



***Interagency Council on Homelessness
Strategic Planning Committee***



October 26, 2021

Meeting Agenda



- I. **Welcome**
 - ❖ **Agenda Review**
 - ❖ **Introductions (if you are new, please introduce yourself in the chat)**
- II. **Discussion Items**
 - ❖ **CASI Overview**
 - ❖ **Family System Workgroup Updates**
 - ❖ **FY22 F-CAHP Prioritization**
 - ❖ **Family System Overview and Updates**
- III. **Partner Updates/Announcements**
- IV. **Adjournment**
 - ❖ **Next meeting date: 11/30 from 2:30 – 4 pm**

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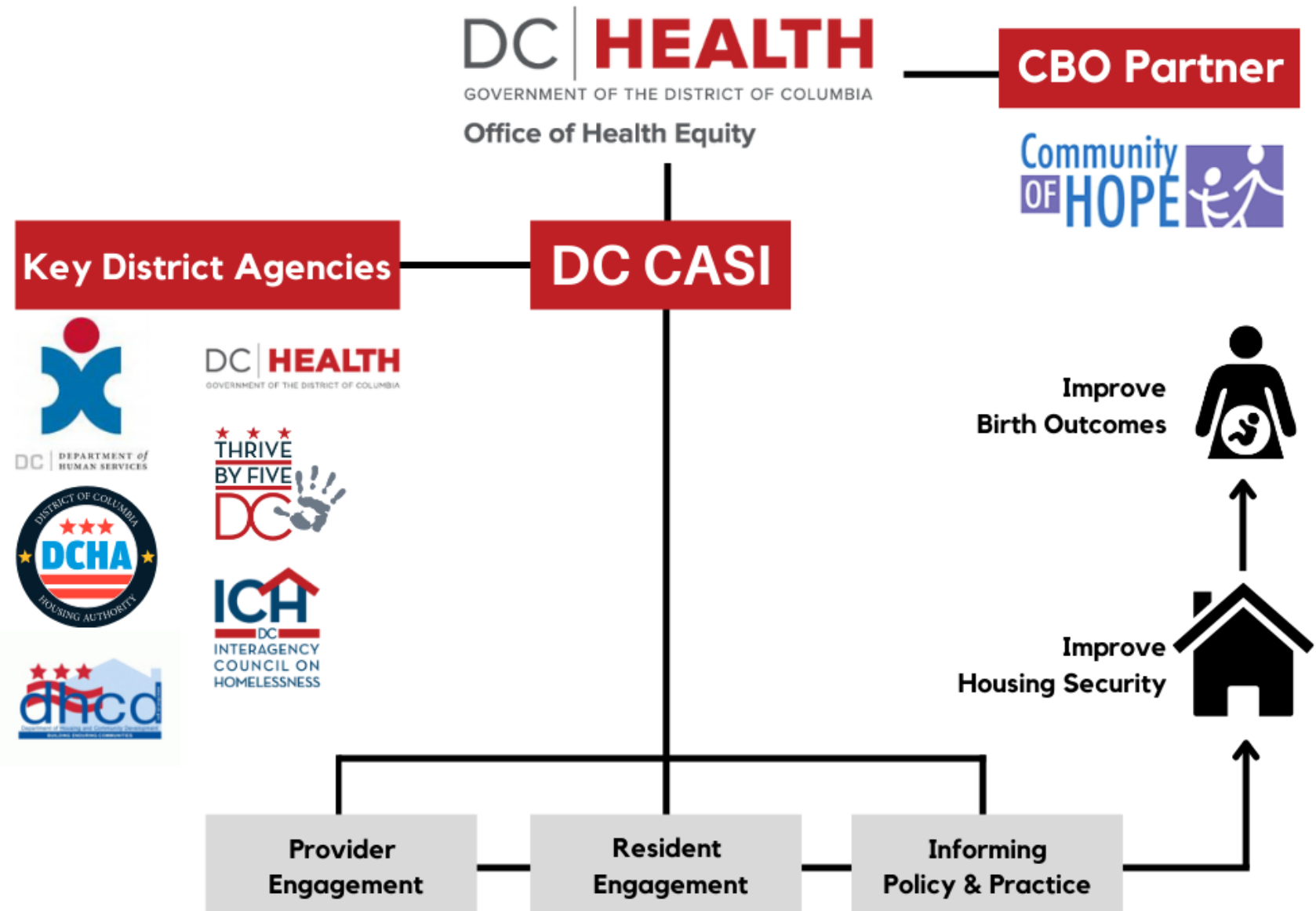
DC Calling All Sectors Initiative

Overview and Update

DC ICH Family Services Meeting | October 26, 2021

DC Calling All Sectors Initiative (CASI*)

- Multisector collaborative led by the **DC Health Office of Health Equity** aimed at addressing housing insecurity among pregnant individuals to improve birth outcomes in the District.
- Collaborating partners include **Community of Hope** and key District agencies.



