



Interagency Council on Homelessness

Executive Committee



18 July 2022

Meeting Agenda



- I. **Welcome & Agenda Review (5 mins)**
 - a) Introduction & Agenda Review
 - b) Call for Partners Updates/Announcements
- II. **Critical System Level Updates (45 mins)**
 - a) Medicaid Benefit Launch (15 mins)
 - b) Tracking Utilization of FY22 Single Adult System Resources (15 mins)
 - c) FRSP Scope of Work (15 mins)
- III. **Planning Initiatives Underway (20 mins)**
 - a) Planning for Recovery Funds
 - b) HMIS Planning Process
- IV. **Announcements (10 mins)**
 - a) Single Adult LGBTQ+ Shelter Open
 - b) HUD CoC Supplemental NOFO
- v. **Summary and Adjournment (5 mins)**
 - a) Next Meeting: October 11, 2022

Meeting Agenda



- I. Welcome & Agenda Review (5 mins)
- II. Critical System Level Updates (45 mins)
 - a) **Medicaid Benefit Launch (15 mins)**
 - i. **Goal & Status**
 - ii. **Additional Program Innovations**
 - b) Tracking Utilization of FY22 SAS Resources (15 mins)
 - c) FRSP Scope of Work (15 mins)
- III. Planning Initiatives Underway (20 mins)
- IV. Announcements (10 mins)
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Goal & Status



- ❖ Goal: To start billing Medicaid by September 2022
- ❖ Status:
 - CMS approves Housing Supportive Services (HSS) (March 2022)
 - Regulations posted on DC Register (June 2022)
 - DHS Solicitation for qualified PSH providers completed
 - ✓ PSH3 Notice of Awards issued to 23 providers;
 - ✓ 6 more than 17 under contract to deliver PSH2 services.
- ❖ Activities underway:
 - Infrastructure for enrolling clients into the Medicaid Benefit
 - DHS kick-off & orientation for qualified providers
 - Technical assistance for providers*:
 - ✓ Medicaid Readiness Assessments and
 - ✓ Medicaid Academy for Providers

*Funded by The Partnership to End Homelessness



Additional PSH Program Innovations



❖ Hiring & Retention Incentives

To facilitate hiring & retention of CM and Supervisor staff

- Hiring: \$1,500 (CMs); \$2,000 (CM Supervisors)
- Retention: \$2,000 for 12 months (CMs), \$3,500 for 18 months (CM Supervisors)

❖ Amenity & Building Fee Reimbursements

To cover costs of supporting clients with lease up

- Applications Fees: up to \$150 for individuals & \$380 for families
- Renter's Insurance: up to \$156/year
- Amenity Fees (to include trash, elevator, move-in, holding, and other fees that are standard and required by the building): up to \$1,000 for the first year in the unit, up to \$500 for subsequent years in unit

