



***District of Columbia***  
***Interagency Council on Homelessness***  
***Strategic Planning Committee***



***June 22, 2021***

# Meeting Agenda



- I. Welcome and Introductions
- II. DHS Post-Covid Operations Update
- III. Provider Capacity Building Framing
- IV. Breakout Group Discussion & Report Outs
- V. Partner Announcement & Updates
- VI. Adjournment

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# Re-Opening metrics

- ❑ Key re-opening metrics continue to trend in a positive direction, signaling end to PHE is likely near. For additional detail, go to [coronavirus.dc.gov](https://coronavirus.dc.gov).
- ❑ Focus on continued vaccination efforts:
  - 70%+ of District residents have received at least one shot
  - Incentives being offered - \$51 gift certificates
  - Mandatory vaccination being considered by some private organizations, hospitals, etc.

# Latest Guidance

## Mayor's Order 2021-069

- As of May 17, fully vaccinated people only need to wear masks or social distance in places where it is required.
- As of May 21, restrictions on most public and commercial activity, including capacity limits, types of activities, and time restrictions, were lifted.
- As of Friday, June 11, nightclubs and large sports and entertainment venues were able to resume full normal operations.
- Masks are still required on public transportation, homeless shelters, government buildings, healthcare settings, schools/childcare settings, prisons and where required per workplace.

# What else do we know?

- **We are still in a public health emergency.** While the end seems to be in sight, it's not over yet. DC Council authorized extension through July 25.
- **Social Distancing and use of PPE (wearing masks) are still *highly recommended* for unvaccinated individuals to prevent the spread of COVID.** Masks will still be required in shelters for now because of ease of transmission and highly vulnerable population.
- **Health guidance is evolving.** We will likely see additional guidance from the CDC and DC Health that will provide additional information about COVID protections as the District continues to re-open. Updated shelter guidance released on June 14. Protective measures still strongly recommended.

# DHS Re-Opening Planning

DHS taking a phased approach to returning to pre-COVID operations based on updated guidance from DC Health and input from key stakeholders. Re-opening with more in-person services starting July 12.

- ❑ **VWFR**– Assessments will continue to be offered both over the phone and in-person starting July 12 with limited capacity (50%)
- ❑ **Case management**– DHS staff resuming face-to-face CM services July 12 (TAH, youth services). DHS providers that have not already returned to in-person will be expected to resume in-person case management services on August 2 with safety protocols. *Updated guidance to be issued next week.*

# DHS Re-Opening Planning

- ❑ **Shelters** – Modified operations still in place. Plan to maintain capacity limits until community transmission declines further – gradual phasing in when safe to do so. Preventative measures to remain in place for now – ISAQ, daily screenings, pre-packaged meals, etc.
- ❑ **Day Centers** – preparing for phased re-opening with safety protocols:
  - Downtown Day Center now offering walk-in services (no appointments necessary) at reduced capacity. Planning to fully re-open (100% capacity) by August
  - Adams Place – targeting July 28 for re-opening at reduced capacity levels (50%)
  - Zoes Doors/Sasha Bruce remain open
- ❑ **Transportation** – Plan to maintain social distancing in vans, resuming scheduled transportation week of July 26.



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# Provider Capacity Building



- ❖ Goal 6 in Homeward DC 2.0 focuses on Provider Capacity Building
  - Objective 6.1: Support Provider Expansion
  - Objective 6.2: Support Provider Job Recruitment and Retention Efforts
- ❖ The infusion of millions of new dollars into the homeless services system with both federal and local investments creates a need for our system to prepare to quickly and efficiently grow

# Investing in New Permanent Supportive Housing Units and Program Improvements

*Over 1,000 chronically homeless households will have access to a voucher.*

<b>Individuals/Singles</b>	
PSH - Site-Based	71
PSH - Emergency Housing Voucher*	550
PSH - Scattered-Site	137
<b>TOTAL</b>	<b>758</b>
<b>Families</b>	
PSH - Site-Based	20
PSH - Emergency Housing Voucher*	157
PSH - Scattered-Site	170
<b>TOTAL</b>	<b>347</b>
<b>Youth</b>	
PSH - Scattered-Site	10
<b>TOTAL</b>	<b>1115</b>

