



DCAS ICH Briefing Deck

June 25, 2019
DCAS



Agenda



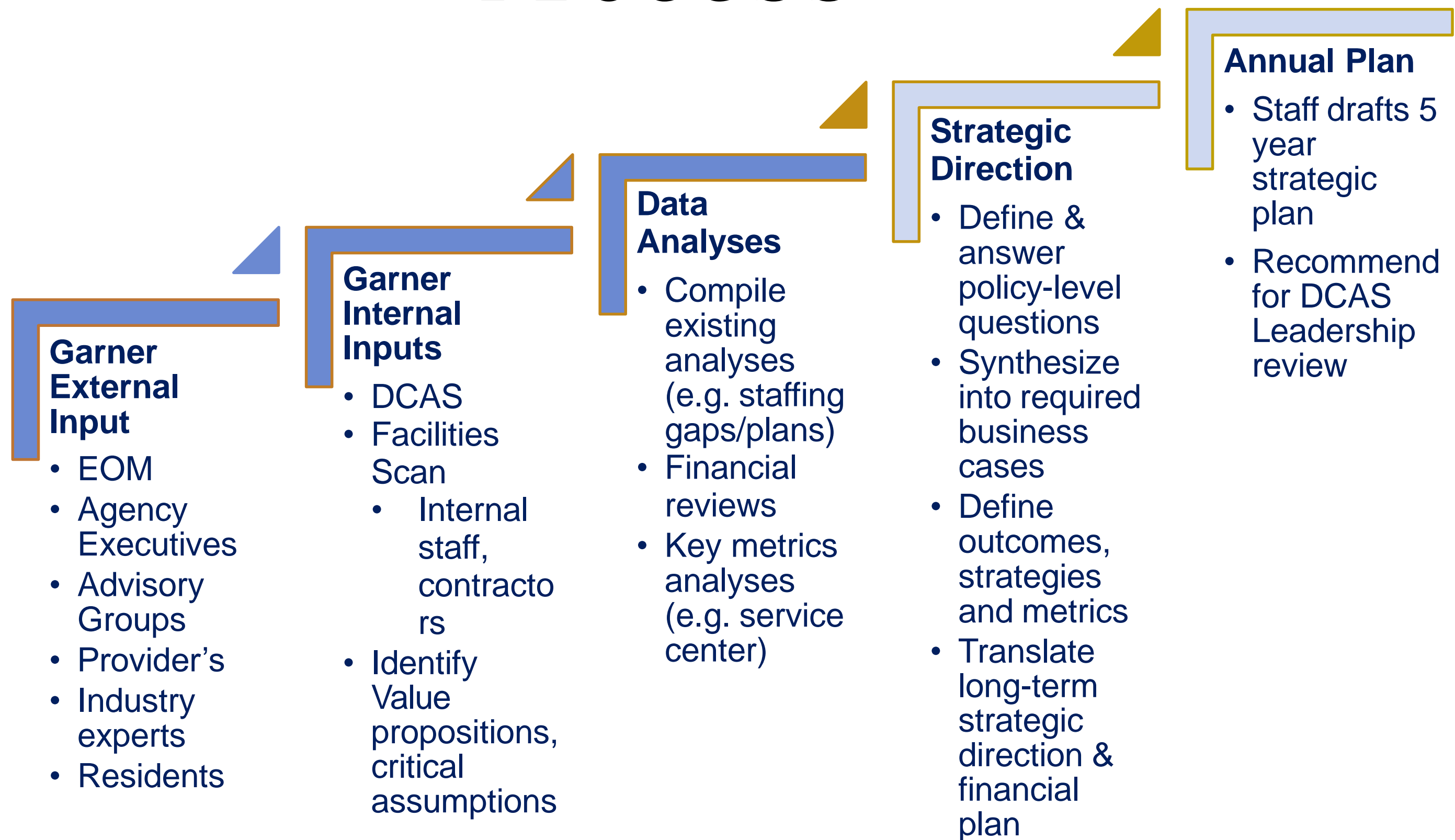
1. What is DCAS?
2. DCAS and Homeless Services
 1. Current State Challenges
 2. Future State
 1. Alignment of Vision for the Homelessness program with DCAS Vision
 2. How the future state aligns with the mission / vision
 3. How the future state knocks down the key challenges

Appendix

- i. DCAS Homeless Program Understanding
- ii. Programs landscape
- iii. System understanding
- iv. Systems landscape



DCAS Strategic Planning Process





DCAS Overview



Goals of Digital Transformation in HHS Eligibility, Enrollment, and Case Management



Admin

Policy efficiencies in a Rules Based Engine

standardizes eligibility decisions based on policy, Federal and local laws, and compliance requirements.

Transparency horizontally across programs will improve the ability of systems to **reduce fraud, waste and abuse** and promote vertical program integrity.

Improves efficiency by replacing legacy systems, **reducing operational costs**, increasing the use of shared services, streamline business and information systems, and **minimize duplicative costs for building, maintaining and updating redundant systems**.



Customers

Linking health and human services can improve client outcomes by treating the whole person with improved care coordination, increase timely access to critical information for decision making, prevent illness, reduce exacerbating conditions, decrease hospital reentries and help build individuals' self-sufficiency.

Connect people who need help with agencies and nonprofits that can help them and addressing customer wait times.



Users

Enhance customer service by enabling multiple workers to be involved in a single case as needed over time and across programs.

Robust eligibility systems and rules engines can **reduce the need to engage in routine, redundant tasks**, freeing staff up to focus on more complex matters that do not lend themselves to automation.

Systems will **reduce duplication of effort by bridging variations in rules and processes** across programs and by easing system change and staff training requirements when policy changes occur.



Providers

Enables Providers to enroll customers, manage their cases, upload documentation, submit applications and payment information.

