nuances of immigration in mind, residency regulations for DC IDs are strict, the Limited Purpose Non Driver homeless ID option is still inaccessible to many, especially

without someone to walk them through it, and individual staff at the DMV may not fully understand which ID a resident is applying for and so deny their application.

In two cases we worked with unsheltered residents who wanted to replace or renew a lost or expired drivers license. What we discovered is that if you are homeless in DC, you cannot legally drive once your existing license expires, is lost or stolen. This is because the only ID available to residents who cannot provide four proof of residency documents listed on the DMV website is a limited purpose non-driver ID (the above mentioned "homeless ID"). You cannot apply for or renew a drivers license using the Social Service Proof of Residency Certification Form so if you don't have an address, or have not had one for over 6 months you are not able to apply for or renew a license. This was a barrier for both residents in applying for jobs that might have helped them secure housing.

The Office of the Chief Technology Officer (OCTO) began offering DC One ID Cards as a consolidated credential designed to give children, adults and seniors access to DC government facilities and programs, including public schools, recreation centers, libraries and the Metro. While many documents are required in order to obtain a DC One Card, the agency maintains a partnership with EOM and approved DHS providers, allowing those providers to vouch for an applicant by attesting to their homeless status and inability to provide the required documentation. Through this process Miriam's Kitchen and other partners have been able to obtain DC One Cards for many residents at the Plaza. Unfortunately, almost everyone complained that the name on their ID was misspelled or completely incorrect which invalidated them for many of the uses that these residents need them for such as employment or opening a bank account.

1. Immigration and Non-Immigration Legal Assistance

Roughly a quarter of the individuals we have met experiencing alcohol use disorder at the Plaza are undocumented. Most people we work with at the Plaza are either US Citizens, Lawful Permanent Residents, or have Temporary Protected Status (TPS)¹⁵.

What has proven complicated in a number of situations, is the number of residents who technically still have immigration status (do not have an order of removal and do have a social security number), but who failed to renew their green cards or Temporary Protected Status due to their housing insecurity and/or substance use disorder, and are unsure whether they can safely apply to renew them now. It is common for those who have been living on the street and experiencing substance use disorder for decades to have some history of arrest or criminal conviction, and in some cases this can not only disqualify them from renewing their status, but to proactively attempt to reconcile their status through a renewal application can potentially flag them for removal from the country.

Obtaining or maintaining lawful immigration status is beneficial for residents experiencing housing insecurity for a number of reasons, including access to an employment authorization document, access to benefits such as SNAP/EBT and Medicaid, access to federal funding streams for housing, and for some it provides hope of being able to travel and see family members.

District Bridges Community Navigators established a relationship early on with the Central American Resource Center (CARECEN-DC)'s immigration legal department, and have referred at least 19 cases to the Columbia Heights partner. Because many residents from the Plaza do not have access to their immigration records, criminal records, or their Immigration Alien Number, a Freedom Of Information Act record request is often the first step in order to determine how best to proceed. The direct relationship between CARECEN and District

Bridges allows our Community Navigators to conduct a pre-screening directly with residents and provide CARECEN's staff attorneys with information required to request the FOIA, or to determine eligibility for a potential immigration benefit over the phone or via email.

In several cases CARECEN has advised residents from the Plaza to seek counsel from a crimmigration attorney - a specialty with knowledge of both immigration law and criminal law. There are no organizations or legal associations offering this speciality pro-bono in the District and so we have had to seek pro-bono support from private law firms in Maryland and Virginia. During the past year 6 individuals have sought assistance from District Bridges Community Navigators with family law matters. All of these stated that the court appointed attorneys were non-responsive and/or did not speak Spanish. The two public defenders we were able to get in touch with in fact spoke no Spanish and shared that they had had difficulty finding an interpreter to work with them.

In both of these cases residents from the Plaza were being denied their rights to see the children because of communication/language complications and did not have access to legal counsel willing to work with them or to explain to them their options. We connected with the DC Bar Pro Bono Family Law Assistance Network and Ayuda in three cases, and while intakes were completed, both groups opted not to take the cases.

¹⁵ It is important to note that residents with TPS are not eligible for SNAP benefits or stimulus checks.



