Interagency Council on Homelessness

Housing Solutions

May 17, 2021

Meeting Agenda

- Welcome, Meeting Framing, & Agenda Review
- Funding Updates
  - STAYDC
  - Emergency Housing Vouchers
- Site-Based PSH (Work Group Report-Outs & Discussion)
  - Homeward DC 2.0 & the Need for Site-Based PSH: Key Context
  - Enhancements to Accelerate Lease-Up of Project-Based PSH
  - 100% Site-Based PSH Service Model & Building Design Principles
  - Recommended Changes to Facilitate Production of Site-Based PSH
- Partner Announcements/Updates
- Adjournment

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Tenant-Based vs Project-Based Vouchers in PSH Programs

Key Advantages of Tenant-Based Vouchers

- Faster Implementation – immediately ability to house individuals/families the year the funds are allocated.
  - Given constant inflow into shelter system, having to wait to use housing resources (ie, while housing is being developed) puts increasing pressure on shelter system.
- Provides more client choice.

Key Advantages of Project-Based Vouchers

- Allows more intentionality around building design to better meet needs of specific subpopulations.
- Scale allows homeless services system to provide 24-7 on-site support.

Lessons Learned under Homeward DC 1.0

- In the early years of Homeward DC implementation, partners seemed to think of all units with project-based vouchers in the same manner.
  - Providers referred clients with the highest level of needs into any available project-based unit based on the assumption that there was a higher level of services associated with the unit.
  - Of course, a 60-unit building that is 100% PSH operates differently than a 60-unit building where only 5% of units (3 units) are PSH.

Language to Guide Our Conversations

		Housing Typologies (DHCD/DCHA)	
		Project-Based Housing Subsidy	**Tenant-Based Housing Subsidy**
Human Services Typologies (DHS)	**Single-Site**	"Site-based" 100% of units in building are PSH; case workers are onsite and – depending on size of building – the program will typically provide a more intensive level of services and supports.	
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Our Current PSH Inventory

- The vast majority of our PSH stock is currently scattered site.
  - According to the 2021 Housing Inventory Count, more than 90% of units are scattered-site.
  - DHS has received between 500 and 1,000 new Tenant-Based Voucher each year under the Homeward DC plan to date (FY16-FY21).
  - DCHA just received notification that the District will be receiving up to 700 Emergency Housing Vouchers (EHV) from the American Rescue Plan (all tenant-based).

Projected PSH Needed Under HDC 2.0

Homeward DC 2.0 projects the number of units needed to meet the needs of households *currently experiencing homelessness* (and) *those expected to experience homelessness in the coming years (ie, projected inflow).*

Note: Modeling takes into account system turnover; projected need is for new investments.

Families

- Approximately 1450 units across five-year plan. (~285/yr)
- Strategic Planning Committee recommends we primarily use tenant-based approach to increase PSH for families to allow client choice/mobility.
  - Exception is using project-based vouchers to support creation of more large family units, though no specific target was recommended.

Individuals

- HDC 2.0 considers different scenarios related to how fast the District can scale its inventory; modeling projects we will need between 3,125 and 5,445 units across five-year plan.
- Strategic Planning Committee recommended 35% of new units be Site-Based to increase options for individuals with highest levels of need. (See Objective 9.2).
  - **The 35% recommendation is a starting place; will have to continue to capture data and assess landscape moving forward.**

Work Groups

Over the last several months, different ICH Work Groups have been meeting to help us respond to different aspects of our Site-Based PSH challenge, including:

1) How do we accelerate the lease-up process for PSH to reduce risk for developers?
2) How can we be more intentional about the design of Site-Based PSH to ensure we are creating the type of PSH we need in our system?
3) How might we modify the Consolidated RFP to ensure we are getting the type of Site-Based PSH we need in our system?

Purpose of Today's Conversation

- Work Groups will share their observations and recommendations to give the larger Housing Solutions Committee a chance to weigh in and share feedback.
- DHCD will have the opportunity to listen to the discussion & ask questions of the Work Group members.
- After today's meeting, District agency partners will use the information to think through the best path forward.