This project is supported by a grant from the Health Impact Project, a collaboration of the Robert Wood Johnson Foundation and The Pew Charitable Trusts.



Background & Purpose

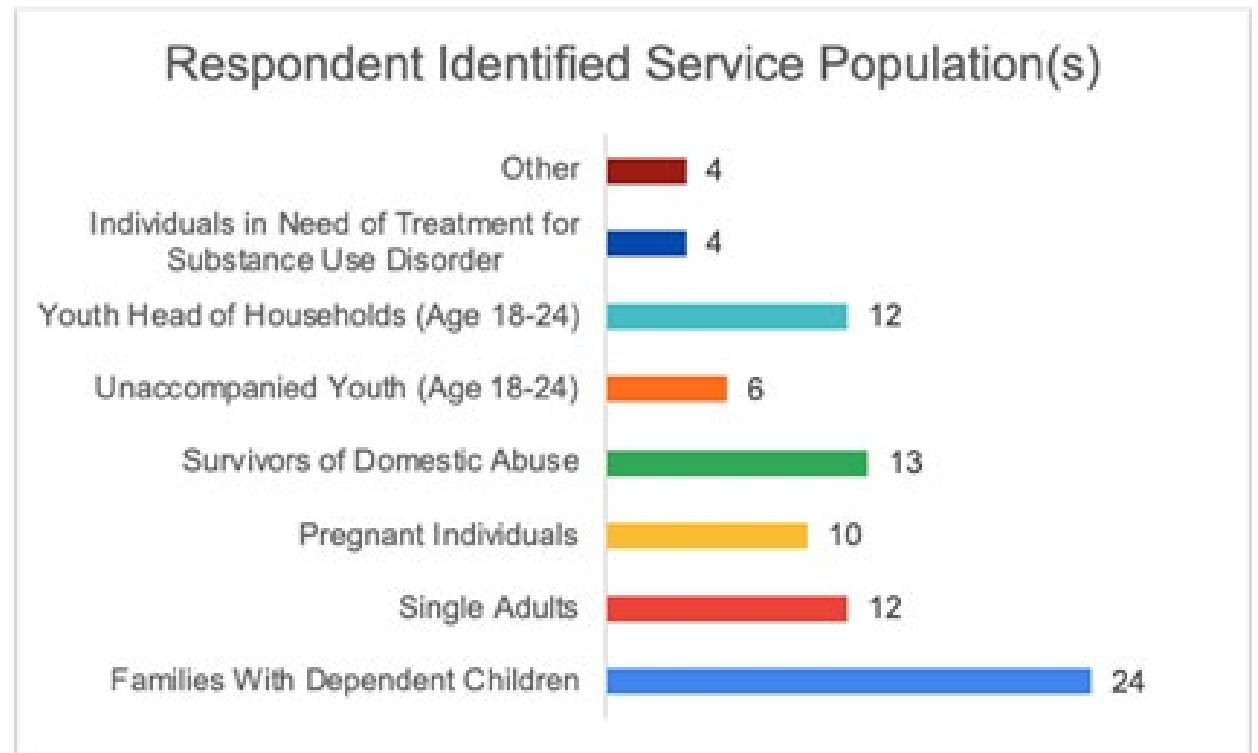
- The DC Calling All Sectors Initiative launched a survey to gain insight into how the current housing/homelessness system supports pregnant residents experiencing homeless and/or housing insecurity.
- The survey, intended for **DC homelessness service providers**, aims to inform collaborative efforts to identify areas of opportunity within the current housing/homelessness system to better serve pregnant residents.
- In alignment with the mission of DC Health's Office of Health Equity and with the Mayor's goal of making homelessness **brief, rare, and nonrecurring**.
- The survey included questions pertaining to services and operations, capacity and volume, and service population characteristics.
- **30 organizations** providing housing/homelessness services to DC residents responded to the survey over a three-week collection period in September.