The system will enable **Vendors and Service Providers to support case management through eligibility transparency**. Providers will have the ability to access real-time client information through an online portal.

Enables **improved processing by providing visibility into a secure client profile**, sharing previous program enrollment information, resulting in reduced paperwork and processing time.



DCAS HHS Eligibility, Enrollment, and Case Interoperability Standards



Client portals: States are making information and services available to consumers through client web portals.

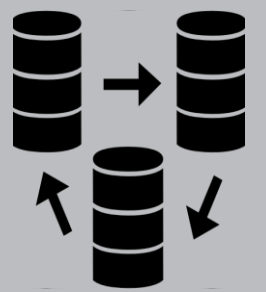


Call center technology: Advanced call center technologies are allowing states to appropriately route calls to the staff with the skills and expertise needed to address callers' needs. These technologies give states the flexibility to make optimal use of both generalists who can address questions about all programs and specialists in particular programs or types of issues. They also give states the flexibility to route calls wherever workers are located, allowing for "virtual" call centers with more efficient allocation of staff resources.

Eligibility systems and business rules engines (BRES): States are enhancing integrated eligibility systems by programming rules for multiple health and human services programs into BRES. These efforts can automate calculations and tasks to achieve significant efficiencies for states throughout the eligibility and enrollment process. They can also dramatically shorten the eligibility determination process for consumers across a range of programs, in some cases allowing for real-time determinations.



Data management and analytics: States are examining ways to make better use of health and human services data to improve program operations and outcomes for clients. Data management and analytic tools allow states to merge data from multiple sources (e.g., case records and claims databases) and analyze it at the case, program, or population level to support better decision-making.



Multi-benefit online applications guide applicants through dynamic questions to receive eligibility determinations for multiple programs.



Document Imaging and Management systems makes it easier for multiple workers to be involved in a single case as needed over time, helping states accomplish integrated eligibility across programs and handoffs among different programs or units of workers, such as call center representatives and workers in local eligibility offices.



Eligibility screening tools: can promote cross-program enrollment by helping consumers learn they may qualify for programs that they may not otherwise have been aware of.

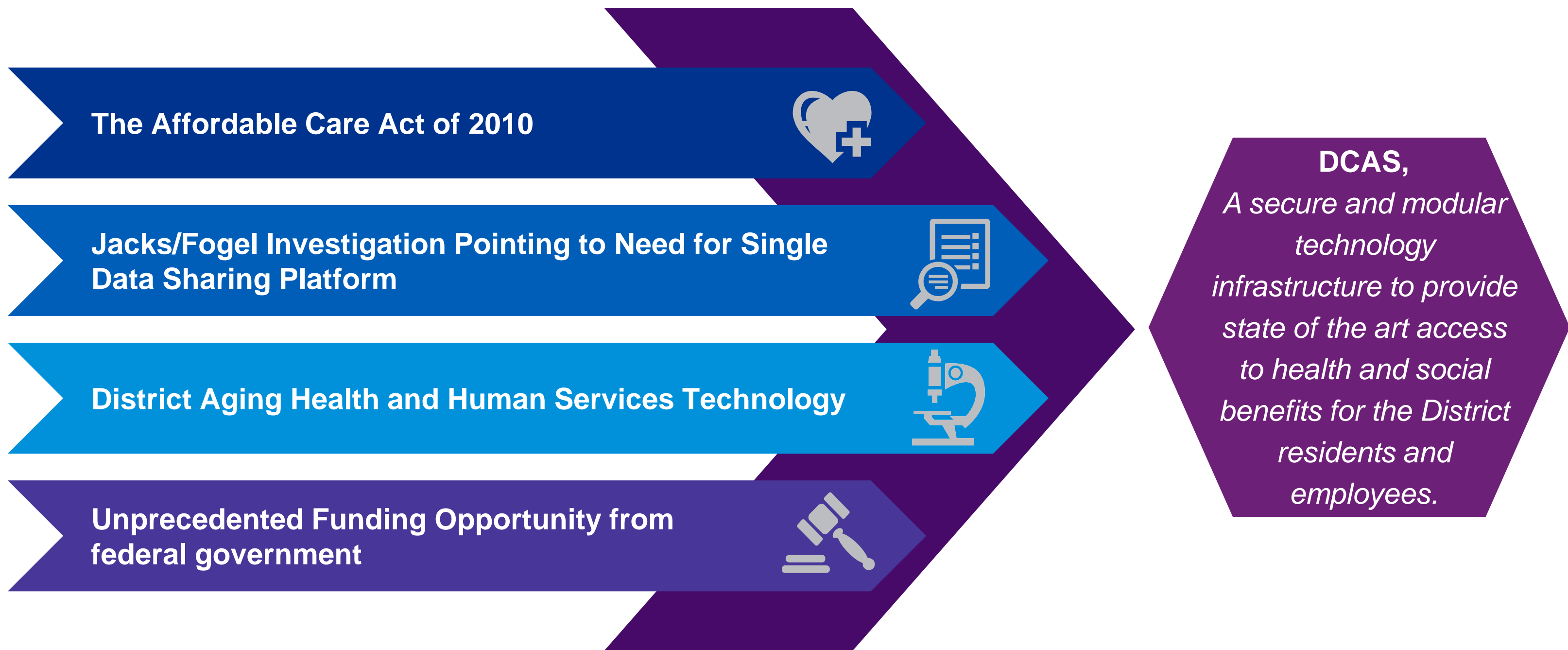
Self-service case management features enable consumers and providers to obtain information about and manage benefits through a single point of contact.



Electronic data matching: Using electronic data matching to verify eligibility factors can save consumers who apply for multiple programs from having to provide the same paper documents multiple times. Some states are implementing new state hubs that consolidate data from multiple sources, making it easier for workers to access and process the information across programs as needed.



