Interagency Council on Homelessness
Executive Committee

April 13, 2021

Meeting Agenda

I. Welcome & Call to Order

II. Items for Approval
- 2020 Homeless Youth Census Results

III. Discussion Items
- Improving the Safety Net for Individuals with SMI: Ervin Act Recommendations
- Veterans Update & Lessons Learned
- PEP-V Expansion, Planning for Demobilization, & Looking Ahead to Broader Singles Systems Transformation

IV. Updates/Announcements

V. Adjournment

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Framing

- The End Youth Homelessness Act of 2014 requires that the District conduct an annual census of youth experiencing homelessness.
- The project is separate from Point in Time and is only a count of persons age 24 and under.
- DHS has contracted with The Community Partnership (TCP) to conduct the count since 2015.
- TCP, DHS, and ICH use the data for strategic planning purposes, and the data are a powerful advocacy tool for providers and other stakeholder groups alike.

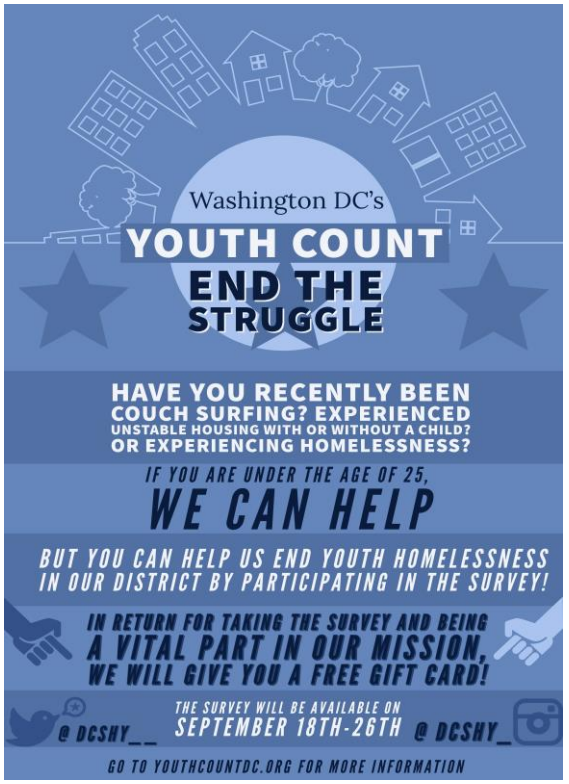
YOUTH COUNT DC

2020 State Index on Youth Homelessness

The Community Partnership For The Prevention of Homelessness

Planning

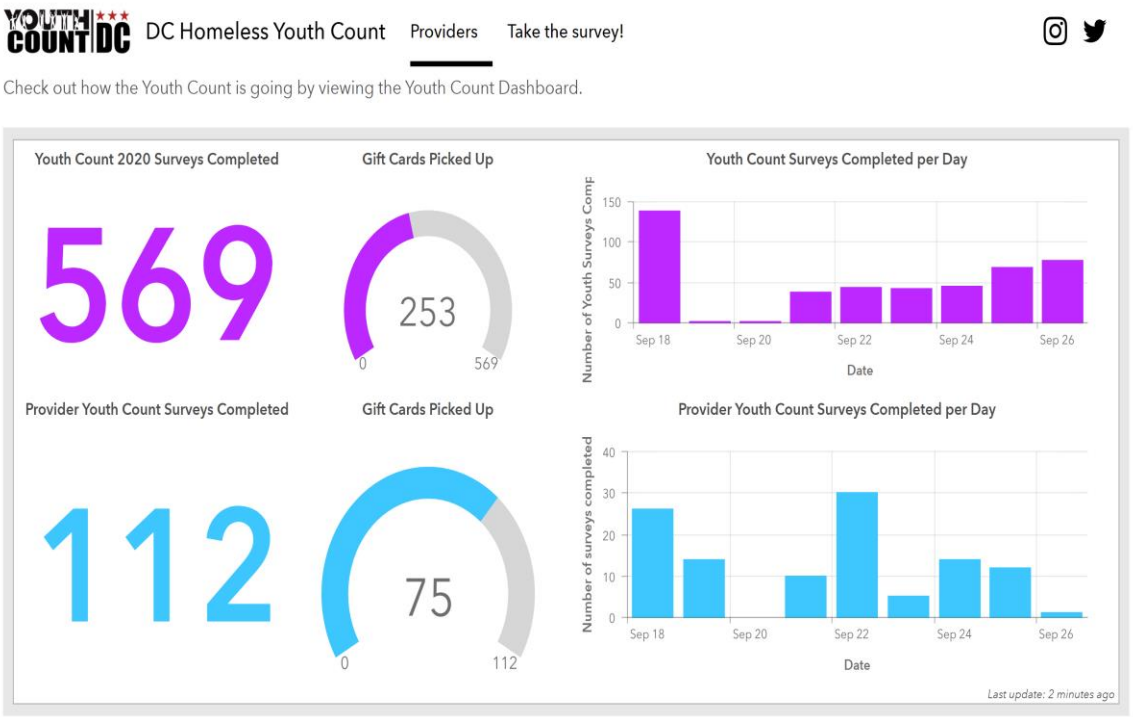
- TCP began working with ICH, DHS, youth, CoC providers, and other stakeholders in May.
  - Streamlined the survey for brevity but overall, the content was unchanged from previous years
- TCP leveraged relationships with outreach, drop-in/meal programs, emergency shelters, transitional housing programs, and youth advocacy and community partners to share information regarding the survey throughout their networks and with their peers.
- A web-based application was used to allow for respondents to take the survey on their own
  - Piloted by the SHY Youth Action Board
  - Translated survey into the five languages other than English
  - Used social media and a video produced by the YAB to encourage participation



