Торіс	Issues	Draft/Potential Recommendations
Staffing Shortage	 Hard to find and hire Social Workers and other staff Low salaries High turnover Education/Experience requirements create barriers to hiring Challenging to hire peer positions based on education/experience requirements DC residency requirement Time consuming to post positions and hire 	 DHS host Job Fairs to raise awareness about staffing needs, support providers, and conduct onsite hiring services (ie. Background checks onsite) Host frequent background check events for new provider hires to complete background check requirements onsite Increase salary range of staff Assess education/experience/residency requirements and make any needed changes to contracts Support work being done with the Board of Social Work to promote quick and efficient hiring practices of social work candidates Support alternative funding streams for providers to offer professional development opportunities, self-care incentives, bonuses, etc. Review programs provided by local universities, certification programs, job training programs to understand where our providers can advertise their job needs (including BSW/MSW internships.)
Onboarding New Staff	 Heavy training requirements No support for an organization to hire their own training specific to their staffing needs Pressure of staffing quickly to immediately begin work detracts from an organization's ability to support their staff Lack of training of the job performed by the provider 	 Review training requirements and make any needed changes to timelines, frequency, and amount of training required Support alternative funding streams for providers to tailor training to the unique needs of their staff Outline for provider on job specific training.
Administrative Costs	 Low indirect cost rates made administration of programming challenging Inconsistent implementation of the new DC Nonprofit Fair Compensation Law 	 Ensure all contracts comply with the new DC Nonp rofit Fair Compensation Law Review current contract language regarding indirect costs and make any needed changes Support alternative funding streams to support providers indirect costs

	 Lack of flexible dollars to support indirect costs Hard for new providers to start work if there is not access to funding to support administrative work 	
Procurement Process	 RFPs are challenging to apply to resulting in new and current providers declining the opportunity Many providers do not have staff committed to grant writing Short lengths of time to complete the RFP application Inconsistent RFP requirements across the homeless services system RFPs tend to be released at the same time at the beginning of the Fiscal Year Not always given a heads up that RFPs will be released making planning challenging 	 Review RFPs to simplify application process where possible Lengthen the amount of time providers have to apply to an RFP Support alternative funding streams for providers to hire grant writers to assist in the RFP application process Conduct multiple pre-bidders conferences to give flexibility so interested providers can attend; document all Q & A and allow time for written questions to be submitted, release a public and transparent FAQ document answering all public questions Consider staggering RFP release dates Maintain a public RFP calendar to help providers understand when RFPs will be released' Standardize RFP processes across all homeless services systems (singles, families, and youth)
Reaching New Providers	 Potential new providers may not know about RFPs and opportunities in the homeless services system Important to give clear direction for new providers when applying to an RFP 	 Share RFPs across partner agency listservs, the Mayors listserv, etc. Share RFPs via Social Media Consider an open/rolling solicitation until the PSH program reaches full capacity. Strategy would allow DHS to enroll new providers as qualified providers are identified. Develop targeted outreach plan for programs/agencies that provide housing services and supports (e.g., DBH Act/CSA providers, EPD waiver providers, etc). Identify DHS staff and/or provider partners to lead outreach efforts by presenting program basics at appropriate venues/meetings and grow our provider pool.

	 Schedule one on one meetings with potential providers to share the goals of the programs we are funding
Onboarding New Providers	 Establish a grant for current, high-performing providers to mentor new providers Develop written materials for all programs, tailored to new providers, outlining purpose, requirements, case management expectations, etc. Launch trainings and Learning collaboratives for all new providers to learn together
	• Ensure all programs have access to start up funds and that these funds are sufficient
 Expanding Current Providers Providers are not always given clear indication of expansion asks ie. Number of units, timeline, etc. When asked to expand, it is important that expansion be able to support additional staff and keep in mind it takes time to onboard new staff Lack of clarity regarding how many new staff can be hired when asked to expand Lack of written protocol for provider expansion 	
System Efficiencies	 Map out, in advance, monthly goals for expanding PSH capacity so that the CAHP system is ready to match to that goal and PSH providers are ready to take those matches Streamline CAHP process so that a significant % of matches are reserved for document ready clients within the prioritization ranges for score, length of time, medical vulnerability etc. Minimize time spent looking for individuals but with care to ensure that providers are doing their required and initial due diligence. Utilize an evaluation tool to help identify PSH clients who can graduate out of case

	management if CM services are no longer
	needed
•	Review RRH cases monthly to understand who
	has the income and support in place to
	graduate from RRH in advance of 12 months.