

RANKING FACTOR 1: LEADERSHIP CAPACITY

1. System Challenges: The District of Columbia has been working tirelessly to end Veteran homelessness. The District was one of the first CoCs to have a by-name registry and allocate to VASH, locally-funded veterans' PSH resources, and the SSVF program through its coordinated entry system, know locally as Coordinated Assessment and Housing Placement (CAHP) system. However, one of the last hurdles for the community was the integration of the VA-funded GPD programs into the CAHP system. According to Federal partners, the District was the first community to tackle this head on; the CoC launched a 100-Day Challenge to jumpstart the work with GPD partners to modify the way beds were used and to fast track integration into the CAHP system. CoC leadership and stakeholders held a pre-meeting with GPD Executive Directors to build support among the provider group and allow them to take the lead in this effort. As active leaders on this effort, GPD providers were able to drive innovation while ensuring that their own program goals were being met. The District held a subsequent workshop with front-line staff from GPD, SSVF, VA, HUD CoC, shelters, and other community providers to set 100-day goals to: 1.) Permanently house the Long-Term Stayers (LTS) in the GPD programs. 2.) Increase entry rate into GPD from shelters and the street; 3.) Increase overall exits from GPD to permanent housing; 4.) Reduce average length of stay through bridge housing practices; and in just 100 days, the District made significant progress on integration. It: 1.) Increased exits from GPD to permanent housing by **13%**; 2) Reduced median length of stay by **12%**; 3.) Assisted nearly half of the long-term stayers to move into permanent housing; 4.) Modified the program model used by key providers to support a gap in our system (i.e., bridge housing); and 5.) Trained GPD providers and helped them retool business processes so that every Veteran entering GPD completes a VI-SPDAT assessment and can be quickly matched to a

permanent housing resource. The District has housed over 2,400 Veterans since the start of its Veterans Now initiative and is closing in on “functional zero.” This work serves as an important foundation for the CoC’s work to end homelessness among all populations – including youth.

2. YHDP Lead Agency: (2.a.) The Community Partnership for the Prevention of Homelessness (TCP) will serve as the YHDP Lead Agency. (2.b.) TCP is a non-profit organization that fills the following roles in the District of Columbia CoC: Since 1994, **Collaborative Applicant:**

Pursuant to a formal joint agreement between the Government of the District of Columbia, HUD, and TCP’s Board of Directors; Since 1999, **Prime Contractor for the management and**

oversight of the District-funded CoC: TCP was selected via a competitive procurement process as the District of Columbia’s Prime Contractor for management and oversight of the District-

funded CoC, with local investments valued at over \$100 million; Since 2000, **HMIS System Administrator;** and since 2014, **Administrator for the coordinated entry system,** locally

known as the Coordinated Assessment and Housing Placement (CAHP) System, serving unaccompanied youth (including minors and youth), unaccompanied adults, and families with

children (including families headed by youth). (2.c) TCP’s lead staff person for the YHDP will be, Thomas Fredericksen, Chief of Policy and Programs. Mr. Fredericksen is a member of

TCP’s management team and is authorized to make decisions on behalf of the organization; he is also TCP’s primary liaison to the CoC and CoC Governance Board. Mr. Fredericksen manages

TCP’s Policy and Programs Team, which includes HMIS staff, data analysis staff, and CAHP

staff. (2.d.) TCP will dedicate 30 staff hours, weekly to the YHDP: 15 hours will be contributed by the CAHP Administrator who will serve in a community and project coordination role and 15

hours will be contributed by a Data Analyst who will serve in an evaluation and program

monitoring role. (2.e.) TCP’s experience in initiatives designed to prevent and end youth

homelessness are as follows: 1.) TCP has conducted the CoC's Homeless Youth Census since 2015. The Homeless Youth Census is a youth-specific count that helps the community better understand the scope, and circumstances, and causes of youth homelessness and provides data to inform the community's decision making about the allocation of new resources to address youth homelessness; and 4.) TCP has used its federal and District resources to implement new and innovative programming for homeless youth. Two examples include, Project LIFT (which we will discuss later in the application) and the Iona Whipper Home. The Iona Whipper Home provides transitional housing to pregnant and parenting youth aged 18 to 24. Program participants live in a supportive community setting with a broad spectrum of services where they achieve stability and make meaningful gains in their housing, income, and employment.

TCP is supported in its work by the District of Columbia Interagency Council on Homelessness (DCICH) which functions on the CoC Governing Board. The Executive Director of the DCICH is located in the Executive Office of the Mayor and reports directly to the Deputy Mayor for Health and Human Services and the City Administrator. Additionally, the DCICH Policy Advisor focused on implementing *Solid Foundations DC*, the District's strategic plan to end homelessness, supports TCP's youth homelessness work.

3. CoC Support for the Lead Agency: In 2005, the DC Council enacted the Homeless Services Reform Act (HSRA) which established the DC Interagency Council on Homelessness (DCICH). The DCICH serves as the CoC Governing Board and consists of cabinet-level leaders within the DC Government, the Lead Agency/Collaborative Applicant and HMIS System Administrator, homeless system providers, advocates, homeless and formerly homeless community members, developers, and other private sector partners, DC residents, and other stakeholders who come together to inform and guide DC's strategies and policies for meeting the needs of individuals,

youth, and families experiencing homelessness in DC. The DCICH/CoC Governing Board consists of five standing committees - Executive Committee (with 11 voting members); Emergency Response and Shelter Operations Committee (with 13 voting members); Strategic Planning Committee (with 14 voting members); Housing Solutions Committee (with 13 voting members); and the Youth Committee (with 18 voting members). While each Committee has designated voting members, all committee meetings are open to the public and all who are interested are welcome to attend. The Youth Committee, co-chaired by a community member and a government agency member, is tasked with implementing *Solid Foundations DC*, the District's strategic plan to end youth homelessness. Examples of some of the 2018 priorities identified by the Youth Committee include: identify youth experiencing homelessness who are served by other systems in order to understand the needs of multi-system involved youth (child welfare, juvenile justice, behavioral health, human services) and how to better target services; continue to improve our coordinated entry system for youth, known as the Coordinated Assessment and Housing Placement (CAHP) system, to ensure it is youth-focused, while still being able to leverage resources across all homelessness serving systems, including adult resources. The Youth Committee will be responsible for supporting the lead agency in the planning and implementation of a coordinated community approach to prevent and end youth homelessness, with the support of other standing committees as needed.

