Interagency Council on Homelessness

**Proposed* Healthcare Committee*

12 March 2025

Updated: 13 March 2025

Convention for Recording ICH Committee & Full Council Meetings:

- Recording for purposes of complying with the Open Meeting Act requirements
- Available for anyone who requests a copy at ich.info@dc.gov.

Flag: this forum has not been officially adopted as a CMTE and was operating like a WG until this month. Given the pivot to closed Workgroup meetings across the ICH infrastructure, we thought it important to provide the space for public comments at this meeting

Purpose

ICH
INTERAGENCY COUNCIL ON HOMELESSNESS

Forum for leadership in planning, policymaking, program development, provider monitoring, and budgeting for the District's Continuum of Care of homeless services (DC Code at § 4–752.01).

HEALTHCARE COMMITTEE

Forum for integrating health care resources across homeless services.

Associated Forums

HEALTHCARE COMMITTEE

- Improving access to and delivery of the appropriate healthcare services
- Leveraging Medicaid to Address Social Determinants of Health and Transform Homeless Services,
- Performance planning for relevant activities under HWDC2.0 Implementation and CoC Operations, including reviewing priorities & projects led by the relevant WG

BH BEHAVIORAL HEALTH WORKGROUP

- Ensuring access to the appropriate behavioral health services and supports,
- Supporting effective crisis prevention/intervention and
- Addressing opioid epidemic related concerns, especially the risk of fatality while experiencing homelessness or residing in housing.

Proposed Mortality Review Workgroup

- Reviewing deaths in dedicated interventions coordinated by the OCME, Fatality Review Division
- Identifying appropriate immediate corrections or long-term system transformations to minimize deaths
- Flag: Workgroup proposed after the draft Workplan was shared with the Executive Committee.

Proposed Health Care Projects & Priorities

Priorities	Projects

Improving access to and delivery of health services	• Supporting Medicaid enrollment and renewal,
	• Understanding prevalence of healthcare conditions with the intent of
	  • Identifying strategies for developing/scaling appropriate medical interventions, and
	  • Embedding or integrating medical services across homeless service programs/interventions as appropriate.
	• Supporting care coordination and navigation to appropriate healthcare interventions (and vice-versa), including
	  • Integrating healthcare data into existing CAHP framework to improve reliability of vulnerability assessments and prioritization factors,
	  • System mapping for health care resources available to and dedicated to homeless services. Ex. Maternal Health and Unsheltered.
	  • Improving service delivery through broadband access. Leveraging telehealth, education as an entry point.

Leveraging Medicaid	• Renewing the existing 1115 Waiver to ensure maximum flexibility relative to
	  • Housing attainment and sustainment services offered at the Front Door, including Temporary Housing, and
	  • One-time or short-term housing assistance, including diversion, homelessness prevention, and rapid-rehousing resources.
	• Expanding the 1915i Waiver to include services rendered under Targeted Affordable Housing (TAH), and
	• Exploring In Lieu of Services (ILOS) to incentivize Managed Care Organizations (MCOs) to reduce health disparities and address unmet health-related social needs.

Performance Planning	Supporting the development and implementation of a performance management framework specific to improving health care outcomes for people experiencing homelessness as well as the work of the ICH Health Care CMTE and Behavioral Health WG by • Reviewing a proposed outline • Updating the proposed/draft framework or idea by integrating the feedback, and • Finalizing the proposed/draft framework for adoption.

Nominations as of 02/26

Category	Potential Reps & Justification	Current Nominees	Addtl Forums Nominees Identified
2 CoC Infrastructure	Lead Agency for Ending Homelessness	• ICH**: Theresa Silla or designee	
	CAHP and HMIS Lead Agency	• TCP**	
2 District Agencies *includes co-chair	Focused on front door and overlap to outreach Ex. DHCF, DHS, DC Health, DBH	• DHCF** and/or DC Health**	
		• Christian Howard (DHS)	• BH, Strategic Planning
2 Lived Experience Reps	Lived experience of: • Homelessness, • Health concerns - currently living with or recovered from: chronic, mental illness, SUD. • Service Use - respite beds, DBH services and DHS homeless services, MCOs	• Rachelle Ellison (PFFC)*	• All Forums
		• Umi Elemoso	• All Forums
		• Qaadir El-Amin (RTL)	• Strategic Planning, Executive, ERSO, CEWG
		• Robert Warren (PFFC)	• REI, SAS, CEWG, YAS, Housing Solns, ERSO, Exec, Strategic Planning
4 Service Providers	Homeless Services/Housing Ex. Street Outreach/Front Door Provider, PSH/Housing Provider	• Christy Respress (Pathways to Housing)*	• Exec
		• Adebukola Olufotebi (N Street Village)	
		• Shannon Slowery (Community of Hope)	
		• Amanda Chesney (Catholic Charities)*	• Exec, ERSO, Shelter Solns, BH, Strategic Planning, SAS, Full Council
		• Deborah Jones (Housing Up)*	• REI, BH, FSWG
		• Kathy Hudson (MK)	
	Healthcare/Adjacent Services Ex. CRF, SRO, FQHCs, Hospitals, Medical provider(s) that work with people experiencing homelessness	• Angela Oehlerking (Christ House)	• Housing Solns
		• Catherine Crosland (Unity)*	• Supporting Justice, BH, SAS
2 Advocacy and/or Business/Private Sector	Full Council member OR Regular WG attendee Ex. DC Hospital Association, DC Primary Care Association (DCPCA)	• Tobie Smith (Street Health DC)*	• FDS, BH
		• Laurena White (N St Village)	
		• Regine Elie (Healthy Babies Project)	• Exec, YAS
		• Jennifer Olney (Community Foundation)	• Strategic Planning
1 DC Council	Human Services or Health or Committee on Hospital and Health Equity	• At-Large Councilmember Christina Henderson or designee	
OPRMI	Administrative head of Office of Shelter Monitoring	• Christa Phillips	• All ICH forums

**** Indicates recommended by the ICH Team | * Indicates Full Council members**

Meeting Agenda

I. **Welcome, Agenda Review, & Housekeeping (5 mins)**
   a) Purpose & Agenda Review
   b) Introductions & Housekeeping
II. **System Check-In (35 mins)**
   a) Top of Mind and Industry News (10 mins)
   b) Federal Landscape, especially Medicaid (15 mins)
   c) Budget & Community Estimates, if any (10 mins)
III. **Review of Relevant Strategic Plan Goals (70 mins)**
   a) Orientation (5 mins)
   b) Breakout Activity (35 mins)
   c) Breakout Report (25 mins)
   d) Lessons Learned & Next Steps (5 mins)
IV. **Announcements & Reminders (5 mins)**
V. **Summary & Adjournment (5 mins)**
   a) April focus: Comments on the Mayor's Proposed Budget
   b) Next Health Care Committee Meeting in May on 05/14 from 3:30 – 5 pm

