Interagency Council on Homelessness

Housing Solutions Committee

18 April 2022

Meeting Agenda

I. Welcome & Agenda Review (5 mins)
   a) Introduction & Agenda Review
II. Feedback Received To-Date (15 mins)
   a) Types of interventions recommended
   b) Approach for fleshing out recommendations
III. Identifying Target Population for DAH Pilot (20 mins)
   a) Reminder that we reviewed PIT and CAHP data for Singles
   b) Reviewing PIT and CAHP data available for Families
IV. Identifying System Preference for DAH Pilot (15 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) Special Recovery Planning Session: 5/02, 2 – 3:30 PM
   b) Regular Housing Solns Committee Mtg: 5/16, 2 – 3:30 PM

Meeting Agenda

I. Welcome & Agenda Review (5 mins)

II. **Feedback Received To-Date (15 mins)**

   a) **Types of interventions recommended**

   b) **Approach for fleshing out recommendations**

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Feedback Received To-Date

What kind of interventions do we need in our system?

1. **Deeply Affordable Housing**
   Pilot proposed for Recovery Funding as part of Consolidated RFP. Fleshing out the program model in response to feedback and questions received when the idea was introduced.
2. **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. 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.
3. **Conversion of ES/TH Facilities**
   Proposed at 2/15 Strategic Planning & 2/28 HSG Solns committee meetings. 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.
4. **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 funding/piloting PSH Plus.

Approach for Fleshing Out Recommendations

- Aspects that need to be fleshed out for each recommendation:
  - Target popn and demand
  - Service needs of target popn and available services for those needs
  - Building configuration/characteristics based on target popn and service needs

Forums for fleshing out recommendations

Recommendation	Forum
Deeply Affordable Housing (DAH) • **SRO (FDBK: stuck!)**	**Housing Solutions Committee**
Non-Congregate Shelter (NCS)	**Emergency Shelter Response and Operations (ERSO)** • **Shelter (Re)Design is the topic for next meeting** • **Transition-in-place: SRO/efficiency/studios or Workforce beds?**
Conversion of ES/TH Facilities to: • DAH • NCS • PSH or • PSH Plus	Does this need a forum if: • DAH is being fleshed out here in Housing Solutions, • NCS is fleshed out ERSO • PSH is a well know and funded intervention • PSH Plus was fleshed out in Housing Solutions in 2021
PSH Plus	**Already fleshed out in Housing Solutions Committee Presented May 2021, will bring back up at future**

Feedback for Consideration

- Which projects are low-hanging fruit?
  - ES/TH conversion from Veteran Subsystem (2 examples: Access Housing and MEDdevelopers)
  - PSH Plus is fairly well prescribed/established, so likely a couple of projects in the works
  - Some examples are already in the Consolidated RFP pipeline (under consideration for Round 2)
- How can we estimate the cost for these different interventions to help us prioritize options for 2022?
  - More info on desired unit type needed!

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Recommendations from Prior Discussions

Singles:

- Aging clients on a fixed income –while income is likely under-reported in PIT, important to recognize we might not have enough aging clients on a fixed income.
  - Are folks getting the benefits that they are entitled to? Is the issue that we're not adequately connecting clients to these benefits? Could we be doing better at connecting them to benefits or would they be better connected once in housing?
  - Push back that 908 at the PIT is not a number to sneeze at!
- Housing for working adults experiencing homelessness –again, while employment connection is likely under-reported in PIT, important to recognize that we might not have enough working adults to limit targeting to this population.
  - Expanding who has recent employment history or a desire to be employed which is a larger pool.
- Targeting multiple populations:
  - What do we want the pilot to be for? If we are trying something out and then take it to scale, might not be able to do 2-3 pilots. Which ones amongst these suggestions can be best leveraged in our current system?
  - We do have a cohort that is aging in our adult system!
  - We may have an opportunity to marry pilot with DOES funding/services/programming!
- Shared versus single room occupancy (SRO) or one-bedroom units
  - Important to recognize that we do not have many options so our clients generally age in the location that they move into. SROs do not support aging in place well.
  - Does shared housing (in a 2 or 3-bedroom context) constrain aging in place? Important for clients to chime in!
  - Pandemic likely influences desire to share housing (in unexpected ways: people might want to share to avoid the isolation experienced during the Pandemic!)

Recovery Housing Pilot opportunity targets clients with SUD

Recommendations from Prior Discussions

- Recommendation from 4/04 mtg: targeting/triaging clients who have tried RRH because
  - We know more about the individual and whether they need long term support/services (i.e., PSH) vs
  - An affordable housing intervention that does not come with long term services and supports (i.e., DAH)
- What kind of info do we need to ensure this recommendation is workable?
  - How many DAH slots are we likely to pilot?
  - How many RRH exits can we anticipate annually for singles?
  - What do we know about those exits at this time?
  - FDBK: if we're targeting older adults, shortcoming might be that older adults aren't considering RRH as an intervention because of it's time limited nature!

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

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.

Recommendations from Prior Discussions

Families:

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

Purpose of Reviewing PIT and CAHP Data:

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

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% (101) * might be a COVID-related phenomenon!
- 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

- FRSP CAHP data:
  - Total number: 2,595 families
    - ✓ 247 already matched to PSH/TAH,
    - ✓ 2,348 not yet matched
  - Assessed and not yet matched:
    - ✓ PSH (scoring 53-80): 155 (~6%)
    - ✓ RRH (scoring 27 – 52): 1042 (~44%)
    - ✓ OTA (scoring 0 – 23): 802 (~34%)
  - Not Yet Assessed: 349 (~15%)

- Question that might help us with thinking about targeting?
  - How many of these households are pay 30% vs 50% vs 75% of income on rent but are not scoring to PSH?
  - 90% of families cannot afford rent when they exit?
  - Heads up that DHS is revamping contracting for services. TANF providers get incentives based on income outcomes. DHS will be restructuring FRSP contracts to align with the TANF-type contracting model/outcomes.
  - Might make sense to wait for the update of contracting to move forward with a family-specific pilot?

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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
  - Pros: instutitized; integrated may allow us to serve both families and singles as a pilot; also creates space for nonbinary individuals for whom single-gender spaces may not work
  - Cons: deliver services in a way cost-efficient, might support a community of individuals with similar experiences. Maybe a consideration with aging adults?
- **Location,** so we are creating affordable housing opportunities in parts of the District where there are currently fewer options?
  - FDBK: Building outside the SE is the goal. It is a part of the Mayor's equity housing goals, so this is the guidepost the Mayor has given us!
- **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?
  - FDBK: looks interesting because it might allow for multi-generational housing but not sure about what it takes on the development side.
- **Other?**

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What do we need to get at? Priorities and trade-offs!

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)

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?	**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).
	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.
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?	**Purpose of conducting focus groups.** To understand target population preferences related to: ❖ 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?	**What activities will be conducted? What questions will be asked of Focus Group Participants?** **Review HNDT titled DAH Client Focus Group Instrument** 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.

Locations and Timing Considerations

Who?	**a. Will be Engaged** Singles not likely to match to PSH & Families exiting FRSP with rent greater than 30% of income
	b. Will be doing the Engagement OP Staff
Where?	**Proposed locations for engagement activities** Shelters, Temporary Housing (STFH), and/or Transitional Housing Facilities
When?	**Suggested times of day/night for engagement activities** Assuming that evenings likely work better
Other?	**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?

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