*\*Budget based on preliminary allocation of 707 Emergency Housing Vouchers; subject to adjustment*

## Homeward DC: \$35M

Program Type	Proposed	# of Units
<b>Individuals/Singles</b>		
Diversion (Project Reconnect)	\$ 875,000	500
Shelter safety/security	\$ 975,000	System-wide
Streamline singles intake	\$ 270,312	System-wide
Singles shallow subsidy	\$ 1,000,000	200
Outreach	\$ 1,800,000	n/a
RRH Unit	\$ 4,197,600	300
RRH Services	\$ 3,330,000	300
PSH Unit	\$ 2,968,390	137
PSH Services	\$ 3,101,736	758
Admin - Program Mgmt	\$ 2,196,846	18
Admin - Vouchers	\$ 178,103	6%
<b>TOTAL</b>	<b>\$ 20,892,987</b>	

## Homeward DC: \$35M

Program Type	Proposed	# of Units
<b>Families</b>		
Prevention/Diversion	\$ 891,000	500
PSH Unit	\$ 4,275,942	170
PSH Services	\$ 4,938,504	347
PSH Site-Based Operations	\$ 1,563,354	26
Admin - Program Mgmt	\$ 410,124	4
Admin - Vouchers	\$ 256,557	6%
<b>TOTAL</b>	<b>\$ 12,335,481</b>	
<b>Youth</b>		
Extended Transitional Housing	\$ 1,500,000	Right-size
PSH Unit	\$ 216,671	10
PSH Services	\$ 40,920	10
Admin - Vouchers	\$ 13,000	6%
<b>TOTAL</b>	<b>\$ 1,770,591</b>	

# Board of Social Work Supervised Practice



## The Problems

### Fines

- Fining employees for “**practicing without a license**”; fine threats also issued to employer
- Broad view of scope of practice\*\* impacting workers previously in positions without Board oversight (ex., CSWs)
- Prevent candidate’s receipt of a license until fines paid

### Workforce concerns

- Hiring delays for CBOs due to licensure requirements
- Impacts to availability of qualified candidates to serve all populations
- Board of Professional Counseling allows time-limited supervised practice, BSW does not

### Racial equity concerns

- Disparities in student loan debt loads – amounts and length of repayment – of Black and white students
- Disparities in first-time exam passage rates
- Candidates’ financial needs and community needs for social work skills and education

**\*\*DC Code 3-1201.02(18)(A) “Practice of social work” means** rendering or offering to render professional services to individuals, families, or groups of individuals that involve the diagnosis and treatment of psychosocial problems according to social work theory and methods. Depending upon the level at which an individual social worker is licensed under this chapter, the professional services may include, but shall not be limited to, the formulation of psychosocial evaluation and assessment, counseling, psychotherapy, referral, advocacy, mediation, consultation, research, administration, education, and community organization.

# Board of Social Work Supervised Practice



## The Proposal

Allow CBOs to hire and supervise unlicensed SW candidates for specified timeframe, during which expected to take and pass exam. Use Board of Professional Counseling process as a guide.

- At Board of Social Work's September 28, 2020, meeting:
  - Licensed social workers representing social services organizations provided public comment regarding the desire of CBOs to hire and supervise new Social Work school graduates
- October 2020:
  - A dozen social services providers and provider associations\*\* sent a formal request to the Board of Social Work to allow Supervised Practice of recent SW graduates by CBOs
  - Noted threats of fines, workforce, and racial equity concerns
- May 2021:
  - Providers followed-up after months of Board discussion to provide additional testimony and reiterate request

\*\* Bread for the City, Community Connections, Community of Hope, Family and Medical Counseling Service, Inc. (FMCS), Howard University Hospital, Mary's Center, N Street Village, Pathways to Housing DC, Unity Health Care, Whitman-Walker Health, District of Columbia Behavioral Health Association (DCBHA), & District of Columbia Primary Care Association (DCPCA)