4. Youth Participation: 1.) Youth voice and participation was essential during the process of writing and implementing the Youth Strategic Plan, *Solid Foundations DC*. The Collaborative Applicant and DCICH staff orchestrated focus groups and feedback sessions where youth shared their understanding of the homeless services system and what they envision as changes for youth experiencing housing instability or at risk of other trauma. Feedback was collected through these

sessions and incorporated in developing key strategies to end youth homelessness in the Strategic Plan. In addition, youth identified areas in which they could continue to participate in the improvement of the homeless services system, including: serving as peer outreach workers partnered with youth focused outreach teams and establishing a youth council or board to report to the ICH Youth Committee. 2.) Homeless Youth Census - Similar to the PIT, the DC CoC conducts an annual survey and count of all unaccompanied and pregnant and parenting youth (under 25) who are experiencing homelessness or housing instability. An integral part of this work is soliciting and incorporating input directly from youth with lived experiences of homelessness. Youth are involved in: a.) Developing the survey tool; b.) Identifying key community partner organizations to help conduct the count; c.) Identifying “hot spots” for strategic outreach planning; d.) Conducting pre-outreach to eligible peers and informing them where they can take a survey; and e.) Joining survey teams as peer surveyors 3.) The Youth Committee has prioritized the involvement, expertise, and input of youth with lived experience by including two voting member positions on the Youth Committee 4.) Youth Action Board.

5. Engaging Youth Providers That are not Active Participants in the CoC: 1.) The youth coordinated entry process is one way we engage youth providers that are not active CoC participants. Community stakeholders and partner agencies have understood that the shift to a coordinated system of housing assessment and placement is essential to serving youth who are experiencing or are at risk of experiencing homelessness. The Youth CAHP system allows for these partner agencies to be trained in the TAY-VI-SPDAT tool, as well as share valuable housing resources with the community. The youth CAHP process allows for these agencies to gain access to the HMIS where, with the proper Releases of Information, can access information that is crucial to serving youth and to avoid duplication of services. 2.) The DCICH/CoC

Governing Board Youth Committee identified five priorities for 2018 including engaging new partners to join the DCICH Youth Committee to ensure that all who have a role in preventing and ending youth homelessness have a seat at the table. This includes engaging youth providers that are not currently active participants in the CoC. Interested Youth Committee participants will, as a group, identify youth providers to contact and engage. The DCICH has a full-time Policy Advisor dedicated to youth homelessness work who has spent the first two months in her position meeting with organizations providing services to youth to educate the community about the strategic plan to end youth homelessness and the work of the DCICH Youth Committee. So far, the Youth Committee has identified the following partners that will initially be contacted and engaged: Department of Employment Services' youth services division, job training and workforce development organizations, Universities/colleges, and mentor organizations focused on youth.

6. Plans to Engage Entities that do not Currently Work on Youth Homelessness: 1.) The Youth Committee and participants in the Youth CAHP system have prioritized connecting the youth CAHP system to both the family and singles CAHP systems, to ensure pregnant and parenting youth and youth who turn 25 while in our homelessness system have access to all available resources. This will entail connecting to and understanding both family and single adult homelessness providers and resources. 2.) Similar to the response above, the DCICH Youth Committee will also contact and engage organizations and partners that do not currently work on youth homelessness. Interested members of the Youth Committee will identify new partners, reach out to inform them about youth homelessness in the District and the work being done by the Youth Committee, and invite them to attend our monthly Youth Committee Meetings. The Youth Committee has initially identified the following groups to engage: Landlords,

Philanthropy groups, law firms (specifically reaching out to Pro-Bono programs), clinics providing behavioral health services, and research institutions to assist with data analysis. 3.) Lastly, the DCICH Youth Committee will ensure that Youth Committee members are engaged and knowledgeable about the work being done across all of the DCICH/CoC Governing Board Standing Committees to ensure that the needs of the youth system are voiced during all CoC discussions. Examples include participation at the DCICH Emergency Response and Shelter Operations Committee to ensure that, if a youth accesses adult emergency shelters, the youth street outreach team is aware and is able to prioritize outreach to that shelter to ensure the youth is aware of all resources across both youth and adult systems.

RANKING FACTOR 2: RESOURCE CAPACITY

See Attachment XXXXX.

RANKING FACTOR 3: COMMUNITY NEED

1. Youth specific homelessness needs assessment:

Yes, the CoC conducts a youth specific homelessness needs assessment, the Homeless Youth Census (HYC), annually in September. The 2017 HYC was conducted September 22 – 30, 2017.

2. Youth Needs Assessment Description:

(2.a.) During the HYC week, data was collected using a demographic survey instrument that was designed through consultation with youth with lived experiences of homelessness. The demographic survey was available in a pen-and-paper tool and an online/app-based option using *Qualtrics* survey software. Trained surveyors conducted the survey using any of these types, based on preference or ease of administration, with eligible youth who were encountered at site-based (i.e. drop-in centers, shelters, and transitional housing programs) and field-based locations (i.e. “hot-spots”). Additionally, a phone-based translation service was made available so that

surveyors could have the survey translated into over 20 of the most frequently spoken languages in the District to ensure that no youth were missed in canvassing efforts. Data collected through site-based and field-based surveying was combined with HMIS records of emergency and low barrier shelters, transitional housing programs, and local family homelessness prevention sites from the same time-period, then de-duplicated to produce descriptive statistics and a total aggregate number of the population.