The DC Access Initiative was Established Against
In Response To The Multiple Health & Human
Services Initiatives.



Over 300k District residents rely on the District for economic and healthcare benefits each year





DCAS VISION

The vision of DCAS is to provide an integrated eligibility and enrollment platform for health care and human services programs, including an insurance marketplace, integrated financial and plan management functionality, and enhanced case management capabilities. DCAS will facilitate seamless access to health care and human service benefits to all District residents, regardless of income.

Objectives:

- Replace the District's aging eligibility determination and enrollment platform with a modernized, rules-based engine.
- Integrate with federal and state data hubs to support real-time verification.
- Design and implement a robust, consumer-friendly, web-portal presentation layer.
- Integrate both current and new consumer contact center operational and technical infrastructures.

Outcomes:

- Offer District residents a one stop portal to access health and human services benefits.
- Provide horizontal program integration so that District residents can apply for health insurance and/or public benefits, including Medicaid, Children's Health Insurance Program (CHIP), Supplemental Assistance Nutrition Program (SNAP), Temporary Assistance to Needy Families (TANF) and other health and human service benefit programs.

Impact:

- DCAS allows the District to better meet customer needs and improve program results by authorizing case workers and service providers to have a single source of information about residents' eligibility for and participation in District social programs.
- Improves the District to deliver better support to low-income residents by coordinating health and human service delivery to District residents across multiple agencies

DCAS PROGRAMS

Optional Aged, Blind and Disabled (ABD) Medicaid	AIDS Drug Assistance Program (ADAP)/Zidovudine (AZT)
Medicaid Spend Down	Emergency Medicaid
Current Supplemental Security Income (SSI) Medicaid	Breast and Cervical Cancer
Deemed Supplemental Security Income (SSI) Medicaid	Qualified Medical Beneficiary (QMB) and QMB +
Optional State Supplement	Immigrant Children's Program (ICP)
DC Alliance	Long Term Care (LTC)
Katie Beckett	Hospital Based Presumptive Eligibility Medicaid
Modified Adjusted Gross Income (MAGI) Medicaid	Advance Premium Tax Credits/ Cost Sharing Reductions
Former Foster Care	Children in Care/DYRS Medicaid
Elderly and Persons with Physical Disabilities ((EPD)	Nursing Home Transition
Intellectual Developmental Disabilities Waiver (IDD)	Transitional Medical Assistance
The Institutional Care Program	
Temporary Assistance to Needy Families (TANF)	Supplemental Nutrition Assistance Program (SNAP)
Program On Work, Empowerment and Responsibility (POWER)	Expedited Supplemental Nutrition Assistance Program (E-SNAP)
General Assistance for Children (GC)	Transitional Supplemental Nutrition Assistance Program (T-SNAP)
Interim Disability Assistance (IDA)	Disaster Supplemental Nutrition Assistance Program (D-SNAP)
Refugee Cash Assistance	Low Income Home Energy Assistance Program (LIHEAP)
Burial Assistance	CATCH
Homeless Management Information System (HMIS) Interface	Emergency and Temporary Shelter
Housing the Homeless	Transitional Housing
Permanent Housing Programs	Family Rehousing Stabilization Program (FRSP)
Veterans Affairs Supportive Housing	Rapid Re-Housing
Emergency Rental Assistance Program (ERAP)	Families First
Homeless Front Door Management	Subsidized Childcare
Virginia Williams Family Resource Center	Adult Protective Services
Housing Unit Management	Strong Families Program
Strengthening Teens Enriching Parents (STEP)	Office of Refugee Settlement/Unaccompanied Refugee Minors
District of Columbia Flexible Rent Subsidy Pilot Program (DC Flex)	Teen Parent Assessment Program (TPAP)
Outreach	Parent and Adolescent Support Services (PASS)
Gift Cards	Alternatives to the Court Experience (ACE)



DCAS Release 1



Release 1

Assisted insurance:

- MAGI Medicaid (Modified Adjusted Gross Income)
- QHP (Premium Tax Credits)

Unassisted insurance:

- SHOP

Software product:

- HCR Caseworker Portal
- HCR Citizen Portal



Eligibility Requirements

- Parents and Caretakers Relatives (grandparents raising grandchildren, aunts raising nieces/nephews, etc.): up to 90% of the federal poverty level or their household size
- Children: up to 206% of the federal poverty for their household size
- Children with Insurance: up to 156% of federal poverty level for their household size
- Pregnant Woman: up to 200% of the federal poverty level for their household size
- Expansion Adults (all adults, including Parents and Caretaker Relatives who are not eligible at the step above): up to 133% of the federal poverty level for their household size

DCAS release 1 went live Oct 2013.

DCAS Release 2



Release 2

Food benefits:

- SNAP; ESNAP
- TSNAP; DSNAP

Energy assistance:

- LIHEAP

Cash benefits:

- TANF; POWER
- GC; IDA
- RCA; Burial Assistance

Software product

- CGISS Caseworker Portal



Food Programs

- Federal Funded Food Programs
 - SNAP
 - Expedited SNAP
- Supplemental Nutrition Assistance Program (SNAP); formerly the Food Stamp (FS) Program puts healthy food within reach for millions of eligible, low and no income individuals and families, through nutrition education partners.
 - These monthly benefit are provided using a Electronic Benefit Transfer (EBT) card that must be used to purchase eligible food at most grocery stores. No coupons or cash are disbursed and nothing is exchanged.
- Local/State Funded Food Programs
 - Local SNAP Supplement (LSS)
 - Disaster SNAP (D-SNAP)
 - Transitional SNAP (T-SNAP)



Cash Programs

- Federal Funded Cash Benefit Programs
 - TANF
 - Refugee Cash Assistance (RCA)
- Temporary Assistance to Needy Families (TANF) provides welfare subsidies.
 - TANF is temporary, not for the entire life. Adults must work, and take care of children.
 - Monthly benefit provided through EBT
- Local State Programs
 - Program On Work, Empowerment and Responsibility (POWER)
 - General Assistance for Children (GC)
 - Interim Disability Assistance (IDA)
 - Burial Assistance (BA)
 - Low Income Home Energy Assistance Program (LIHEAP)

DCAS release 2 went live Oct 2016.

