Interagency Council on Homelessness

Strategic Planning Committee

28 June 2022

Meeting Agenda

I. **Welcome & Agenda Review (5 mins)**

   a) **Introduction & Agenda Review**

   b) **Call for Partners Updates/Announcements**

II. **Pregnancy & Homelessness (35 mins)**

   a) **Pregnancy Policy Changes & Fact Sheet**

   b) **Updated CASI Recommendations**

   c) **Connecting the dots to the HMIS Planning Initiative**

III. **Family System Resource Tracker/Dashboard (25 mins)**

IV. **DHS Draft Strategic Plan: Vision & Goals (20 mins)**

V. **Announcements and Reminders (as needed)**

VI. **Summary and Adjournment (5 mins)**

   a) **Reminder: Strategic Planning now meets every other month**

   b) **Next Meeting: August 23, 2:30 – 4 PM**

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Pregnant Individuals: New Policy & Referrals

- **What is the new policy to serve pregnant individuals in their first and second trimester?**

The Virginia Williams Family Resource Center (VWFRC) launched an updated policy to serve pregnant individuals in first and second trimesters who are experiencing homelessness or at risk of homelessness.

These services include a guaranteed 24/7 placement at a low barrier shelter, without having to exit during the day and getting them connected to Homelessness Prevention Program (HPP) or family shelter when needed.

- **How are individuals referred to receive the services?**

Referrals can be made by case managers in low barrier individual shelters. The following information should be emailed to Kia Williams, VWFRC Program Manager, at Kia.Williams@dc.gov:

- – Homeless Management Information System (HMIS) #
- – Household's Name
- – Contact Number (if applicable) and Email Address
- – Case Manager's Name, Email Address, and Contact #
- – Proof of Pregnancy (A document verified by medical staff stating that the pregnant individual received a positive pregnancy test and highlights their estimated due date or the date the individual can expect to deliver their child)

Pregnant Individuals: Processing Referrals

- **What steps will VWFRC take when the referral is received?**
  - The Virginia Williams Family Resource Center (VWFRC) eligibility worker will complete an assessment for homeless services and enter the household into HMIS.
  - ADA request will be completed- if applicable
  - Once the assessment is completed the household will be assigned to one of the Homelessness Prevention Program (HPP) sites:
    - Community of Hope (COH),
    - Everyone Home DC,
    - MBI, or
    - Wheeler Creek
  - The appointment with the HPP site will be scheduled within 24 to 48 hours of the referral. The appointment should include the HPP Case Manager and the household.

Pregnant Individuals: Determination & Services

- **How is the pregnancy determined as high-risk?**

The pregnant individual deemed eligible for homeless services will have access to short-term family housing (STFH) with a proof of pregnancy and their documented medical risk factors for high-risk pregnancy by a medical professional.

Some of those conditions include: Autoimmune Diseases (Lupus or Multiple Sclerosis (MS)), Diabetes, High Blood Pressure, HIV/AIDS, Kidney Disease, Mental Health Disorders, Documented Disability within the last 30 to 60 days, Blood Clotting Disorder, Thyroid Disease, Other: On Bed Rest.

VWFRC will assist the pregnant individual with a medical risk factor for high-risk pregnancy in completing the mandatory Americans with Disabilities Act (ADA) request.

- **What services will be provided to pregnant individuals in their first and second trimester?**

In general, our service providers will provide the following services to the pregnant individuals experiencing homelessness: case management, rental assistance, utility assistance, transportation assistance, food assistance, credit repair and budgeting workshops or referral, housing search assistance, referral and connection to services in the District of Columbia.

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DC Calling All Sectors Initiative (CASI)
# Draft Practice Change Recommendations

Interagency Council on Homelessness Strategic Planning Committee Meeting

June 28, 2022

These recommendations have been developed as a part of the DC Calling All Sectors Initiative (CASI), a project supported by a grant from the Health Impact Project, a collaboration of the Robert Wood Johnson Foundation and The Pew Charitable Trusts. DC CASI collaborating partners include the following District agencies and organizations:

- DC Health Office of Health Equity

- DC Health Community Health Administration

- Interagency Council on Homelessness

- Department of Human Services

- Office of the Deputy Mayor for Health and Human Services

- District of Columbia Housing Authority

- Department of Housing and Community Development

- Community of Hope

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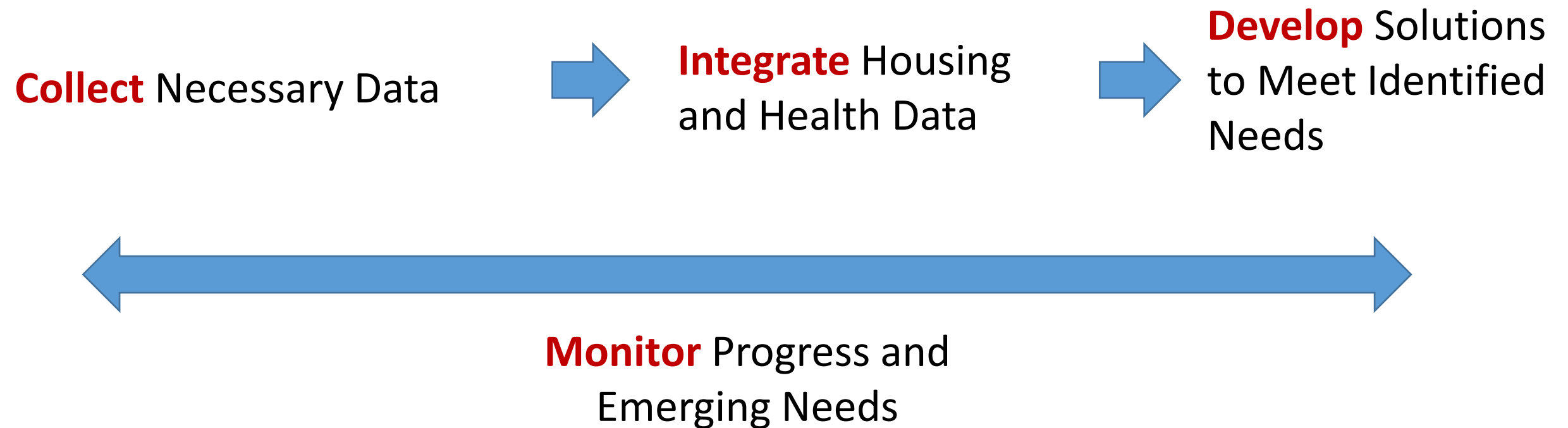
Draft Recommendation 1

- Increase collection of pregnancy information across existing homelessness data systems (e.g. Homeless Management Information System) to ensure connection to reproductive and other health care for all pregnant individuals and increase analytical capabilities.

    - Strategy 1.1: Data should be collected at program entry, program exit, and annually for long-term programs to generate system-level insights about the target population and ensure all pregnant individuals are captured.

        - Feedback: add after …collect program data …"together with timely, ongoing, and conterminous pregnancy status update (and due date) …in additions to"

    - Strategy 1.2 Perinatal data points of interest include:

        - Individuals' stage of pregnancy – gestational age/due date

        - Connection to medical home; engagement in prenatal care and postpartum care

    - Strategy 1.3 Include question about pregnancy in DC Point In Time (PIT) count.

Draft Recommendation 2

- Support data integration efforts between health systems in the District and the DHS Continuum of Care (CoC) to promote coordination of services, identify client needs, and support population-level analysis

  - **Strategy 2.1:** Leverage data bumps between the homelessness assistance and healthcare systems to support population-level analysis.

  - **Strategy 2.2:** Increase health care provider access to homelessness assistance data to identify client needs and promote coordination of services

Draft Recommendation 3

- Develop strategies to ensure identified pregnant individuals experiencing homelessness have access to essential supports and services, such as reproductive and other health care.

  - **Strategy 3.1:** Engage Managed Care Organizations (MCOs) to develop system-wide strategies to meet perinatal needs from the healthcare system.

  - **Strategy 3.2**: Engage homeless services providers to develop system-wide strategies to meet perinatal needs from the homelessness assistance system.

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Draft Recommendation 4

- Provide support for the DHS and CoC workforce to meet their needs in serving pregnant individuals and promote perinatal care coordination.
  - **Strategy 4.1**: Educate the workforce on pregnancy outcomes and the connection with safe, stable housing and homelessness
    - This may include:
      - training on connecting pregnant individuals to health care, including prenatal care;
      - increasing training and awareness of the intersections of identity and circumstance of individual pregnant clients;
      - trauma-informed approaches to address mental health needs, trauma and stigma.
  - **Strategy 4.2:** Training and support resources should be developed with input from workforce to ensure consideration of workforce bandwidth and preferences
  - **Strategy 4.3:** Promote care coordination and connections to essential health and social services (i.e., pre- and post- natal care) for pregnant individuals
    - Expand use of evidence-informed tools and models that increase access and connectivity to meet the needs of all populations

Draft Recommendation 5

- Monitor new and existing efforts at the intersection of pregnancy and homelessness and identify the latest system barriers and facilitators

  - **Strategy 5.1:** Leverage existing structures to maintain progress on the implementation of DC CASI recommendations, monitor new and existing efforts around pregnancy and homelessness, to identify and address or leverage emergent system barriers and facilitators.