Summary of Findings

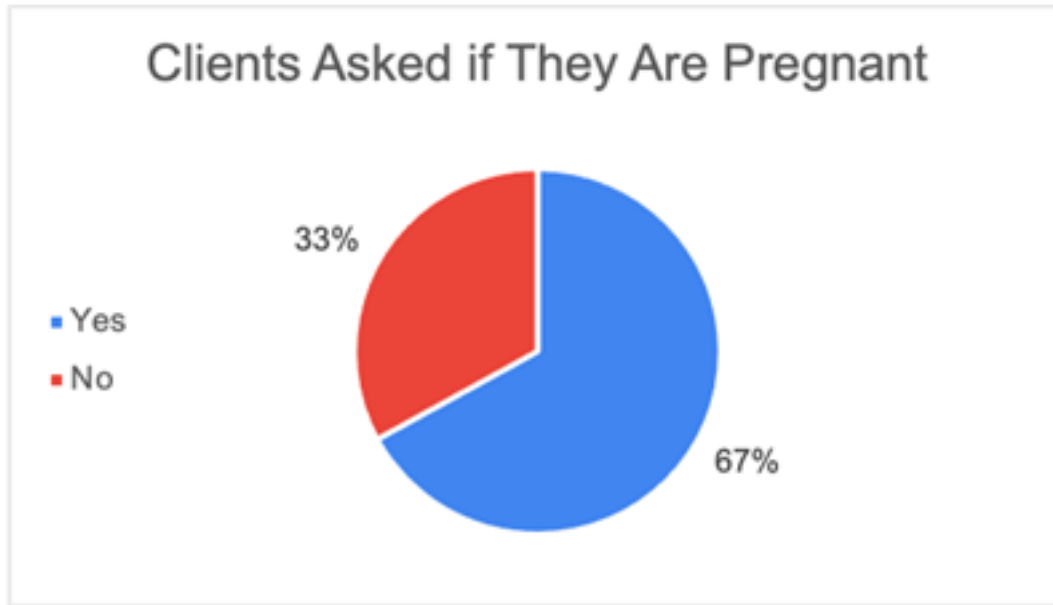
- The DC Calling All Sectors Initiative launched a survey for housing program providers to gain insight into how the current housing/homelessness system supports pregnant residents experiencing homeless and/or housing insecurity.
- Most of the providers' identified service population was **families with dependent children**.
- 33% of respondents reported that they **do not ask their clients if they are pregnant**.
- Supportive services offered by each organization vary. Organizations provide some services directly and may refer out for others, such as prenatal care and behavioral health.
- **Protocols for tracking referrals to outside services for pregnant individuals are not common** among respondent organizations. Where referrals do exist, they vary in the use of tracking databases.

Information on Provider Service Populations

- Results from 30 unique organizations or programs were received.
- Most (80%) of the responses were from providers whose service population includes families with dependent children, and 10 providers listed pregnant individuals as a part of their identified service population.