Intros, Announcements, & Concerns

- **Use "chat" for the following**
  - Introductions – your name, pronouns, org, title/role
  - Announcements/reminders – key changes/updates
  - Concerns – to confirm time needed for System Check-In & to support triage for immediate resolution, if appropriate

- **Callers:**
  - Use *3 to raise your hands so we can see you
  - Use *6 to unmute for intros, announcements, & concerns

Housekeeping

- **Immediate Follow-Up**
  - Timing: Within one business day of the meeting
  - Contents: PPT slides with live notes & Announcements/Reminders
- **Formal Meeting Notes:**
  - Generally, ICH team sends official meeting notes within a week
  - Automatically adopted unless issues flagged within a week of transmittal
- **Managing the Listserv:**
  - Meeting materials are only distributed to listserv members
  - To join the listserv, email ich.info@dc.gov
- **Feedback/Concerns/Questions:**
  - Reply all to listserv emails to include forum co-chairs for awareness as reps

Live Notes on Welcome & Agenda Review

Introductions:

- **ICH Lead: Theresa Silla and Jill Carmichael**
- **Co-chairs:**
- **Presenters:**
  - Melissa Bryd (Senior Deputy Director and Medicaid Director, DHCF)
  - Lara Pukatch (Chief Advocacy Officer, MK)
- **Callers:**
  - Dr. Sonal Batra (GW)
  - Ella Roth (NASHP)

Feedback:

- **FL (Org): …**

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System Check-In

- Opportunity to understand what is top of mind for our constituents and prepare for future meeting agendas!
- Two guests with limited time to help us understand the landscape so will prioritize:
  - Medicaid Landscape and
  - Budget – specifically community estimates of need

The Medicaid Landscape

Presentation to Interagency Council on Homelessness (ICH) Healthcare Committee

March 12, 2025

Melisa Byrd
Senior Deputy Director and Medicaid Director

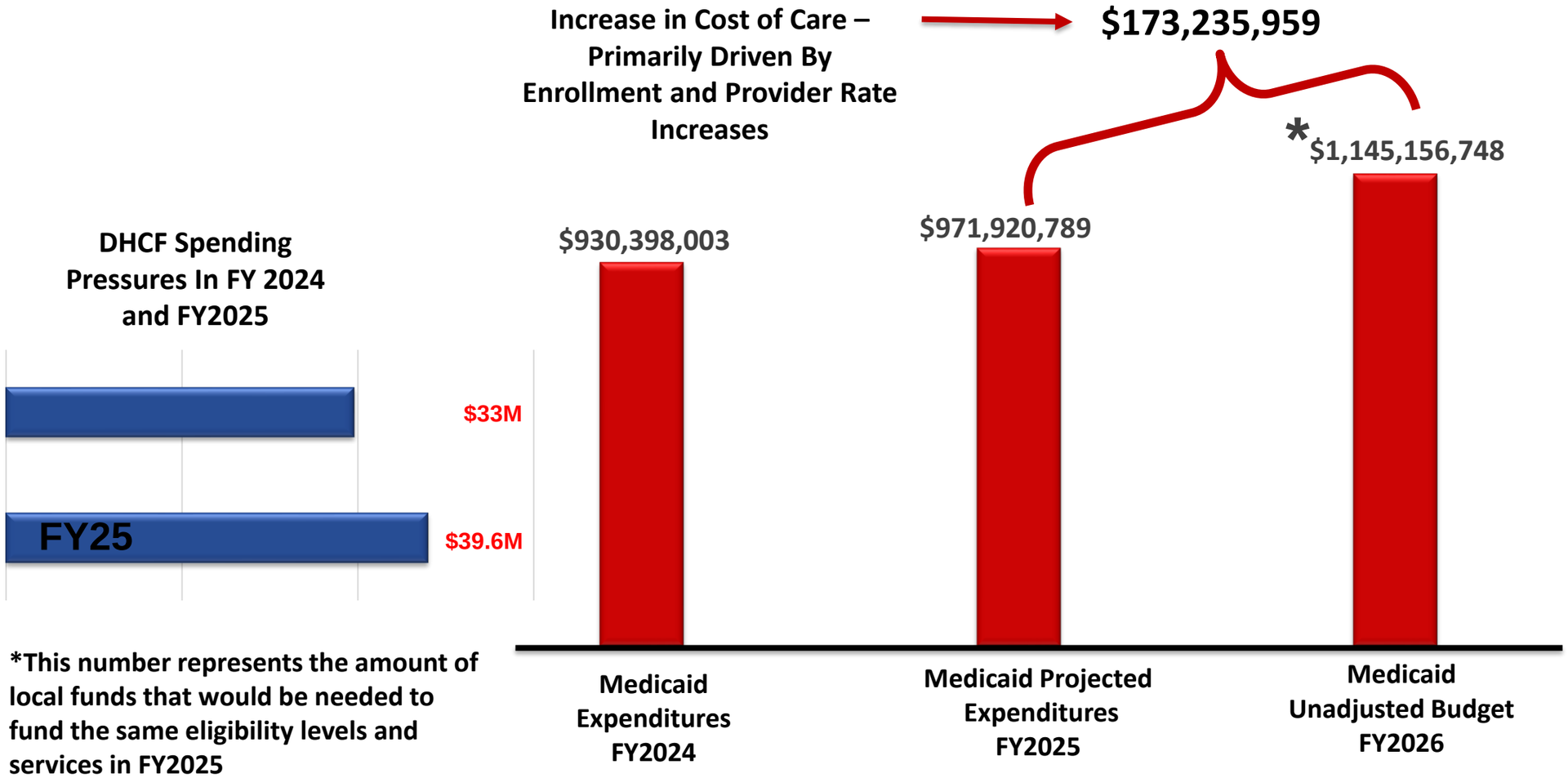
Medicaid Landscape: It's a Challenging Time for Medicaid

- Increasing enrollment and costs of services
- Proposed reduction in federal funding support for DC Medicaid
- Unclear federal legislative direction on Medicaid