## Proposal's Status

**May 2021: Board voted to have their Attorney research the proposal, including any necessary changes to regulations or policy to add supervised practice.**

## Alternative Approach

**Health Licensing Boards** revisions to specific Scopes of Practice under the **Health Occupations Revision Act (HORA)**

- Review for duties that *can't* be performed or to amend education and experience requirements, title protection, supervision, etc

**DCBHA** offered comments on the scope of practice on June 10, 2021 letter to Board

- “Sharpen focus on what is **distinctive about the social work profession** and **expectations for those who present themselves as social workers...** [and] motivate **reconsideration of elements** of the definition **of the scope of social work practice** that have **created challenges for license applicants, licensees, and employer organizations** in the time since the definition **was last updated.**”
  - Clarifying Scope of Practice by License Type
  - Scope of Practice Considerations for Title Protection
  - Adopting Standard Definitions for Elements of Social Work Practice





## Next Steps

### Get Involved!

- ❖ Board of Social Work meetings include a public portion; Next meeting is June 28, 2020, 10am
- ❖ Get on our mailing list. Contact Melissa Millar, [mmillar@cohdc.org](mailto:mmillar@cohdc.org)
  - We'll update you about Board decision(s) as well as timing for HORA updates and how you can participate
- ❖ Talk to your Contract Administrator about challenges your organization has with hiring and why supervised practice would be helpful

# ICH Next Steps and Questions



- ❖ What does ICH need to do as follow-up?
- ❖ Are District Agencies (particularly DBH and DHS) facing issues/challenges outlined in the slides?
- ❖ If so, should the ICH engage the Board of Social Work?

# Indirect Cost Rates – New Requirements



**Indirect Costs are costs associated with being in business; must be reimbursed for organizations to be sustainable and effective**

- If contracts/grants underfund nonprofits, nonprofits must use or raise **other funds** to administer program/service
- Underfunding nonprofits **may lead to closures**

## **DC Council passed two Acts on Indirect Costs in 2020:**

**“Nonprofit Fairness Analysis”**: To ensure payment of indirect cost rate **passed through** from **federal** contracts and grants

- OCP to conduct a study to determine amount of federal funds retained by District on federal grant/contract activity; provide recommendations/training

**“Nonprofit Fair Compensation Act”**: To ensure payment of indirect cost rate in District contracts and grants

- In FY22, applies to grants/contracts up to \$1 million
- Will increase until all grants/contracts above \$25 million are covered (FY26)

# Indirect Cost Rates – New Requirements



## Next Steps

### Develop your organization's Indirect Cost Rate:

- ❖ Do you have a federal NICRA already? Use it with DC Government!
- ❖ Work with a CPA to develop a rate
- ❖ Use an indirect rate previously accepted by DC Government
- ❖ Negotiate a *new* rate with DC Government
- ❖ Take a *de minimis* rate of 10%

### Get More Involved!

- ❖ Join the **Coalition for Nonprofit Equity** and get on our mailing list. Contact Melissa Millar, [mmillar@cohdc.org](mailto:mmillar@cohdc.org)
- ❖ Talk to your Contract Administrator about what rate(s) you are getting on DC and federal grants and contracts

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# Breakout Group Activity (30 minutes)

Identify a Note Taker and Someone to Report Out  
E-mail notes to [ich.dmhhs@dc.gov](mailto:ich.dmhhs@dc.gov)

# Breakout Group Discussion Questions



## Scaling Up Current Providers:

- ❖ For those providers that have been asked to scale up, what has been challenging about that process? What has worked well?
- ❖ What is the info that providers need to plan for growing? How much lead time do providers need to grow?
- ❖ What kind of support do providers need? Including but not limited to monetary

## Procurements and New Providers in the Homeless Services System:

- ❖ How do we recruit new provider partners?
- ❖ How do we make our procurement process transparent and accessible?
- ❖ How do we onboard new providers?
- ❖ How can we promote mentorship or Technical Assistance from legacy providers?

## Partnering Across Systems:

- ❖ How do we help our providers track opportunities across other systems (DBH and DOES)?
- ❖ How do we support partnerships?

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