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Background

- The District's Coordinated Assessment & Housing Placement (CAHP) System is designed to:
  - Help ensure clients in the homeless services system are matched to the best available resource to meet their needs, and
  - Prioritize access to resources, since need for assistance each year is substantially greater than available resources.
- Length of time from "Referral to Lease Up" for PSH is too long.
  - PSH is focused on our most vulnerable individuals who are experiencing chronic/long term homelessness.
  - "Referral to Lease up" refers to the amount of days between the start of the housing process (the client is matched to a resource and provider) and the end of the process (the client moves into unit).
- There are separate project teams working on strategies to reduce the length of time associated with lease-up to a unit with a Project-Based Voucher vs. lease-up with Tenant-Based Vouchers.
- Today we are focused on work by DHS, ICH, and TCP to reduce the timeline for lease-up of units with Project-Based Vouchers.

Challenges Unique to Project-Based PSH

- Landlords hold units for individuals that have been matched to a unit while the individual works his/her way through the housing process -- potentially losing months of rental income & also
- Site-based buildings are unable to reach occupancy due to delays in housing process.
- Individuals matched to a unit with a project-based voucher may decide they are not interested in that particular unit.
- Individuals matched to a unit with a project-based voucher may be rejected form the unit by the property-management firm.

New Referral Process for Project-Based PSH

- Created a dashboard of all the upcoming project-based units, including building address, basic building info, photos, and website.
- Created a virtual referral process for outreach/shelter providers to directly refer clients to these building vacancies.
  - Clients must be document ready and documents must be uploaded in referral.
  - Clients must have signed a form saying they are interested in the specific unit for which they are being referred.
  - Additional background information on client is provided to ensure they are being matched to an appropriate building.
- Clients with complete referral submissions are matched to units based on CAHP prioritization.

Early Results Have Been Successful!

- CAHP team received referrals for 88 unique individuals to fill 8 Project-Based units across 3 buildings
  - Over 60% were completely document ready
  - Over 20% were document ready and signed forms indicating they were interested in a specific building
- Referral process reduced length of time for CAHP team to match clients to buildings
- Project-Based PSH Providers raved about assigned clients document readiness and detailed information in assignment notification.
- Moving forward, CAHP team will be tracking time from "Referral to Lease Up" of the individuals matched through this new process to understand timeline reduction.
- Based off feedback from referring providers, we have made slight tweaks for next round of referrals.

What We Need from You

- To ensure we can keep our dashboard up to date, please fill out this form to provide us marketing materials such as building information, images, and active website links.
  - Form available at https://app.smartsheet.com/b/form/abfb6f264d2d444990aebdc9efe872b7
- Inform the PSH provider as soon as possible when you know a unit will be turning over.
  - If there are any questions or concerns about referrals to turnover units, contact DHS.

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Flexible, Client-Centered Support

- A key tenant of Homeward DC is to provide flexible, client-centered services.
  - This means having the range of housing options and programming necessary to meet everyone's unique needs, along with the ability to increase or decrease supports as a client's needs and circumstances change.

LEVEL OF INTENSITY

Scattered-Site PSH

- Case management supports can be light, moderate, or intensive.
- Intensity refers to the number of in-person contacts each month.

Site-Based PSH

- Buildings have 24-7 staff (eg, front desk, security).
- Case management supports are onsite.
- Buildings may offer additional on-site supports (PSH+).

Site-Based PSH (Standard vs PSH+)

	Site-Based PSH (Standard)	Site-Based PSH+
Target Population	Individuals experiencing or at risk of chronic homelessness that: 1) Need a greater level of support, and/or 2) Prefer a communal living environment.	Individuals experiencing or at risk of chronic homelessness: 1) Who have significant behavioral health issues along with physical health and/or age-related conditions; and 2) Who have historically had difficulty remaining connected to community-based supports; and 3) For which no other PSH model has worked.
Buildings Operations	Building must be at a scale that property management functions (front desk, security, maintenance) can be covered by operating revenue (rent subsidy + tenant rent contribution).	
Case Management	Case management staff are located onsite and are covered under contract with DHS.	
Additional Services (health/nursing, mental health, meals, home health support)	Clients may be connected to additional services on a case-by-case basis, but services are typically delivered by a community-based provider.	Additional services planned for on-site delivery based on needs of target population. Additional services to be delivered on-site in partnership with health providers via existing DHCF & DBH programming.
Building Design Considerations	Building design must take into consideration needs of an aging, medically frail population and therefore may have higher per unit capital costs than standard affordable housing developments. Examples of standard design features include office space for case managers and common space for resident activities.	Building will have specialized design features that respond to needs of target population (TBD in conjunction with service provider partners) and is anticipated to have highest per unit capital costs.
Examples	Conway Residence (North Capital) Diane's House	None Currently Exist

PSH+ Deeper Dive: Background Info

- Composition of Special Project Team reflected wide array of perspectives:
  - Agencies: DBH, DHCF, DHS & ICH
  - Providers: PSH Case Management, Outreach & DBH services, and medical services
  - Developer

- Goal: identify service model & design parameters, including:
  - Target Population
  - Estimating Immediate Demand
  - Services & Amenities Needed Onsite
  - Impact on Design & Recommendations

Target Populations

- Individuals experiencing or at risk of chronic homelessness and/or individuals currently housed in PSH but are not served well by existing PSH portfolio:
  - Who have significant behavioral health issues along with physical health and/or age-related conditions; and
  - Who have historically had difficulty remaining connected to community-based supports; and
  - For which no other PSH model has worked.