Medicaid Landscape: The Local Perspective

- Increasing enrollment and costs of services amid city revenue declines
  - Maintaining the current level of enrollment and services requires a significant additional local investment for Fiscal Year 2026
  - CFO forecasts a decline in revenue by more than $1.1 billion over the four-year financial plan – noted impact of federal workforce reductions

Without any Change to the District's Medicaid Program Design, the City Would Need to Allocate $173.2 Million in Additional Local Dollars to Pay for the Program in FY2026



*This number represents the amount of local funds that would be needed to fund the same eligibility levels and services in FY2025

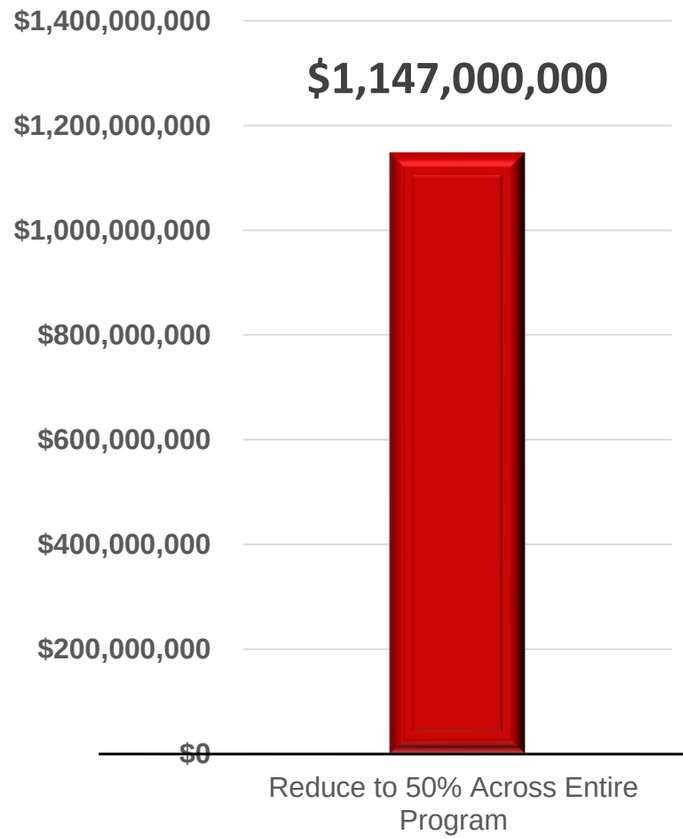
Medicaid Landscape: Federal Perspective
Proposed Reduction in Federal Funding for DC Medicaid

- Proposal to eliminate DC's "special FMAP" of 70/30 to 50/50 (federal/state)
  - Typically, the federal government's share of Medicaid spending is based on the "FMAP Formula"
    - A state's FMAP is based on the ratio of its per capita income, squared, to the US per capita income, squared
    - No state can have an FMAP below 50%

- DC's FMAP was statutorily set by Congress in the 1997 Revitalization Act:
  - *The current FMAP of "50% unfairly treats DC as if it were a state when it does not possess the requisite attributes of the state under the formula used to determine FMAP"*

If the Chairman's Instructions to the House Congressional Budget Committees are Eventually Passed, the District's Medicaid Funding Could Decline by $2.1 Billion from Projected FY2025 Levels

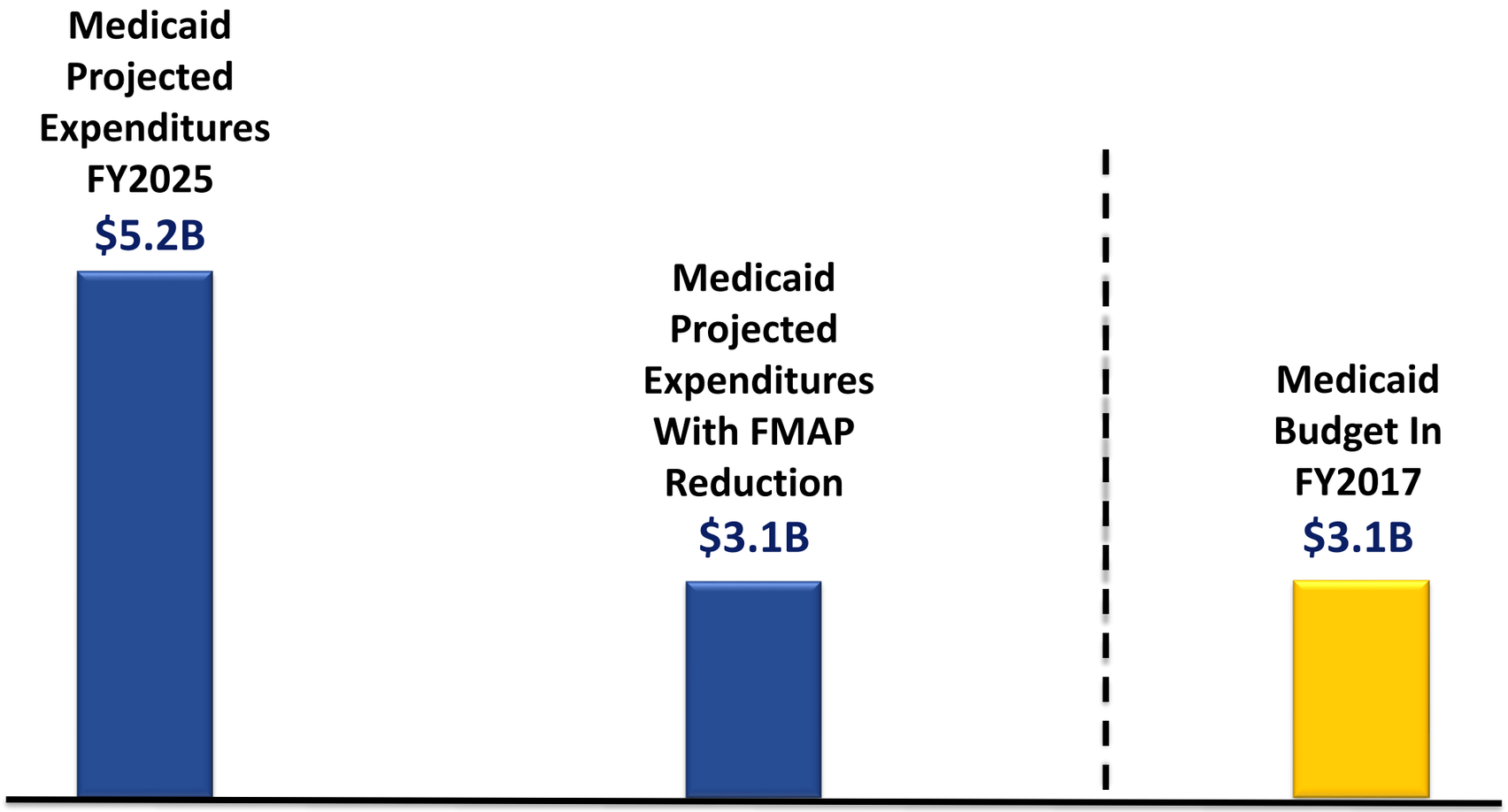
Local Fund Replacement Cost For Potential FMAP Reduction



