



Interagency Council on Homelessness

Housing Solutions Committee



04 April 2022

Meeting Agenda



- I. **Welcome & Agenda Review (5 mins)**
 - a) **Introduction & Agenda Review**
- II. **Context/Background (10 mins)**
 - a) **Recovery Funding Available**
 - b) **Piloting Deeply Affordable Housing (DAH) for Singles and Families**
 - c) **Opportunity to support conversion of interested ES/TH Facilities**
 - d) **Focus on Funding Housing, not Services with Recovery Funds**
- III. **Identifying Target Population for DAH Pilot (30 mins)**
 - a) **Reviewing Recommendations from Prior Discussions**
 - b) **Reviewing PIT and CAHP Data Available, including Limitations**
 - c) **Other sources that we should review/use?**
- IV. **Identifying System Preference for DAH Pilot (10 mins)**
- V. **Identifying Client Preferences for DAH Pilot (30 mins)**
 - a) **Consumer Engagement Framework**
 - b) **Focus Group Goals & Instrument**
 - c) **Location and Timing Considerations for Conducting Focus Groups**
 - d) **Other Considerations/Feedback**
- VI. **Summary and Adjournment (5 mins)**
 - a) **Housing Solutions Committee Mtg: 4/18, 2 – 3:30 PM**
 - b) **Special Recovery Planning Session: 5/02, 2 – 3:30 PM**

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Recovery Funding Available



FUNDING PARAMETERS	HOME-ARP	Fiscal Recovery Funds (SLFRF)	Recovery Housing Pilot (RHP)
Eligible beneficiaries	<ul style="list-style-type: none"> Households that are homeless or at risk of homelessness, or fleeing or attempting to flee domestic violence, stalking or human trafficking. At least 70% of assisted units must benefit qualified households (qualified units). Up to 30% of units in projects that also have qualifying units can benefit households earning up to 65% MFI. 	<ul style="list-style-type: none"> Assisted units must be affordable to households earning no more than 65% MFI. In rental projects with more than 5 units, 20% of units must be affordable to households earning no more than 50% MFI. 	<ul style="list-style-type: none"> Individuals in recovery from a substance use disorder. At least 51% of beneficiaries must: <ul style="list-style-type: none"> Earn no more than 80% of MFI. Earn no more than 100% of the Federal Poverty Level OR Are insured by Medicaid.
Min affordability term – housing	Minimum 15 years.	No minimum requirement.	No minimum requirement.
Max occupancy term -- tenants	No maximum.	No maximum.	2-year maximum.
General affordable housing production uses	<ul style="list-style-type: none"> Acquire, rehabilitate, or construct affordable rental housing primarily for qualifying households. Capitalized operating expense reserves, to cover difference between rent and 30% of qualified tenant income. Maximum amount of reserve is estimated need for maintaining affordability in qualified units for 15 years. 	Affordable housing: <ul style="list-style-type: none"> Development, including property acquisition. Repair. Operation, including capitalized operating expense reserves. 	For recovery housing: <ul style="list-style-type: none"> Acquisition and disposition. Relocation, clearance, demolition. Rehabilitation and construction of single-family, multifamily or public housing properties. Payment of lease, rent, and utilities, tenant and project-based. Public facilities and improvements.
Eligible services & household financial support	McKinney Vento supportive services and homelessness prevention services.	Services or programs to increase long-term housing security.	Services to individuals to be provided by DBH, ultimately billable to Medicaid.
Amount available	\$16,465,064	\$31,000,000	\$2,101,836
Statutory deadlines	Expenditure: 9/30/2030	Obligation: 12/31/2024 Expenditure: 12/31/2026	Expenditure: 30% w/in 1 yr of grant agreement; 100% by 9/1/2027.
More information	https://www.hudexchange.info/programs/home-arp/	https://home.treasury.gov/policy-issues/coronavirus/assistance-for-state-local-and-tribal-governments/state-and-local-fiscal-recovery-funds	https://www.hudexchange.info/programs/rhp/

Piloting Deeply Affordable Housing



Reminder that focus is on Singles that are not likely to qualify for PSH and Families exiting FRSP with rents greater than **50%** of income (severely rent-burdened), meaning

- ❖ Not chronically homeless;
- ❖ Do not have significant vulnerabilities or a disability that requires long-term support and services;
- ❖ Are not assessing for PSH

FDBK: maybe most prudent to think through how many of those families we can serve. Knowing what families are in the different bands: do we have a lot of families exiting and paying 75% of income for rent? Depends on household composition. That may help us make a decision! Also, knowing how many affordable units we can create might help us make a decision about targeting.