(2.b.) The DC Department of Human Services (DHS) collaborates with TCP to lead the annual HYC for the DC CoC. To plan and conduct the HYC, DHS and TCP partner with: CoC providers, RHY providers, the DC Dept. of Youth Rehabilitation Services (juvenile justice), DC Dept. of Behavioral Health, DC Children and Family Services Administration (child welfare), DC Dept. of Public Libraries, the Office of the State Superintendent of Education for the District (OSSE); and organizations apart from specific-homeless services but that provide resources and services that intersect with the homeless services system. Focuses of these organizations include: domestic violence, physical and mental health, anti-trafficking efforts, LGBTQ issues, and systems-involvement.

(2.c. & 2.d.) The scope of the HYC includes all youth (under 25) who are either unaccompanied or pregnant and parenting while experiencing literal homelessness or housing instability in the District.

(2.e.) Key findings from the HYC include: 43% of literally homeless youth are chronically-homeless; 32% have experiences in the child welfare system; 30% have lifetime experiences of domestic or intimate partner violence; Over $\frac{1}{3}$ of all youth report having been assaulted or physically attacked during this episode of homelessness or housing instability. Other than housing assistance, the most commonly reported immediate need is transportation/metro card

and job training or work readiness programs. Nearly 70% of pregnant or parenting youth identify child care assistance as an immediate need. 76% of youth are actively looking for employment.

Total population size for household type and sleeping locations can be found on the table below:

2017 Sheltered HYC	
3.a. Unaccompanied youth (24 or younger)	317
3.b. Parenting youth (24 or younger)	272
2017 Unsheltered HYC	
3.c. Unaccompanied youth (24 or younger)	77
3.d. Parenting youth (24 or younger)	2
2017 Unstably-Housed HYC	
3.a. Unaccompanied youth (24 or younger)	262
3.b. Parenting youth (24 or younger)	187

3. Sheltered and Unsheltered Homeless Youth from the 2016 Point in Time (PIT) Count:

2017 Sheltered PIT Count	
3.a. Unaccompanied youth (24 or younger)	189
3.b. Parenting youth (24 or younger)	459
2017 Unsheltered PIT Count	
3.c. Unaccompanied youth (24 or younger)	34
3.d. Parenting youth (24 or younger)	0

(3.e.1.) Did the CoC Conduct a Youth Specific PIT Count?

No

(3.e.2.) Integrated counting strategies targeted to finding and accurately identifying and engaging youth into the CoC's 2017 PIT count activities?

Yes.

(3.e.3) Youth PIT count separate from the regular CoC 2017 PIT count time line?

No

(3.e.4.) Describe the methodology used for the youth-specific portion of the count, the separate youth count, or the youth-appropriate changes made to the PIT count:

The CoC has integrated counting strategies targeted to finding and accurately identifying and engaging youth for the 2017 PIT Count and several counts preceding it. Prior to the PIT Count night, youth street outreach teams provide “hot spot” information so that maps for the street-based component of the PIT Count can be marked with locations to alert volunteer surveyors to make extra efforts at searching in those areas. Cognizant of the mobile and hidden nature of youth homelessness, TCP recruits RHY providers, youth-serving CoC providers, and locally-funded youth street outreach teams to serve as team leaders for the street-based component of the PIT Count in areas of the District with a known concentration of unsheltered youth. Survey team leaders help to guide volunteer surveyors to known locations during their coverage of the areas that they are responsible for canvassing. Since homeless youth are often hidden in plain sight, having team leaders who know the youth staying in those areas helps to ensure that teams are approaching and engaging with young people who might have otherwise been missed or declined to take a survey. Additionally, on the morning following the PIT Count night, youth drop-in centers survey youth as an additional effort to capture youth who might have been missed on the night of the PIT Count. The CoC also created an on-call system to offer immediate shelter services for youth encountered in the streets. Volunteer surveyors were instructed to ask the youth, after completing the survey, if they were interested in a shelter bed for the night. If the youth agrees, the surveyor calls a hotline number staffed with youth coordinated entry and outreach team members.

(3.e.5.) Data collected that was not required by HUD and how it was used:

The CoC uses a complete census methodology in its PIT Count, aiming to survey every individual or family encountered that night. TCP and the CoC decided that in order to be thorough and encourage a higher response rate overall, the survey instrument (See attachment XXX) should remain brief with little more than the essential questions being asked of the respondent. Additionally, at the local-level, the Homeless Youth Census (HYC) is the comprehensive data collection event that is used to inform the CoC's response to youth homelessness. Therefore, the survey tool for the HYC (see attachment XXX), rather than the PIT, is used to collect richer demographics, experiential information, information on the precipitating factors to a youth's episode of homelessness or housing instability, resource needs, and housing preferences. However, a few elements of the PIT survey have either been informed directly by the HYC survey tool or are still useful data points that help the CoC to better serve its youth. These include: (1.) Are you a survivor of domestic violence/dating violence/abuse or assault? (2.) Do you have in your possession or can you easily access these documents: State-issued ID card or driver's license, Birth certificate, Social security card (3.) A two-step gender identification question: What is your current gender identity; and What gender was assigned to you at birth?

3f. Number of homeless youth reported by the CoC's local education agencies to the state education agency and submitted to the Department of Education's EdFacts system in the most recent complete year for which the data are available.

3g. The factors that are currently contributing to youth homelessness in the community:

According to data collected through the CoC's Youth CAHP System, a large portion of the youth population assessed and served have identified the following reasons for homelessness: 1.) The youth's family becoming homeless; 2.) Becoming homeless due to an unhealthy or abusive

relationship; and 3.) Fleeing home because of violence or abuse between other household members. Additionally, the 2017 Homeless Youth Census results indicated that 31 percent of homeless and unstably-housed unaccompanied youth identified as being LGBTQ.