DCAS Release 3



Release 3

Medical:

- Non-MAGI Medicaid (Elderly and Disability Population)
- Alliance (Unknown Citizenship Status)
- Immigrant Children's Program

Family services programs:

- Homeless
- Homeless Services Program Management
- Human Service Benefits

Software product

- CGISS Caseworker Portal
- HCR Caseworker Portal
- HCR Citizen Portal



Medical Programs

- Optional Aged, Blind and Disabled Group
- Optional Aged, Blind and Disabled Group with Spend down
- Emergency and Retroactive Medicaid (MAGI and Non-MAGI)
- Current Social Security Income (SSI)
- Deemed SSI
- Optional State Supplemental
- Immigrant Children Health Care
- DC Alliance
- Katie Beckett (Cancer Program)
- AIDS Drug Assistance Program(ADAP)/Zidovudine (AZT)
- MAGI Spend down
- Breast and Cervical Cancer
- Qualified Medicaid Beneficiary (QMB)
- Foster Care
- Adoption
- Guardianship
- LTC: Elderly, Physical, Disability Waiver (EPD)
- LTC: Elderly, Physical, Disability Waiver (EPD) with Spend down
- LTC: Money Follows the Person EPD
- LTC: Intellectual Developmental Disability Waiver (I/DD)
- LTC: Intellectual Developmental Disability Waiver (I/DD) with Spend down
- LTC: Money Follows the Person IDD
- LTC: Institutional Care Facility
- LTC: Institutional Care Facility with Spend down

DCAS release 3 focus areas and benefits programs.

DCAS Release 3



Release 3

Medical:

- Non-MAGI Medicaid (Elderly and Disability Population)
- Alliance (Unknown Citizenship Status)
- Immigrant Children's Program

Family services programs:

- Homeless
- Homeless Services Program Management
- Human Service Benefits

Software product

- CGISS Caseworker Portal
- HCR Caseworker Portal
- HCR Citizen Portal



Family Services

- Strong Families Program
- Adult Protective Services
- Family Violence Prevention Services
- Teen Parent Assessment Program
- Parent and Adolescent Support Services
- Alternative to Court Experience
- Rapid Rehousing
- Temporary Emergency Shelter
- Permanent Supportive Housing
- Emergency Rental Assistance Program
- One Congregation. One Family
- TANF
- SNAP
- Office of Refugee Resettlement
- Unaccompanied Refugee Minors
- Gift Cards
- Subsidized Child Care

DCAS release 3 focus areas and benefits programs.

DCAS R3 Timeline

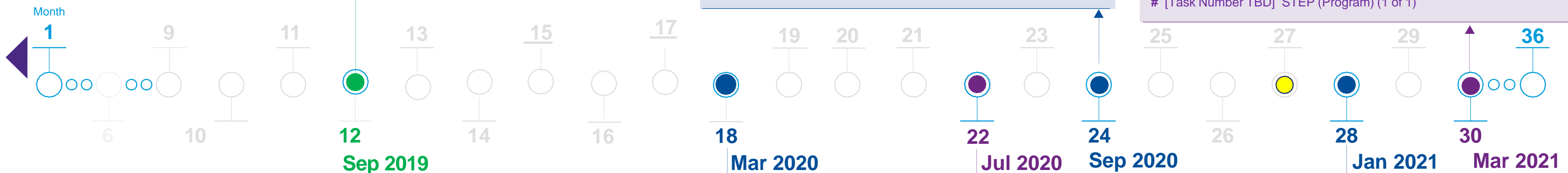


As of 05/15/2019

 **R1/R2 Re-Platform v7 Upgrade**

05 Re-Platform v7 Upgrade

Month



Note:

- Timeline is subject to change
- Pilot(s) will be added per the pending discussions with FNS
- Tasks 01 and 18 are not part of deployment.
- Tasks 02–17 reference the tasks specified in the RFP (B.2, F.3.4).

Key

FSA: Family Service Administration
CS: Community Services
F: Families
I: Individuals
Y: Youth

■ Medicaid
■ Human Services
■ Both

✈ Deployment 3

- 2 Medicaid Program Eligibility Caseworker Portal (2 of 3)
 - 4 Medical Program Conversion (2 of 3)
 - 6 Medicaid Management Information System (MMIS) Interface (2 of 3)
 - 7 Integration between MAGI and Non-MAGI Medicaid and Insurance Affordability Programs (2 of 3)
 - 8 Integration between Medical and Cash/Food Programs (2 of 3)
- Katie Beckett
 - LTC - Elderly, Physical Disability Waiver
 - LTC - Elderly, Physical Disability Waiver Spend down
 - LTC - Intellectual Developmental Disability Waiver
 - LTC - Intellectual Developmental Disability Waiver Spend down
 - LTC - Institutional Care Facility
 - LTC - Institutional Care Facility Spend down
 - LTC - Money Follows the Person EPD
 - LTC - Money Follows the Person IDD
 - Breast and Cervical Cancer
 - ADAP/AZT
 - Non-MAGI Retroactive Medicaid