FDBK: can feedback be shared between meetings? YES!

FDBK: if the income of folks are increasing, then they continue to pay more for rent? Does that help sustain the affordability of the development? If they are over-income, can they continue to live there? If there is no demonstrated disability, can we expect our clients to be gainfully employed and where does the money go? Does it stay with the unit in the reserve? What can we do to make sure it continues to benefit our clients and the system?

Conversion of Interested ES/TH Facilities



Reminder that since the release of Homeward DC (original strategic plan) in 2015

- ❖ Family homelessness is down 73%
- ❖ Veteran Homelessness is down 45 %

One outcome is low average occupancies at Family and Veteran specific facilities:

- ❖ Average occupancy at Short-Term Family Housing (STFH) is currently at 48%
- ❖ Average occupancy at Veteran specific Grant Per Diem (GPD) Funded TH is at 36.54%

Preliminary CAHP Projections for Singles Subsystem:

- ❖ Potential for single homelessness to go down 72%, if we can assign all FY22 resources by July 2022
- ❖ Current average occupancy for TH serving Singles is 51.9%
- ❖ **FDBK: is this about COVID? There was not a lot of movement these last two years. So may be best to be cautious and continue tracking trends. Suggestion: reflect to community what average occupancies looked like before COVID!**

Focus on Funding Housing, Not Services



- ❖ Goal for piloting Deeply Affordable Housing is to use Recovery Funds for creating housing opportunities dedicated to individuals and families experiencing homelessness by
 - Subsidizing acquisition or construction costs or
 - Funding an operating reserve to cover shortfalls between affordable rent to clients and rent needed to cover operating costs,
 - No debt service
- ❖ Not for funding services, but recognize that there might be a need for services based on prior discussion notes
- ❖ Potential opportunities for funding services:
 - Pairing with RRH funded CM services (already identified)
 - Other sources for funding services (for exploration at the upcoming April 18 meeting)

FDBK: we want to advance on housing to be a human right for everyone born in the District and long-term district residents, so we do need housing that is affordable to individuals/families, especially for older individuals. Ideally, this would be mandatory and developed at the level/scope of the need.

Not just in homeless services.

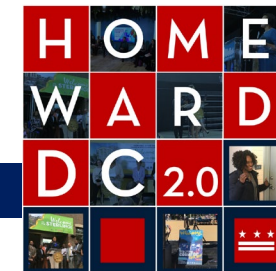
FDBK: what about PSH Plus as a model? Why are we not discussing PSH Plus as an option?

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Recommendations from Prior Discussions



Singles:

- ❖ Aging clients on a fixed income
- ❖ Housing for working adults experiencing homelessness
- ❖ Shared versus single room occupancy (SRO) or one-bedroom units
- ❖ Recovery Housing Pilot opportunity targets clients with SUD

Families:

- ❖ FRSP exits that are rent-burdened or severely rent-burdened (paying more than 30% or 50% of income for rent)

Purpose of Reviewing Data:

- ❖ To confirm demand for target populations previously identified
- ❖ To consider additional target populations

Jan 2021 PIT Data for Singles



Total count: 3,871

Subpopulations:

- ❖ 1,618 are chronic, 2,253 are not chronic
- ❖ 184 are veterans,
- ❖ 325 are Transitional Age Youth (TAY),
- ❖ 366 identify as LGBTQ+

Demographics:

- ❖ 42.4% are over age 55 (and 20.9% are 62+)
- ❖ 26.3% are Female, 72.2% are Male
- ❖ 85.3% Black or African American