Back of Envelope
Estimating Immediate Demand for PSH+

- Quick one-time survey of DHS clients with IADL/ADL Challenges (Dec 2020)

Location	Approximate # of Clients
Standard Shelters/ Outreach	85
PEP-V Shelter	21
Current PSH residents	76
Total	182

- Provider estimates of aging clients who need support:
  - ~10% in newer site-based PSH developments
  - up to 40% in older site-based PSH developments

	Approximate # of Clients
Overall portfolio of PSH for Singles (scattered & site based)	4378 units as of 4/30/2021
Estimating at 10%	~400

Services & Amenities Needed Onsite

Special project team discussions & needs survey surfaced following priorities for the service model:

- Security
- Mobility
- Health supports:
  - Physical & behavioral services & supports
  - Accommodations related to ADL/IADL

Slides capture overall notes; See handout ***PSH Plus: Services & Amenities Needed Onsite*** for details

Cost Implication on Total Units: Building (Capital & Operating) vs Service Costs

- Number of units adequate to support capitol & operating costs
  - 24/7 security recommendations
  - Higher operating costs related to maintenance & cleaning
  - Mobility features recommended for building, common and open spaces, hallways and units
  - Physical health related accommodation recommended for units, common and open spaces, and health partners delivering services on the 1st floor
- Experience with existing portfolio of site-based units suggests minimum of 65/75+ units
  - would not recommend densities higher than 125/150 units
- Higher service costs (e.g. health services on the 1st floor) to be paid for by appropriate funding mechanisms at DHCF and/or DBH.

Service Model: Addressing Security Concerns

- Vulnerability to violence from family, friends and acquaintances, especially drug dealers:
  - implications for 24/7 security & monitoring of entrances, hallways and common areas
  - implications for better coordination w/ CM

- Crisis management concerns related to provision of services & accessing units when clients are immobile or unresponsive
  - implications in design of office spaces & common areas (multiple entrances/exits)
  - implications for trauma sensitivity & de-escalation training for all property management staff (security, maintenance and cleaning)

Service Model: Addressing Mobility Concerns

- Accessibility impacts every aspect of design & cost
- Big-ticket items that impact cost thresholds for development
  - **Building entrances, floor design and hallways:**
    - ✓ Ideally 2 elevators, in case 1 becomes inoperable
    - ✓ Hallway sizes and design features but also level of cleaning and maintenance that must be accounted for operating budget
  - **Units:** level of UFAS (universal accessibility) that
    - ✓ reflects level of need (based on population targeted by development team) &
    - ✓ facilitates aging in place
  - **Open space:**
    - ✓ must accommodate both smokers and non-smokers
  - **Common areas:**
    - ✓ ideally intimate communal spaces on every floor
    - ✓ to combat isolation, foster community for ppl w/ significant mobility constraints
    - ✓ to create areas for Personal Care Aides (PCAs) outside of units but close by

Service Model: Addressing Health (Physical & Behavioral) Concerns

- Need for nursing staff, on-site behavioral and/or primary health delivery, & activity coordinators managing common areas
- Partnerships with physical/behavioral/mental health providers should be encouraged:
  - Some partnerships may create heavy traffic and may impact character of development (e.g. FQHC, FSMH)
  - Programs tailored to & serving residents in building may also be possible. For example:
    - ✓ Dedicated ACT teams
    - ✓ Dedicated PACE program site –if built in Ward 7 or 8
    - ✓ ADHP targeting building residents –e.g. Wah Luck ADHP targeting aging residents in China Town building (153 units, ~200 residents) has a Clinical Director, registered nurse and activity coordinators managing community garden, quiet room, resource library and activity room.