Impact On DC Medicaid Budget If Federal Funds Are Not Replaced

FY25 Forecasted Spending with Current Match Rates	Loss of Funds With Across The Board Reductions And No Local Replacement
$5.2 Billion	($2.1 Billion)

The Federal Loss of Funds Associated with an Across-the-board Reduction in the District's FMAP to 50 Percent Would Return the Program to its 2017 Level



Virtually Every Aspect of the District's Medicaid Program Would be Impacted by Such Drastic Funding Losses

FMAP Reduction Scenarios	Funding Gap Associated With FMAP Change	Groups That Could Be Implicated By FMAP Reduction
ACA Expansion Population Reduce FMAP from 90% to 50%	$373 million	• Childless adults population (above 138% of FPL) • Obamacare expansion group
Reduce FMAP from 70% to 50%	$731 million	• Childless adults (above 138% of FPL) • Obamacare expansion group • Some optional services and other populations (e.g., optional children)
FMAP at 50% across the entire program	$1.1 billion	• All optional populations and many optional services • Provider rates

Medicaid Landscape:
Unclear Federal Legislative Direction on Medicaid

- Congress is Moving Forward on Budget Reconciliation
  - Other key entitlement programs (e.g., Medicare) are said to be “off the table” - suggesting cuts to Medicaid are likely
  - Several proposals impacting Medicaid were included in the House Committee on Budget Blueprint
    - Reduce FMAP Floor Below 50%
    - Reduce Expansion FMAP to 70% or 50%
    - Reduce Administrative FMAP to 50% (e.g., 90/10 IT FMAP)
    - Implement Per Capita Caps
    - Work requirements
    - Reduce Provider Taxes
  - Details on what proposals may be included in the reconciliation bill will be forthcoming over the next several weeks
  - DHCF will continue to monitor Congressional actions and their potential impact to DC

Live Notes on Medicaid Landscape

- **CR (Pathways):** To give you a sense of other state FMAPs https://www.kff.org/medicaid/state-indicator/federal-matching-rate-and-multiplier/?activeTab=map&currentTimeframe=0&selectedDistributions=fmap-percentage&sortModel=%7B%22colId%22:%22Location%22,%22sort%22:%22asc%22%7D
- **Ms. Naomi:** That makes a lot of sense.....
  - **TS (ICH):** Ms. Naomi, which part doesn't make sense? The rising costs or the loss of revenue?
  - **Ms. Naomi:** Both
  - **TS (ICH):** Ms. Naomi, why are you skeptical about risking costs? I think we have all seen a rise in the cost of living during and since the pandemic. Ms. Naomi, why are you skeptical about risking costs? I think we have all seen a rise in the cost of living during and since the pandemic
  - **TS (ICH):** Same question for the loss in revenue. I think we are also seeing that the City has lost a lot of retail and commerce in every Ward so it makes sense to me that the City has less revenue. I am curious why you think this is not a true statement.

Live Notes on Medicaid Landscape

- **Ms. Naomi:** The Mayor brags about how well DC is doing....looks life the Jews and immigrants will no longer be getting the help they've been given! DC is being treated like a federal agency! In all of the sectors, the cost of living is higher according to CNN, a news segment
- **TS (ICH):** do you know what is underneath the rising costs?
  - **MB (DHCF):** it can be the cost of multiple things together. Finding nurses is hard and so we hired traveling nurses and they were being paid at triple the rate they were before. So if the hospital is paying more then those costs will be reflective in the work they are doing. So workforce or pharmacy costs but a lot of workforce.
- **RE (PFFC):** with the bill that is in the house that would take us back to FY24 funding. I have 3 chronic health conditions and I have medication and if I don't take this I would die. How will these costs affect someone like me or other people who need medication?

Live Notes on Medicaid Landscape

- **MB (DHCF):** what was voted on yesterday is slightly different but will impact this. Directly I can't say what will happen since this has all come up this week. What should be front of mind is Medicaid is an entitlement program. If you are eligible and enrolled you are entitled. In order to make changes to Medicaid we have to go to the federal gov and it takes time. With the CR if that moves forward we will as an agency look at what can we do from a Medicaid perspective. There will be a process to go through. There is a lot we don't know for certain.
- **RE (PFFC):** I appreciate the detailed response. At one point I was on a dollar per prescription which I wouldn't mind if that keeps other people on Medicaid. I am advocate and will be advocating, something has to be done.

Live Notes on Medicaid Landscape

- **KH (MK):** How does cms memo on rescinding policy on 1115 waivers impact our budget?
  - **MB (DHCF):** sometimes CMS provides policy guidance through informational bulletins or State Medicaid letters called SIBS and SMDLS, just before the joint address, issued guidance on health related social needs and how Medicaid and can support. I feel most confident that re-entry supports will continue. The new administration has not approved a renewed 1115 waiver yet, we have restarted those discussions as of yesterday.
- **KC (DCFPI):** Thank you for coming with this clear presentation. Is the agency planning to implement some of the changes you're considering to deal with fed Medicaid cuts early b/c of the potential cuts forced by the CR?
  - **MB (DHCF):** the CR is so fresh I don't have any answers for that.

Live Notes on Medicaid Landscape

- **ER (Concerned Citizen):** Just to clarify, my understanding is that the reentry guidance is separate from the HRSN guidance - is that how you're understanding it, Director Byrd?
  - **MB (DHCF):** I grouped them together because they are all under one waiver. I will have to get back to you about the different guidance. I will send the answer and my email is melisa.byrd@dc.gov
  - **MB (DHCF):** Ella - just to confirm - you are right! Re-entry is separate and not rescinded.
  - **ER (Concerned Citizen):** Thank you, Director Byrd! I saw that CMS extended the application period for the reentry planning grants, so I'm crossing my fingers that it means it is still a federal priority
- **CR (Pathways):** Thank you for your leadership Director Byrd. You are doing an amazing job in chaotic times
- **MB (DHCF):** Thank you for all of the questions and input!