Life Experiences reported:

- ❖ 454 history of foster care
- ❖ 768 history of DV and
- ❖ 1,857 history of institutional involvement

Disabling Conditions reported:

- ❖ Mental Health: 46.3%
- ❖ Substance Use Disorders: 17.8%
- ❖ Chronic Health Conditions: 25.3%
- ❖ Developmental Disabilities: 6.6%
- ❖ HIV/AIDS: 4.0%

Income reported

- ❖ 38.6% has income of which
 - 60.9% (or 908 individuals) SSI/SSDI,
 - 21.8% (or 325 individuals) employment,
 - 10.1% (151) other, and
 - 3.7% (55) Pension/Retirement
- ❖ 61.4% has no income



FDBK on PIT Data Reviewed



- ❖ Seniors not quite at SSI age range?
- ❖ Qxn: Is there some way of gathering data on the impact of supporting seniors? And whether the weight of supporting older senior falls on women who might also be experiencing homelessness?
 - Does rooming opportunities allow us to think through whether we can support the network of caretakers who are connected to the seniors experiencing homelessness.
- ❖ Is PIT undercounting who is connected to income?
- ❖ Is this an opportunity to think through who is scoring for RRH but is well connected to employment or vocational training?
- ❖ For the model to work financially is there an amount that people can/should contribute?
 - HOME ARP money dictates that rents are set at 30% of adjusted income.
- ❖ Simplest: an intervention that folks are referred to after they have tried RRH and we know more about the individuals and can refer them to either
 - PSH because they need long term supports vs
 - DAH because they need long-term assistance with affordability, not long-term supports and services (may need continued employment or vocational-related supports and services which would be delivered by other agencies and/or other sources, not necessarily homeless services).
- ❖ Given that we don't have enough flow in the system (particularly for adults),
 - So people in SROs and CRFs end up stuck and can't leave because we don't have enough housing and options for where folks in our existing SROs and CRFs can graduate to!
 - So should we even be building for rooming situations when we know folks might not want that as the permanent place.

March 2021 CAHP Data for Singles



March 2021 - Single Adults (Non-Vets) Not Yet Matched

		VI-SPDAT Scores			
	TOTAL	OTA VI	RRH VI	PSH VI	Not Assessed VI
Outreach/Service Engagement	1486	37	265	482	702
Emergency Shelter/LBS	2518	211	543	542	1222
PEP-V	391	31	134	180	46
Transitional Housing	397	15	61	134	187
TOTAL	4792	294	1003	1338	2157

		Full SPDAT Scores			
	TOTAL	OTA Full SPDAT	RRH Full SPDAT	PSH Full SPDAT	Not Assessed Full SPDAT
Outreach/Service Engagement	1486	6	33	138	1309
Emergency Shelter/LBS	2518	8	40	99	2371
PEP-V	391	3	14	21	353
Transitional Housing	397	16	50	85	246
TOTAL	4792	33	137	343	4279

		Assessment Overview Totals			
	TOTAL	Assessed w VI only	Assessed w Full Only	Assessed w Both	Not Assessed w Either
Outreach/Service Engagement	1486	658	51	126	651
Emergency Shelter/LBS	2518	1175	26	121	1196
PEP-V	391	308	1	37	45
Transitional Housing	397	140	81	70	106
TOTAL	4792	2281	159	354	1998

Key: OTA = One Time Assistance; RRH = Rapid Re-Housing and PSH = Permanent Supportive Housing

Take away:

- ❖ 1,297 of 2,635 (49%) singles are scoring for OTA or RRH on the VI-SPDAT
- ❖ 170 of 513 (33%) of singles scoring for OTA or RRH on the Full SPDAT
- ❖ Outcomes reflect the purpose of the different SPDAT tools. Most likely appropriate to extrapolate outcomes of the VI-SPDAT across those who have not been assessed.