✈ Deployment 5

- 3 Medical Program Eligibility Citizen Portal (1 of 1)
- 10 Cash/Food Citizen Portal (1 of 1)
- 12 Homeless Services Program Management/Homeless Management Information System (HMIS) Interface (2 of 2)
 - I: Emergency Shelter (Quality Assurance Monitoring)
 - I: Transitional Housing
 - F: Temporary Shelter / Temporary Emergency Shelter
 - F: Transitional Housing
 - Outreach
 - Homeless Management Info System Interface (HMIS)
 - F: Family Rehousing Stabilization Program (FRSP) / Rapid-Rehousing
 - I: Rapid-Rehousing
- 14 Human Services (Non-Homeless) Program Management (2 of 2)
 - ESA: Subsidized Child Care
 - CS: Adult Protective Services
 - CS: Strong Families Program
 - CS: Office of Refugee Settlement /Unaccompanied Refugee Minors
 - Y: Teen Parent Assessment Program (TPAP)
 - Y: Parent and Adolescent Support Services (PASS)
 - Y: Alternatives to the Court Experience Diversion (ACE)
- 16 Customer Scheduling (1 of 1)
- 17 Interactive Voice Response (IVR) and Salesforce Integration (1 of 1)
- # [Task Number TBD] STEP (Program) (1 of 1)

✈ Deployment 1

- 2 Medicaid Program Eligibility Caseworker Portal (1 of 3)
- 4 Medical Program Conversion (1 of 3)
- 6 Medicaid Management Information System (MMIS) Interface (1 of 3)
- 7 Integration between MAGI and Non-MAGI Medicaid and Insurance Affordability Programs (1 of 3)
- 8 Integration between Medical and Cash/Food Programs (1 of 3)
 - Children in Care
 - DC Alliance
 - ABD
 - QMB
 - QMB+
 - ICP
 - OSSP
 - SSI
 - Non-MAGI Retroactive Medicaid
 - MAGI Emergency
 - Non-MAGI Emergency Medicaid

✈ Deployment 2

- 11 TANF Service Provider Case Management (1 of 1)
 - ESA: CATCH
- 12 Homeless Services Program Management/Homeless Management Information System (HMIS) Interface (1 of 2)
 - I: Housing the Homeless
 - I: Permanent Housing Programs
 - Permanent Supportive Housing (PSH)
 - Targeted Affordable Housing (TAH)
 - F: Permanent Housing Programs
 - Permanent Supportive Housing (PSH)
 - Targeted Affordable Housing (TAH)
 - I: Veterans Affairs Supportive Housing
 - F: Emergency Rental Assistance Program (ERAP)
 - Customer Scheduling for Homeless Programs
 - Outreach
 - DC Flex
- 13 Homeless Front Door Management (1 of 1)
 - F: Virginia Williams Family Resource Center
- 14 Human Services (Non-Homeless) Program Management (1 of 2)
 - Gift Cards
 - ESA: Families First
- 15 Housing Unit Management (1 of 1)
 - STEP (Tool)

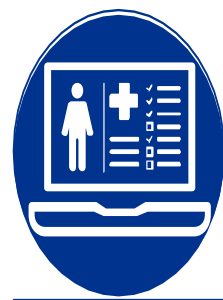
✈ Deployment 4

- 2 Medicaid Program Eligibility Caseworker Portal (3 of 3)
- 4 Medical Program Conversion (3 of 3)
- 6 Medicaid Management Information System (MMIS) Interface (3 of 3)
- 7 Integration between MAGI and Non-MAGI Medicaid and Insurance Affordability Programs (3 of 3)
- 8 Integration between Medical and Cash/Food Programs (3 of 3)
 - ABD Spend down
 - MAGI Spend down
 - LTC Spend down
 - Non-MAGI Retroactive Medicaid

● Potential Pilot in Dec 2020 for Cash/Food Citizen Portal
● Potential D2 date shift for DC Flex addition to D2

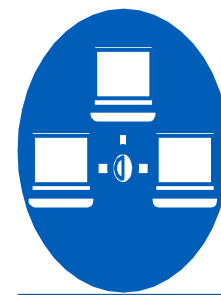
What will change for users with Deployment 2?

Deployment 2 is scheduled to Go Live in June 2020.



Integrated Case Management

DCAS provides a holistic view of clients across programs, allowing better case management and care coordination, ultimately improving client outcomes.



Consolidated Systems

Staff currently use multiple systems to complete cases, DCAS will streamline workflow as it will retire 7 legacy systems improving client service and operational efficiency.



Improved Reporting

DCAS generates standard reports and allows flexible ad-hoc reporting across programs for providers and agencies. This will improve program / provider management.



Flexible Workflow Management

DCAS helps to standardize staff workflow and increase accountability by providing automated notifications and task assignments to staff



Reduction in Data Entry

DCAS leverages system interfaces and shares client data across multiple agencies and programs, reducing errors and manual data entry



Easier Referral Process

DCAS improves the referral process, as users can easily make referrals to alternate homelessness programs or other services through the system

DCAS and Homeless Services



Homeless Vision



To end long-term homelessness in the District of Columbia. By 2020, homelessness in the District will be a rare, brief, and non-recurring experience.

How will this be achieved?

- Improve crisis response system;
- Increase supply of affordable and supportive housing;
- Remove barriers to affordable and supportive housing;
- Increase economic security of households in the system; and
- Increase prevention efforts to stabilize households before housing loss.