Budget – Community Estimates of Need

- One component of the Legislative mandate for Annual Update is to estimate the resources needed to meet service needs and implement the strategic plan.
- We are not able to meet this mandate for the FY24 Annual Update we are working on, but we want to learn about community estimates to better understand
  - Readily available data and
  - Level of effort required
- Grateful to the Way Home Campaign for sharing their budget asks and process with us, so we can learn from their efforts.

Live Notes on Budget

Presentation on The Way Home Campaign Medical Respite Beds Budget Ask LP (MK): TWHC asked for increased medical respite beds. The membership of TWHC are made up of homelessness and healthcare providers and the leadership has a large overlap with the ICH. So we want to share the thinking and overlap. Our steering committee comes up with budget recommendation and adopts the asks by consensus from the steering cmte many who are on this call. We reached out to get information and our understanding is there are about 76 medical respite beds in the city and that we need more. We do know there is an assessment being done by hospitals of those being discharged that need medical respite beds. Our best assessment is that 100 additional beds are needed to meet the need. There is E St which is slotted to come online this summer with some medical respite. The recommendation doesn't include a dollar amount. Often this is complicated or unknown. So there is an educational strategy here to make sure our city leaders know the need and have as a discussion to build capacity.

Live Notes on Budget

- **CR (Pathways):** Thanks Lara!
- **KH (MK):** You sound SOOO smart!!! :-)
- **CH (DHS):** Thank you Lara and Director Byrd
- **CC (Unity):** Second everything that Lara said and we still have a great need even though we have 76 beds. In terms of the 1115 waiver, what we have been asking for is not just the space but also the funding for the services and staffing. The one provider visit is not reimbursed right now and that is why we need to ensure funding for services. Hospital admissions and ER visits can be avoided altogether if you have medical respite.
-

Live Notes on Budget

- **JI (DHCF):** If you engage with hospitals, I think another question you may want to ask them is if there are patients that would ordinarily be discharged but are not and remain in the hospital because they cannot be discharged anywhere safely (such as to the street).
- **KH (MK):** per Jordan's comment, there is really good research from all over the country on this. On average hospitals keep patients two days longer if they don't have a safe place to discharge them so that speaks to increase costs. There is also data on when hospitalization rates drop for people who are discharged to respite and ER visits are also dramatically reduced.
- **CC (Unity):** if you have medical respite people can get daily nursing care they need and avoid the ER visit altogether.

Live Notes on Budget

- **Ms. Naomi:** How will the cuts affect immigrants who are pregnant and having families here?
  - **TS (ICH):** Ms. Naomi, are you asking about the impact of cuts to the DC Alliance Program? Or are you asking how many immigrants are served by our homeless services CoC?
  - **Ms. Naomi:** Both....
  - **BR (DHCF):** Hi Naomi, it would be hard to answer that question at this time. There has been a lot of ideas tossed around on the Federal level and there are a lot of continuing developments. We won't be able to say anything concrete till we have firm details.
- **LP (MK):** i need to hop off. thanks for the opportunity to present today! folks can always feel free to reach out with questions or feedback at lara@miriamskitchen.org. you can also check out a brief synopsis of the way home campaign's budget asks at www.thewayhomedc.org.

Top of Mind & Industry News

- Any other concerns that we need to track for future meetings?
  - Follow up with OCME and Heaven Bound
  - SNAP Benefits and Medicaid for new applicants

Live Notes on Top of Mind

- **RE (PFFC):** OCME and no Heaven Bound, I claimed a body and he is still in the morgue because there is no vendor to release him to. Also Medicaid and SNAP benefits and cuts.
- **ER (Concerned Citizen):** I am less familiar with this, but are there other impacts of loss of HUD, CMS, and other federal workforce on these efforts? And, changing HUD guidelines on Fair Housing?
  - **CR (Pathways):** Yes @Ella- all of it
  - **RE (PFFC):** I agree @Ella
- **Ms. Naomi:** We all know that our concerns may not get a response.....
- **Ms. Naomi:** Everybody knows that Blacks are the head in the homeless realm! Teresa, you're not going to follow up with me....
  - **TS (ICH):** Ms. Naomi, Brandon answered as best as he can your question. I can follow up with you afterwards as well to see what else we can figure out.

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Purpose of Review – Legislative Mandate

§ 4–752.02. Powers and duties of the Interagency Council on Homelessness.

(3) Prepare and submit to the Mayor an annual update based on existing data and community input that **reviews the strategic plan, changes in the landscape**, and **an assessment of the need for services among subpopulations**, and that **details the resources and strategies needed to support implementation of the strategic plan;**

(4) As part of the annual update, **review the efforts of each member of the Interagency Council to fulfill the goals and policies of the strategic plan;**

Buckets of Review – Strategic Plan Goals

Relevant HWDC 2.0 & Coordinated Community Plan (update to Solid Foundations) Goals/Objectives

1. Partnerships with Hospitals (HWDC 2.0 Goal 9)
2. Healthcare and Housing (HWDC 2.0 Goals 7 & 9)
3. Healthcare for Families and Youth (HWDC 2.0 Goal 5 & CPP Goal 1)

Recommending 3 Breakout Rooms:

- ❑ **Partnerships w/ Hospitals**
- ❑ **Healthcare & Housing**
- ❑ **Healthcare for Families & Youth**

Key Questions for Review

- **What is the status of the work?**
  - Does available data confirm we have met our goal/objective?
- **Is this something that is still relevant?**
  - Should we prioritize it for this year (Work Plan) or for HWDC 3.0 (Strategic Plan)?
- **If so, who should lead on it?**
  - Which agencies should lead the work?
  - Which ICH forum should track progress?

Recommending:

- ❑ **1 facilitator**
- ❑ **1 notetaker**
- ❑ **1 timekeeper**

Breakout Activity

Three (3) Breakout Groups:

1. Partnerships with Hospitals (HWDC 2.0 Goal 9)
2. Healthcare and Housing (HWDC 2.0 Goals 7 & 9)
3. Healthcare for Families and Youth (HWDC 2.0 Goal 5 & CPP Goal 1)

BO 1: Partnerships with Hospitals

Strategies & Objectives	Agency Lead(s)	Support Agencies	ICH Forum
Goal 9: Improve Access to Care for Individuals with Complex Health Needs			
Objective 9.1: Improve Care Coordination Between Healthcare and Homeless Service Systems			
9.1.1 Re-train hospitals on data collection re: housing status; ensure consistent capture of ICD-10 codes to support both data analysis and care coordination opportunities.	ICH	DC Health, DHCF, DHS	Healthcare
9.1.2 Develop protocol with hospital partners for social services consult (and linkage back to homeless service system case managers) on all clients identified as homeless.	ICH	DC Health, DHCF, DHS	Healthcare
9.1.3 Pilot creation of homeless services liaison at hospitals to assist with discharge planning and care coordination and to prevent discharge of clients to the street.	ICH	DHCF, DHS, TCP	Healthcare
9.1.6 Pilot virtual care team concept for frequent users of hospital services and other high need individuals.	DHCF	DC Health, DHS	Healthcare
9.1.8 Develop protocol with hospital partners regarding discharge of individuals experiencing homelessness and transport to shelters.	DHS	DC Health	ERSO, FDS, Healthcare

BO 1 : Partnerships with Hospitals – Notes from CR (Pathways)

Strategies & Objectives	Agency Lead(s)	Support Agencies	ICH Forum
Goal 9: Improve Access to Care for Individuals with Complex Health Needs			
Objective 9.1: ***Improve Medical and Social Needs Care Coordination Between Hospital and Homeless Service Systems***			
9.1.1 Re-train hospitals on data collection re: housing status; ensure consistent capture of ICD-10 codes to support both data analysis and care coordination opportunities. STATUS (Recommend keeping as a priority): We believe hospitals now required to ask about housing needs but now sure how/if it's being implemented. Need more details on where it's being asked, how, where the data is, etc. Original goal was to track this at every visit. so that an immediate intervention could happen instead of repeat ER visits. Medstar working on implementing their standard tool for basic screening (validated). Doesn't get to detail level of need for housing. Data and tools need to be standardized or have way to aggregate across settings. Find out which hospitals are doing it and what training may still be needed for providers. Also: what are they doing with the info re: improving services?	ICH Consider other leads. These mtgs not place to execute	DC Health, DHCF, DHS	Healthcare
9.1.2 Develop protocol with hospital partners for social services consult (and linkage back to homeless service system case managers) on all clients identified as homeless. STATUS: (Recommend keeping as a priority): This needs real time response. Needs embedded staff who are plugged into existing homeless services system (e.g., outreach worker) who can follow up after hospital visit, but also facilitate transition and discharge with hospital staff either back to community, respite, etc.	ICH: role may be better for research, tracking status on progress, thinking thru pilot w/ hospitalS	DC Health, DHCF, DHS	Healthcare
9.1.3 Pilot creation of homeless services liaison at hospitals to assist with discharge planning and care coordination and to prevent discharge of clients to the street. STATUS: See above. Additionally, appropriate medical liaisons working with homeless service experts to coordinate care and discharge. Also needs to include housed/formerly homeless who are in supportive housing. PSH providers often not contacted at d/c	ICH	DHCF, DHS, TCP	Healthcare

BO 1 : Partnerships with Hospitals – Notes from CR (Pathways)

Strategies & Objectives	Agency Lead(s)	Support Agencies	ICH Forum
Goal 9: Improve Access to Care for Individuals with Complex Health Needs			
Objective 9.1: ***Improve Medical and Social Needs Care Coordination Between Hospital and Homeless Service Systems***			
9.1.6 Pilot virtual care team concept for frequent users of hospital services and other high need individuals. STATUS:	DHCF	DC Health, DHS	Healthcare
9.1.8 Develop protocol with hospital partners regarding discharge of individuals experiencing homelessness and transport to shelters.	DHS	DC Health	ERSO, FDS, Healthcare

Live Notes on Partnerships with Hospitals

- **TS (Street Health):** Overall none of these are being done. There is some data being collected but not to the level of usefulness. There needs to be training. How much of this work should be done in ICH, which it shouldn't. Identifying leads – those within the hospital systems. Within this group what can we pull together and share out.
- **CR (Pathways):** we suggested tweaking language. The theme is getting the right people in the room. Let us in this meeting be the accountability.
- **CC (Unity):** While we can't tell hospitals what to do we can make a good argument for why it is a best practice and how to solve these problems. I want to be part of bringing the right people together. There is a problem of inappropriate use of hospital resources by people experiencing homelessness. Can we meet and figure this out.
- **Ms. Naomi:** A lot of implementation doesn't happen in this group!

BO 2: Healthcare and Housing

Strategies & Objectives	Agency Lead(s)	Support Agencies	ICH Forum
Goal 7: Improve Service Quality and Consistency			
Objective 7.1. Improve PSH Service Quality and Fidelity			
7.1.2 Continue pursuit of Medicaid reimbursement for services; identify gaps where local funding is needed.	DHS	DHCF	Healthcare

Strategies & Objectives	Agency Lead(s)	Support Agencies	ICH Forum
Goal 9: Improve Access to Care for Individuals with Complex Health Needs			
Objective 9.1: Improve Care Coordination Between Healthcare and Homeless Service Systems			
9.1.4 Identify strategy for ensuring home health services are available to individuals staying in shelter.	DHCF	DHS	Healthcare
9.1.5 Increase supply of medical respite beds in community. (See also Strategy 3.3.2)	DHS	DC Health, DHCF	Healthcare, ERSO
9.1.7 Create standard protocol for medical home visit upon PSH move-in to determine any durable medical equipment (DME) needs, medication management strategy, identification of primary care physician, etc.	DGS	TCP	Healthcare
Objective 9.2: Increase Housing Options for Individuals with Highest Levels of Need			
9.2.2 Develop more intensive model of site-based PSH to ensure individuals with the most extensive barriers receive the supports needed. Review supportive services contracting models; determine how to pay for additional services needed in more intensive models (e.g., on site nursing, medication management).	DHS	DBH, DHCD, DHCF	Healthcare, Strategic Planning
9.2.3 Analyze need for nursing home capacity in years ahead; develop strategy for meeting need and ensuring access for clients with behavioral health conditions.	DHCF	DBH, DC Health, DHS	Healthcare, SAS, Strategic Planning

Live Notes on Healthcare and Housing

- **BR (DHCF):** 7.1.2 the general consensus is we have made improvements but still an area that needs some focus. We are exploring the gaps of where local funding is needed. 9.1.4 the consensus was that Unity health is doing good providing services. There was mixed reaction whether people can receive services in the shelter. We are researching this a bit more. 9.1.5 – always going to be an increased need for medical respite beds.
- **RE (PFFC):** 9.1.7 – I had doctors come to my home and bring in the equipment and show me how to use things. Others wanted to know how to access those resources. There is not awareness of the services.
- **BR (DHCF):** 9.2.2 – we are doing better at it but is still a focus we need to strive for. Discussed lack of resources and information going out. 9.2.3 – need to find out more if we are tracking this, but don't think we have concreate information on this. On all of these there is a lack of information on communicating to the client but also to service providers.

Live Notes on Healthcare and Housing

- **CC (Unity):** the issue of home health aids in the shelter, that comes up when we have people with extreme medical vulnerability and need daily touches and Unity is not set up to do. If we had enough medical respite beds or a complex care shelter then home health aids in shelter would not be necessary.
- **RE (PFFC):** we have been told that the Aston does have home health aids in place.
- **BR (DHCF):** we can offer the service but sometimes hard to find a home health aid that is comfortable going into shelters.
- **RE (PFFC):** we did bring up the need for OCME to come to this CMTE and people dying without dignity.

Live Notes on Healthcare and Housing

- **CH (DHS):** Bridge housing sites can accept clients with HHA originally with LBS they can't accept HHA but with Bridge Housing we can help them apply for a HHA and be moved to a Bridge Housing site.
- **RE (PFFC):** Just want to thank Christian Howard for her dedication and passion.
- **CR (Pathways):** PSH providers need access to primary care home visits for some people to get medical assessment for HHA referral. This is a big barrier for PSH clients who aren't accessing primary care in the community and/or are homebound
- **CH (DHS):** Thank you!!! I appreciate that
- **RE (PFFC):** you are appreciated and your hard work doesn't go unnoticed we go hard on casemanagers rightly so sometimes but you are Amazing at your job. You were built for this @ChristianHoward

Live Notes from the Chat

- **CH (DHS):** Also, those needing a HHA can come to Aston and/or or bridge housing site
- **LA (FP):** I am not a leadership slate member here, but have been working on issues related to 9.2.2 and 9.2.3. I don't think we have made progress on the nursing home capacity analysis. We unsuccessfully tried to develop assisted living. Both need to remain a focus.
- **CR (Pathways):** It's usually around chaotic drug use with home health aides or buildings/neighborhoods where they feel unsafe
- **CH (DHS):** Not necessarily already onsite but we can help clients apply to a HHA and HHA are able to come to our bridge sites. They are not allowed in LBS.

BO 3: Healthcare for Families and Youth

Strategies & Objectives	Agency Lead(s)	Support Agencies	ICH Forum
Goal 5: Continue Family System Reforms			
Objective 5.3. Improve Health Supports for Families			
5.3.2 Develop protocol to prioritize the connection of pregnant individuals residing in shelter or other homeless services programs to critical prenatal services in a timely manner.	DHS	DC Health, DHCF	FSWG, Healthcare

Strategies & Objectives	Agency Lead(s)	Support Agencies	ICH Forum
Goal 1. Authentic and Impactful Youth Collaboration			
Objective 1: Youth collaboration is infused throughout all aspects of the youth homeless services system.			
Action Step 1: Include youth voice on all levels of the ICH decision making structure.	ICH, DHS	TCP	All Forums
Action Step 3: Collect feedback from youth experiencing homelessness to continually improve youth homelessness services.	ICH, DHS	TCP	All Forums
Metric 1: At least 2 youth voting members on all relevant ICH Committees			

Live Notes on Healthcare for Families and Youth

- **RM (Echelon):** we had met 5.3.2 for the most part, however, ongoing concerns about cut backs to Medicaid would impact this. In an ideal world we would stay where we are in terms of funding and then level up. Also a question of whether to take this conversation and bring this to the FSWG. We took some time to talk about diversity in voices and there doesn't appear to be much representation from the 18-24 cohort. Providers are pretty good about working with young people in their programs and engaged quite a bit and make it more difficult for them to be present. We talked about creating pathways for that group to be in person and hear their voices. Also to utilize those providers to think of more creative ways to meet with them.

Breakout Report

Three (3) Breakout Groups:

1. Partnerships with Hospitals (HWDC 2.0 Goal 9)
2. Healthcare and Housing (HWDC 2.0 Goals 7 & 9)
3. Healthcare for Families and Youth (HWDC 2.0 Goal 5 & CPP Goal 1)

Lessons Learned & Next Steps

- Any immediate reactions and feedback

Live Notes on Healthcare for Lessons Learned

- **Ms. Naomi:** Teresa, don't answer this question but: how is it that immigrants live here before, during, and after the pandemic....while Blacks are clearly in the lead of the homeless debacle?
- **RE (PFFC):** this was a helpful exercise because the breakout rooms gave us an opportunity to make progress on solutions. Really like this. I feel like someone with lived experience should be in each breakout room.
- **CR (Pathways):** liked this felt like a working meeting, we knocked out the review.
- **CH (DHS):** I agree the breakouts are really productive
- **BG (SOME):** I liked it as well.
- **RM (Echelon):** I concur. I appreciated the interaction and engagement.
- **TS (ICH):** do you recommend Ms. Rachelle that we assign?
  - **RE (PFFC):** I think it should be assigned because either they will learn or share. I am ok being assigned.
- **BG (SOME):** Appreciate the break in April to focus on hearings!

Live Notes from the Chat

- **Ms. Naomi:** A lot of implementation doesn't happen in this group!
  - **TS (ICH):** Ms. Naomi, that's exactly right! The ICH does not implement. It is a planning body that tracks implementation. It is not responsible for implementation.
  - **Ms. Naomi:** I'm not sure if ICH actually tracks....anything. Accountability partners? HAHE. Fix the problem, seriously? You're kidding right? Hilarious
  - **Ms. Naomi:** People with the most barriers getting the most support? Hmm

Meeting Agenda

I. **Welcome, Agenda Review, & Housekeeping (5 mins)**
II. **System Check-In (35 mins)**
III. **Review of Relevant Strategic Plan Goals (70 mins)**
IV. **Announcements & Reminders (5 mins)**
   a) CSH: Supportive Housing Summit 2025
   b) DC Health: Overdose Awareness
   c) DCPL: Hygiene Kits
   d) DHS: NY Ave Men's Shelter ReDesign ***NEW***
   e) Miriam's Kitchen: Job Openings
   f) NAEH: Disparities in Homeless Services Workforce
   g) TCP: Employment Opportunity ***NEW***
V. **Summary & Adjournment (5 mins)**

NOTE:

- Announcements are not vetted for accuracy and/or quality.
- If you or your organization have an announcement that you would like us to share during ICH forums, please email information, ideally a slide with the relevant details to: **ICH.INFO@DC.GOV**

CSH: Supportive Housing Summit 2025

Why the Supportive Housing Summit?