Implementation

From September 18-26:

- The survey app was live and accessible
- Meal programs, drop-in centers, etc. operating were available to provide youth with information on how to complete the survey
- TCP used HMIS to pull rosters of youth served in CoC programs; polled non-HMIS providers for similar info
- Youth who completed the survey were able to receive a gift card for their participation



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Who was Counted?

Age Ranges	Household Types	Housing Status
• Transition Age Youth (TAYs), Ages 18-24 • Minors, Under 18 living apart from parent/ guardian	• Unaccompanied Youth (individuals) • Families headed by a TAY or Minor	• Living in Emergency Shelter or Transitional Housing • Unsheltered

Results

- 651 youth (unaccompanied individuals and heads of household) were counted during HYC.
- Individuals made up 68% of youth counted, up from 60% of the count in 2019.
- The increased number of unaccompanied youth drove the overall increase, with youth heads of family households decreasing from 2019.
- 2.6% of youth counted are minors as opposed to TAYs.

2020 and 2019 HYC Literally Homeless Persons Count Totals			
Population	**2020 Totals**	**2019 Totals**	**% Change**
All Persons	651	622	+5%
Youth Individuals	445	373	+19%
Transition Age Youth (18 - 24)	429	360	+19%
Unaccompanied Minors (Under 18)	16	13	+23%
Youth Family Heads of Household	206	249	-17%
Transition Age Youth (18 - 24)	205	248	-17%
Minors (Under 18)	1	1	-

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Demographics

Race & Ethnicity	Persons Counted (n=651)	%
Race		
American Indian or Alaska Native	14	2.2%
Asian	11	1.7%
Black or African American	542	85.4%
Middle Eastern or North African*	4	0.6%
Native Hawaiian or Other Pacific Islander	2	0.3%
White	42	6.6%
Multiple Races	20	3.1%
Data Not Collected	*16*	
Ethnicity		
Hispanic/Latinx	65	10.2%
Non-Hispanic/Non-Latinx	573	89.8%
Data Not Collected	*13*	

