Mayor Muriel Bowser
City Administrator Rashad M. Young

District of Columbia
ICH Strategic Planning Committee

November 27, 2018

Meeting Agenda

I. Welcome/Introductions

II. Homeward DC Modeling Update (Continued From Last Month)
   - Families
   - Singles

III. Procurement Updates

IV. Other Committee Updates

V. Summary & Adjourn

Process for Updating the Plan

- We are in our 4th implementation year (FY19) but planning for our 5th budget year (FY20)
- The ICH did internal updates along the way to track progress, but it's time for a public update.
  - Landscape has shifted; many lessons learned.
- Goal is to have an updated plan by early 2019.
- Proposed process:
  - Discussion on family system inputs/assumptions today
  - Singles issues (more complicated) need to go to work group
  - Bring back updated model for November meeting
  - Draft narrative Dec/Jan
- But what about FY19 budget?

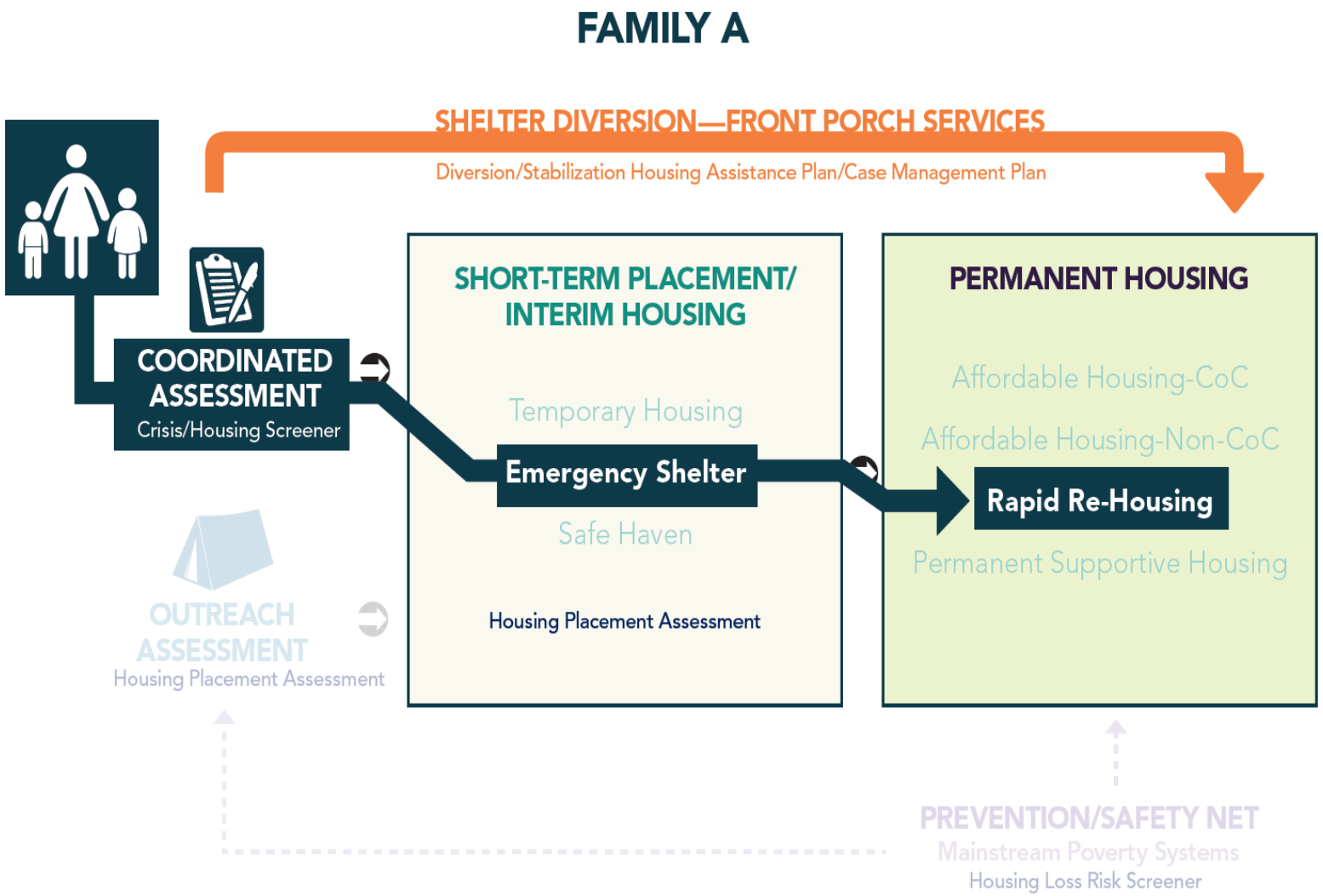
Reorientation to the Model: Purpose

- To have a data-driven process for informing our budget asks.
- To help us understand how landscape changes & investment levels impact our system.
- Serves as a tool/guide.
  - There are endless scenarios – not an exact science.
  - Balancing historical data against aspirational targets as we navigate change.
  - Be cautious in how you frame during advocacy.

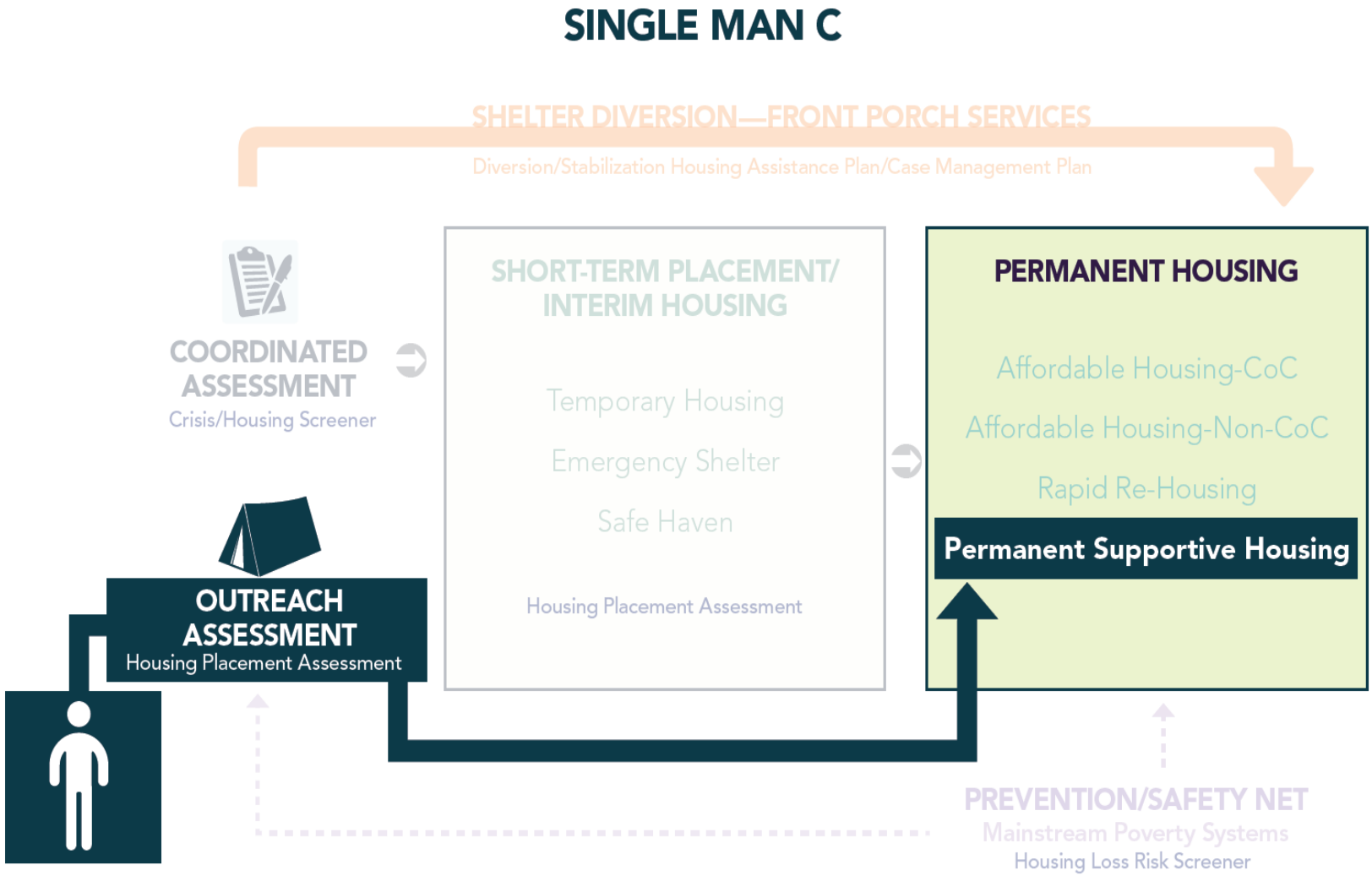
Reorientation to the Model: Key Data Inputs

