



**GOVERNMENT OF THE DISTRICT OF COLUMBIA
Interagency Council on Homelessness (ICH)
Full Council Meeting Notes**

Date: Tuesday, September 11, 2018

Time:

12:30 – 1:30 pm	Pre-Meeting Audience: Advocates, Consumers, District Agency Staff & Providers Topic: CAHP System Messaging/Client Communications
2:00 – 3:30 pm	Full Council

Location: Child and Family Services Agency
200 I Street SE, Washington DC
Room number: 1001A/B

Meeting Participants

- **ICH Council Members:** this is an official meeting of ICH Members, or their assigned delegates.
- **General Audience:** as a meeting that is open to the public, a general audience is permitted. However, participation in discussion is limited to the Public Comment section of the agenda. Otherwise, the floor is reserved for ICH Council Members attending the meeting.

Meeting Agenda

I. Welcome and Call to Order

Interagency Council on Homelessness (ICH) Director Kristy Greenwalt called the meeting to order, welcoming members and stakeholders.

The Director of the Department of Human Services (DHS) Laura Zeilinger commented on the approaching severe weather event (i.e. Hurricane Florence). Director Zeilinger stated that all low barrier shelters will be open 24/7 and that additional shelter locations will be opening by the following morning for those seeking to get out of the severe weather. The DHS social media sites will be continually updated as the severe weather event develops in the District.

Director Zeilinger also introduced Tamitha Davis, the new DHS Family Services Administration (FSA) Administrator.

II. Public Comments

The Homeless Services Reform Act (HSRA) requires that there be an opportunity at the beginning of each meeting for members of the public to comment on matters relevant to the work of the ICH.

Public Comments/Questions:

- A question was raised on ICH's process for drafting the agenda and procuring the feedback of the homeless community.
 - Response: Questioner was provided with information on the Consumer Engagement Workgroup and their role – along with those of the Standing Committees – in drafting the agenda. When Questioner expressed concern about the District's preparation for Hurricane Florence, he was directed to Larry Handerhan (DHS) to discuss the topic further.

III. FY19 Winter Plan (Vote)

A reminder of the ICH's legal obligation to create a Winter Plan by September of each year was given. Gratitude was expressed towards the Emergency Response and Shelter Operations Committee (ERSO) for their work on the current Winter Plan which, as opposed to the last several years, consisted of relatively small tweaks in confirming shelter bed numbers/locations, and adjusting transportation scheduling. No major operational changes were made to the plan this year.

Key notes on the Winter Plan:

- The Winter Plan covers the period between November 1st and March 31st but hypothermia alerts may go into effect before or after those dates depending on the weather;

- The Shelter Capacity Workgroup used the data pulled from The Community Partnership (TCP) to determine the estimated number of shelter beds needed for the FY19 hypothermia season;
- The ERSO Committee reviewed the first draft of the Winter Plan in July, 2018 and reviewed the final draft in August, 2018;

Comments/Questions on the Winter Plan:

- A question was raised on the addition of new language related to domestic violence and whether the community was satisfied with the additional language.
 - Response: New language around domestic violence was added this year to clarify the coordination with the domestic violence system, ensuring that people are being directed to the correct resources both while they're waiting for transportation to the shelter and once they arrive at the shelter location. LaToya Young of the DC Coalition Against Domestic Violence (DCCADV) agreed that the language will work well to improve coordination and collaboration.
- A comment was made that a high number of folks over the summer were experiencing effects from the synthetic drug K2 (e.g. passing out, disorientation, overdosing). The commenter suggested that street outreach teams continue to keep this drug and its effects in mind over the winter season as the effects may worsen during hypothermia season due to the weather's severity.
 - Response: Members at the table acknowledged this issue and committed to continuing work on raising awareness of the potentially harmful effects of K2 and will continue working with the shelter system and providers on prevention and treatment efforts.
- A question was raised on the opening timeline for the new Daytime Services Center at the Downtown BID.
 - Response: At the earliest, the Daytime Service Center will open by November, 2018. The transportation schedule will be impacted by the opening of the new center. It was recommended during the August ERSO review of the Winter Plan that the current schedule be left as is until the opening of the center. Folks were encouraged to view the latest transportation schedule which will always be posted on DHS's website.

A motion was made to vote on the Winter Plan; this motion was seconded. The FY19 Winter Plan was voted on and approved by unanimous consent.