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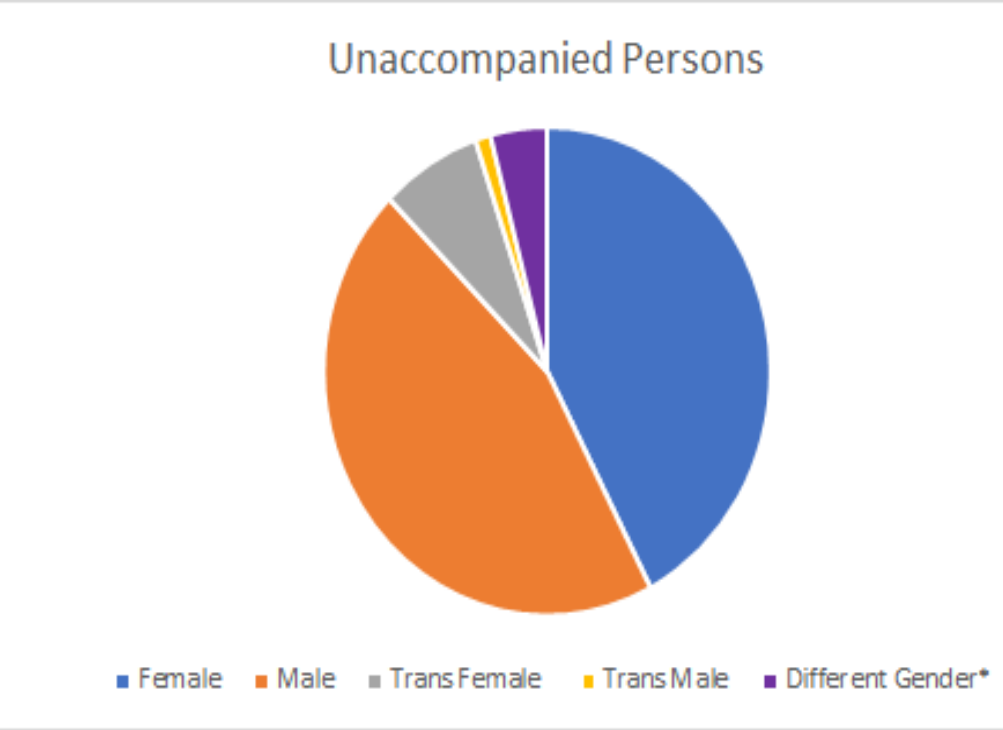
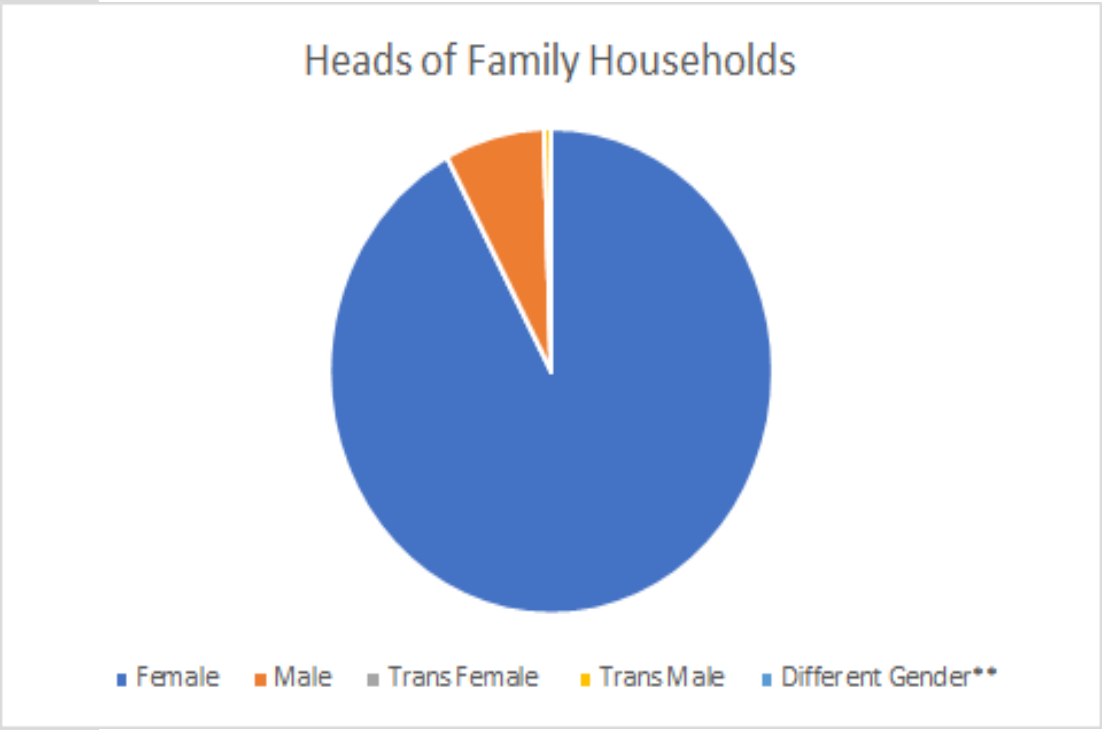
Demographics

Gender





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Demographics

Sexual Orientation and LGBTQ+ identification

- 71% of youth identified as straight or heterosexual while 29% identified as having an orientation other than heterosexual.

- Looking at responses from the sexual orientation and gender identity questions together, we found that 31% of youth surveyed identified as LGBTQ+
  - This was true for 40% of unaccompanied individuals and for 14% of family heads of households

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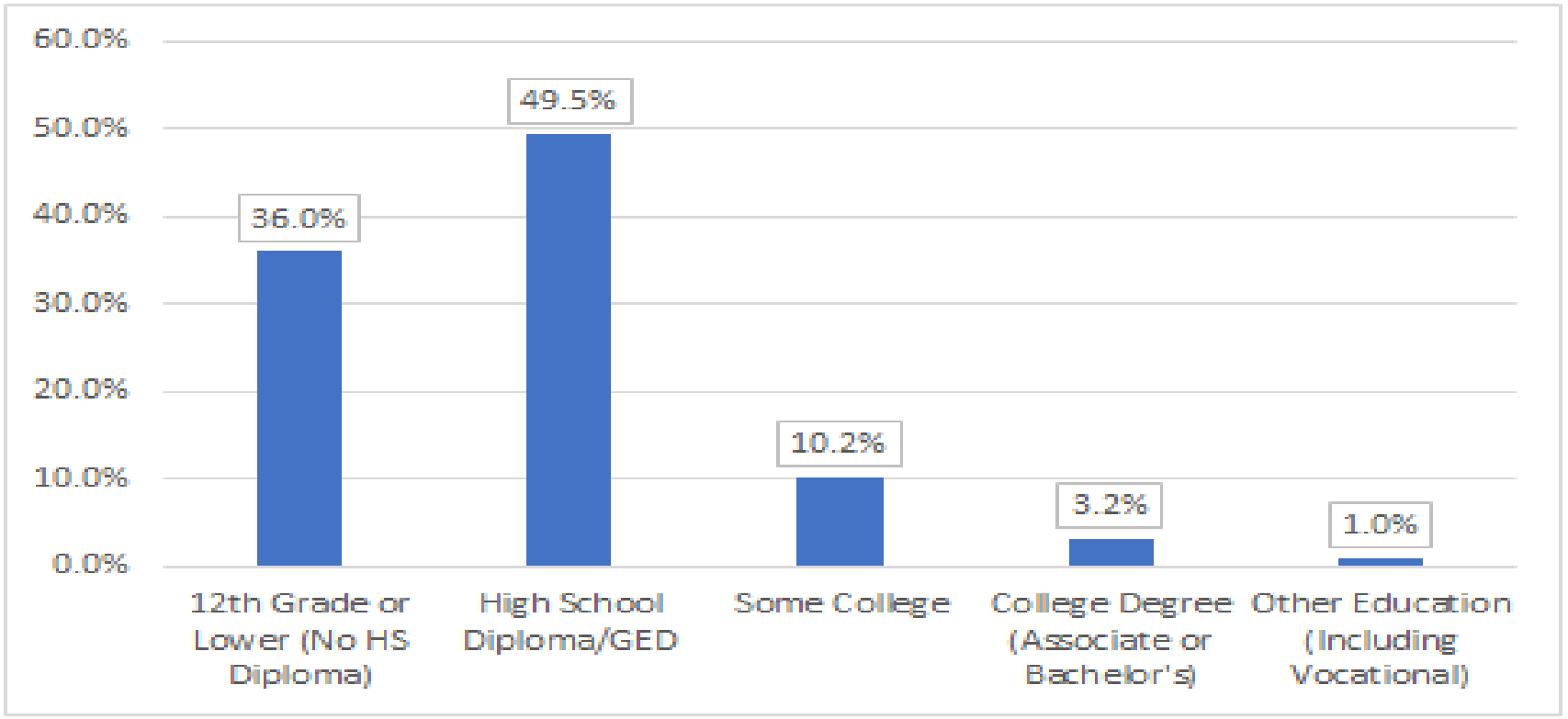
Education



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Personal History & Systems Involvement

- 91% of all youth respondents stated that they were living in the District when at their last permanent address, up from 83% in 2019.
- 25% of all respondents were currently in school or an educational program (as of September 2020).
- 38% of all youth reported histories of mental illness, while 27% reported "Other" concerns including: chronic health conditions and developmental or physical disabilities.
- 34% of unaccompanied youth and 39% of youth heads of family households reported histories of domestic or intimate partner violence.
- 23% of youth reported that they were Child Welfare System-involved in the past, and 18% reported that they had been Justice-system involved.

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Takeaways

- The reduction in youth-headed family households is aligned with the overall reduction in the number of families in the system – the result of ongoing prevention assistance, the shift to Short Term Family Housing, the closure of motel sites, and expansion of Rapid Rehousing.
- The increase in unaccompanied individuals – which led to the overall increase in the count for HYC2020 – may have been driven by additional capacity in the system (new programs) even if some were serving fewer people in September.
- Educational attainment was flat from year to year among unaccompanied youth individuals, but fewer family heads of household reported having their high school diploma or GED in 2020 than 2019. Further, fewer go on to higher levels of education – both speak to the need to tighten connections with the education system.
- Prevalence of mental health conditions or other disabilities point to need for behavioral health and treatment resources for youth.
- TCP/ICH working with CFSA to better understand overlap between foster care & homeless services systems; hoping to expand this type of work with other agencies

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Impacts of COVID-19 on HYC Implementation

- TCP, DHS, and ICH felt that it was important to move forward with the HYC despite the public health emergency because HYC provides helpful planning information for the system, though we understood that the precautionary responses to COVID-19 would impact data collection.
- After HYC, TCP followed up with surveyors for feedback and found:
  - 33% of providers said they were not serving as many youth as they would normally be at the time of the HYC;
  - 42% said they couldn't engage the same amount of youth that they normally do because they didn't have correct contact information and/or didn't see them in the community
  - Nearly all providers altered operating schedules or had fewer staff working on site because of social distancing;
- While we cannot quantify the extent to which this was an issue, the shift to an online, self-administered tool may have also kept youth would have preferred to do the survey with a case manager from participating.

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Preparing for HYC 2021

- TCP is beginning to plan for the 2021 Count and continue to use HMIS and leverage partnerships among homeless services providers.
- Feedback regarding the use of the survey app was positive, though we are hopeful that there will be more opportunity for it to be administered in person (though still electronically) for those who prefer to go through the questions with someone else.
- With an eye toward gaining a better understanding the unique drivers of homelessness among youth, TCP is working on ways to expand the reach of the survey for better information on youth not using the public system and/or who are experiencing housing insecurity as opposed to HSRA-defined homelessness
  - TCP building a partnership with the Urban Institute to survey households on a larger scale, especially those who are not CoC involved.
  - In addition to informing on HYC, this work will help define the scope of housing insecurity for the District, which will be important info in the post-COVID environment.

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Background

- Since the launch of Homeward DC, the ICH team has consistently heard from stakeholders with concerns about the FD-12 process.
  - FD-12 is the form used to detain someone for emergency psychiatric hospitalization.
  - May be executed by a DBH Officer Agent, MPD officer, or treating psychiatrist/qualified psychologist when someone has exhibited signs that they are at risk of committing harm to self or others.
  - Client is transported to CPEP or hospital (if CPEP is at capacity or medical care is needed) for psychiatric evaluation and determination of next steps.
- Stakeholders reported that it was not uncommon for clients to be FD-12'd 5-7 times before getting admitted for treatment.

Civil Commitment Transition Points

- To learn more, the ICH interviewed homeless services partners about when and how the system most typically breaks down for vulnerable individuals.
- Based on this information, we then hosted follow-up conversations with interagency partners around each of the topics below to learn more about challenges and identify potential recommendations.

Intervention

An FD-12 is the written order that allows involuntary detainment for emergency psychiatric evaluation

A DBH Officer Agent, MPD, or the individual's psychiatrist or qualified psychologist may execute the FD-12.

Transport

The FD-12 authorizes transport to:

- CPEP (or)
- Hospital (if medical care is needed or CPEP is at capacity)

Evaluation

Staff have 48 hours to evaluate the client and file paperwork if they decide to seek a commission hearing.

If so, patient is transferred to DBH-contracted hospital for 7 day evaluation & treatment.

Adjudication

If determined warranted, OAG petitions to extend the hold.

Patient has right to both a trial before the Commission and a jury trial before the Superior Court.

Treatment

There are three options with the commission hearing:

1) Inpatient commitment
2) Outpatient commitment
3) Release & voluntary treatment

Key Challenges Identified

- Intervention
  - Inconsistent interpretation/application of the law (imminent risk of harm vs persistent self-neglect)
  - Role confusion in an FD-12 event, particularly when behavior is not witnessed by official actors in process
  - Bed shortages & perception of FD-12s perceived as futile
- Transports
  - Role confusion around who is supposed to transport when client presents "no danger"
  - Ambulances transport to nearest ER with availability; not all ERs equipped to take mental health patients.

Key Challenges Identified

- Evaluation
  - Window to file petition is very short (48 hours)
  - Bed shortages & Medicaid reimbursement issues create disincentive for hospitals to pursue involuntary treatment
- Adjudication
  - Financial barriers to hospital participation (time required by docs to prep for, travel to, and participate in hearing is not reimbursable by Medicaid)
  - Ervin Act allows for two separate trials (trial by the Commission and a jury trial)

Key Challenges Identified

- Treatment
  - Shortage of non-forensic psych beds
  - Lack of knowledge about enforcement of outpatient commitment
  - Lack of connection to available supportive housing assistance

Recommendations

- Recommendations emerged in three key categories:
  1) Legislative Reform – examples of recommended changes include:
     - ✓ Defining risk of harm to include cases of self-neglect
     - ✓ Amending definition to address co-occurring substance use
     - ✓ Extending window to file emergency petition
     - ✓ Extending 7-day hold period to allow treatment
     - ✓ Allowing remote hearings
     - ✓ Allowing Commission Trial *or* Jury Hearing (vs both)

Recommendations, Cont.