- Households/persons in systems at a point in time
- Unique households/persons served annually
- Long-term/chronic households
- Pathways Assumptions
  - How do different people move through the system from homelessness to permanent housing?
  - Which programs do they use?
- Length of Stay Assumptions
  - How long do people stay at each step?

Pathways Assumptions



Pathways Assumptions



Family System: Original Modeling (2015)

2016: Assumptions about Service Strategies and % Anticipated to Need Each to Exit Homelessness

Service Strategies	Families		Projected System Utilization (Av Months of Asst in ea Prog Type)						
	Overall Strategy (%)	Detail Strategy (%)	Emergency Shelter	Transitional Housing	Rapid Re-Housing	Rapid Re-Housing Intensive	Permanent Supportive Housing	TAH	Shelter Diversion
Strategies for People Presenting Each Mo									
Shelter Diversion	5%	5%							4
Emergency Shelter Only	3%	3%	1						
TH only (not through ES)	20%	0%							
TH (through ES)		10%	6	12					
TH w RRH at Exit		10%	6	12	9				
RRH (one-time asst)	63%	3%	6		1				
RRH (med-term asst)		40%	6		12				
RRH (med-term asst) w TAH at Exit		10%	6		12			1	
RRH Intensive		10%	6			18			
PSH (via ES)	9%	9%	6				1		
TOTAL	100%	100%							

2015 Family System Assumptions

- Shelter: Assumed declining Average Length of Stay (ALOS) in shelter
  - Assumed 3 month average LoS by FY19
  - Moving forward, use historical data or aspirational targets?
- Transitional Housing: Fairly high reliance on Transitional Housing (TH) in original model (assumed 20% would need TH)
  - How have we been using our TH stock?
  - How should we be using it?
  - One-quarter of families headed by 18-24 year old. Is there a bigger role for TH for youth-headed households?

2015 Family System Assumptions (Cont.)

- Rapid Re-Housing: Assumed shorter ALOS in Rapid Re-Housing programs
  - Assumed a small amount of families (3%) would receive one-time assistance.
  - Assumed 12 month ALOS for majority (two-thirds) of families in RRH.
  - Also assumed an "intensive" model of 18 months for 10% of families (18 months has been our system-wide average).
  - We were not using progressive engagement model at the time, so we did not account for families entering RRH and then being stepped up.
  - Result: we underestimated number of RRH slots we would need, which has been particularly difficult to address on case management side.

2015 Family System Assumptions (Cont.)

- Shelter Only: Significant percentage of families leave shelter to unknown destinations
  - Need to account for this in the model?

- Long-Term Housing Assistance: Assumed 10% of families would need to step up from RRH to TAH, and 9% of families would need PSH.
  - 2018 F-SPDAT Assessment Data: 71% of families scoring for RRH, and18% of families scoring for PSH.
  - 2018 PIT Data: 15.4% report disabling or health condition.
  - System utilization FY15-FY18: 11% exited to PSH; 9.1% to TAH.

2018 PIT Data
Disabilities and Health Conditions

Disabling Conditions	*Single Adults*	*Adults in Families*	*Total (All Adults)*
Chronic Substance Abuse (CSA)*	30.4%	1.7%	23.4%
Severe Mental Illness (SMI)*	32.4%	7.4%	26.3%
Dual Diagnosis (subset living with both CSA & SMI)	14.5%	1.2%	11.3%
Chronic Health Problem	24.6%	1.5%	19.0%
Developmental Disability	4.9%	1.5%	4.0%
Physical Disability	18.0%	3.1%	14.4%
Living with HIV/AIDS	4.0%	0.2%	3.1%

** CSA & SMI are not mutually-exclusive and include those with both (Dual Diagnosis).*

Family System Assumptions: Proposed for Update

2020: Assumptions about Service Strategies and % Anticipated to Need Each to Exit Homelessness

Service Strategies	Families		Projected System Utilization (Avg Months of Asst in each Program Type)					
	Overall Strategy (%)	Detail Strategy (%)	Emerg. Shelter	Transtnl Housing	RRH	RRH Intensive	PSH	TAH
Strategies for People Presenting Each Mo								
Shelter Diversion	0%	0%						
Emergency Shelter Only	25%	25%	12					
TH only (not through ES)	14%	0%						
TH (through ES)		2%	6	12				
TH w RRH at Exit		12%	6	12	12			
RRH (one-time asst)	58%	0%						
RRH		40%	12		18			
RRH w/ TAH at Exit		10%	12		12			1
RRH w/ PSH at Exit		8%	12				1	
PSH (via ES)	3%	3%	12				1	
TOTAL	100%	100%						

Family System Assumptions: Proposed for Update

- Zero out prevention/diversion
  - Model is based on PIT & AHAR data (new entries into shelter each year). Families diverted happens "pre-model."
- Account for families exiting shelter without other interventions
- Right size use of Transitional Housing
  - Assumed half of Youth-Headed Households would benefit from TH (about 14% of total population)
- Eliminate RRH Intensive from model (no distinct group; having a separate category unnecessarily complicates the model)
- Show two scenarios for Average Length of Stay (ALOS) in shelter & RRH
  - Current ALOS, declining ALOS
- Keep PSH assumptions same (~10%)
  - Assume 10-20% of PSH placements happen from shelter, and remaining 80-90% happen via step-up from RRH.
- Keep TAH assumptions (~10%). Continue to assume placements happen via step up from RRH.

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Single Adult System: Original Modeling (2015)

2016: Assumptions about Service Strategies and % Anticipated to Need Each to Exit Homelessness

Service Strategies	Individuals		Projected System Utilization[a]						
	Overall Strategy (%)	Detail Strategy (%)	Outreach Beds (Av Mths)	Emerg Shelter (Av Mths)	Transtnl Housing (Av Mths)	RRH (Av Mths)	PSH (Units)	TAH (Units)	Diversion (Av Mths)
Strategies for People Presenting Each Month									
Prevention Diversion (med-term)	10%	10%							4
Emergency Shelter Only	30%	30%		3					
TH (direct from CA)	10%	0%							
TH (through CA or via ES)		8%		3	12				
TH (via ES) w TAH at Exit		2%		3	12			1	
RRH (one-time asst)	45%	8%		3		1			
RRH (med-term asst)		35%		3		9			
RRH (med-term asst) w TAH at Exit		2%		3		9		1	
PSH (from street, using outreach beds)	5%	0%							
PSH (via ES)		5%		4			1		
TOTAL	100%	100%							

Strategies for Long-term Homeless									
TAH (via ES)	0%	0%						1	
Remaining Unhoused (in/out of ES)	67%	67%		6					
PSH (via ES)	28%	18%		6			1		
PSH (via streets)		10%					1		
RRH	5%	5%				12			
TOTAL	100%	100%							

2015 Assumptions for Single Adults

- Shelter diversion: Assumed that we could divert at least 10% of single adults from shelter with no further intervention.
  - Shelter diversion was not funded until FY19; may be able to keep assumption the same since program has now been stood up.
- Shelter Only: Assumed approximately one-third of single adults would self-resolve.
  - Based on 2018 inflow analysis, these individuals *are* only using shelter for short amounts of time each year, but most are not self-resolving.
  - Have to determine how to treat this group in the model.

2015 Assumptions for Single Adults

- RRH: Assumed 45% of single adults would be able to end their homeless episode with short-term support.
  - This assumption may be valid, but this would require over 2,500 slots of RRH.
  - We could not scale our RRH programming that quickly.
  - Therefore, the model has to account for any individuals who need (but will not receive) a housing resource in the "shelter only" line until housing resources can be scaled.

2015 Assumptions for Single Adults

- Long-Term Homeless: We assumed there was a group of individuals experiencing long-term homelessness that looked different than those newly entering the system.
  - Assumed this group was roughly equivalent to our chronically homeless population.
  - We assumed a majority would need PSH, but based on assessment scores, thought some could resolve their homelessness with RRH or TAH.
  - We assumed we could address the needs of this group in three years (i.e., a three year surge).
  - Resources have *not* been targeted appropriately to address this group; therefore we still have a group of individuals experiencing long-term homelessness.

2015 Assumptions for Single Adults

- Transitional Housing: We assumed TH could/would be a "therapeutic" model.
  - Need to right size our use of TH.
  - Differences here for men vs women?
- TAH: Clients haven't done as well in TAH as anticipated.
  - Is this because of poor targeting, or because greater level of service is needed at the outset?

Single Adult System: Proposed for Update

Assumptions about Service Strategies and % Anticipated to Need Each to Exit Homelessness (Programming Fully Scaled)

Service Strategies	Individuals		Projected System Utilization[a]						
	Overall Strategy (%)	Detail Strategy (%)	Outreach Beds (Av Mos)	Emerg Shelter (Av Mos)	Tran Housing (Av Mos)	RRH (Av Mos)	PSH (Units)	TAH (Units)	Diversion (Av Mos)
Strategies for People Presenting/Month									
Prevention Diversion (med-term)	12%	12%							4
Emergency Shelter Only	12%	12%		3					
TH (direct from CA)	6%	0%							
TH (through CA or via ES)		5%		3	12				
TH (via ES) w TAH at Exit		1%		3	12			1	
RRH (one-time asst)	42%	0%							
RRH (med-term asst)		40%		3		6			
RRH (med-term asst) w TAH at Exit		2%		3		6		1	
PSH (from street, using outreach beds)	28%	3%							
PSH (via ES)		25%		4			1		
TOTAL	100%	100%							

Strategies for Long-term Homeless									
TAH	0%	0%							
Remaining Unhoused (in/out of ES)	0%	0%							
PSH (via ES)	100%	100%		6			1		
PSH (via Streets)		0%							
RRH	0%	0%							
TOTAL	100%	100%							

Single Adult System: Proposed for Update

- Long-Term Homeless: We still think there is a group of individuals in the system that looks different from new inflow.
  - Need to revisit size of this group (analysis underway).
  - Assume 100% will need PSH.
- Shelter Only vs. Self-Resolves: Suggest adding a separate row for individuals we think actually self resolve (10-12%) versus those that are only using shelter during the year but likely to be in system the following year.

Single Adult System: Proposed for Update

- Inflow from Surrounding Counties: Suggest providing two scenarios:
  - Assume the District accounts for housing needs of all individuals touching system.
  - Assume the District provides shelter only for residents of surrounding counties, but is able to coordinate with counties to have non-District residents placed on by-name list of originating jurisdiction. (Note – this is just for MD/VA only.)
- TAH: Assume less utilization of TAH.
- PSH: Assume need for site-based PSH but not CRFs.

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