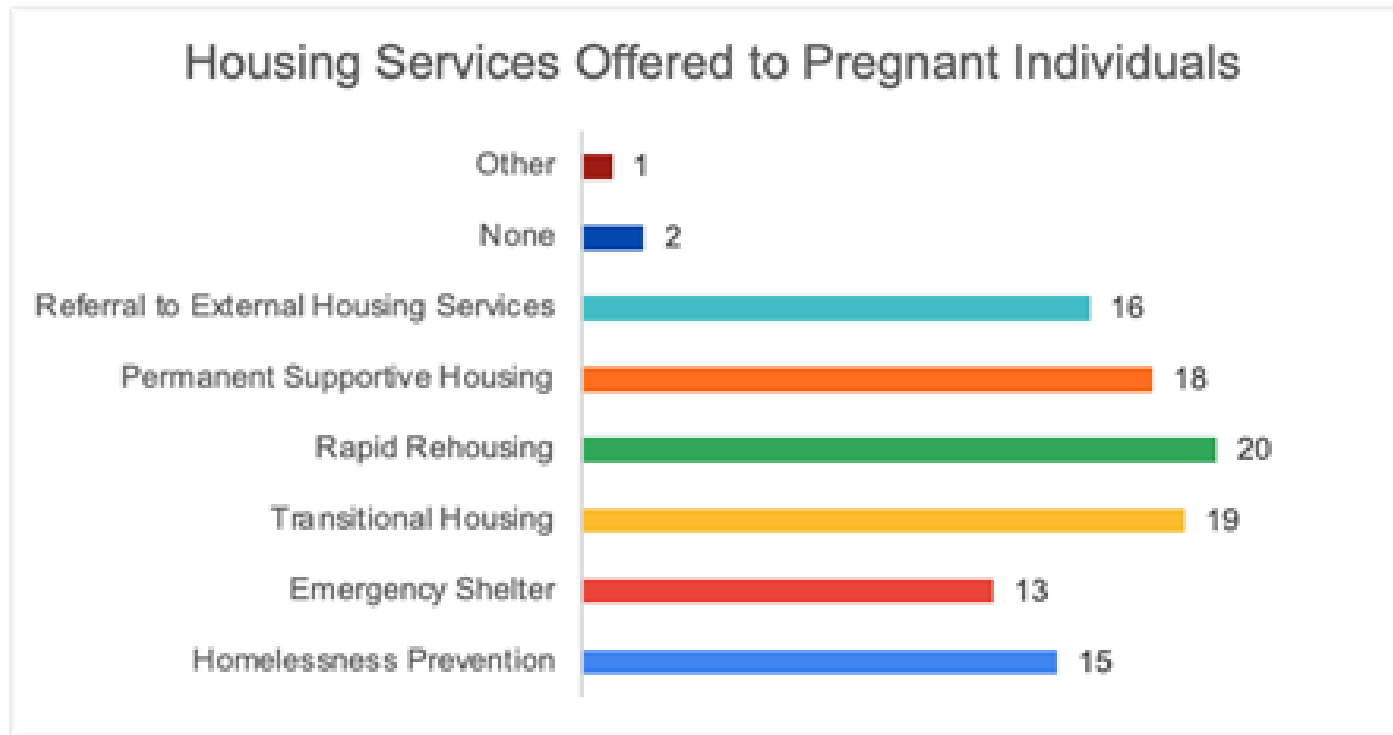
Information on Pregnancy in Service Population



- 67% of providers indicated that their clients are asked if they are pregnant at some point while receiving services; primarily during the intake or assessment phase.
- This information is widely used to **inform case management planning** and connect individuals to supportive services such as prenatal care. One respondent indicated that the information is used to track pregnancy data.
- Most respondents did not know how many pregnant individuals were receiving any services from their organization at any given time

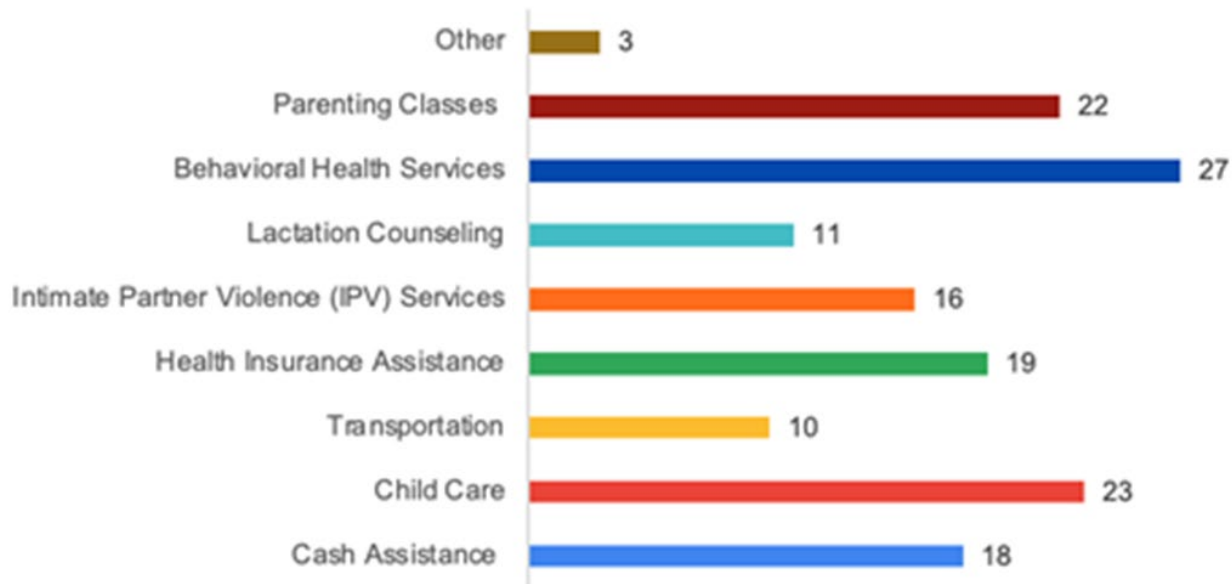
Housing Services

- The housing programs and services offered by respondents included rapid rehousing (66%), transitional housing (63%), permanent supportive housing (60%), emergency shelter (43%), and homelessness prevention (50%). Two respondents indicated that no housing services were directly provided for pregnant individuals, and 16 provide housing referral services.