Alignment of Vision



DCAS Vision

- DCAS aims to facilitate business' vision by providing the following building blocks:
 - Ability to know the client “once” and share information across programs by integrating all health and human services eligibility, enrollment, and case management functions
 - Break down information barriers by effective use of flexible and adaptable technologies
 - Support case management by looking at clients holistically in order to provide the requested support and services to individuals and families
 - Ability to generate metrics and analytics for population health and wellness

Current State Challenges



1. Lack of a holistic view of each client due to a transparency between programs and systems

- Case Managers do not have access to all systems/client records, which has led to siloed case management and limited their ability to fully understand a client's current situation
- For example, VWFRC case workers lack visibility into DCAS currently and are unable to view benefit details

2. Limited data sharing and automated verification of client information

- Case Managers are burdened with verification processes and clients may be burdened with supplying the same information repeatedly
- For example, VWFRC utilizes phone calls to verify client information due to lack of interfaces

3. Time consuming dual data entry due to disparate systems

- Case Manager work processes are complicated due to a lack of consistency in data between disparate systems (i.e. client data may not be updated across all systems)
- Increases the risk of inaccurate data due to data entry errors
- For example, Outreach workers must review and record data such as SPDAT scores in HMIS as well as enter case notes in HTH QuickBase

4. Lack of formalized and traceable referral capabilities

- Reliance upon informal referrals via email or in-person discussions which leads to lack of traceability between providers
- For example, HPP and VWFRC rely on Google Calendar to create referrals between provider entities.

Current State Challenges



5. Limited standardized/automated reporting functionality

- Manual reporting via Microsoft Excel and Word, as well as ad-hoc reporting
- For example, despite serving as the system of record for many reporting activities, HMIS reporting does not utilize real-time data and data is not always representative of the current state of the program

6. Manual and piecemeal processes

- Lack of automated workflow for case management
- Reliance upon paper documentation, emails and ad hoc management
- For example, the daily reconciliation of clients who have multiple HMIS IDs in QuickBase is manual and time consuming
- For example, the coordinated entry process includes a manual export from HMIS and the utilization of Google Docs to track outcomes external to QuickBase applications

7. Limited automated application and form management in QB

- For example, post online application submission, ERAP client are directed to the provider sites that have available funding and next steps for the application process are not communicated to them

8. Lack of automated workflow for case management

- Reliance upon manual and ad hoc management of providers
- For example, reliance upon Google Docs to determine HPP provider availability.



Current State Challenges



9. Lack of a centralized document management system

- Utilization of email and desktop folders

DCAS Goals for the Future State



DCAS Vision	Benefits of DCAS Solution	How Does This Address the Current Challenges?
Know the client “once” and share information across programs	<i>Provides an integrated case management solution</i>	<ul style="list-style-type: none">- Creates ability for more seamless and consistent delivery of services- Provides case history for individuals and families, increasing transparency and allowing for improved case management- Allows for improved care coordination between programs due to improved transparency- Reduces the number of times a client must provide the same information
Break down information barriers by effective use of flexible and adaptable technologies	<i>Improves systems landscape (reduces the number of disparate systems)</i>	<ul style="list-style-type: none">- Simplifies work processes for Case Workers- Reduces the time it takes to verify a client’s identify and process applications- Increases data consistency by providing one source of data- Reduces the risk of errors related to data entry at multiple points and outdated information- Reduces case workers burden of dual entry into multiple system (DHS Client, VWFRC, HTH & HMIS)

DCAS Goals for the Future State



DCAS Vision	Benefits of DCAS Solution	How Does This Address the Current Challenges?
Break down information barriers by effective use of flexible and adaptable technologies	<i>Leverages automated interfaces</i>	<ul style="list-style-type: none">- Reduces manual effort and time associated with client information validation- Verified data can be shared between existing programs & new programs using integrated case & single system.
Ability to generate metrics and analytics for population health and welfare	<i>Standardized scheduled reporting</i>	<ul style="list-style-type: none">- Generates standardized and scheduled reports with defined formats, calculations and timeframes, reducing reliance on manual or ad hoc reporting- Existing reports could be standardized and combined to allow for improved data analysis

DCAS Goals for the Future State



DCAS Vision	Benefits of DCAS Solution	How Does This Address the Current Challenges?
Break down information barriers by effective use of flexible and adaptable technologies	<i>Flexible workflow management</i>	<ul style="list-style-type: none">- Provides automated alerts and task assignments to staff at key intervals throughout the intake and case management lifecycles such as the identification of open verification items- Offers an easier process to refer clients to alternate homelessness programs or other services- Reduces the number of email and phone call based (external of systems) referrals.- Eliminates multiple email notification on each function step, users subscribes to work queues based on their roles & responsibility.- Improves oversight and accountability for tracking outcomes of referrals
Know the client “once” and share information across programs	<i>View and upload documentation in a single system</i>	<ul style="list-style-type: none">- Eliminates the need for desktop folders and the emailing of documents- Allows for reuse of documents captured during other client interactions- Allows secured & paperless document storage – eliminates maintenance of paper copies.