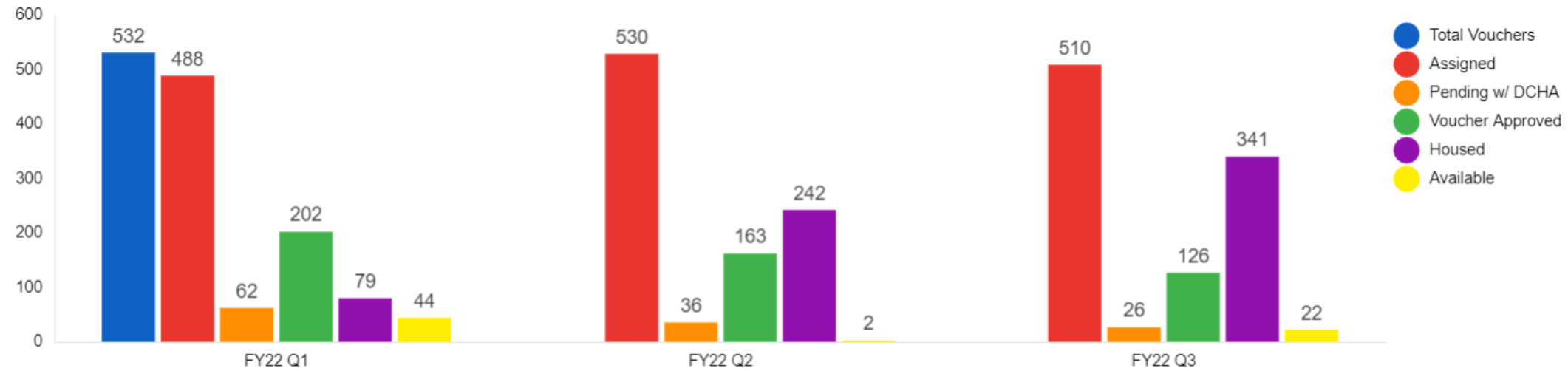
Meeting Agenda



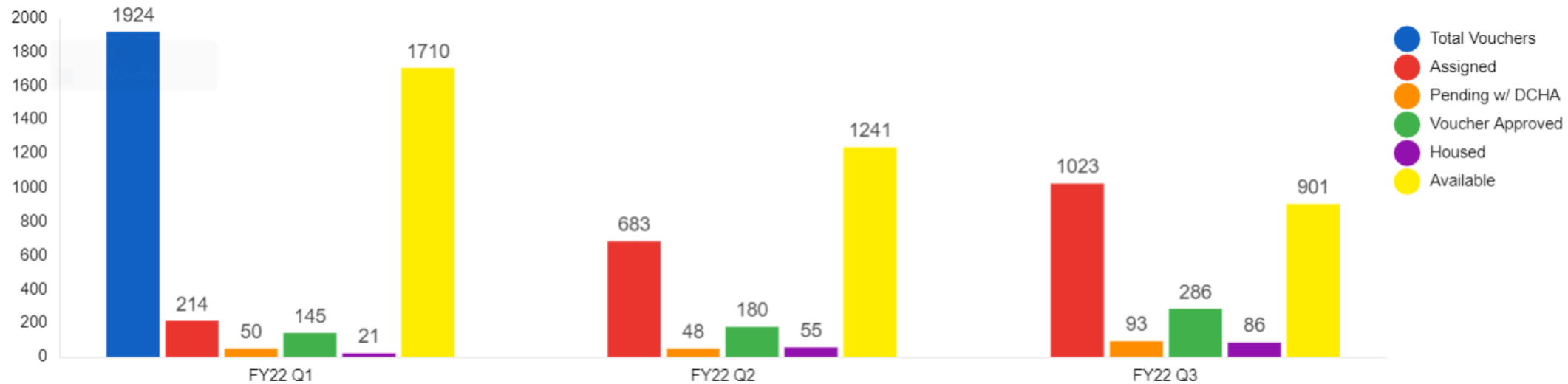
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Status of EHV & FY22 PSH Allocation