Newly Arrived People who are Migrating

During the summer and fall of 2022 we began to encounter recently arrived individuals who had been bussed to DC from Texas and Arizona. Over the span of a few months, we recorded meeting 14 people at the Civic Plaza who had arrived within a week of the encounter, all of whom had recently traveled to the US seeking asylum and were of Venezuelan origin. Of those we met at the Plaza, 12 expressed no plans of an alternate final destination outside of DC, and were seeking assistance with housing, employment and other services, including identification documentation, and immigration legal support. In September of 2022, Mayor Bowser established the DC Office of Migrant Services (OMS) to address the specific needs of this population. While we were able to assist one family in connecting with temporary housing assistance through the Virginia Williams Family Resource Center, as of February

2023 there is no housing support available for recently arrived single adults to the District outside of the city's regular shelter system. The newly hired Director of OMS was responsive even during her first week in the office, but was not able to provide any additional resources for housing at the time. The 14 individuals who we met at the Plaza had been directed to the neighborhood of Columbia Heights to connect with Latino social services, including legal immigration support at CARECEN, and photo IDs at the Spanish Catholic Center. Those who had been assisted on immigration matters have court dates between 2 and 3 years out and were networking with residents around the Plaza to try to find opportunities for employment and housing while waiting on work permits.

2. Employment

There are many barriers to employment for residents experiencing substance use disorder at the Plaza, and most are unable to be addressed through traditional workforce development and job support programs. It's hard to hold a steady regular job when you don't have a place to live (nowhere to go home to shower, change, keep your things or money, address to open bank accounts etc.). Residents who are not actively drinking at the Plaza, or who come to the space to sell or participate in other areas of the informal economy, cite housing as a major obstacle.

Additionally, it is near impossible to hold a steady regular job when you are experiencing alcohol use disorder. The majority at the Plaza have been experiencing alcohol use disorder for a long time, are unable to hold down jobs and will likely continue to be unable to do so without effective intensive treatment and long-term supportive treatment options that include wrap-around services. We often see residents employed for a short time, but when they relapse they usually lose employment.

For men who are undocumented, jobs are fairly limited to restaurant work and day labor in DC. Those who work as day laborers in DC do so mainly by seeking employment at the Rhode Island Ave Home Depot in Ward 5. The parking lot of the Home Depot and surrounding areas resemble the Plaza in many ways, and alcohol use is prevalent, as is theft and assault. Trabajadores Unidos recently opened a Workers Center near the Home Depot, and UPO has offices in the area, but generally speaking, services for day laborers are underfunded and understaffed.

The few who come to the Plaza primarily to work have shared that they have a hard time working for others, and that they are able to earn enough in the Plaza environment to support their basic daily needs. Those who work in the informal economy at the Plaza are involved in reselling clothes, shoes, hygiene and household products, as well as selling alcohol, cigarettes, and pills to chronic consumers at the Plaza. There may also be residents at the Plaza who engage in sex work, but these interactions largely happen in other spaces, not at the Plaza.

E. TRENDS IN SOCIAL SERVICE ACCESS BARRIERS

1. Language Access

Across the board there is a huge concern regarding lack of bilingual Spanish-English speaking social services staff working with Spanish speaking residents in DC. The "essentiality of cultural and linguistic competence and trauma informed care among providers" is recognized as a priority area for action in the DC Health Matters Collaborative, 2022 Community Health Needs Assessment¹⁶. DC's language access act "obligates the DC government to provide equal access and participation in public services, programs, and activities for residents of the District

of Columbia who cannot (or have limited capacity to) speak, read, or write English¹⁷." While the language access line is helpful in certain situations, its efficacy when working with residents experiencing SUD and mental health challenges is minimal. Many providers have zero Spanish speaking staff, while others may have a single position filled, and it is not for a lack of awareness or effort to hire on the part of the provider. The same issues outlined below around hiring outreach and case management staff more generally affect the bilingual labor supply.

¹⁶ Community Health Needs Assessment, District of Columbia, 2022. DC Health Matters Collaborative. pp52. June 2022, www.dchealthmatters.org.