Jan PIT Data for Families



Total count: 1,240 (adults and minors)

Subpopulations (adults only):

- ❖ 31 are chronic, 282 are not chronic
- ❖ 184 are veterans,
- ❖ 325 are Transitional Age Youth (TAY),
- ❖ 366 identify as LGBTQ+

Demographics (adults only):

- ❖ 35.8% are 18 - 24
- ❖ 42.7% are over 25-34
- ❖ 15.6% are 35-44
- ❖ 82.2% are Female
- ❖ 96% Black or African American

Life Experiences reported (adults only):

- ❖ 46 history of foster care
- ❖ 305 history of DV and
- ❖ 443 history of institutional involvement

Disabling Conditions reported (adults only):

- ❖ Mental Health: 62.3%
- ❖ Substance Use Disorders: 5.6%
- ❖ Chronic Health Conditions: 20.4%
- ❖ Developmental Disabilities: 11.7%
- ❖ HIV/AIDS: 4.0%

Income reported

- ❖ 61.9% has income of which
 - 63.6% TANF or Public Assistance (SNAPS)
 - 14.4% (or 44 adults) SSI/SSDI,
 - 14.8% (or 45 adults) employment,
 - 6.9% (21 adults) other, and
- ❖ 38.1% has no income

CAHP Data for Families



Outstanding

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What Principles/Preferences Should We Adopt/Consider?



What are the pros/cons related to adopting/prioritizing the following principles/preferences?

- ❖ **Integration**, so that we are not creating housing that is segregated by sex, age, and/or income levels
- ❖ **Location**, so we are creating affordable housing opportunities in parts of the District where there are currently fewer options?
- ❖ **Development of units that are flexible**, so we are creating units that can serve either families and/or individuals
 - Perhaps large units (lots of bedrooms) in configurations that allow for multiple individuals to rent as housemates?
- ❖ **Other?**

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Consumer Engagement Framework



Guiding Qxns	Notes/Considerations
Why?	Purpose will not only help identify target population, but also impact all aspects below
What?	Based on the purpose, what questions should we be asking our clients/consumers?
Who?	<p>a) Will be engaged: target population Key question here is who in our system is impacted by the proposed activity (be it a project, program or update to operations).</p> <p>b) Will be doing the engagement: District agency staff vs Provider staff vs Peers This will depend on the purpose of the engagement. In some instances, peers will be the trusted partners and target population will be more honest. In other instances, government is who the target populations wants to see and hear.</p>
When?	Suggested times of day/night for engagement activities
Where?	Proposed locations for engagement activities
How?	Types of activities (e.g., Town hall vs Focus Groups vs Survey (paper, online, oral))
Other?	

Focus Group Goals and Instruments



Why?	<p>Purpose of conducting focus groups.</p> <p>To understand target population preferences related to:</p> <ul style="list-style-type: none">❖ Where should the housing be located?❖ Is there a greater need for single- or double-bedroom units?❖ Do individuals prefer to live alone or with roommates?❖ Are full kitchens and private bathrooms needed or will shared amenities do?❖ Will tenants trade off top choices for lower rent or a better neighborhood?
What?	<p>What activities will be conducted? What questions will be asked of Focus Group Participants?</p> <p>Review HNNT titled DAH Client Focus Group Instrument</p> <p>The Focus Group Instrument addresses each of the topic areas identified above including location, private or shared living spaces, preferences for kitchens and bathrooms, and trade-offs.</p>

Locations and Timing Considerations



<p>Who?</p>	<p>a. Will be Engaged Singles not likely to match to PSH & Families exiting FRSP with rent greater than 30% of income</p> <p>b. Will be doing the Engagement OP Staff</p>
<p>Where?</p>	<p>Proposed locations for engagement activities Shelters, Temporary Housing (STFH), and/or Transitional Housing Facilities</p>
<p>When?</p>	<p>Suggested times of day/night for engagement activities Assuming that evenings likely work better</p>
<p>Other?</p>	<p>Areas of feedback? Should OP consider virtual focus groups? Do COVID protocols allow for OP staff to visit and conduct Focus Groups in shelters, STFH or TH facilities?</p>

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