The CSH Supportive Housing Summit 2025 will convene more than 1,000 attendees to exchange knowledge, discover innovative approaches and prepare for what lies ahead. Over three days, we will feature three plenaries with distinguished leaders and changemakers; 80+ breakout sessions across 10 tracks; 3+ curated networking sessions, new networking opportunities, and much more!

We'll kick off the Summit providing attendees opportunities to reconnect or network at our Summit opening reception. Join us earlier in the day for optional pre-Summit activities or a supportive housing tour.

Click Here for More Information

Register Here

DC Health: Overdose Awareness

A map of remembrance, resilience and recovery in the face of the epidemic.

DC HEALTH is creating a living memorial for those we have lost during the overdose epidemic. Our aim is to provide a human face to the numbers and show that no one is far away from the collective losses we have experienced. We hope to show your loved one through your eyes: your favorite memory of them, what you will miss most about them, or how you think they would like to be remembered in the hopes of reducing stigma and drawing more attention to this pressing issue. Please use and share this link to contribute.

https://www.surveymonkey.com/r/99JLJ52

DCPL: Hygiene Kits

As the weather gets colder, DCPL has warm blankets and hygiene kits available at your DC Public Library. Request a kit at the front desk—no charge.

✸Available while supplies last.

DHS: NY Ave Shelter Redesign *NEW*

Miriam's Kitchen: Job Openings

Miriam's Kitchen currently has multiple open positions on their Social Services team, which works out of our dining room/drop-in center.
Please feel free to share with your networks.

- Check out All Open Positions: **Miriam's Kitchen**

- Positions Include, but not limited to:
  - Case Management
  - Outreach
  - Chef
  - Security
  - Clinical Case Management
  - Advocacy

NAEH: Advance Workforce Strategies Grant

New Grant Opportunity to Advance Workforce Strategies

- The Alliance is **requesting proposals** for a new opportunity that will award a one-time grant of up to $50,000 to start or continue initiatives that support the recruitment, promotion/advancement, and retention of high-quality homeless services staff.
- With a workforce under constant strain, this opportunity aims to encourage small-scale innovations in the homeless services workforce.
- Applications are due by 11:59 P.M. EST on March 28, 2025 to **hri@naeh.org**.

TCP: Employment Opportunity

Job Title: CAHP (Coordinated Assessment and Housing Placement) Coordinator – Single Adults

Check out this link for more information Career Center | Recruitment

To Apply: Please send resume, cover letter, and 3 references to Sarah Flinspach, CAHP Admin for Single Adults/Vets, at sflinspach@community-partnership.org. The interview process will include an Excel basic skills test for final candidates.

Meeting Agenda

I. **Welcome, Agenda Review, & Housekeeping (5 mins)**
   a) Purpose & Agenda Review
   b) Introductions & Housekeeping
II. **System Check-In (35 mins)**
   a) Top of Mind and Industry News (10 mins)
   b) Federal Landscape, especially Medicaid (15 mins)
   c) Budget & Community Estimates, if any (10 mins)
III. **Review of Relevant Strategic Plan Goals (70 mins)**
   a) Orientation (5 mins)
   b) Breakout Activity (35 mins)
   c) Breakout Report (25 mins)
   d) Lessons Learned & Next Steps (5 mins)
IV. **Announcements & Reminders (5 mins)**
V. **Summary & Adjournment (5 mins)**
   a) April focus: Comments on the Mayor's Proposed Budget
   b) Next Health Care Committee Meeting in May on 05/14 from 3:30 – 5 pm

Comments on the Mayor's Proposed Budget

Deliverable	Comments on the Mayor's Proposed Budget
Mandate	§ 4–752.02(c) The Mayor shall, upon release of the proposed annual budget each year, make available to all Interagency Council members the District's proposed budget breakdown of each agency's appropriations for services within the Continuum of Care. The Interagency Council shall give comments to the Mayor regarding the proposed budget.

Approach	**Asks to DC Council & Agency Partners:**
	• Leverage DC Council Budget Oversight Hearings for proposed breakdown of appropriations for CoC services.
	• Include standard questions for all Member Agencies and Committee Voting Slate Members (DYRS, DHCF, and DCPS).
	• Standard questions recommended:
	  • Funding for services dedicated to people at risk of or experiencing homelessness?
	  • Funding for services critical to people at risk of or experiencing homelessness?
	  • Reliance on Federal Funds and impact of potential cuts in FY25 and FY26 funding?
	• Schedule ICH Budget Oversight Hearing last
	  • Allows time for the ICH Team to integrate & summarize all Comments
	
	Asks to Community Members:
	• Attend DC Council Budget Oversight Hearings
	• Testify at DC Council Budget Oversight Hearings or Submit comments to ICH Team via ICH.Info@dc.gov.
	
	Other? Asks of the ICH Team?
	• How can the ICH support the community submit comments?
	• Should the ICH team host a weekly office hour during Budget Oversight Hearings?

March Committee & Workgroup Meetings

ICH Team is hosting the following in March:

- 1 ICH Full Council and Pre-Meeting
- **5 Open Committee Meetings**
- 9 Closed Workgroup Meetings

The proposed FY25 Work Plan identifies 17 monthly forums, including:

- 13 historically active forums
- 2 piloted forums also meeting monthly
  - Health Care Committee &
  - Behavioral Health Care Workgroup
- 2 proposed forums to launch as soon as staffing capacity allows:
  - Expanding Opportunities, and
  - Supporting Justice

CALENDAR VIEW

March 2025

Monday	Tuesday	Wednesday	Thursday	Friday
3	4 FDS Front Door Services Workgroup	5	6 SASWG Single Adult System Workgroup	7
10	11 ICH Interagency Council on Homelessness	12 FSWG Family System Workgroup; Healthcare Committee	13 SSWG Shelter Solutions Workgroup	14
17 Housing Solutions Committee	18 Youth Committee	19 REI Racial Equity & Inclusion Workgroup; BH Behavioral Health Workgroup	20 VN Veterans Now Workgroup	21
24	25 Strategic Planning Committee	26 SC Shelter Capacity Workgroup; ER&SO Committee	27	28 CEWG Consumer Engagement Workgroup

Calendar View of the March ICH Meetings At-A-Glance