¹⁷ DC Office of Human Rights <https://ohr.dc.gov/service/know-your-rights-language-access>

Examples of barriers encountered during the pilot related to language access include:

- Only one Spanish speaking staff member at the DHS-run PepV program Hotel in NE DC, and zero at the DHS-run PepV hotel in SW DC, at the time of the writing of this report the only two PepV options. This created all levels of miscommunication and discomfort for plaza residents in those programs, the majority of whom opted out and returned to living on the street.
- No Spanish speaking staff at RAP's withdrawal management program. RAP has implemented use of DC's Language Access Line to try to remedy this and currently have a Spanish speaking intern, but the Language Access Line is minimally effective when a patient is intoxicated and it is almost impossible for residents to advocate for themselves in that situation.
- In various treatment locations, miscommunication can be exacerbated by a prevalence of non-Spanish speaking staff for whom English is not their first language. It is common in hospitals, clinics, and treatment programs to find nurses, doctors and other staff for whom neither English nor Spanish are their first language. Attempting screenings, intake, counseling and support when one person is intoxicated, and when both parties are speaking a language with different accents presents many challenges.
- Catholic Charities, one of the primary housing case management providers who have been assigned to many residents at the Plaza, were unable to hire a bilingual case manager during a 6 month period during the pilot. This meant many residents who had already been matched with a voucher and in some cases were already housed, were receiving no case management support. When fully staffed, Catholic Charities Permanent Supportive Housing program has 20 case managers, but during those 6 months their only Spanish speaking staff member was the program Director, who eventually had to take on several cases on top of her regular workload.
- Recently all Spanish speaking consumers who go through RAP and get a step down have been transferred to Federal City (one of four residential rehab programs in the city). Federal City is the only provider with Spanish speaking staff currently, and even they only have a single Spanish speaking counselor. Several residents at the Plaza noted that this counselor being of Salvadoran origin has played a factor in their success in completing the program.

2. Race and Cultural Barriers to Access

Race is a giant elephant in the room when it comes to social service access in Ward 1. There is a deeply ingrained and historically reinforced racial tension between some black residents and some Latino residents in Columbia Heights and Mount Pleasant that few people want to speak openly about. Race relations, concepts of race, the way people talk about race and think about race exist in a different context in many of the countries of birth of many residents at the Plaza. On top of that, many Latino residents at the Plaza lived through the riots in Mount Pleasant in the 1990s and ongoing

clashes between Black, Latino, and Afro-Latino (Caribbean) youth in the neighborhood from the 70s through the 90s. Some of those tensions persist today in different forms. Many residents experiencing housing insecurity have been a part of violent interactions that they attribute to racial dynamics, and many who carry these experiences and biases also report being the recipients of biases and discrimination at government agencies, and at social service providers that are not specifically serving the race, culture, or community they identify with.

Beyond language and race, there are cultural nuances that matter in terms of accessibility and efficacy of services and treatment programs. Examples include gender dynamics, voice intonation, ability to understand country-specific cultural and geographic references and vernacular, and food. Many residents at the Plaza have reported that they did not want to stay in detox, rehab or PepV hotels because of the food, and that lack of access to Latino food, which is so easy to get in Ward 1, impacted their success with treatment.

Latino service organizations such as CARECEN, La Clínica del Pueblo and the Spanish Catholic Center have traditionally been so successful in the community for these reasons. When people feel understood they are able to connect with their providers and become more vulnerable. For this reason it is our strong recommendation that the city fund alcohol use treatment programs, a day shelter and transitional housing programs targeted specifically to Latino adults in Ward 1. Institutions already exist that are well positioned within the community to become providers of these services. They include places like Unity Health, La Clínica del Pueblo, the Spanish Catholic Center, Sacred Heart Church, Mary's Center and Neighbors Consejo, some of whom used to run alcohol treatment and shelter programs.

3. Case Management Labor Supply and Accountability Challenges

Throughout the appreciative inquiry process of the Plaza Pilot, almost all partners who are engaged in outreach and case management shared frustrations with hiring and keeping staff. Included among these partners are DBH's CRT, various ACT providers, DBH's ARC and Mobile Crisis Unit, Catholic Charities, and Miriam's Kitchen. All cited similar reasons and a notable shift since the pandemic, which has led to fewer potential candidates willing to work full-time in-person jobs. Staff of UDC's Bachelors in Social Work Program also cited increased safety concerns post-pandemic as a reason that fewer people are interested in entering on the ground, outreach and case management work. Potential candidates trained in social work with higher levels of experience and competency often opt for higher paying jobs that do not include street outreach and case management. Licensed Clinical Social Workers generally opt for

clinical practice. Those who do work in the field often burn out very quickly due to the nature of the work, which is physically and emotionally taxing, and because the scarcity of case managers has led to unsustainable case loads.

Beyond labor supply, there are also issues with accountability. Many (though not all) case managers and ACT team service providers who have been assigned to residents at the Plaza appear to do the bare minimum. Miriam's Kitchen case management is exceptionally strong and appear to be the outlier. Others are generally not providing comprehensive case management support or meeting the requirements of in person outreach and touchpoints. In some cases this is due to staff capacity, but in others it appears to be an accountability issue. According to several partners, DBH evaluation criteria for ACT providers include things like "attempted contact," but do not mandate or monitor what qualifies as an attempt. For residents without phones or fixed addresses, place-based intensive outreach is often the only effective means of providing consistent contact and care. Partners agree that a shift towards a more outreach-centered mentality in case management is necessary, but also challenging given the post-pandemic landscape of labor supply outlined above. The few outreach workers who have been at it long enough to remember DBH's previous model of mental health service centers, cite the shift toward contracted core service providers as the most detrimental in terms of provider accountability. Again, the system is too siloed and bureaucratic with little uniformity in terms of provider deliverables and non-existent coordination and communication between contract providers.

DISTRICT BRIDGES NEXT STEPS: Community Powered Interventions, Resource Brokering, and Boots on the Ground

It is our belief that all of the recommendations outlined in this report are actionable in the short to medium term. At the same time, we recognize that systemic change and the tangible results of these actions can take time. As an organization with a strong pulse on local perceptions, needs and desires, District Bridges also recognizes that Ward 1 residents are frustrated and want to see change now. Residents experiencing SUD want more accessible systems of support; families want clean, accessible public spaces to take their children to play; senior residents want to be able to spend time outdoors with access to water, shade and bathrooms; business owners want neighborhoods that

promote health and safety for their staff, increased foot traffic and overall economic vitality. By mapping the neighborhood ecosystem we have been able both to advocate for change where gaps have been identified, and also to take action with the community in the present. It has been the goal of this pilot both to plan, and to do.

Using the lessons gathered and relationships built through the work outlined in Section II of this report, we propose the following strategies and interventions as the best way to move forward with continued and expanded grassroots community-based action.

A. INFRASTRUCTURE AND PUBLIC REALM IMPROVEMENT NEEDS

It has become clear through the execution of the pilot program that a community navigation program built on consistent outreach and relationship building is the most effective immediate path forward to increase access to social services for Ward 1 residents experiencing SUD, mental health challenges, and housing insecurity. It also became clear, almost immediately, that the program must expand to include additional navigators in order to meet the extensive need of the community. Service providers engaged in housing case management report that an ideal caseload is approximately 15 cases per staff member, but that the average right now throughout DC is closer to 50 cases assigned to each case manager. Within a year at the Civic Plaza we had encountered 169 residents experiencing SUD who require case management and we continue to meet new residents every week in the space. Our team has received requests for outreach in Mount Pleasant, further up 14th Street in Columbia Heights, at the Columbia Heights Metro Station, and on Georgia Avenue.

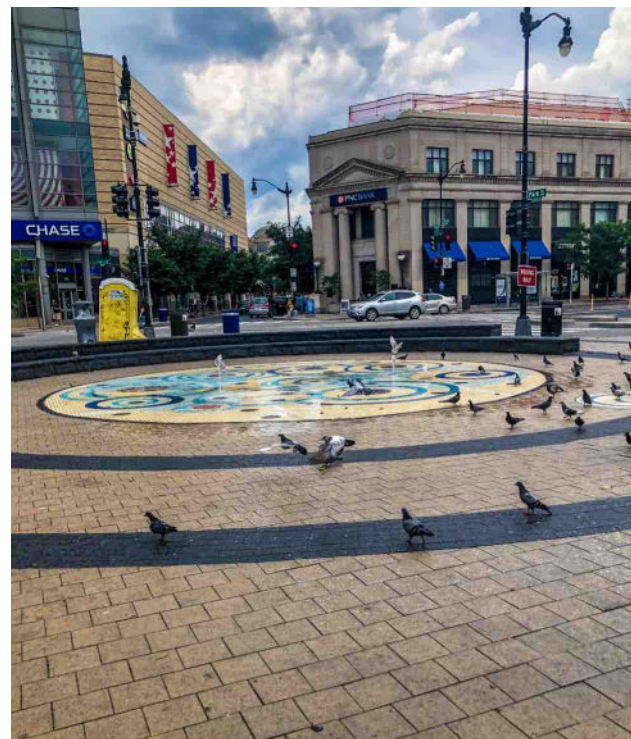


1. What makes this model unique?

The navigator model developed at the Plaza is different from outreach, case management, and navigation as it currently exists in the city. This navigation model is local, targeted, consistent, linguistically and culturally accessible, and is based on meeting people where they are, both physically and emotionally. More importantly, it is born of grass roots, not bureaucracy, allowing the program to quickly adjust and evolve to meet changing needs, and to truly take the unique needs and situation of each individual resident as the starting point, rather than trying to fit everyone into a pipeline that is inaccessible and ineffective for many. Our navigation program works with residents, defined with the broadest stroke as neighbors who live in a place. As such we are not constrained to working with residents as patients, consumers, clients, policy-holders, United States residents, or residents of the District of Columbia, who must prove themselves eligible through one criteria or another.

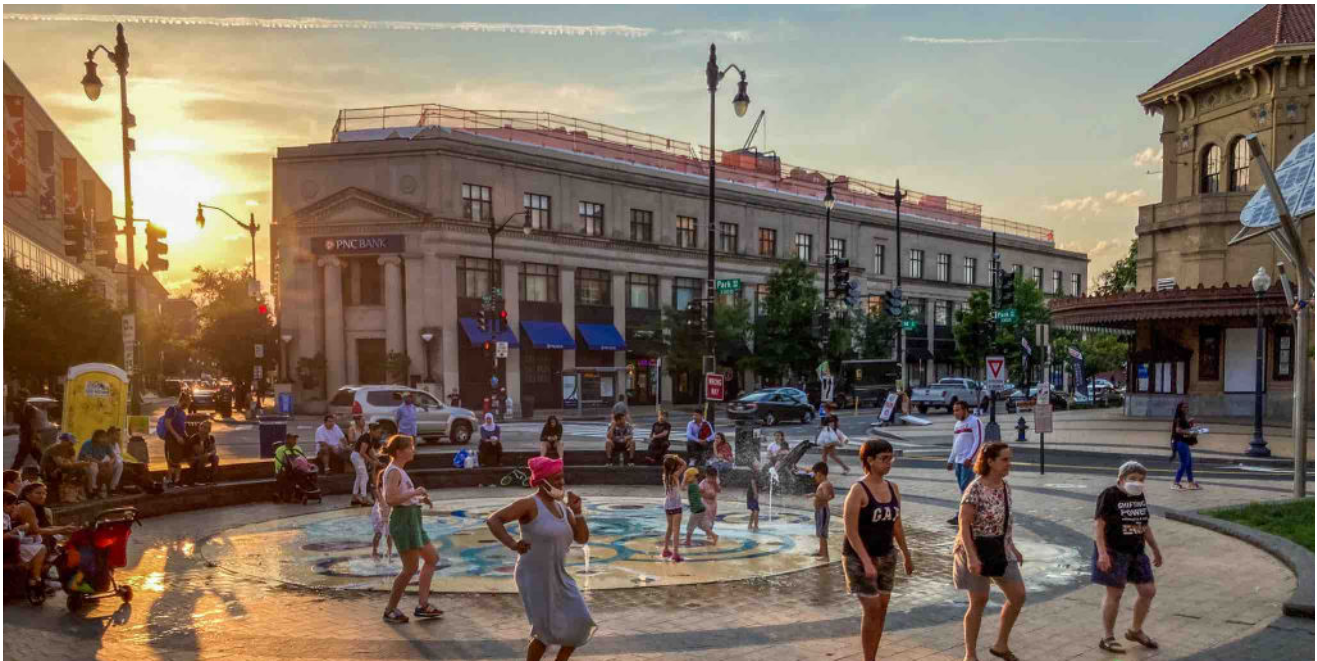
As we have seen through the example of the PepV program, innovative city-wide solutions often have great success for some members of the target population, while failing to meet the diversity of need throughout the city. When DHS creates programming to address homelessness, it understandably does so hoping to meet the needs of the largest number of DC residents. That programming is not likely to be equally effective in every neighborhood throughout the city. When DBH begins a campaign to address an identified behavioral health need, it must prioritize the most urgent needs of the city as a whole, which may differ from the needs of a particular neighborhood. The agencies try to address hyperlocal needs by contracting community based partners. However, the majority of community based organizations engaged in SUD, mental health, and housing insecurity receive the bulk of their programmatic funding as contract providers with these agencies and therefore exist within the systems, programs and deliverables determined by city-wide

priorities, not neighborhood-level needs assessment. Programs are built based on funding, not the other way around. Similarly, the agencies can be constrained by the capacity and mission of existing community based partners. For example, the DC Prevention Center for Wards 1 & 2, funded by DBH and housed at the Latin American Youth Center, does incredible work on community education and prevention related to youth and families, with a particular focus on opioid prevention, but it is not resourced to address alcohol prevention, use and treatment for adults in the community more broadly. While no program can be expected to meet the needs of each Ward and each resident equally, the specific and diverse needs of Spanish speaking Latino residents in Ward 1 who experience SUD, mental health challenges, and housing insecurity have not been taken into account to the degree that reflects the extent of need. An expanded community navigation program seeks to address the inequalities identified through the pilot program and defined in this report.



Ward 1 has a large population of Spanish speaking residents born in Central America and the Caribbean. While Columbia Heights and Mount Pleasant continue as the hub of service providers targeted to these residents, competition for funding and the evolving needs of residents who migrated decades ago, has meant that many of these organizations fall short of meeting the needs of the most vulnerable, who now must contend instead with city-wide systems that were not designed for them. The navigation

program developed during this pilot is able to work with Latino service providers in Ward 1, filling in gaps in outreach, accompaniment, logistical support, and case management, as well as to help to navigate the web of services offered through the city and the coordination of all of these elements together on a case by case basis. This is not a model that currently exists anywhere else in Ward 1, and having witnessed its success in the pilot, we continue to advocate for its expansion.



2. Goals of expansion

Our goal for the coming year is to quadruple our staffing capacity to be able to provide increased navigation throughout the Columbia Heights and Mount Pleasant neighborhoods where District Bridges currently runs the Main Street program. 8 dedicated navigators would offer more robust support to residents and existing social service providers through outreach, relationship building, and connective services targeted to the Civic Plaza, at La Esquina and Lamont Park on Mount Pleasant St., at the triangle park in front of Sacred Heart Church, and on 14th St from the Columbia Heights Metro north to Spring Rd. Continuing to take a place-based outreach approach that targets multiple public spaces throughout the

Ward, we recognize that people do not live in a bubble, but rather move freely between different areas of the neighborhood and of the city.

The next phase of our community navigation seeks to establish additional institutional relationships and contracts with service providers who are not currently serving these residents, but who have the infrastructure to do so, as well as with other neighborhood stakeholders who have the capacity to share in the collective accountability, investment and stewardship of the overall health and wellbeing of the neighborhood and its residents.

B. CONTINUED COORDINATION AND RESOURCE BROKERING

1. The Ward 1 SUD Working Group with CRT

Even with expanded navigation, no organization can meet all the social service needs of Ward 1 residents on its own. As outlined above, collaboration has been foundational to everything we have done throughout the pilot and is at the core of District Bridges mission as an organization. Throughout the pilot we have successfully built relationships with key SUD prevention and treatment providers. In the coming year we plan to build on the successful partnership developed with CRT to revive a version of the agency's pre-pandemic outreach consortium. Since District Bridges is well positioned to coordinate the consortium and provide the administrative support required to create a meaningful and action-oriented network of Ward 1 service providers, we will be co-hosting the Ward 1 SUD Working Group beginning in March of 2023. With this working group we will be able to shift from an informal model of individual relationships between colleagues in service provision, to a hybrid model of individual and institutional relationships that will provide a foundation for sustainable coordination and collaborative intervention moving forward.

Ward 1 service providers have attempted many coalitions over the decades, but few have successfully implemented this hybrid model. A focus on institutional relationship building often results in an accumulation of aspirational MOUs with no actionable joint projects. In other instances it culminates in an ineffective referral network of non-profit reception areas that display programmatic fliers from partner organizations, and front desk staff that pass out referral sheets with outdated contact and programmatic information. The challenges with networks built on individual relationships between service providers are referenced earlier in this report, but primary among them is high staff turnover in the social service sector. What has been missing is a coordinating element, capable of broad based resource brokering with the capacity to carry out the administrative elements of a sustainable coalition, and that is what District Bridges proposes to do with this working group.

2. A Sobering Center Advisory Group.

In addition to the Ward 1 SUD Working Group with CRT, District Bridges hopes to lead an advisory group in the pre-planning phase of the Park Road sobering center. With the projected location of the sobering center only a half-block from the Civic Plaza, we are best positioned to ensure that the facility is designed to meet the specific needs of the population who would most benefit from it, and to loop in all of the relevant stakeholders with whom we already have established relationships. A primary goal of the advisory group

would be to include the population that the facility is meant to serve in every stage of the project's planning and implementation to increase its overall effectiveness. Additionally, we would attempt to use the group to manage public expectations around the sobering center, helping to educate the neighborhood on what a sobering center is and what it is not, increasing community buy-in and setting the framework for a community resource that functions as a connected part of the community in which it is located.

C. EXPANSION OF THE STEWARDSHIP PROGRAM AND NEIGHBORS INITIATIVE

The third area where we plan to grow our ecosystem efforts is through increased community engagement. Expansion of the stewardship program and the neighbors initiative will allow us to continue to support a more connected community, while simultaneously addressing challenges with trash, landscaping, and the general physical maintenance of our public spaces and the streets surrounding the Columbia Heights commercial corridor.

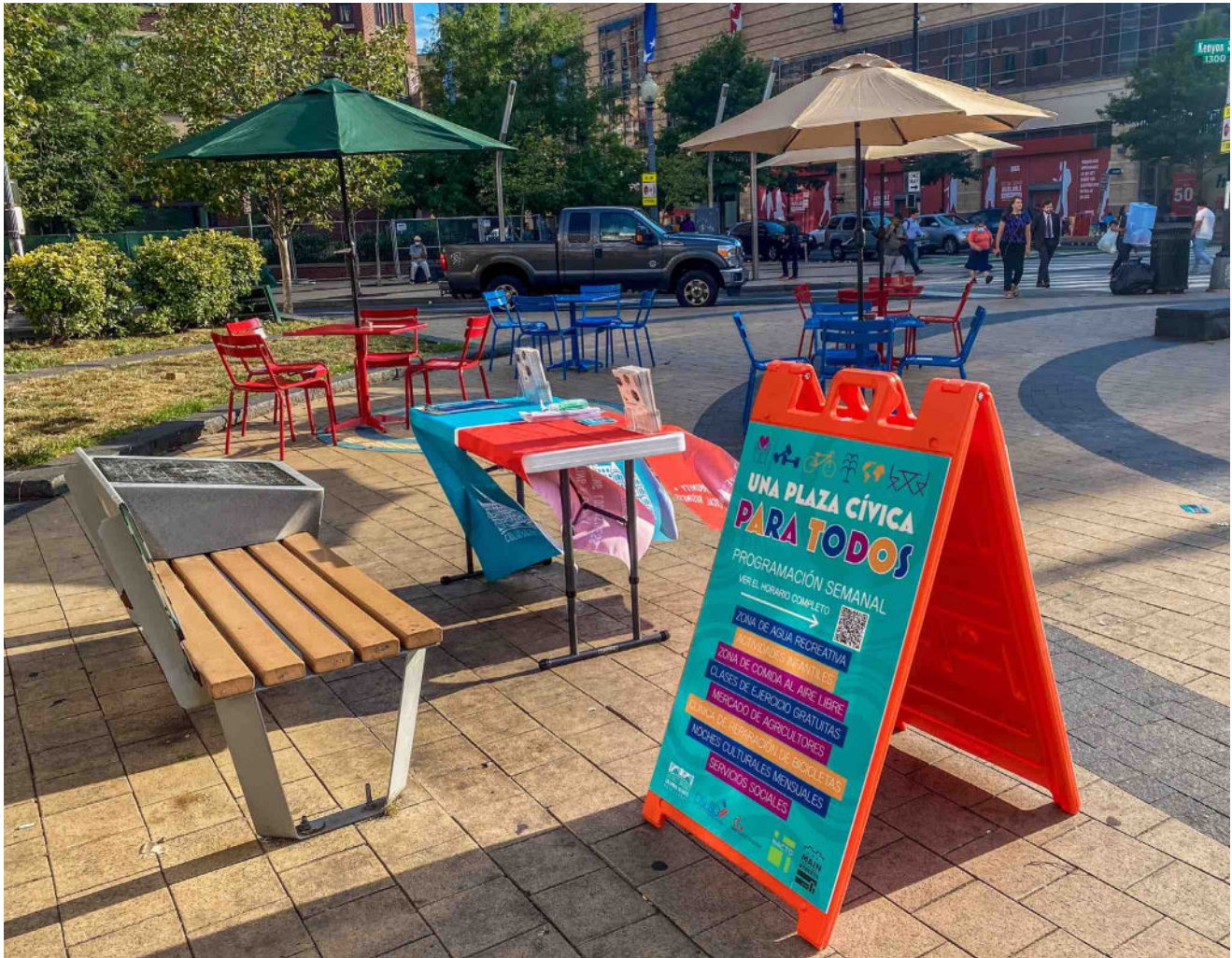
1. The Stewardship Program Expansion

In the spring of 2023 District Bridges will begin a targeted campaign to discourage feeding of pigeons at the Plaza. Senior residents living in the immediate vicinity of the Plaza often visit the space multiple times a day with bags of bread to feed the pigeons. While these residents have good intentions, the feeding contributes to unsanitary conditions, encourages rats, and clogs the spray jets of the splash pad. When it rains, waste from pigeons, which commonly carry a variety of diseases, runs into the children's fountain and contributes to blockage of the spray jets and hazardous conditions for those wanting to use the splash pad. The "Don't Feed the Pigeons" campaign will include a multi-lingual

flying campaign and durable temporary signage educating the public about the health hazards and the ecological consequences of feeding the birds. The campaign will employ resident volunteers and the Plaza Stewards with the goal of engaging the community in the solution.

District Bridges has reached out to various assisted living facilities near the Plaza, as well as community partners working with senior residents, and is prioritizing finding ways to invite older neighbors to participate in the stewardship of the Plaza and to feel welcome in the space. Senior residents are an important part of the neighborhood ecosystem and elements of the current design of the Plaza, including ample sturdy seating, encourage these residents to come spend time outdoors among the community. We hope to be able to partner with organizations such as AARP to provide a more welcoming space and more opportunities for collaboration with this demographic. Additionally, we will expand the stewardship program by leveraging our relationships with businesses along Park Road west of 14th Street, to supplement the work of the Clean Team and provide targeted clean-ups and landscaping support to businesses along the entire block.





2. Growth of the Neighbors Initiative

The rapid success of the neighbors initiative is a testament to the desire of many Ward 1 residents to become more involved in their neighborhood, to seek out community connection through service-based projects and events, and to learn more about the place they live. The neighbors initiative is intentional about harnessing resident frustrations, fears, concerns and desires towards collective action, while simultaneously leveraging the diverse human capital of the neighborhood to create opportunity and change. Working with the ANC and a newly established Small Business Community Partner Network, the neighbors initiative will expand the frequency and scale of its community meals at the plaza, and will work with other local partners on drives and distributions to benefit the neighborhood.

Our goal is to grow participation in the neighbors initiative by 30% over the next year and to work with partners to facilitate training opportunities for neighbors in active bystander intervention, recognizing and responding to neighbors in need of emergency care, and in connective social service discreet tasks, such as accompaniment and ID screening. We also strive to establish a more diverse membership in the neighbors initiative by partnering with local faith based organizations and other groups with an established volunteer base representative of the neighborhood.

APPENDICES

The appendices listed below can be accessed via the hyperlinks included in the online version of this report at www.districtbridges.org/columbia-heights-civic-plaza-for-all-fy23-report

Appendix A: Estimate for completed tile restoration of the Resonance Mosaic Fountain

Appendix B: Budget estimates for recommended short and medium term public realm improvements, including replacement of the fountain/splash pad

Appendix C: Assessed Values of Columbia Heights properties, including projected Business Improvement District (BID) taxes for the neighborhood's largest developers

Appendix D: The DC Peace Team, Columbia Heights Plaza, Community Safety Unit: Full Report Data Sheet

Appendix E: Analysis of District Bridges' Civic Plaza Usage and Public Safety Survey

Appendix F: ANC 1A Resolution Requesting Replacement Outdoor Toilet Facility for the Columbia Heights Civic Plaza

A copy of this report is available online at
<https://www.districtbridges.org/investing-in-community/columbia-heights-civic-plaza-for-all>

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