Health (Physical & Behavioral) Concerns Continued

- While planning for partnership will be location/project specific, overall design parameters should anticipate:
  - Dedicated sinks for health professionals
  - Wiring that facilitates tele-health services

- ADL/IADL challenges & impact including:
  - common space and parking that accounts for personal care aides (PCAs) working w/ clients
  - unit features that accommodate medical needs and appropriate safety features
  - higher levels of cleaning services in common areas and hallways to accommodate challenges
  - Furniture that can be wiped down and easily cleaned

Recommendations re Design Parameters for Building

See handout ***PSH Plus: Notes on Design Parameters*** for recommendations related to:

- Building envelope and grounds:
  - open communal (green) space
  - parking
  - main (ground floor) entrances & exits
- Special considerations by floor, including:
  - first floor
  - basement & rooftop
  - all other floors
- Unit Configurations

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How were Recommendations Developed?

- Initial development of recommendations started with Site-Based PSH Service Model Work Group and ICH Team members.
- Next, CSH shared those recommendations with a group of local developers for feedback.

Recommendation #1: Consider issuing specific solicitation/call for 100% site-based PSH (both regular and intensive models).

Developer Feedback on Recommendation #1

- Developers were in agreement with a stand-alone RFP
- Noted potential benefits of a separate RFP for PSH:
  - More flexibility in setting the rules/parameters;
  - May build specialization within DHCD and DCHFA with a targeted RFP process;
  - Separate RFP may lead to more dialogue between agency and developers and, accordingly, lead to shared understanding of what success looks like;
  - Allows developers to know goals, which helps them better manage risk. Developers (especially nonprofits) need to know if money is available.
  - Would allow District to include right mix of funding that would take project over the finish line – eg, under a separate RFP, HOME dollars and 9% Credits could be set aside for PSH projects.
  - This could eliminate the need for a huge amount of HPTF to be set aside to make an impact – just enough to make the projects viable.

Developer Feedback on Rec # 1 Cont.

- **Developers recommended an interim step of issuing an RFI.**
  - An RFI allows time needed for more intentional planning. The District will be able to assess interest/capacity among partners while developers have time to look for projects.
    - ✓ A specific timeline for RFP launch would then allow partners to do the math and have viable projects ready.
  - Alternately, DHCD could conduct outreach to a small group of developers w/ interest in site-based PSH projects in advance.

Developer Feedback on Rec # 1 Cont.

- **If the current RFP is used, developers thought the following should be taken into account:**
  - Could offer incentive where 100% PSH projects are granted "expedited status."
  - Could also use current RFP to start with an incremental approach: pilot/launch a set-aside to see how it works and therefore inform any larger/longer-term changes.

Recommendation #2: Consider prioritizing limited project-based vouchers for 100% site-based PSH and eliminating the mandatory 5% PSH set-aside.*

*Recommendation to eliminate 5% set-aside assumes we are operating in a landscape with finite project-based vouchers.

Developer Feedback on Recommendation #2

- Developers agreed that this may be a better approach for getting larger site-based PSH projects, but cautioned against excluding LRSP usage for other groups or general 0-30% AMI housing;
- Developers indicated a desire to see corresponding commitment for non-PSH 30% AMI and below, expressing concerns around negative impact of making DC a "one-model city"

Recommendation #3: The solicitation for 100% Site-Based PSH should include modified cost thresholds to ensure that buildings are adequately financed to support the unique needs of this population.

Developer Feedback on Recommendation #3

- Developers expressed full agreement.

Recommendation #4: Include developer "past performance" with regard to accepting CAHP system referrals as a factor in scoring proposals for 100% Site-Based PSH.

Developer Feedback on Recommendation #4

- The group recognized there may be an issue with developers doing new construction who are mandated to do 5% PSH who don't always do their "due diligence."
- With regard to how this might be implemented, one option discussed was whether DHS/TCP could run data at time of RFP to determine how many referrals had to be sent over to fill a single unit (ie, how many referrals had been rejected).
  - This potentially could be part of threshold qualification
- Alternative, developers could be required to present tenant criteria selection and have it compared to CAHP requirements
  - The Site-Based PSH Services Work Group also suggested that the developer/property management team could be asked to provide certification to DHCD or DHS annually that they had not screened out CAHP referrals for the PSH units. This may help serve as a reminder/reinforcement of the requirement in original contract.

Recommendation #5: **Adopt requirements for developer's property management team related to training on Housing First and Trauma Informed Care for all members of the property management team (leasing, maintenance, front desk, security, janitorial, etc.).**

Developer Feedback on Recommendation #5

- The developer group ran out of time and did not have a chance to discuss this recommendation.

Questions & Discussion

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