DCAS Goals for the Future State

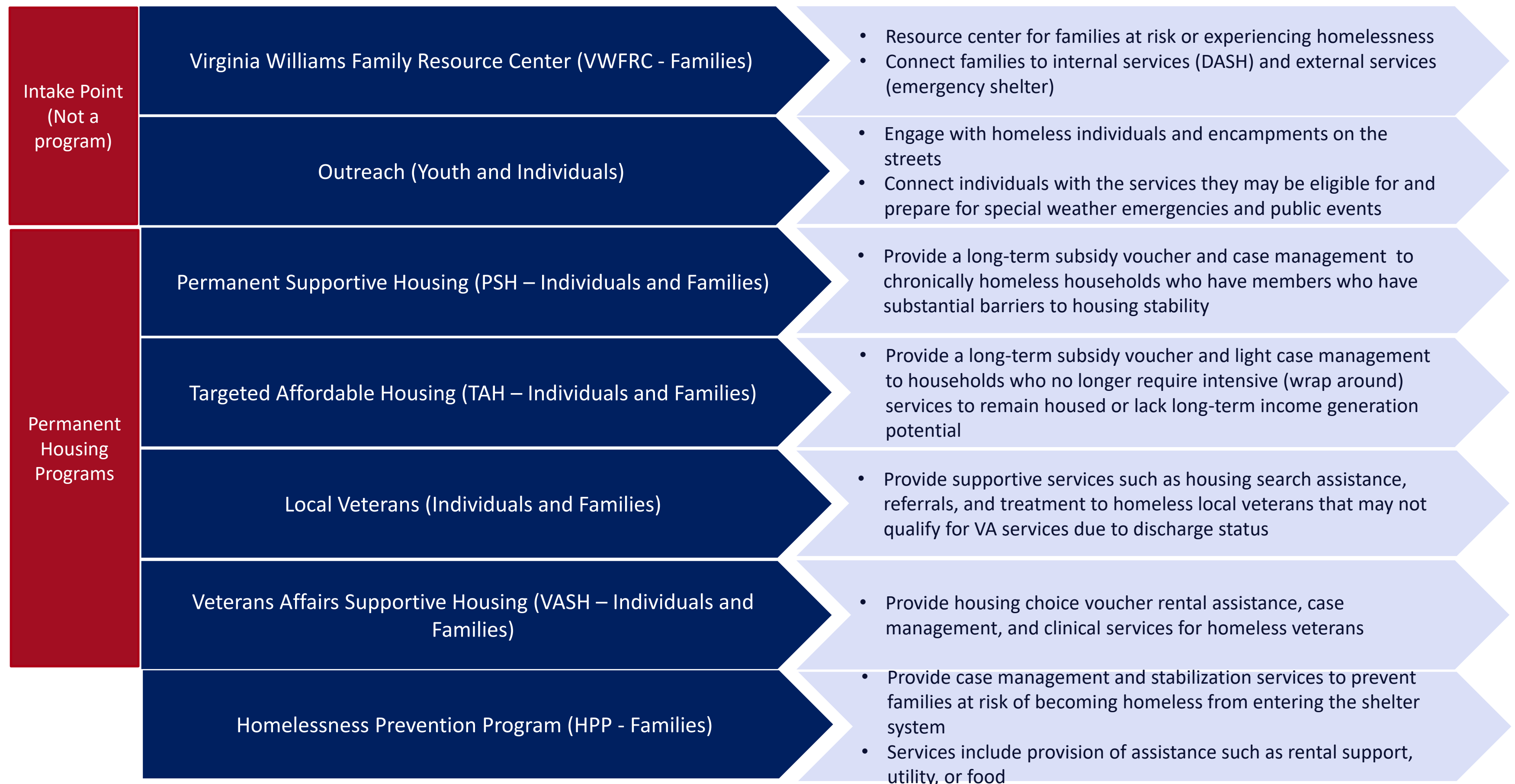


DCAS Vision	Benefits of DCAS Solution	How Does This Address the Current Challenges?
Break down information barriers by effective use of flexible and adaptable technologies	<i>Organization structure & administration</i>	<ul style="list-style-type: none">- Dependency on DHS client case worker for updating information will be reduced by other quick base application users (VWFRC, HTH, DC Flex, ERAP) - New system will provide workspace to users based on roles & responsibilities.- Limited system access to any third party users to use the system, will reduce the communication time.- Secured & structured system with better administration.
Ability to generate metrics and analytics for population health and welfare	<i>Financials view (transaction, history & funding)</i>	<ul style="list-style-type: none">- Secured view to financial history & transactions details for case workers better case assessment.- Secured view to all available program funds - possibility of case referrals for rental assistance.- Fraud reduction by standardization of financial prerequisite – effective use of Escrow account & benefit amount for DC Flex & ERAP.