    - o The collaboration should be multi-sectoral and include DC residents with lived experience of concurrent pregnancy and homelessness.

  - **Strategy 5.2:** Prioritize and utilize evidence-based and innovative methods for disrupting generational cycles of homelessness

    - o With attention to addressing mental health issues and intergenerational trauma

  - **Strategy 5.3:** Fully implement the new DHS policy that would support people in 1st and 2nd trimester of pregnancy by accessing additional support in the single adult system or accessing services and housing in the family system

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Leveraging the HMIS Planning Process

Purpose:

❖ Leverage the HMIS Planning Process to gather feedback and submit requests to

➢ Add/subtract/change HMIS data fields

➢ Add new programs

➢ Leverage HMIS reporting capabilities

➢ Address HMIS visibility-related issues

Roadmap:

❖ Background on Initiative

❖ Discussion

Background on HMIS Planning

Task	Status
1. **Level-setting and kick-off planning by hosting orientation to what's already in place:** • HMIS Data Standards (Federal and District requirements) • Reporting capabilities of HMIS (System Performance Measures and Performance Quality Improvement Initiative) • Visibility updates and status, next steps • Accountability of funders, providers, and staff	**Completed!** • Led by Kelly Paton (TCP) • Recording available online at https://dcnet.webex.com/dcnet/ldr.php?RCID=2b141f441e7da6868ffb0a3d6ad0ac96
2. **Gather feedback from orientation attendees, Committees/WG, and HMIS User group re** • Data elements: to add/remove/change in HMIS • New programs that need to be added • Reporting/Performance tracking Needs • Persistent HMIS visibility/usability issues	**Underway now!**
3. **Develop & administer a survey tool** To ensure all voices are captured and heard in the planning process	**Underway now!**
3. **Evaluate feedback with the HMIS User Group**	July/August
4. **Follow up with Committee/WGs on subsystem specific requests and issues:** • Supporting the community understand what is possible (or not) and why • Work with ERSO & SAS to understand and map out Streamlining Intake requirements	August/September
5. **Propose a comprehensive set of updates/changes to HMIS to the Executive Committee** • Including accountability of Programs and Staff	October

Connecting CASI & HMIS Planning

Key Discussion Questions:

❖ Do we need to add/subtract/change HMIS data fields?
  - ➢ Next steps or flags, key items
  - ➢ Pregnancy status, due date, and referring CM (including contact details)
  - ➢ For high-risk pregnancy: documentation
  - ➢ What about documenting outcomes? Successful delivery vs adverse maternal outcomes?

❖ Do we need to add a new program?
  - ➢ …

❖ How should we be leveraging HMIS reporting capabilities, including our existing data-sharing agreements with DHCF?
  - ➢ Producing reports for MCO on individuals that are pregnant/expecting in homeless services (where client is located, CM that is supporting the client)?
  - ➢ Can we generate a report or is there another way to identify and track how many individuals referred to VWFRC but did not make it to VWFRC or if folks referred to HPP services ultimately did not connect well and to follow up with the CM at the referring site to identify why? Did the individual leave the site or are there other barriers to a successful referral?
  - ➢ How would we gather data and report on successful outcomes?

❖ Do visibility-related issues impact any aspect of implementing the CASI recommendations?
  - ➢ Will there be visibility issues for the pregnancy data given that pregnant individuals may be in the Singles, Family or Youth subsystem.

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ICH FSWG data request of FSA

- DHS FSA and ICH plans to share programmatic data on a quarterly basis so that the broader community can understand trends in FSA programs.

- The goal is to share data that tells a story of the family system rather than one-off data points that lack context.

Proposed metrics

- Emergency Rental Assistance Program (ready)
  - Total Funding Remaining
  - Applications submitted
  - Families paid
  - Feedback: Avg level of assistance; how many families you'd expect to serve so we can compare to the applications submitted (resource available vs demand)
- Short-term Family Housing (STFH) (in progress)
  - Total number of families in STFH
  - Entries by month
  - Exits by month
- FRSP (in progress)
  - Total number of families in the program
  - Entries by month
  - Exits by month
  - Exit outcome (DC Flex, Career MAP, voucher programs, etc.)
  - Avg rent per family, avg cost of case management per family
  - Feedback: Would you do average length of stay in FRSP?