PSH_532_EHV_I VOUCHER TRACKING

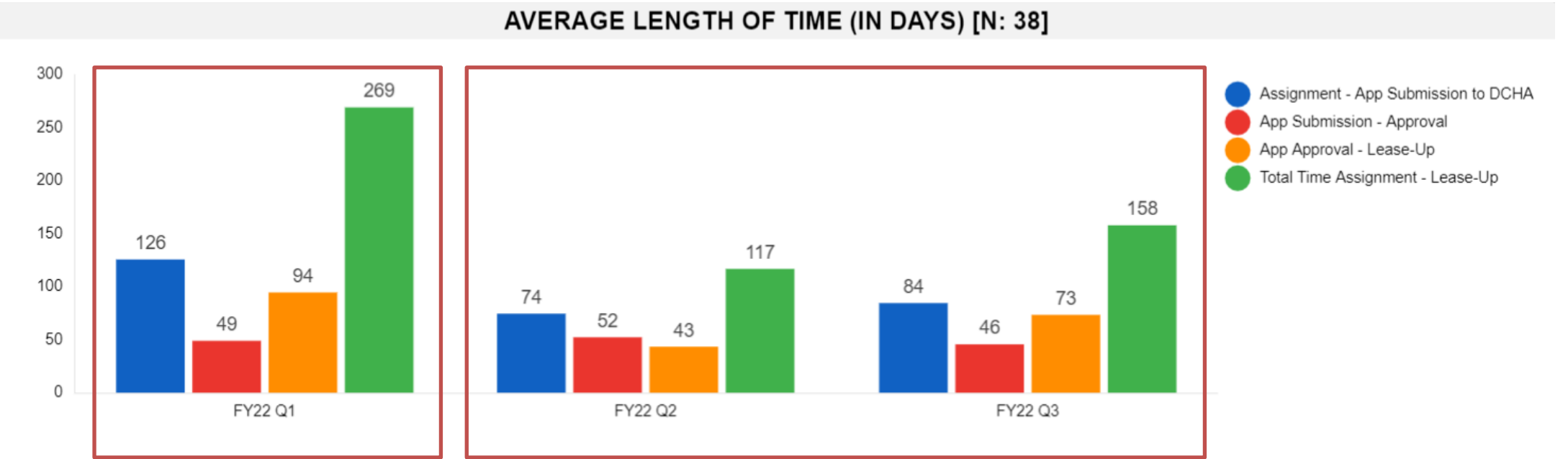
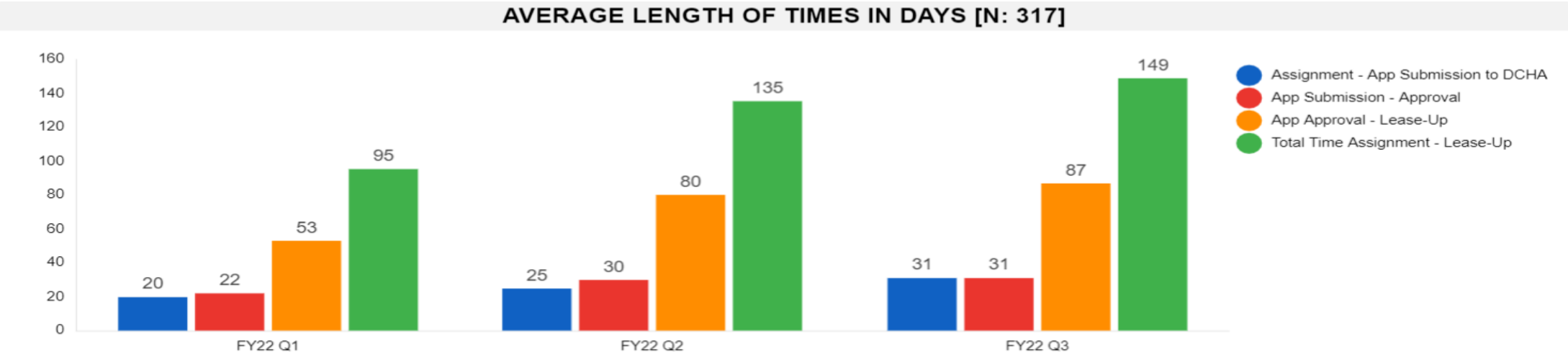


PSH_1924_FY22_I VOUCHER TRACKING



- As of July 12, 2022, 897 individuals are tentatively matched to FY22 PSH awaiting assignment to a Provider

Average LoT to Housing for EHV & FY22 Resources



Includes clients transferred from FY21 and prior

Includes clients assigned in FY22 only. Averages are skewed when Q1-Q3 are combined due to the dates of client assignment.

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Vision for FRSP

- Starting in FY23, DHS will directly contract FRSP services. DHS expects that the New Human Care Contracts & direct oversight of the program will allow us to:
 - Make key changes to the program based on the recommendations of the FRSP Task Force and the Districts Office of the Inspector General's Report
 - Increase positive outcomes and customer satisfaction,
 - Streamlined communication with providers, and
 - Direct policy implementation.
- Diversify FRSP provider pool
- Update and improve the scope of work
 - ✓ New billing structure
 - ✓ New roles
 - ✓ Incentives/Exit Bonuses
 - ✓ New definitions, language benchmarks, hiring requirements, etc

Highlight of Changes in New FRSP Contract

Description	Existing Contract	New Contract
Clear Key Performance and Outcome Expectations <ul style="list-style-type: none">Increasing income, housing stability, return to homelessness	No	Yes
Incentives for client and providers	No	Yes
Option to opt-in and opt-out of case management	No	Yes
Enhanced tracking and documentation <ul style="list-style-type: none">Income increaseRent paymentRecertification	No	Yes
Life Skills Training	No	Yes
Non-traditional Hour Services	No	Yes

Key Milestones



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Planning for Recovery Funds



❖ HOME ARP and Fiscal Recovery Funds (SLFRF)

- Originally slated to create Deeply Affordable Housing (DAH) for single adults not likely to match to PSH and
- Included as part of the 2021 Consolidated RFP Process

❖ Housing Solutions Committee members raised concerns re

- The DAH model itself and
- Other activities that are also eligible for funding

❖ Resulted in a series of meetings to support planning

Housing Solutions	15/11/21, 20/12/21, 28/02/22, 04/04/22, 18/04/22, 02/05/22, 16/05/22, & 27/06/22
Strategic Planning	30/11/21 & 15/02/22
ERSO	27/04/22, 10/05/22, 14/06/22 & 22/06/22