Appendix

DCAS Homeless Program Understanding

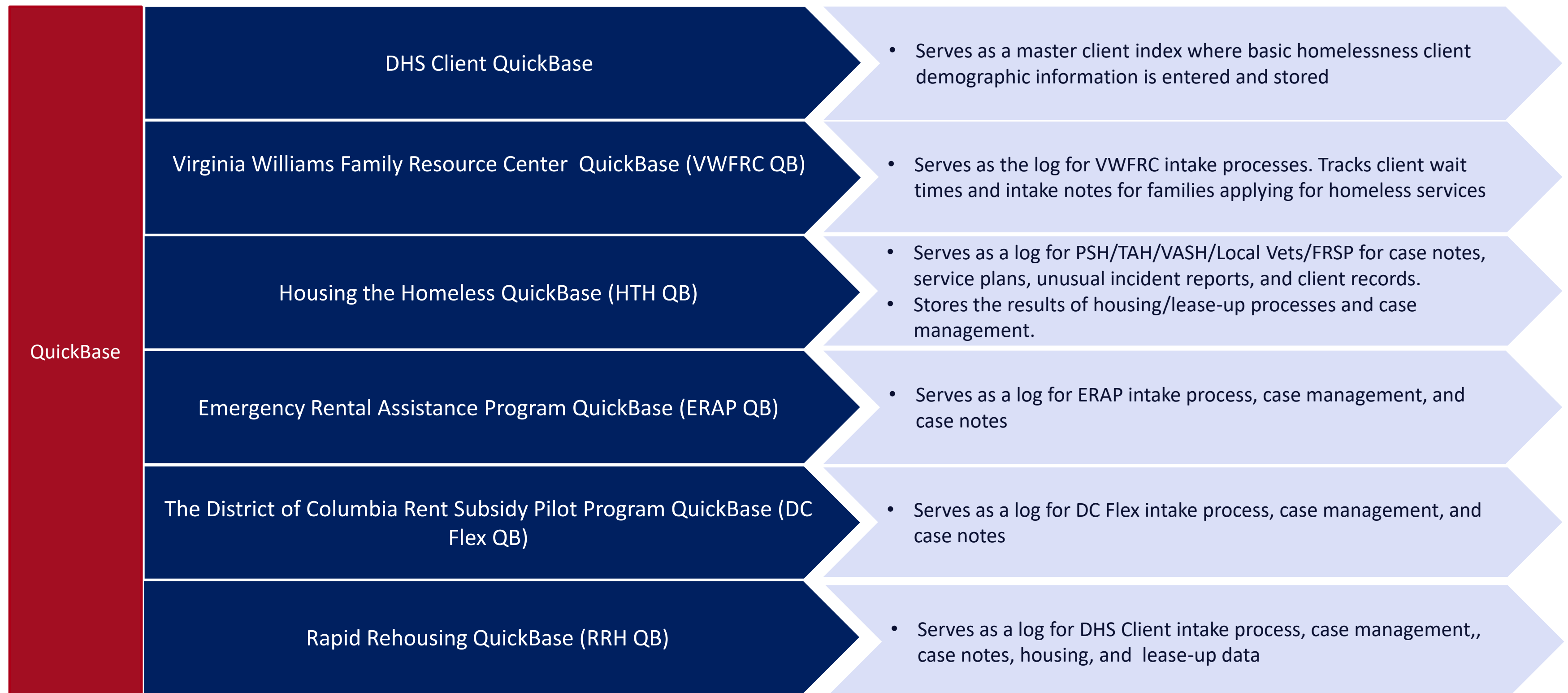


DCAS Homeless Program Understanding

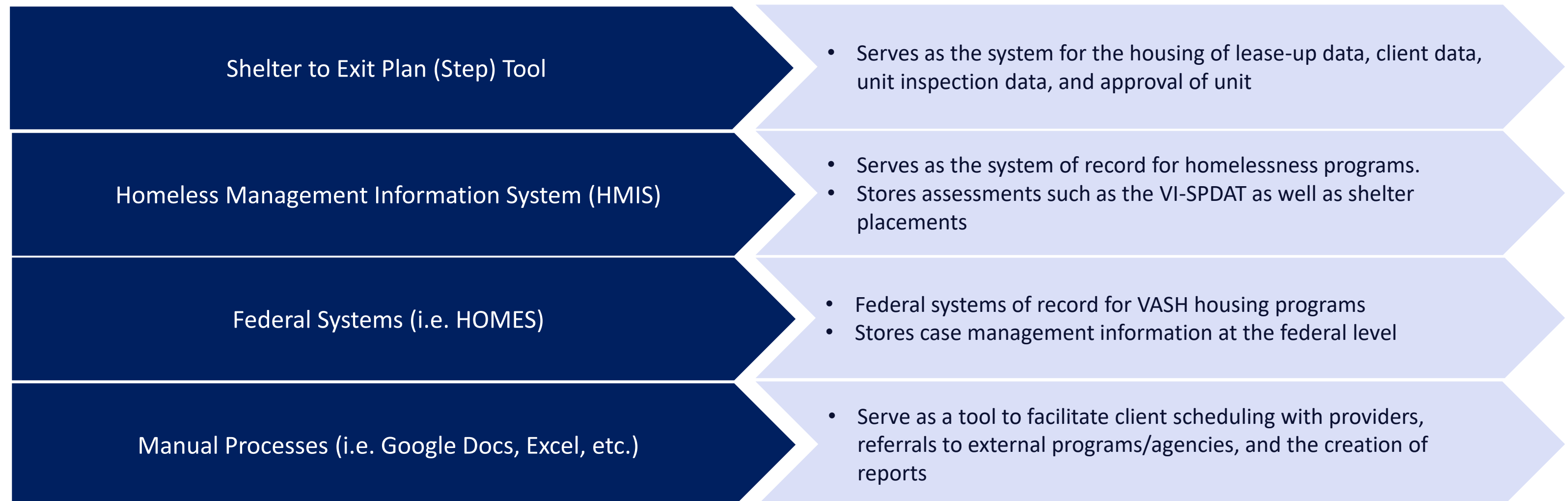


Homelessness Cash Assistance	The District of Columbia Rent Subsidy Pilot Program (DC Flex - Families)	<ul style="list-style-type: none"> 4-year pilot program that provides rental financial assistance (up to annual benefit of \$7,200) and financial management training to families currently housed
	Emergency Rental Assistance Program (ERAP – Individuals and Families with preference to families)	<ul style="list-style-type: none"> Provides financial assistance to low-income District residents at risk of experiencing homelessness (i.e. potential eviction or attempting to reestablish a home) through the payment of security deposits, first month's rent, and back rent
Rapid Rehousing Programs	Rapid Rehousing (RRH – Individuals)	<ul style="list-style-type: none"> Assist individuals experiencing homelessness to move quickly into permanent housing from Emergency Shelter Provides stabilization services and time-limited rental assistance (3 months)
	Family Rehousing Stabilization Program (FRSP – Families)	<ul style="list-style-type: none"> Assist families experiencing homelessness to move quickly into permanent housing within 60 days of becoming homeless Provides stabilization services and time-limited rental assistance (3 months)
Shelter related	Emergency Shelter (Individuals)	<ul style="list-style-type: none"> Provide overnight facilities for homeless populations as individuals (24 hour or at least 12 hour housing a day) Provide basic case management services in an effort to connect individuals with appropriate services
	Temporary Shelter/Temporary Emergency Shelter (Families)	<ul style="list-style-type: none"> Provide overnight facilities for family homeless populations This may include shelters and apartment style accommodations (24 hour or at least 12 hour housing a day)
	Transitional Housing (Individuals and Families)	<ul style="list-style-type: none"> Provide homeless individuals and families with up to 24 months of assistance and case management services to prepare them for eventual permanent housing (24 hour housing)

DCAS Homeless Systems Understanding



DCAS Homeless Systems Understanding



Homeless System Landscape



Systems:

