

Interagency Council on Homelessness Strategic Planning Committee

24 August 2021

- I. Welcome
 - * Agenda Review
 - Introductions
- **II. Updates/Announcements:**
 - FY22 Budget
 - * 801 East Solicitation
- III. Discussion Items
 - * Capacity Building
 - FY22 Priorities
- IV. Partner Updates/Announcements
- v. Adjournment
 - Next meeting date: 9/28 from 2:30 4 pm





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- DC Council had their final vote on the FY22 budget on Tuesday, August 10th
- Director Zeilinger presented on the budget to ICH Executive
 Committee see PowerPoint slides from the August Executive
 Committee for additional detail
- * Highlights:
 - 2,400 chronically homeless households will have access to a voucher
 - Investments in Diversion, RRH, streamlining intake
 - \checkmark Increase in DC Flex
 - ✓ Federal resources



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801 East: Solicitation Update

DHS is seeking a provider to coordinate programming at the new 801E facility located on the St. Elizabeth campus. This newly designed facility will offer a wide range of services and supports to residents, including a day center, work-bed program, respite care and senior/medically frail program.

DHS anticipates awarding a grant to a provider (Prime) that will cover the following program areas:

- (1) Day Center Programing,
- (2) Housing-Focused Case Management
- (3) Health Clinic and Medical Respite Program



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801E Solicitation Update

Solicitation can be found <u>here</u> or at the District Grants Clearinghouse <u>https://communityaffairs.dc.gov/content/community-grant-program</u>

Key Dates for the solicitation:

- Request for Applications issued on 8/16/2021
- Pre-Bidders Conference 8/25/2021 from 10:00-12:00 rsvp to jennifer.mine@dc.gov to receive WebEx info
- Proposals Due: **9/27/2021 by 5:00 p.m.**
- Anticipated award date: November 2021

Contact Jennifer Mine at jennifer.mine@dc.gov with any questions about the solicitation or pre-bidders conference



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Expanding PSH Capacity for Singles



- DHS and ICH partnering to support the expansion of PSH.
- Organizing focus groups to evaluate:
 - 1. Provider interest and capability to double capacity,
 - 2. Capacity building supports under consideration,
 - 3. Feasibility of expediting matches for FY22 by April 2022, and
 - 4. Feasibility of system and program adjustments under consideration

Are focus groups appropriate?

Focus groups allow us to efficiently/effectively work with multiple providers and to foster dialogue between providers.

How to organize the focus groups?

Should we manage the focus groups by

- categories of providers: small, mid vs large?
- limiting number of participating staff to 2 per provider?

For existing providers only?

Inviting new/potential providers?

Some considerations:

- 15 out of the 17 providers currently serve singles
- Other system providers have expressed interest in PSH including EPD Waiver Service Providers and CSAs



Goals for FY22: Doubling Existing Capacity



* Need:

- ~2,400 new slots (FY22 Budget increase)
- Potentially more if turnover slots do not have the case management supports needed (e.g., when case management follows the individual).

* Current capacity:

- > 15 providers, with ~3,000 total slots
- ~2700 clients assigned and an unused/available capacity of ~250
- Conclusion: will need to expand capacity by at least 2,150 slots

Qxn for Strategic Planning Committee is: Are these the right Focus Group questions?

Potential focus group questions:

- Interest: are providers interested in doubling their PSH operations/programs?
- Activities Underway: what steps have providers taken to expand capacity?
- **Capabilities:** have providers assessed their capabilities? are providers able to double operations/programs without additional support?
- **Constraints:** what are the most significant constraints providers are facing?
- Role of government/philanthropy: how can government and/or philanthropy support?

Goals for FY22: Expediting Matches

- Goal: to match and enroll all new and turnover vouchers by April 2022
 - before launch of new Medicaid benefit (Housing Supports and Services, HSS)
- Context: Leveraging new Medicaid benefit will require significant adjustments to the assessment and PSH enrollment process.
 - Matching and enrolling all new and turnover vouchers for FY22 would allow us to avoid launching a new intake process while we are doubling/tripling our matches to the program.

Will we be doing too much in the Focus Groups?

- Is it appropriate to discuss both the need to double capacity and the need to expedite matches?
- Are the same staff thinking about both aspects or are these different staff?







Capacity Building Supports Under Consideration

- Providers have previously offered some ideas for capacity building supports.
 - Relaxing CM staff qualifications
 - Centralizing housing navigator services and housing search (so provider staff can focus on CM)
 - Hiring related supports (hiring fairs, expediting background checks, offering hiring incentives, etc.)
 - Supporting hiring of program/project administrators/managers
 - Expanding CM Training Sessions

Qxn for Strategic Planning Committee is: Are these the right Focus Group questions?

Potential focus group questions:

- **Priority:** Which suggestions/recommendations are most critical to your efforts to double capacity?
- Other: Are there other suggestions/ recommendations?







Potential System Adjustments/Options for Expediting Matching & Maximizing Program Enrollment

- Section Sec
 - > front-loading matches
 - matching in bulk/batches
 - focusing bulk/batch matching by location
- Expediting Program Enrollment
 - prioritizing enrollment of document ready clients
 - relaxing documentation requirements
 - focusing contact and service requirements on PSH enrollment
- Supporting unsheltered clients
 - creating and offering bridge housing

Qxn for Strategic Planning Committee is: Are these the right Focus Group questions? Potential focus group questions:

- **Priority**: Which suggestions/recommendations are most critical to your efforts to double capacity?
- Feasibility: are these options feasible?
- **Experience:** we are testing prioritizing enrollment of doc ready clients under CAHP matching for sitebased vouchers and relaxing doc requirements under EHV. Are these efforts successful? Any recommended tweaks based on this experience?
- **Consequences**: Dependances and potential unintended impacts?
- Other: Are there other suggestions/ recommendations?



Potential Adjustments/Options for Shifting Provider Operations to Facilitate System/Program Efficiencies



- Stepping down from case management services
 - identify clients who are good candidates to step down from CM services to free up CM slots
 - Doesn't have to be a formal graduation but a period of testing to see if client does well without CM
- Focusing/dedicating staff to specific locations (at shelter and/or encampments) to facilitate
 - bulk matching at those sites and
 - bulk processing of voucher applications at those sites

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- Each ICH Committee has Roles & Responsibilities and Projects/Priorities
 - Roles & Responsibilities: Ongoing
 - Projects/Priorities: Specific to the upcoming Fiscal Year
- Identify new priorities/projects, if needed/necessary
 - based on Homeward DC 2.0 or
 - Mayor's Proposed Budget for FY22



Strategic Planning Committee & Workgroups



- The Strategic Planning Committee identifies specific priorities
 & projects that are the focus of the Committee.
- The Strategic Planning Committee also supports and tracks the priorities of its 4 workgroups:
 - Family System Work Group
 - Singles Adult System Work Group
 - Medicaid Billing for PSH Services Work Group
 - Vets NOW Workgroup
- Today, we are asking that you approve the FY22 Roles & Responsibilities and the Priorities & Projects for the Strategic Planning Committee and its Workgroups.



Strategic Planning Roles & Responsibilities - Updated

- Homeward DC Performance Management, including:
 - > Review of system-wide performance data,
 - > Tracking investments toward the plan,
 - Input/approval of annual update
- Oversight of CAHP system implementation, including:
 - Developing dashboards & reviewing CAHP system performance
 - Development of annual prioritization criteria (singles/families/Veterans)
 - > Monitoring quality control & system efficiency, recommending corrections as needed
- Input/approval of HUD CoC competition process and recommendations
- Input/approval of annual, community-wide needs assessment (PIT)
- Serve as forum for providing updates and soliciting feedback on Family System reforms; including completion of monitoring STFH sites, shelter program models, FRSP reforms, system flow through PSH/TAH, etc.
- Monitor capacity building needs to help improve network of CoC providers; serve as forum to coordinate with Partnership to End Homelessness (PTEH) on provider capacity building efforts.
- Track and share procurement updates that are relevant to the homeless services system.
- Ground work of the Strategic Planning Committee and its Workgroups in racial equity.
- Ensure meaningful and equitable participation by individuals with lived experience in Committee and Workgroup
 WEARE workplans and priorities; ensure diversity of participating individuals with lived experience.



Strategic Planning Committee FY22 Projects & Priorities



- Support capacity building efforts across the homeless services system, including system capacity/efficiencies and provider capacity.
- Support the continued development and implementation of housing strategies needed resulting from the pandemic (i.e., how the District will manage lease-up and supportive housing services in a Covid & Post-Covid" world).
- Improve care coordination between healthcare providers and homeless services system.
- ✤ Identify need for and development of Medical Respite Beds.
- Convene expert task force to review system operations through lens of trauma; issue report on recommendations.
 - In Progress: Launched in 2020 but has been on hold due to change in consultant availability; not complete.



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 2016
 2020
- Continue the monthly meetings prioritized by the Family System Workgroup – <u>Cross System Solutions Team</u> & <u>YHOH</u> <u>Team</u>
- Finalize Family CAHP Dashboard
- Support DHS's FRSP Taskforce recommendations and implementation





✤ I-CAHP

- Increase Speed and Efficiency of Housing Lease-Up Process (especially with increase in FY22 housing resources)
 - Review CAHP system protocols to reduce unnecessary/artificial wait periods when clients matched to a housing voucher cannot be located.
 - Establish & track performance metrics to track progress on updated document collection responsibilities and other provider protocols
 - ✓ Monthly turnover estimates and ensuring housing resource turnover is returned to CAHP
- I-CAHP Racial Equity Analysis
- > Ongoing CAHP matching process improvements especially with increase in FY22 housing resources
- > FY22 Housing Prioritization
- Consumer communication materials and processes
- Built for Zero engagement
- System Reform Planning and Implementation
 - Streamlining Intake coordination
 - RRH-I program design and functioning within single adult system
 - > PEP-V demobilization
- CAHP Dashboards all single adults and chronic homelessness





- Work towards Racial Equity:
 - System Mapping to see where there are BIPoC and PLE in decision-making positions, and incorporate more PLE in decision making meetings and roles
 - Establish a baseline for the three measures and be able to track progress towards more equitable outcomes 1) Housing placements, 2) Returns to homelessness, 3)
 Length of time homeless by disaggregated by race/ethnicity from BNLs
 - > Coordinate with ICH Racial Equity and Inclusion work group to coordinate system wide

Reduce Inflow through:

- Prevention/Diversion
- Re-training veteran ID at non-veteran points of entry
- Regional Coordination
- Reduction in Transitional Housing Beds
- Increase Outflow by:
 - Tracking Timeline from Match to Move In
 - Engaging non-HMIS participating providers
 - Improve coordination of our veteran outreach programs to ensure unified messaging is being shared and clients are engaged as soon as they enter the system





- Implement strategy to launch tiered PSH case management rates and leverage Medicaid to pay for supportive services:
 - State Plan Amendment (SPA) submission: October 2021
 - > MOU/MOA for Oversight/Agency Relationship: January 2022
 - > Benefit Start: April 2022
 - Support implementation of enrollment process and complying with CMS requirements





Does this accurately reflect your feedback and input from the July Strategic Planning Committee meeting?

Do we need to add any additional Priorities?





Do you approve the recommended FY22 Roles & Responsibilities and Priorities/Projects to be sent to Executive Committee?



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- * Led by DC Health's Office of Health Equity
- A multi-sector, collaborative, systems-level effort to enhance support and improve outcomes for people who are pregnant and experiencing housing insecurity.
- » Partners include:
 - ✓ DC Health
 - ✓ DC Department of Human Services
 - ✓ Thrive by Five
 - ✓ DC Housing Authority
 - Community of Hope
 - ✓ And more



*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.



DC Calling All Sectors Initiative (CASI*)



- » Upcoming Activities Get Involved!
- Survey for providers coming out in early September
 - > Do you track how many people are pregnant in your program?
 - > Do you provide any services to connect them to healthcare?
 - > What are the challenges with supporting people who are pregnant?
 - > PLEASE complete it so we can gather baseline data
- Plans to engage District residents with lived experience of concurrent pregnancy and housing insecurity are in development.
- Mayor's Maternal and Infant Health Summit Session on Community of Hope's initiative to support people who are pregnant and experiencing homelessness
 - > Thursday, September 16 from 1:45 to 2:45 p.m.
 - > Email <u>kmcshane@cohdc.org</u> if you want registration information



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