Supportive Services

Offering Referral to Supportive Services

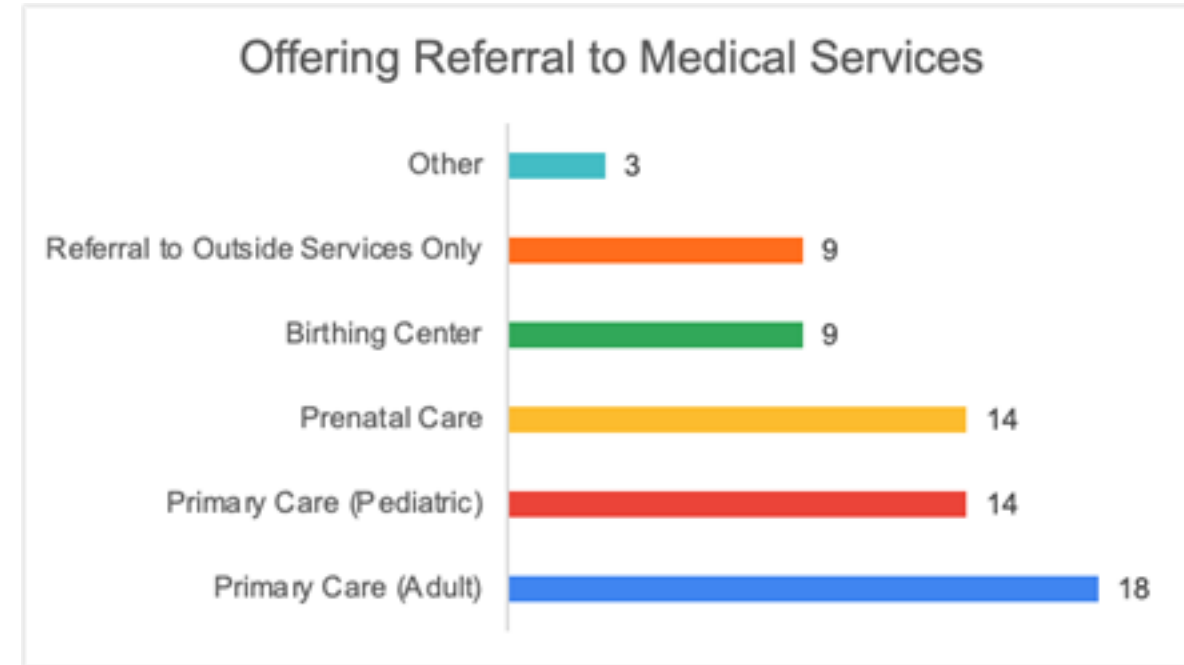


- Respondents were asked to indicate if supportive services are provided as part of their housing/homelessness programs that may serve pregnant individuals.
 - Behavioral health and transportation services were the most selected out of the respondents that indicated they provided supportive services directly (53%).
- **Most (90%) of the respondents offer referral to supportive services for clients**, which include services that may assist pregnant individuals in meeting their unique health and social needs.

Medical Services

- Two respondents reported that their organizations directly provide medical services, while most (67%) offer referral to outside medical services.

Overall, respondents indicated that their services can be tailored to meet the needs of pregnant individuals through case management, and that some services/programs, while offered to all clients, would support the unique needs of pregnant individuals.



Non-CoC Provider Findings

Two organizations that do not receive funding as part of the DHS's CoC submitted survey responses:

- One organization is dedicated to serving pregnant women experiencing housing insecurity and/or homelessness.
 - Those earlier in pregnancy are prioritized
- The other typically serves residents aged 18-30

*These providers appear to **fill gaps in the CoC**, accepting individuals at all stages of pregnancy and offering housing, resources and support through a new child's infancy*

Key Findings: Referrals

- Case management is a standard service provided by DHS CoC organizations. Among respondents providing case management, formal referral protocols were seldom indicated
 - Protocols that were reported varied in methodology, and tracking is completed differently across providers
- Only half of providers surveyed reported providing **referrals to prenatal care**
- Food for thought:
 - Are case management services covering important resources, information, and/or supports available to pregnant individuals who need them?
 - How might the Continuum of Care enhance support for pregnant individuals, without creating undue strain on existing capacity/resources?

Questions?

DC | HEALTH

GOVERNMENT OF THE DISTRICT OF COLUMBIA

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DC Health

For more information on the District's COVID-19 response, visit coronavirus.dc.gov

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- ❖ In 2019, the ICH FSWG shifted to meeting quarterly to allow Special Project Teams the necessary time to meet and complete projects that are reported up to the Quarterly meeting
- ❖ Monthly Special Project Teams:
 - Cross System Solutions Team
 - ✓ Focus on issues and projects impacting system coordination and system flow
 - ✓ F-CAHP Feedback
 - YHOH Team
 - ✓ Develop consistent program models across all youth head of household programming and sharing best and promising practices
- ❖ Family PSH Programs should attend the ICH Medicaid WG meetings (scheduled for the 2nd Wednesdays, from 3 - 4:30 pm) and a meeting dedicated to Successfully Transitioning Providers (scheduled to meet on the 4th Wednesday of the month from 3:30 - 5 pm).

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- ❖ Of the total FY22 TAH and PSH Resources:
 - Match 90% as step ups from FRSP
 - ✓ Of the matches dedicated from FRSP:
 - 75% should be dedicated for longstayers 18+ months
 - 15% for 12-17 months in FRSP
 - 10% for less than 12 months in FRSP
 - NOTE: This will allow us to reduce case conferencing requests due to req of length of stay in program.
 - Match 10% from shelter or TH
- ❖ When matching within the priority groups above, the following tie breaking criteria will be used:
 - equal distribution of matches across scoring bands and meetings - e.g. Mtg #1 - match 5 from 55, 54, 53 F-SPDAT scores and pick up there during next meeting
 - continued use of DV and length of stay as tiebreakers within scoring bands



- ❖ F-CAHP matching to FY22 Resources began on 10/21
 - more detailed matching schedule will be developed as DHS confirms provider readiness for PSH and TAH with the goal of matching all resources by the end of Q2/March

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Family System Updates and Overview



- ❖ Stay DC
- ❖ FRSP Planning
- ❖ DC Flex
- ❖ TAH/PSH/EHV
- ❖ Shelter Capacity and Planning



- ❖ STAY DC provided \$165M in rental assistance for more than 33,000 residents
- ❖ Distribution of rental assistance funds to date:
 - 83% going to households at 30% MFI or below
 - 14% supporting households below 50% MFI
 - 3% at 80% MFI
- Application Deadline: October 27 at 7 pm
- The District will request additional funding from US Treasury



- ❖ Families in the program for 26+ months as of September 2021 began receiving intent to exit letters October 1, 2021.
- ❖ Families in the program for 18-25 months as of September 2021 will receive intent to exit letters November 1, 2021.
- ❖ All families who received intent letters will receive 6 months rental subsidy extension and will receive final notice of cessation at least 30 days prior program exit. Subsidies will cease March and April 2022.
- ❖ The program is exploring three exit pathways: 6 month rental subsidy extension, DC Flex, or PSH/TAH/EHV



- ❖ DC flex is a shallow subsidy program that provides \$8400 per year for low-income families who are earning but couldn't meet ends.
- ❖ DHS is working alongside The Lab on the application and eligibility determination process
- ❖ There are 500 new slots allocated in the FY22 budget
 - So far, providers have identified 278 families in the program over 18 months as of 9/2021 who meet the DC Flex eligibility criteria
 - We continue to assess all families in the program to identify eligible families for DC Flex



- ❖ PSH, TAH, and EHV is an exit path for families who have been in the FRSP program for more than 18 months.
 - Thus far, 162 EHV matches have been made, 149 are longstayer families
 - Of the 15 PSH matches made for FY22 so far, 11 are longstayer families
 - We continue to assess all families in the program to identify eligible families for long term housing subsidy

Shelter Capacity and Planning



- ❖ As of July 12, 2021, VWFRC reopened to the public and is conducting eligibility both by phone and in person with capacity limits on the number of people permitted to enter VWFRC at a time.
- ❖ DHS assumes a 50% increase in inflow each month above the average from the last three years. DHS expects to serve between 216-343 families each month over the course of hypothermia season.
- ❖ The number of shelter units needed for families is based on both shelter entries and exits per month.
- ❖ Apartment style sites in state of operational readiness since September 30
- ❖ We are engaging providers to make sure shelter capacity and services are available when needed.

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