Proposed metrics (cont.)

- Vouchers (ready)
  - Funds for new vouchers in FY22
  - Estimated number of new vouchers in FY22
  - Number matched to FY22 vouchers
  - Number of applications submitted for new vouchers in FY22
  - Number of lease-ups with new FY22 vouchers in FY22
  - Number of days from FY22 voucher match to lease-up
  - Feedback: Identifying DCHA-specific steps vs DHS steps so we can track where the hold-up is in terms of the average number of days from voucher match to lease-up
  - Feedback: identifying how un-used and/or over-matching from prior year allocations impact or roll into FY22 vouchers and then FY23 vouchers when we get to next Fiscal year (which is ~ 3 months/a quarter away).

- Overall Feedback:
  - If the dashboard is shared quarterly, I think it would be good to include some short narrative that tells the story of what we think are seeing in the numbers. Helps with "telling the story" in a way that's not just a lot of numbers.

Emergency Rental Assistance Program (Sample)
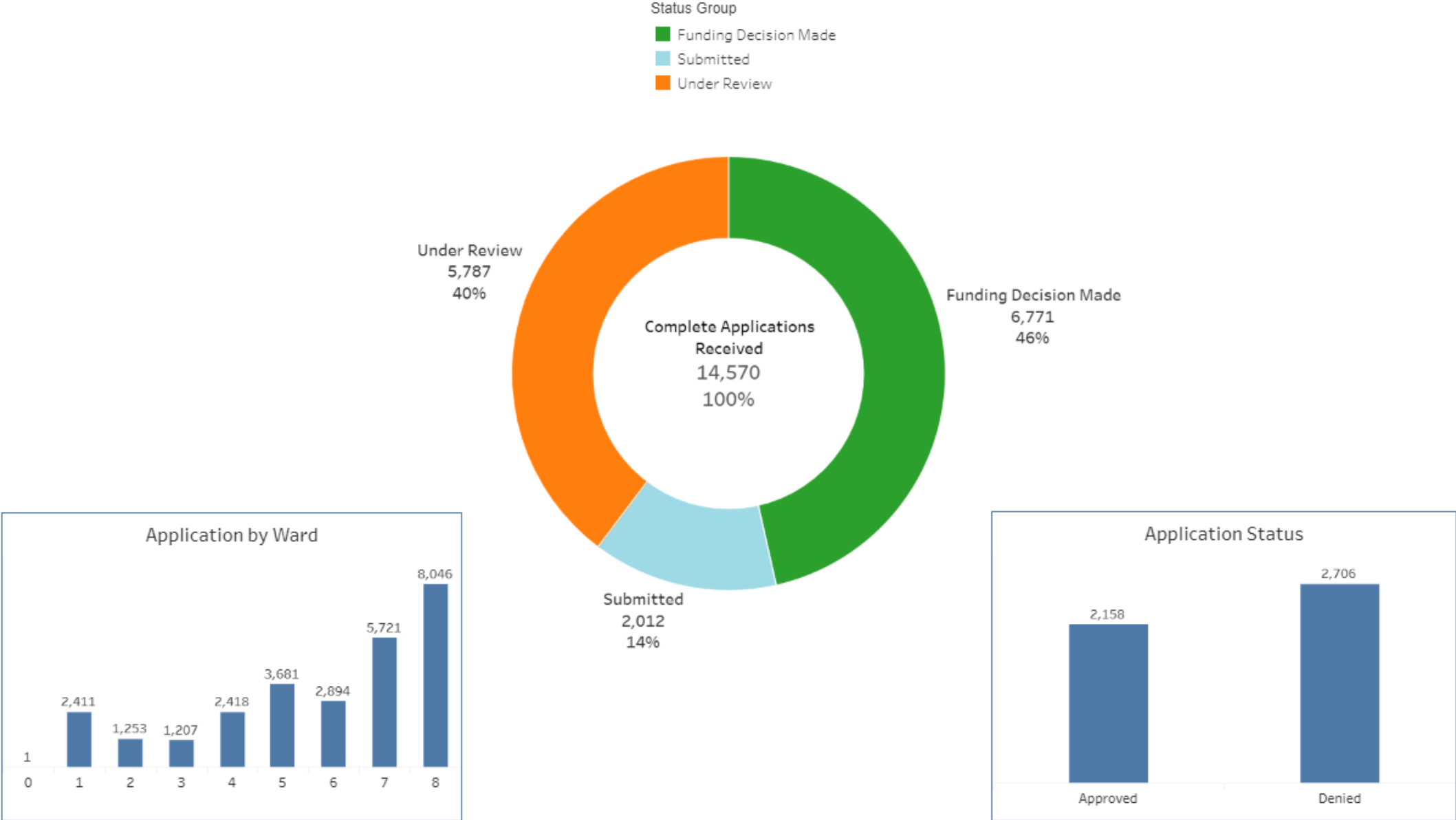
Emergency Rental Assistance Program (Ctd)

