Government of the District of Columbia
Interagency Council on Homelessness

STRATEGIC PLANNING COMMITTEE

Date: June 22, 2021 **Time:** 2:30p to 4:00p
Location: via WebEx & Teleconference

Breakout Discussion Notes
Q. 1: Scale Up Current Providers

- Barriers feel like they are intentional at times.
- The RFP process is very arduous and includes a lot of legalese. Without committed development staff, it is a heavy lift.
- Takes a lot of time away from direct services.
- Conversation about ability to hire and resources to hire strong candidates to position. Lowest bid to provide highest quality of services… that combination just doesn't work. It's really touch work that requires strong talent and the process does not.
- Hiring from the community and sometimes they don't have the paperwork (credentials), but they have the life experiences. Trying to hire vulnerable individuals. Cost does not provider to take on/allow for training and capacity building.
- Funder pushes a provider to give information quickly and then silence for months and then we need to sign up 50 families and by yesterday. Or we can only sign up 10 but we're told it's 50 or vice versa. Bigger expansions require a team. To make it worth it, often have to hire the whole team not just one additional case manager.
- Paying for scalability
    - Pay well so that staff stays. If you're so focused on turnover, hard to expand as you fill new positions.
    - Referral predictability
    - Infrastructure investments (e.g., Finance). Can't scale quickly without bigger investments.
- If a provider is taking on a new program, they need about 3-4 months.
- TA on best practices
- Understanding housing navigation process: document it!
- Focus on hiring program participants and alumni.
- Need to hire peers
- Huge turnover at programs
- Unsure if we have enough workers
- Job market is competitive b/c of COVID concerns
- CC is not getting a lot of resumes, ppl are getting better offers
- Need to have competitive salaries
- Conflicts of interest in hiring ppl who have received services at agencies- perhaps DHS can help form policies
- RRH RFP was at 10%, too low
- Lots of requirements (have to hire ppl who live in DC, but ppl can't afford to live here)
- What can we learn and apply from the PSH 3 convos?

Q. 2: Procurements and New Providers

- Need to do a better job to helping people w lived exp form their own orgs so that they can apply for funding/ jobs
- Are there grants that are serving dual populations that we can apply to to get more funding, something akin to how the CON RFP pools money across agencies? Can ICH act in a way similar to DHCD?
- Can orgs think about pooling resources together to reduce overhead?
- Need to create more part time opportunities so that people don't have to go outside of the field
- Salaries are not competitive.
- Collaborating is a request but then we're pitted against one another and we're competing with one another. So then we're showing each other the secret sauce and then competing against one another.
- Looked at the RRH RFP and barriers to entry are so high for small organization. Had to decide to pass on the opportunity. Both because of the timeline and also because of the technicalities around the issue. Feel like I can do the work really well but it's just too much work to respond to the RFP.
- Timing is too fast. Usually in august when people are taking vacation.
- Only bring on providers who are currently doing similar work
- How can we promote mentorship or Technical Assistance from legacy providers?
- Pay the providers to give TA

Q. 3: Partnering Across Systems

- OVSJG put out small grant for housing, how can this and similar programs can be folded into this convo?
- Funding and grants seem/feel like they compete against one another. Complicated how you can make things work in a cohesive way.
- Often times grants are so restrictive that they are paying for the same things but not paying for the full scope of work that needs to be covered. So challenging to navigate. A staff member that is going to be actively watching and taking care of which program components are being charged to which grant itself.
- DHS contracting is better than the DBH process and OBSJG funding. Have never been able to figure out contracting with DOES. DC Health is not bad but they ended a grant in the middle for no reason so feels like each agency has its own quarks and it's hard to figure out. OBSJG and CFSA has a process of networking that supports learning and a learning collaborative that allows for providers to really lean on one another.
- Experience in Virginia is that it's not as complicated. Don't have the same level of requirements for hiring and case management and social work.
- Request for standardized RFP process so that once one application is completed, can use that RFP across the board.
- Stronger process for collaborating and building partnerships. Ran by providers and not by the government agencies. ICH feels like its government ran and reported out. Mentorship by legacy providers, especially during times of plenty. Intentional mentoring/capacity building.
- Longer lead times for RFPs. 30 days for small providers on a complicated RFP process Ramp up times for new providers and lower barriers to entry.