Overall Strategy



Recommended Intervention	Description	Funding
1. Non-Congregate Shelter	Feedback received as part of 2/15 Strategic Planning & 2/28 HSG Solns committee meetings. Given that COVID is likely entering an endemic phase and the community greatly appreciates the PEPV (i.e. NCS) model.	HOME ARP
2. Deeply Affordable Housing	Pilot proposed for Recovery Funding as part of Consolidated RFP. Fleshing out the program model in response to feedback that the model(s) need to be expanded to include families as well as singles exiting Rapid Rehousing.	Potential to pilot using State and Local Fiscal Recovery Funds (SLFRF)
3. PSH Plus	Feedback received at 4/04 HSG Solns committee meetings. This is a program model that was fleshed out in 2021 but has yet to be funded. Given the success of PEPV (i.e. NCS), with embedded primary and behavioral health supports, community advocates call for piloting PSH Plus.	Potential to pilot using State and Local Fiscal Recovery Funds (SLFRF)
4. Conversion of ES/TH Facilities	<p>Proposed at 2/15 Strategic Planning & 2/28 HSG Solns committee meetings.</p> <p>Proposed in reaction to the average occupancy rates of facilities in the Family and Veterans Subsystems due to successes in ending/preventing homelessness. Similar successes are anticipated for the Singles Subsystem due to the influx of investments for ending/preventing chronic homelessness in FY22.</p> <p>Also, feedback that it may be easier for ES/TH facilities to convert to NCS first, and then over time, transition to either PSH or the Deeply Affordable Housing model.</p>	<p>HOME ARP funding may be used to support ES/TH facilities converting to NCS.</p> <p>Potential to pilot ES/TH transition to PSH, PSH Plus, or DAH using State and Local Fiscal Recovery Funds (SLFRF)</p>

Additional Opportunities to Participate



- ❖ Virtual public hearing for HOME ARP Allocation Plan
 - Scheduled for Wednesday 7/27 starting at 6:30 pm
 - Register online at <https://publicinput.com/D56341>
- ❖ DGS Request for Space issued on behalf of DHS
 - Solicitation is available online [here](#)
 - Offers considered on a rolling basis starting June 21 and shall remain open until awarded.

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HMIS Planning Process



Purpose:

- ❖ Formalize an HMIS Planning Process to annually gather feedback and submit requests related to
 - Adding/subtracting/changing HMIS data fields
 - Adding new programs
 - Leveraging HMIS reporting capabilities
 - Addressing outstanding HMIS visibility-related issues

Roadmap:

- ❖ Background/Reminder
- ❖ Feedback received in ICH meetings to date
- ❖ Next Steps

Background on HMIS Planning



Task	Status
1. Level-setting and kick-off planning by hosting orientation to what's already in place: <ul style="list-style-type: none"> HMIS Data Standards (Federal and District requirements) Reporting capabilities of HMIS (System Performance Measures and Performance Quality Improvement Initiative) Visibility updates and status, next steps Expectations and accountability to/for funders, providers, and staff using HMIS 	Completed! <ul style="list-style-type: none"> Led by Kelly Paton (TCP) Recording available online at https://dcnet.webex.com/dcnet/jd.r.php?RCID=2b141f441e7da6868ffb0a3d6ad0ac96
2. Gather feedback from orientation attendees, Committees/WG, and HMIS User group re <ul style="list-style-type: none"> Data elements: to add/remove/change in HMIS New programs that need to be added Reporting/Performance tracking Needs Persistent HMIS visibility/usability issues 	Underway now!
3. Develop & administer a survey tool To ensure all voices are captured and heard in the planning process	Underway now!
3. Evaluate feedback with the HMIS User Group	August
4. Follow up with Committee/WGs on subsystem specific requests and issues: <ul style="list-style-type: none"> Supporting the community understand what is possible (or not) and why Work with ERSO & SAS to understand and map out Streamlining Intake requirements 	September
5. Propose a comprehensive set of updates/changes to HMIS to the Executive Committee <ul style="list-style-type: none"> Including accountability of Programs and Staff 	October

Adding/Subtracting/Changing Data Elements



- ❖ Are there any top of mind for you and your program staff?

Feedback received:

- ❖ How do we indicate the next steps or flags for a client? E.g.: SOAR assessment, DACL resources, etc.
- ❖ Add a next of kin designation
 - Currently a separate form.
 - Important to have in HMIS and as a standard question as part of intake.
- ❖ Add fields for documenting:
 - Pregnancy status,
 - Due date, and
 - Referring CM (including contact details)
 - Documentation for high-risk pregnancies, documentation
 - Outcomes related to successful delivery vs adverse maternal outcomes

New Programs to Consider



- ❖ Are there any new programs you would like to add for your organization?