IV. Youth Homelessness

a. Solid Foundations DC Implementation Update

- i. As a reminder, the ICH Full council approved Solid Foundations DC, the District's strategic plan to end youth homelessness, in December, 2016 and the public launch of the plan took place in May, 2017. Resources for the SFDC began October 1st, 2017. Like Homeward DC, the SFDC plan is data driven;
- ii. The SFDC implementation focus for first couple of years has been to increase the understanding of youth experiencing homelessness in the District, improve the crisis response system for youth, and to research best practices for youth homelessness prevention;
- iii. A Youth Advisory Board (YAB) – Through the Eyes of Youth - was launched in the spring of this year and the YAB was heavily involved in the planning of the District's Youth Census for this year;
- iv. We've been able to increase our street outreach for youth specifically, along with increase in drop-in centers for youth; currently soliciting for a 24-hour youth drop-in center;
- v. We've significantly increased the number of youth crisis beds for emergency shelter; When Homeward DC launched we had around 30 emergency beds between minors and transition age youth (TAY), we now have over 100 beds;
- vi. Continuing to develop and improve the Youth-CAHP system;
- vii. There has been a significant increase in prevention resources for youth such as the Supporting Teens and Enriching Parents (STEP) program which focuses on supporting families who have reported young people missing or young people who've run away from the home;
- viii. The number of beds for youth has increased from 150 to 300 in just two years; The new Extended Supportive Housing program was developed;
- ix. Data-sharing agreements between youth-serving agencies are in the beginning phases with the hope that more data will be available to better guide and build programs.

b. National Trends and Best Practices with Dr. Matthew Morton*

* Dr. Matthew Morton is a Research Fellow at Chapin Hall at the University of Chicago with expertise in youth development, youth homelessness, evaluation of complex interventions, and evidence-based practice. Dr. Morton is Principal Investigator for Voices of Youth Count, a national research and policy initiative focused on building evidence to support action on ending youth homelessness, and the Youth Outcomes Project, an effort to improve outcomes and measurement across multiple domains in systems, services, and research related to youth homelessness. Dr. Morton has worked as an advisor in the U.S. Administration for Children and Families and was a key contributor to the development of the U.S. Government's national strategy to end youth homelessness and efforts on addressing child trauma. He has also worked on youth, poverty, gender, and labor programs and policy as an Economist and Social Protection Specialist at the World Bank.

Comments/Questions on Dr. Morton's Presentation:

- Which states/cities were used when conducting this research? Were unaccompanied minors represented?
 - The exact states were de-identified for privacy protection but the US regions which participated are well spread across the country and represent urban, suburban, and rural communities. Minors could not be surveyed and interviewed directly due to consent and privacy restrictions, so researchers asked adults if they had 13-17 year old youth in their household and if so, have they experienced homelessness/household instability.
 - Additionally, from the 22 counties where Youth Point-In-Time (PIT) counts were conducted, data on minors was captured directly.
- What sort of information did you gather on mental illness and addiction as causes to homelessness? What are some ways to address homelessness by treating these two factors?
 - In short, the study was not longitudinal so the research cannot speak to whether or not mental illness/substance use is a cause. However, from in-depth interviews with youth both of these factors were brought up often and much family instability seemed to be centered on these two factors.
 - Australian studies have found that homelessness was more likely to lead to substance use than *vice versa*.
- What are some of the barriers to putting in place the best practices for fighting youth homelessness?
 - Emerging prevention models from other countries tend to include the following key ingredients: collective impact modeling, screening youth for housing instability in order to target resources/case management, and building the voice of local consumers.

- A large barrier to this is incentivizing agencies to work together and build relationships.
- There appears to be a unique situation for trans and non-binary youth as opposed to lesbian, gay, and bisexual youth who seem to have an easier time “blending”. Do you see this difference in the data?
 - The short answer is yes. But because the sample size is so small, we need to be careful about generalizing the findings.
- A comment was raised about the role of foster care in causing or contributing to youth homelessness.
 - Dr. Morton reported that although the study presented shows that around 29% of youth had been in the foster care system, this does not mean that the foster care system is what caused the homelessness. Many youth may have left the system, been adopted, and then re-entered the homelessness system at a later time. The more common theme for youth who experience homelessness is trauma and neglect. By understanding this data, we can find key moments in a youth’s life to offer intensive wrap-around services to prevent youth from entering the homelessness system.

V. Public Comment on Agenda Items (*Time Permitting*)

After the presentation by Dr. Morton and the subsequent questions/comments/discussion on his material, no time was left available for public comment on agenda items.

VI. Adjournment

At the appointed hour, Director Greenwalt adjourned the meeting.