2) Hospital Resource/Reimbursement Issues and Bed Capacity

3) Process Improvements
   - ✓ FD-12 Form Re-design
   - ✓ Potential Expansion of Officer Agents to Remove Burden on MPD
   - ✓ Revisit Written Guidance & Training Materials for Consistency
   - ✓ Establish Protocol for Connection to PSH via CAHP System

- ❖ To be successful, recommendations need to be considered as a package.

Stakeholder Discussion

- Any reflections/observations from Work Group members?
- Any questions from other ICH members about the challenges and recommendations identified?
- Any concerns people have about proceeding with this work?

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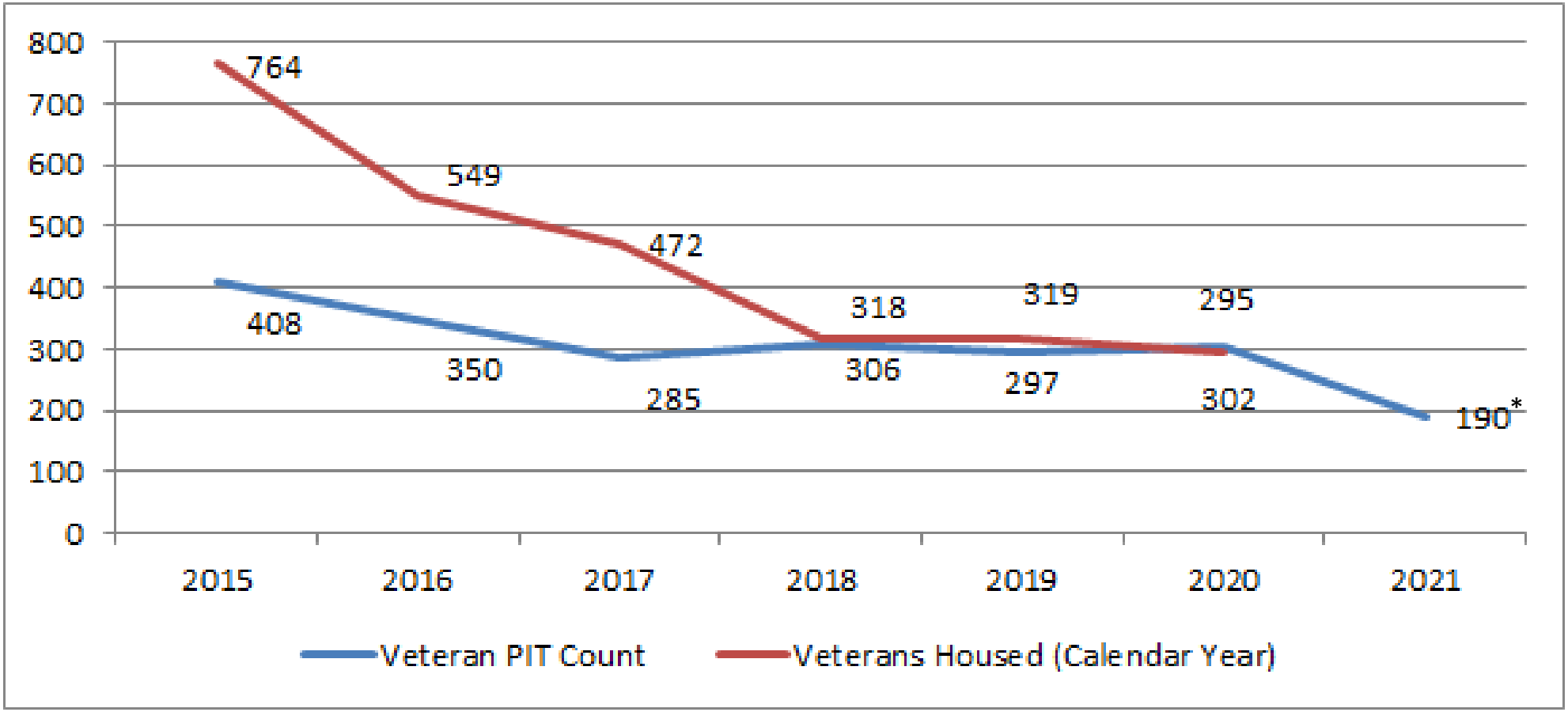
Veteran PIT Trends, 2015 - Present

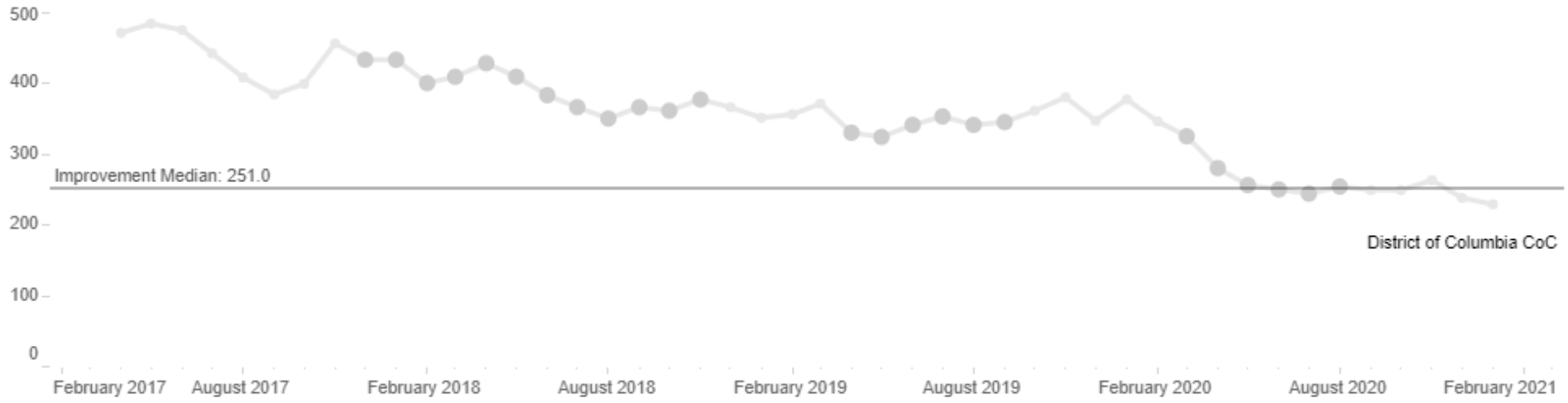


* 2021 PIT Count is an estimate based off of current By-Name List numbers

By-Name List Trends

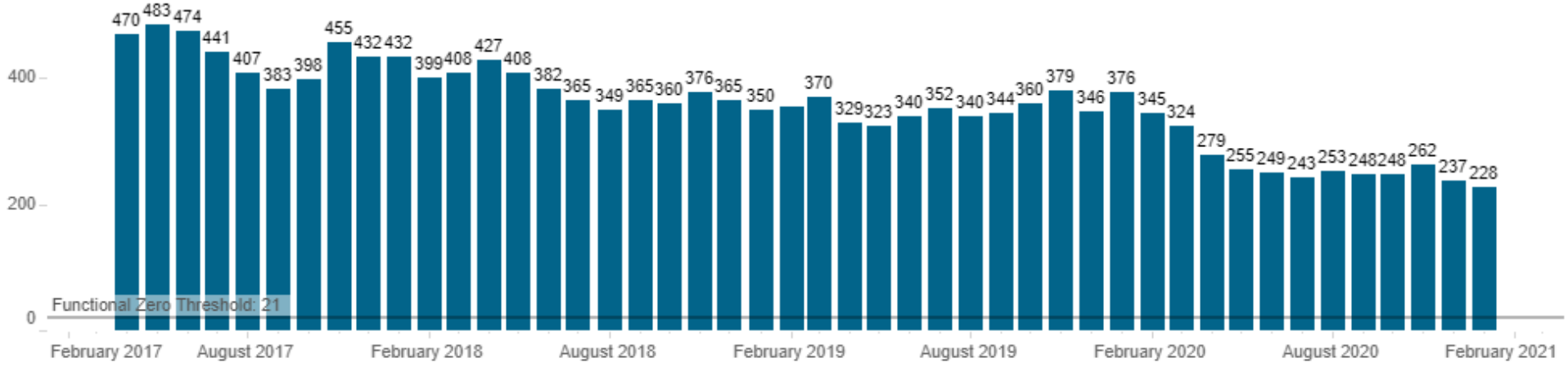
Actively Homeless

Monthly Veteran data with signal indicators for Shifts



Actively Homeless Population

Monthly count for Veteran subpopulation(s)



System Focus

- Reducing Inflow
  - Prevention & Diversion
  - Regional Coordination
- Increasing Outflow
  - Scale of Resources
  - Rapid Re-Housing as Engine Moving People through Sytsem

Diversion/Prevention

- The veterans system has a streamlined front door through the VA CRRC and Veteran Screening Line.
  - Doesn't prevent people from accessing low-barrier shelter sites directly, but offers chance for more timely intervention and opportunity to preserve housing situation.

- Veterans can go to the CRRC or call the screening line in advance of falling into homelessness or once experiencing homelessness.
  - Screening line allows prevention/diversion to take place before veteran has lost their housing or before they have entered shelter.