RANKING FACTOR 4: CAPACITY FOR INNOVATION

1. Adoption of New Broad Reaching Methodology or Major System-wide Change:

The Family Rehousing and Stabilization Program (FRSP) demonstrates an experience where our CoC successfully adopted a broad reaching methodology. The District of Columbia saw a significant increase in family homelessness from 2014 to 2015 and with the District's right to shelter law this led to a dependency on motel rooms, as emergency shelters were at capacity. This has led to nearly a 50% increase in case management slots within the District's main rapid rehousing program, the Family Rehousing and Stabilization Program (FRSP). FRSP provides a security deposit and rental subsidy for up to twelve months to re-house families who are homeless but can demonstrate that they will be able to live independently of FRSP assistance within twelve months. In addition to providing temporary financial assistance through rental assistance, FRSP also provides supportive services and serves as a bridge to long term stability for families. FRSP is an efficient rapid re-housing program as it reduces the length of time families remain homeless while reducing the need for more costly alternatives that do not end homelessness, such as family shelters. One of the major highlights of FRSP are the effective partnerships between FRSP providers and local landlords. These partnerships help to create viable housing opportunities for families which in most cases were not an option for families experiencing poor or no credit/rental history, very low incomes, and other housing barriers. As of March 2018, there are over 440 youth headed households in FRSP. While in FRSP families continue to focus on the case management goals established in either the prevention or

emergency shelter program with assistance from their case manager who is employing the progressive engagement model. The continuation of case management services has become more robust since the implementation of our Family Coordinated Entry system established in December 2017. Through the services and financial assistance, 86% of families in FRSP do not return to the family intake center or return to shelter.

Stemming from the increase of family homelessness and coupled with other solutions that were put into practice, in October 2017 the CoC enacted a major system-wide change when the Department of Human Services (DHS) launched four prevention sites throughout the community. Referrals are made to prevention programs for families who are at risk of becoming literally homeless within 30 days. At the prevention sites families are connected to a Prevention Specialist and a Vocational Development Specialist (VDS) who work on the immediate need of stabilizing the family in safe housing beyond 30 days through mediation efforts which may include financial assistance. Financial assistance can include gift cards, utility and/or rental assistance and connection to the rapid rehousing program. The level of financial assistance is determined in combination of using Westat Risk Assessment which determines families who are most at risk of becoming homeless and consideration of the case workers.

Beyond the immediate need of housing stabilization the prevention sites work to connect families to TANF Employment Providers following the completion of the TANF Comprehensive Assessment conducted by the VDS. Since the implementation of the four prevention sites DHS has maintained that 90% of families serviced by a prevention site are successfully diverted from needing to utilize emergency shelter. For families who end up needing to utilize emergency shelter, they are immediately eligible for FRSP. FRSP provides rental assistance up to 12 month

with a possible extension of up to 18 months while receiving case management services throughout.

2. Youth Homelessness Providers Experience Adopting a New Innovation or System.

Responding effectively to homelessness requires a combination of strategies such as prevention, stabilization, or diverting people from experiencing homelessness whenever possible. Guided by the strategies identified in *Solid Foundations DC*, in FY2018, the Department of Human Services (DHS) implemented a youth stabilization program to work in collaboration with the FY2017 prevention program to assist youth to transition rapidly from homelessness or risk of becoming homeless to housing or safe living arrangements with family through identification and engagement. DHS channeled its experience with family diversion and designed DC's first youth focused diversion strategies targeted at decreasing entrance into shelter for youth.

Many youth homelessness programs are examining ways to better ensure access to services by eliminating requirements that become barriers for those youth seeking immediate shelter and/or services including victim's services. Through the guidance of the *Solid Foundations DC*, the CoC is looking critically at strategies to address the immediate safety and health concerns of youth experiencing street homelessness, while also working quickly to develop more pathways into housing youth can afford. For many youth experiencing homelessness, emergency shelter is their initial contact with the homelessness system. In FY2017, the DHS converted its only youth specific 17 bed hypothermia shelter at Casa Ruby into a youth specific low barrier shelter to expand the availability of emergency shelter year-round. DHS continued expanding the availability of low barrier shelter by 10 additional beds with Covenant House Washington. Youth are not only provided shelter and food at these low barrier shelters, they are afforded the opportunity to participate in case management and mental health services.

During the FY2016 CoC Program Competition our local CoC selected the LIFT Program, a Rapid Re-housing Program for transition aged youth as the CoC bonus project. The LIFT Program was awarded funding for FY2017. LIFT Program is designed to assist transition age youth into rapidly obtaining and retaining permanent housing by offering short term rental assistance combined with supportive services to the youth participants many of whom are: survivors of domestic violence or other interpersonal trauma; have had experiences with the child welfare system; and/or be grappling with mental health, addiction, or both. Some of the youth participants: identify as LGBTQ; are involved with criminal justice systems; and/or are living with a major medical diagnosis such as HIV/AIDS. The LIFT program was designed in order to effectively serve the unique needs of transition-age youth at risk of remaining homeless without intervention. The LIFT program staff includes a Transition Specialist, a RRH Specialist, and a Supported Employment Specialist. LIFT's program staff draw on their experience with Critical Time Intervention (CTI) and also harness their agency's expertise in Trauma-Informed Systems of Care and Trauma Specific services to develop trusting relationships and join with participants to outline and achieve their life goals. Additionally, program staff are informed in Transition to Independence Process (TIP) an evidence-based-practice shown to be highly effective with young adults with emotional and/or behavioral difficulties. The LIFT program draws on key community partnerships with government agencies and other local organizations that provide complimentary, needed services for program participants including but not limited to: the Department of Behavioral Health, the Department of Human Services ,the Department of Employment Services, Ballou STAY High School (National External Diploma Program), DCPS Early Stages (developmental assessment), Youth MOVE (peer empowerment & advocacy), Wendt Center (counseling), and Unity Health Care (medical). Two of the highlights of the LIFT

program: (1) the program allows for participants enter into roommate arrangements to afford the cost of renting an apartment - the roommate arrangement is a very common occurrence amongst the 18-24 year age group in this locality; including those who are not experiencing homelessness; and (2) in accordance with CoC Program Interim Rule Amendment to § 578.51(c): Increasing Mobility Options for Homeless Individuals and Families With Tenant-Based Rental Assistance, the LIFT program does not restrict participants from selecting apartments only in the District of Columbia. Participants are able to select apartments in neighboring Maryland or Virginia communities which could potentially be more affordable, closer to other resources, or even closer to support systems.

3. Youth-dedicated RRH and Permanent Housing Interventions According to the Housing First Model:

As outlined in Solid Foundations DC, the establishment of permanent housing resources including RRH, PSH and family preservation or reunification models is a core strategy under the effort to increase the dedicated supply of housing options for youth in the District. The CoC's vision for permanent housing interventions is that housing is offered without preconditions such as employment, income, lack of a criminal background, or sobriety. Therefore, the CoC requires that all permanent housing interventions funded with public resources operate according to the Housing First Model. Currently, the CoC operates: 16 units of Rapid Rehousing for TAYs funded through the HUD CoC and 20 units of Rapid Rehousing for unaccompanied TAYs funded locally by the DHS; and 34 units of Permanent Supportive Housing for unaccompanied TAYs (using housing first) which includes 7 units funded through the HUD CoC and 27 funded directly by the DHS. These permanent housing interventions are funded with a combination of HUD CoC, ESG, District Government, and private resources.

4. What are the New Interventions the Community Wishes to Pursue? What are the Barriers to Implementation?

- Mental Health Resources attached to Housing Resources
 - Housing (what type of housing would this look like/length of stay/apt./scattered site/roommates/etc?)
 - Mental Health Resources – psychiatric support (medication and medication management) and therapy/counseling – all resources are brought to the youth and provided on site; resources are available to the youth after they transition out of the program through aftercare services up to 12 months; Youth Specific Resources
- Prevention: In home mediation/family counseling, flexible funds
- Resources for youth age 12 to 17
- Resources for pregnant and parenting youth/Youth Heads of Households – what would this look like? Transitional Living Program for pregnant and parenting youth that can transition to Rapid Rehousing

5. Willingness to Question Existing Models and Test New Methodologies.

When the DCICH/CoC Governing Board developed the CoC's strategic plan, *Homeward DC*, it used HMIS, CAHP, PIT, and other pertinent data sets to make determinations about gaps in the existing homeless services system. This data revealed a growing population of older adults being displaced in the District's rapidly gentrifying housing market and ending up in the shelter system. Many of the people in this population have physical disabilities and/or chronic health conditions, and fixed incomes; given their circumstances and limited ability to increase their financial resources, it was apparent that it was only a matter of time before many of them would become chronically homeless. That said, in a significant number of cases, people in this population did not have behavioral health or other conditions that

necessitate the deep wrap around services available in PSH. Here was clear a gap in services, and one that if not addressed would adversely affect the District’s work to end chronic homelessness. Therefore, under *Homeward DC*, the District created a new program model referred to as Targeted Affordable Housing (TAH), a locally funded voucher program administered by the District of Columbia Housing Authority, with 100% of referrals coming through the CoC’s CAHP system. The TAH resource is targeted to individuals and families with health conditions and fixed incomes but who score for Rapid Rehousing placements, but given their circumstances and the high cost of housing would not be likely to maintain housing once Rapid Rehousing assistance ended. TAH allowed the CoC to provide permanent financial assistance without the cost of deep services associated with PSH. The TAH subsidies also allow us to help individuals and families served in PSH to “step down” if their condition improves and they no longer want or need the deep, wrap around services associated with PSH. The program exemplifies our commitment to using data to drive policy decisions, as well as our commitment to be as strategic as possible about how we invest resources.

RANKING FACTOR 5: COLLABORATION

1. Describe the CoC’s Strategic Plan

In May 2017, DC released *Solid Foundations DC*, the ICH/CoC Strategic Plan to Prevent and End Youth Homelessness. *Solid Foundations DC* is the city’s first ever data-driven plan focused on the needs of unaccompanied youth. The plan serves as a roadmap for building an effective system of care for unaccompanied youth experiencing or at risk of homelessness, with the goal of ending youth homelessness by 2022. *Solid Foundations DC* was developed by the ICH, agency partners including CFSA, DHS, OSSE and others, as well as community partners, including youth homelessness providers, advocacy organizations, and legal aid providers. The three years of Homeless Youth Census (HYC) data provided a strong foundation for this plan and its continued implementation. As our data improves, our understanding of youth

homelessness and the Strategic Plan will continue to evolve. Following guidance from USICH's Framework to End Youth Homelessness detailing the importance of the four core outcomes (stable housing, positive connections, education or employment, and well-being), *Solid Foundations DC* established seven objectives, with over forty strategies, that are necessary to develop a comprehensive system of care that not only ensures youth have a safe place to sleep at night, but equally important, that vulnerable youth are supported to overcome barriers that threaten successful transition to adulthood (i.e. housing options, connection to employment and education, permanent relationships, health and wellbeing). See Appendix X for more information on our strategic plan.

2. CoC Stakeholder Chart

See Attachment XXXXXX.

3. Coordinated Entry System (3.a.) While youth over the age of 18 are eligible for mainstream resources, the DC CoC has developed a parallel coordinated entry system for youth, defined as under the age of 25 who are experiencing homelessness. This is a decentralized process whereby over 100 government, service and community partner agencies are trained to administer the common assessment tool, the TAY-VI-SPDAT, for youth experiencing homelessness in the District. The TAY-VI-SPDAT information is then entered into the DC HMIS, managed by the CoC Collaborative Applicant who also serves as the CAHP System Administrator, in order to develop the By Name List for youth coordinated entry. (3.b.) Youth are prioritized in the coordinated entry process according the following factors: **(1.)TAY-VI-SPDAT score**, with priority given to the highest scorers, understanding that youth with high scoring recommendations have the most severe needs and are at greatest risk of further harm or negative health outcomes; **(2.) Sleeping Location**, with priority given to youth who are actively sleeping

in an unsheltered location, informed by the question included on the TAY-VI-SPDAT; (3.)

Length of Time Since First Assessment, used as a proxy for length of homelessness experience, additionally informed by length of shelter stay and self-reported history of homelessness on the TAY-VI-SPDAT, with priority given to those with the longest histories of homelessness.

(3.c.) All CoC and ESG funded resources are available to youth through the youth specific coordinated entry process. In particular, the youth coordinated entry process targets housing matches to those programs dedicated to youth under the age of 25 and additional target populations, including LGBTQ identifying youth and youth who experienced trafficking. (3.d.) Providers and stakeholders who do not directly administer housing programs for youth participate as access points or assessing agencies in the youth coordinated entry system. That is, they are trained to engage and administer the TAY-VI-SPDAT for youth experiencing homelessness and housing instability. For example, core service agencies (CSAs) dedicated to providing mental health services may work with youth who are experiencing homelessness or are otherwise at risk and will connect them to the appropriate youth serving agencies or administer the common assessment tool themselves. So, while they do not exclusively serve youth experiencing homelessness there is a crossover in the population being served. In addition, government partner agencies focused on educational and behavioral health work participate in the bi-weekly coordinated entry meetings to assist in providing wraparound services and client updates.

4. System-level Discharge Strategy

CoC: The CoC recognizes that in order to prevent and end homelessness for youth and minors it must implement a thoughtful, system-level discharge strategy. The CoC has longstanding

partnerships with child welfare, juvenile justice, adult criminal systems, and behavioral and physical health institutions. While these systems have separate discharge strategies, the CoC collaborates with each at a systems-level to prevent youth from being discharged into homelessness through the CAHP system. Additionally, a fundamental component of the strategic plan to end youth homelessness is upstream prevention efforts related to discharge planning and housing supports for youth exiting or aging out of other systems of care to prevent youth from being discharged to the streets or to the homeless service system.

Child Welfare: The Child and Family Services Agency (CFSA), the District’s child welfare agency, works to achieve permanency for youth in the foster care system. CFSA’s written policy for Older Youth Services clarifies that transition planning for youth begins at age 14. The youth transition planning meeting is focused on goal attainments and assessing when and how goals must be tailored to fit each individual child, including always working toward safe and stable housing. To help youth get a strong start on this important work, beginning in high school, they become eligible for Chafee-funded services provided through the Office of Youth Empowerment (OYE). In addition, beginning in the 9th grade, CFSA youth are connected to OYE for education and career preparation work. Following Federal Guidelines transition planning begins at age 14 and regular treatment planning meetings are held every six months until the age of 20. At age 20, transition planning is increased to every 90 days and once a month for the last 3 months. CFSA also supports three supportive housing programs specifically focused on youth who have aged out of the foster care system – two programs for pregnant and parenting youth aging out of care and one transitional supportive housing program for youth aging out of care who require supportive services to stabilize them in a community environment. CFSA also funds the Rapid Housing Assistance Program (RHAP) to provide short term rental assistance to allow youth

transitioning from foster care (or former foster youth) to establish a stable place to live after emancipation. Finally, many caseworkers who work with youth exiting CFSA are connected to the Youth CAHP system (coordinated entry) to ensure that youth exiting these systems do not exit to homelessness. The Youth CAHP system works closely with CFSA to ensure youth exiting these systems have a stable place to go upon exit, including CFSA funded transitional housing, a family member or other adult in the youth's life, and other resources.

Juvenile/Adult Justice: In the District of Columbia, the maximum juvenile custody age is 21, meaning that youth who are committed to the Department of Youth Rehabilitation Services (DYRS) can remain under DYRS custody until his or her twenty-first birthday. If a DYRS ward commits a new crime after turning age 18, he or she must be processed through the adult justice system for the new offense. In these cases, it is possible for DYRS and the adult system to share joint custody over the young person. Discharging youth from DYRS placements requires planning and organization to ensure that the youth is well connected with supports upon his or her return to their family and to the community. Care Coordinators ensure there is a clear plan for the youth, including access to stable housing, and include the youth and family in the discharge planning process. Any youth who is being discharged must first have a Re-entry/Discharge Meeting and housing assessment to determine the appropriate level of supervision, supports, opportunities and services the youth will receive in the community. All identified services and appointments, as well as school placement, is identified and scheduled prior to youth's discharge. In the event a youth does not have a safe and stable housing arrangement, DYRS partnered with the Department of Human Services to collaborate on a transitional housing model with life skills services aimed at preparing youth to transition from confinement back into the community and to prevent youth from experience intermittent

homelessness in transitional periods. The adult criminal system, Court Services and Offender Supervision Agency (CSOSA), utilizes the Transitional Intervention for Parole Supervision (TIPS) unit; teams of Community Supervision Officers who evaluate and assist offenders returning from prison to Washington, D.C. TIPS staff begin to work with offenders long before the offenders are released to the community. TIPS staff begin to identify the offender's needs and investigate the offender's proposed housing options and employment release plans well before release.

Behavioral Health: For youth with psychiatric disorders being discharged from Psychiatric Residential Treatment Facilities (PRTFs) the Department of Behavioral Health (DBH) generally supports other DC child-serving agencies as they lead the discharge planning process. DBH has staff assigned to the majority of youth in a PRTF, visiting the youth and participating in all treatment team and discharge planning meetings. Before the discharge occurs, a Core Service Agency (CSA) is identified if no relationship previously existed. The PRTF staff, DBH Monitor and CSA work with the youth, and any other involved District agencies, to develop a discharge plan that includes mental health services, housing, education and other support systems.

Physical Health: All hospitals must have person-centered discharge protocols in writing that apply to all patients. Hospital must identify any patients at risk for adverse health consequences if discharged without planning. Planning must include an evaluation of the likelihood of the patient needing post-hospital services and their availability and patient's capacity for self-care; and must be discussed with the patient, family, and/or guardian. Additionally, hospitals must transfer or refer patients to appropriate settings. The 2017 DC Discharge Planning Manual provides housing resources available to DC residents to support hospitals during discharge planning.

5. How does CFSA work with youth experiencing homelessness under and over age 18?

CFSA is the District of Columbia's PCWA and plays a critical role in serving and protecting minors and young adults through its work to improve the safety, permanency, and wellbeing of abused and neglected children and their families. CFSA first focuses on keeping that child with their family if appropriate. CFSA believes children should be removed from their birth homes only as the last resort. Child welfare gets involved only when families cannot or will not take care of the children themselves. When CFSA must remove a child for safety, they seek to place with relatives first. Foster care is an interim place for children to live while CFSA works to get them back to a permanent home as quickly as possible. Planning for a safe exit begins as soon as a child enters the system.