Feedback received:

- ❖ How can we add Peer-to-Peer Engagement as an HMIS Program?
- ❖ Is there a way to allow for data entry from those Peer-to-Peer engagements so that they are visible to the rest of the system?

Leveraging HMIS Reporting Capabilities



- ❖ How should we leverage HMIS Reporting & Data-Sharing Capabilities?

Feedback Received

- ❖ Reports related to deaths in homeless services as part of annual performance reporting.
- ❖ Frequent reports for health care system (likely MCOs) on individuals that are pregnant/expecting in homeless services (i.e., client location, CM supporting the client)
- ❖ Report or tool to identify and track outcomes of referrals to VWFRC or HPP services
 - To support a protocol/process for following up with the CM at the referring site and identify why so we can investigate barriers to successful referrals
- ❖ How would we gather data and report on successful vs adverse maternal outcomes

Leveraging HMIS Reporting Capabilities



What data do we need to understand how programs are contributing to successful CAHP outcomes?

- ❖ **Prevention/Diversion:**
- ❖ **Front Door (Day Centers, Outreach & Shelters):**
 - Engaging individuals
 - Assessing individuals engaged
 - Supporting clients likely to match to a housing resource navigate documentation
- ❖ **Housing Providers (RRH and PSH)**
 - Locating and engaging assigned clients
 - Supporting clients
 - ✓ navigate any outstanding documentation requirements
 - ✓ Complete any applications
 - ✓ Identify units and lease-up
 - **Feedback Received:** Number of clients “not engaged/not located” but are active at the Front Door
- ❖ **Funders (with Resources Dedicated to CAHP)**
 - Annual allocation matched via CAHP
 - Turnover matched via CAHP

Other Feedback received:

- ❖ Some of this is likely not appropriate for Family System as HTH is the DHS system that captures some of these types of data points.
- ❖ Getting vital documents at the front door of the Family System is a critical issue.
 - Is there a way to capture the data points in HMIS to allow us to run a simple report?
 - Is there a way to store copies of vital documents in HMIS?

Persistent HMIS Visibility Issues



- ❖ Are there any top of mind for you and your program staff?

Feedback Received

- ❖ Inability to engage/locate related to visibility!
- ❖ EDA before entering the notes feels like an unnecessary step. Can we remove/update the process? If you forget it creates complications. Frequent feedback from providers. It's another opportunity for mistake and newer staff often make that error which is very frustrating. If missed, it prevents a system/agency admin from seeing the data.
- ❖ Qxn re visibility issues for the pregnancy-related reports given that pregnant individuals may be in the Singles, Family, or Youth subsystem.

Next Steps



- ❖ Review HMIS Planning Initiative at ICH workgroup meetings for representatives with lived experience:
 - SHY Action Board and
 - Consumer Engagement WG

- ❖ Administer HMIS Survey (available online [here](#)) to
 - HMIS User Group and Users
 - ICH Committee and Workgroup Members

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Single Adult LGBTQ+ Shelter Opens



- ❖ TCP and DHS are opening the first Low Barrier Shelter for unaccompanied adults.
- ❖ The program will be located at 400 50th Street SE.
- ❖ The Supportive Services provider will be KBEC Group and the Operations and Facility provider will be the Coalition for the Homeless.
- ❖ The program will have a capacity of 27 clients.
- ❖ The anticipated opening date is early August.

Supplemental HUD NOFO



- ❖ HUD has released a Notice of Funding Opportunity (NOFO) focused on addressing Unsheltered and Rural Homelessness.
 - \$322 million is available nationwide, and
 - the District is eligible to receive about \$14.6 million.
- ❖ This is a separate NOFO from the CoC Program NOFO where continua compete to renew existing HUD CoC grants and can apply for new funding under bonus opportunities.
- ❖ As Collaborative Applicant, TCP is the District's eligible applicant for these funds.
- ❖ Similar to the HUD Youth Homeless Demonstration (YHDP) from a few years ago, a key part of the application for these funds is the development of a community plan for the use of the funds. TCP will work with DHS and the ICH to develop the plan.
- ❖ Applications are due to HUD on October 20, 2022.
- ❖ HUD is expected to make allocations of new vouchers available to support these efforts.

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