Regional Coordination

- Federally-funded Grant and Per Diem (Transitional Housing) beds serves veterans from throughout region but are universally located in the District.
  - Historically, once in the District, clients were enrolled in the relevant program in the District's HMIS and fell off the By-Name List (BNL) of the originating jurisdiction.
  - More recently, questions about residency and location preference have been added to Veteran TH intake in HMIS.
  - If the veteran entered TH from a surrounding county, and is interested in returning to that jurisdiction, we work with reps from that jurisdiction to ensure the veteran remains on the relevant county's BNL and track/facilitate reconnection.

Scale of Resources Matches Need

- In 2020, we suppored 295 Veterans to return to permanent housing.
  - 136 Vets-specific PSH
  - 101 through SSVF RRH
- Of the 228 Veterans on our By-Name List in Jan 2021, over half were already matched to a (PSH/RRH) housing resource.
  - In other words, we generally have resources needed to keep up with new inflow.

Supportive Services for Veteran Families

Our SSVF (RRH) providers cite success due to the following:

- RRH resources available for a large percentage of veteran's entering the system, and therefore veterans can quickly access RRH, if they qualify.
- Embedded support staff who can help case managers meet their participant's goals (employment specialist, benefits specialist, etc.)
- Specialized training for case managers (specifically on RRH and Housing First)
- Providers conduct their own habitability inspections
- Flexibility in services and funding
- Veterans can be housed outside of DC (but still within region) if that matches their goals & preferences.

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PEP-V: Current status

Hotel Arboretum

Opened: 3/2020

Census:
109 rooms/
182 people

Holiday Inn

Opened: 5/2020

Census:
193 rooms/
262 people

Fairfield Inn

Opened: 10/2020

Census:
115 rooms/
191 people

PEP-V 4 Skyline

Opening: 4/2021

Census (anticipated):
194 rooms/
200 people

By the end of April, there will be ~850 PEP-V clients across 4 hotels. As of today, the waitlist is closed.

PEP-V exits to date

- Since March 2020, 340 people have exited PEP-V, including:
  - **PSH/TAH:** 215 clients
  - **Shelter/emergency termination:** 91 clients
  - **Deceased**: 15 clients
  - **RRH:** 6 clients
  - **Assisted living and other permanent options:** 5 clients

- Since December 2020, ~50 clients have exited PEP-V per month (half of these exits were to PSH)

PEP-V demobilization goal

To support PEP-V demobilization, exit up to 850 clients by September 2021. Exit as many clients as possible to housing

PEP-V is primarily funded through FEMA funding which is expected to end by 9/30/21

Leveraging Federal Funds

- We have an opportunity for significant investment in our homeless service continuum for individuals
- Investing additional resources to scale our Rapid Rehousing and Project Reconnect programs
- Implementing some of the recommendations from the Single Intake workgroup.

Exits Destination

- PSH/TAH we are hoping to match 100% of our vouchers by PEP-V or unsheltered residents
- RRH- We are revamping our solicitation, attracting additional providers and adding an additional 300 RRH slots in our system.
- Project Reconnect: Reviewing the policy to make it accessible to more residents and increased the funds for this program.

Exits Destination

- Emergency Vouchers: In a few weeks we expect to receive information on the number of vouchers that will be allocated to the District. We are hoping to also be able to leverage these emergency vouchers for eligible PEP-V residents.

Call to Action

- **This cannot be achieved by DHS alone.**
  - We're asking providers to partner with us and expand their case management teams to ensure that all PEP-V residents can receive housing focused services.
    - Outreach/ PSH Providers, please work with our contracting team to ramp up case management services to serve more clients.
    - Rapid Re-Housing Providers: Please help identify barriers to help clients assigned to you to move into housing and work with DHS partners to remove these barriers.
  - Encourage PEP-V residents to accept the housing interventions they're eligible for.

Call to Action

- Help us identify more landlords interested in joining our Rapid Re-Housing Program.

- We will be announcing a new solicitation to add additional RRH Providers in our continuum, we are inviting all Providers to consider applying once its announced (Late May- Mid June)

Questions or Comments?

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Planning for the New Normal

- ICH team circulating survey to stakeholders to help plan our "return to normal."
  - Survey going to all Committee and Work Group participants
  - Purpose is to learn preferences for online vs in person meetings moving forward.
- Expect preference will vary by committee and/or work group,
  - same survey, so no need to fill out multiple times
  - survey questions allow participants to indicate if their preference depends on the committee and/or work group.
- Once survey results are in, asking all committees and work groups to discuss results and start planning for the new normal

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