Youth under 18: The District has a system-wide protocol for helping an unaccompanied minor on the street, who has left or been forced from their home and has no safe place to be, and who is seeking assistance within the District of Columbia. All children under the age of 12 experiencing homelessness are immediately connected to CFSA. Children between the ages of 12 and 17 are connected to Sasha Bruce Youthwork, through the Safe Place Hotline, to ensure youth have a safe place to go, while Sasha Bruce works with the appropriate government agencies, including Department of Human Services, CFSA, and the Metropolitan Police Department, to get the youth home safely or to access the appropriate services. We know young people may be intimidated if they are immediately referred to a government agency or picked up by the police, so CFSA, and other agencies, work very closely with Sasha Bruce and other nonprofit providers to ensure young people have a safe and welcoming place to go when they need help. When a youth is committed to CFSA, CFSA is responsible for housing that young person through the age of 21.

Youth aged 18 to 24: DC extended foster care beyond age 18, meaning youth in the child welfare system remain in CFSA until the age of 21. As a result, CFSA must house all youth in foster care through their 21st birthday. Additionally, as previously mentioned, CFSA supports two independent living programs for pregnant and parenting youth, as well as a jointly funded transitional living program with the Department of Behavioral for youth aging out of care. To secure a safe and self-sufficient future, youth must have the support of family and community. Youth also frequently need the additional support of aftercare services. Social workers are therefore expected to ensure that connections to aftercare services are completed by age 20.5. Aftercare services are available to youth through age 23 and include: Assistance in the search for stable housing; Aftercare case management; Employment and vocational guidance, including referrals; Ongoing life skills development; Guidance for accessing public services; Parenting classes and daycare vouchers for those with dependents; and Transition to adult systems as needed, e.g., DBH, DDS, or any equivalent agency in any other jurisdiction.

RANKING FACTOR 6: FINANCIAL RESOURCES

1. Additional Funding

TCP will provide resources, cannot make a commitment absent a commitment from other partners.

2. Coordinated Community Budget

Below is an overview of our proposed 6-month budget.

Budget Item	Amount
YHDP KickOff Event	\$5,000
Enhanced data analysis of the Youth Homelessness Census	\$30,000
Consulting services for facilitation of planning process, materials, and communication initiative	\$30,000
Stipends for youth with lived experience participation in Youth Advisory Board and related activities	\$40,000

Training for youth homelessness providers and other youth-serving systems on the YHDP process	\$10,000
Total	\$125,000

RANKING FACTOR 7: DATA AND EVALUATION CAPACITY

1. Percentage of All Types of Beds Currently in the HMIS (excluding beds provided by victims’ services providers):

The following table provides the HMIS coverage rates for all types of homeless beds:

Project Type	HMIS Bed Coverage Rate
Emergency Shelter beds	97.38%
Transitional Housing beds	86.00%
Rapid Rehousing beds	99.75%
Permanent Supportive Housing beds	81.00%

2. Percentage of All Types of Youth-dedicated Beds Currently in the HMIS (excluding beds provided by victims’ services providers):

The following table provides the HMIS coverage rates for all types of youth-dedicated beds:

Project Type	HMIS Bed Coverage Rate
Emergency Shelter beds	100.00%
Transitional Housing beds	100.00%
Rapid Rehousing beds	100.00%
Permanent Supportive Housing beds	100.00%

3. Describe How the CoC Actively Recruits New Youth Homeless Providers to Participate in the HMIS:

Most youth-serving providers in the District receive funding from the HUD CoC Program, the RHY Program, and/or the District and are therefore required by their funding agencies to participate in the HMIS. However, in its role as HMIS System Administrator, TCP actively recruits new privately funded programs to participate in the HMIS. TCP has been most successful in bringing new providers on board by fully integrating the Youth CAHP System into the HMIS. In the context of CAHP participation, privately-funded homeless service providers have been trained to administer the common assessment and input the data from the assessment into the HMIS to facilitate housing matching and tracking overall system performance; as an outgrowth of this work many of these privately-funded providers have also begun to track their beds in the HMIS so that vacancies are immediately available to CAHP for the purpose of making referrals.

4. Describe How the CoC Supports the Transition of New Homeless Projects to the HMIS:

In order to facilitate the transition of new projects to the HMIS, TCP uses its HUD CoC HMIS grant and District-funded HMIS resources to absorb all costs associated with the HMIS. This includes the cost of maintaining the system, the cost of user licenses, and the cost of training and technical assistance. Additionally, TCP has paid for uploads into the HMIS from in-house systems used by privately funded programs and has disbursed technology grants to providers needing new or improved computer hardware in order to participate in the HMIS.

5. HUD Data Reporting Requirements:

On behalf of the CoC, TCP has successfully met all HUD data requirements in the past 12 months: 1.) 2017 Point in Time data submitted to HUD via the HDX on 04/28/17; 2.) 2017

Housing Inventory Chart submitted to HUD via the HDX on 04/27/17; 3.) 2017 Performance Measures submitted to HUD via the HDC on 05/25/2017; 4.) 2017 Annual Homeless Assessment Report submitted on 12/1/17.

6. HUD Data Reporting Requirements and AHAR Shells:

TCP's submission included all AHAR shells and all shells were accepted by HUD.

7. Youth Data from Non-HMIS Sources:

In its capacity as the CoC HMIS System Administrator, TCP established a MOA with OSSE that allows for bi-directional data sharing between the State Education Agency and the HMIS. TCP exports data from the HMIS each month and uploads it to OSSE's State Longitudinal Education Database (SLED). In turn, OSSE provides SLED access to TCP and its subcontractors working with families and youth. This effort has created a system wherein OSSE has reliable homeless services data on students served by the CoC, and TCP and its subcontractors have access to reliable educational data on youth enrolled in public schools and public charter schools in the District, thereby improving service delivery and the CoC's understanding of the population. One of the key strategies outlined in *Solid Foundations DC*, the strategic plan to prevent and end youth homelessness, is to develop Memorandum of Understanding (MOU) between police, schools, and youth-serving agencies to outline data sharing, referral and reporting protocols while working with vulnerable minors. The DCICH is committed to expanding this effort under the YHDP.

8. CoC's Homelessness Assistance Program Performance Measures:

The performance of the CoC's homeless assistance programs are measured quarterly through a review of the following: HMIS data completeness, utilization rate of funded units, rate of vacancies filled through coordinated entry, participant length of stay, rate of exit to permanent destinations, returns to homelessness following permanent exit, and rate of increase in income

from employment and/or total income. Permanent Supportive Housing programs are also measured on rate of participant housing retention and rate of participant maintenance of income in addition to the measures previously mentioned. The CoC uses these program-level measures as they each influence the CoC-wide performance metrics reported on to HUD via the HDX on annual basis.

All data used to measure performance on these metrics comes from HMIS, using data entered by providers from their programs in accordance with HUD Data Standards and following the CoC’s HMIS Standard Operation Procedures. Every three months programs are given a “report card” showing their performance, information on how performance compares to CoC-devised performance targets, and comparisons to the maximum, minimum, and average performance of similar programs in the CoC (youth specific Emergency Shelter, Transitional Housing, Rapid Rehousing, and Permanent Supportive Housing programs are each compared to one another). Each measure, the target data point, and the universe is listed in the table below.

Performance Measure	Universe	Target Data Point
ALL PROGRAM TYPES		
HMIS data completeness	The rate of data completion for HUD universal data elements and assessments for clients served during the report period.	90%
Utilization Rate of funded units	The rate at which a program’s funded units are occupied by a household over the course of the report period.	95%

Vacancies filled through Coordinated Entry	The rate at which a program is filling vacancies through the local Coordinated Entry system.	90%
Length of Stay	The median of the total number of nights households served during the report period have been in the program (capped at exit date if a household exits during the report period).	90 days or fewer for Emergency Shelter, Transitional Housing, or Rapid Rehousing; 180 days or more for Permanent Supportive Housing
Exits to Permanent Destination	The rate at which households that exit during the report period exit the program to permanent destinations.	80%
Returns to Homelessness	The rate at which households that exited to a permanent destination 2 years prior to the report period have returned to the CoC for homeless services.	Fewer than 20% of exiters from the prior period will return to homelessness by the end of the report period
Increase Income	Rate at which adult persons in households served during the report period will increase income from employment and/or total income.	55% will increase income from employment and 70% will increase total income for Emergency Shelter, Transitional Housing, or Rapid Rehousing; 15% will increase income from

		employment and 20% will increase total income for Permanent Supportive Housing
ADDITIONAL MEASURES FOR PSH ONLY		
Retain Housing Placement	Percentage of Persons/Families Served during Report Period retained their housing placement.	85% will retain their housing after 6-12 months; 80% will retain their housing after 13-24 months
Maintain Income	Rate at which adult persons in households served during the report period maintain their income from employment and/or total income.	55% of those with employment will retain their income and and 70% will retain their total income

9. Describe how the CoC monitors the performance of its youth providers.

The CoC has delegated monitoring functions to TCP who monitors performance of its youth providers through the evaluation of the data reported in the quarterly provider report cards described in Question 8. The CoC has worked with HUD technical assistance provider Abt Associates to develop a performance quality improvement toolkit that will allow providers to triage areas where performance can be improved upon receipt of their report cards. The toolkit directs providers to resources that may enable improvements to be made in specific areas of deficiency. These resources are open to all providers – even those that want to improve upon already above-standard performance.

Ongoing deficient performance triggers further on site monitoring by TCP. These monitoring visits are intended to provide a more in depth, one-on-one look with the provider to determine

the reasons for performance deficiency and work with providers to develop plans of corrective action. TCP conducts ongoing monitoring throughout the year, but will work to target performance-specific monitoring interventions on a quarterly basis. This is intended to be an iterative process where TCP and the provider work together to devise an improvement strategy and monitor performance improvement as subsequent performance reports are produced. Moreover, during funding competitions, report card data is used to rank providers in order of their performance achievement, and the CoC uses this information (along with any other qualitative information received from the provider) when organizing its priorities for renewing or reallocating funding.

10. Using Data to Develop New Strategies to Prevent and End Youth Homelessness:

Historically, the CoC's primary sources of data on homeless youth have been the HMIS and the annual PIT Count. However, the CoC's capacity to gather data on this population has been greatly expanded by the implementation of the Homeless Youth Census, Youth CAHP System, and via the bi-directional data sharing agreement executed between the HMIS System administrator and State Education Agency. These new methods of capturing data have allowed for a better understanding of the population and enabled the CoC to make the case to funders for additional resources to serve homeless youth and minors. As an example, during FY2016 DHS invested about \$1.2 million to support youth-dedicated services. Based on data collected in the Homeless Youth Census and by the Youth CAHP System, in FY2017 this investment will be increased to approximately \$2.3 million to expand youth-dedicated services and will include beds and services for parenting and unaccompanied youth, beds and services for LGBTQ youth, and youth-focused drop-in centers and street outreach. Additionally, this expanded dataset demonstrated a need for more youth-dedicated permanent housing stock, so the CoC included a

bonus project application to fund Rapid Rehousing for unaccompanied TAYs in its 2016 Consolidated Application for the HUD CoC Program.

11. If Selected as an YHDP Community How Would the CoC Define Success?

Solid Foundations DC's vision is to make homelessness among youth rare, brief, and nonrecurring and that every youth has a safe, stable place to call home. Addressing homelessness among youth is about more than just stabilizing the immediate crisis and providing a quick connection to permanent housing. It is also about helping youth to develop health and permanent relationships with trusted adults, addressing emerging physical and behavioral health conditions, building independent living skills and confidence, and helping youth get on a path towards economic self-sufficiency. Youth Committee

Youth Committee