ERAP Dashboards

Total Fund Remaining for Allocation	Total ERAP Allocation for Rent	Total Amount Requested	Amount Awarded (Apps in FY22)
$27,326,113	$58,261,492	$85,587,605	$14,095,446

Total # of Apps Paid (Apps in FY22)	Total # Apps Awarded	Total Amount Awarded
3,398	7,521	$31,109,710

Vouchers

FY22 funding for PSH Family vouchers (PSH-F):	$9,935,367
FY22 estimated new PSH-F:	395
FY22 funding for TAH Family vouchers (TAH-F):	$7,721,971
FY22 estimated new TAH-F:	307
FY22 funding for family Emergency Housing Vouchers (EHV-F):	$2,896,040
FY22 estimated new EHV-F:	175

CAHP Match Progress – FY22 PSH-F

PSH_395_FY22_F

Matched to Date

- Matched
- Not Matched

171
224
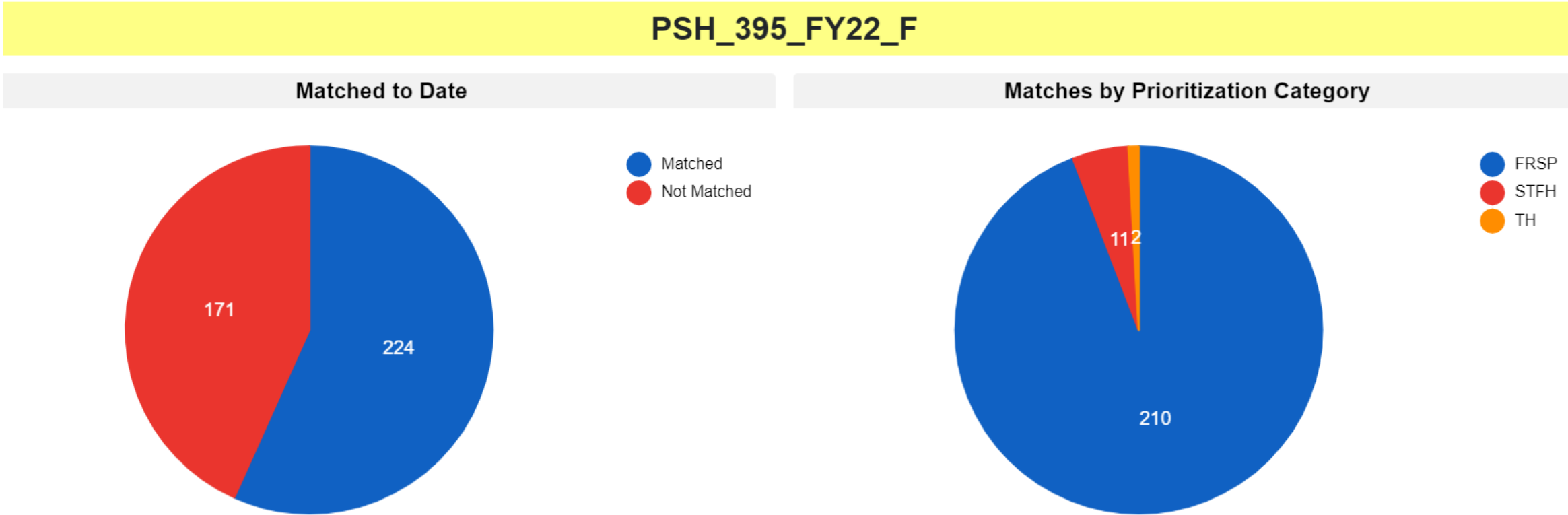
- Chart represents the total number of clients that have been matched to DHS PSH, whether they've been assigned to a PSH Provider or not

Matches by Prioritization Category

- FRSP
- STFH
- TH

112
210

- Chart represents what prioritization category within the By-Name-List (BNL) the client was selected from

DHS Assignment Progress – FY22 PSH-F

Assignment Status

- Assigned
- Pending Assignment
- Not Yet Matched

171

204

20
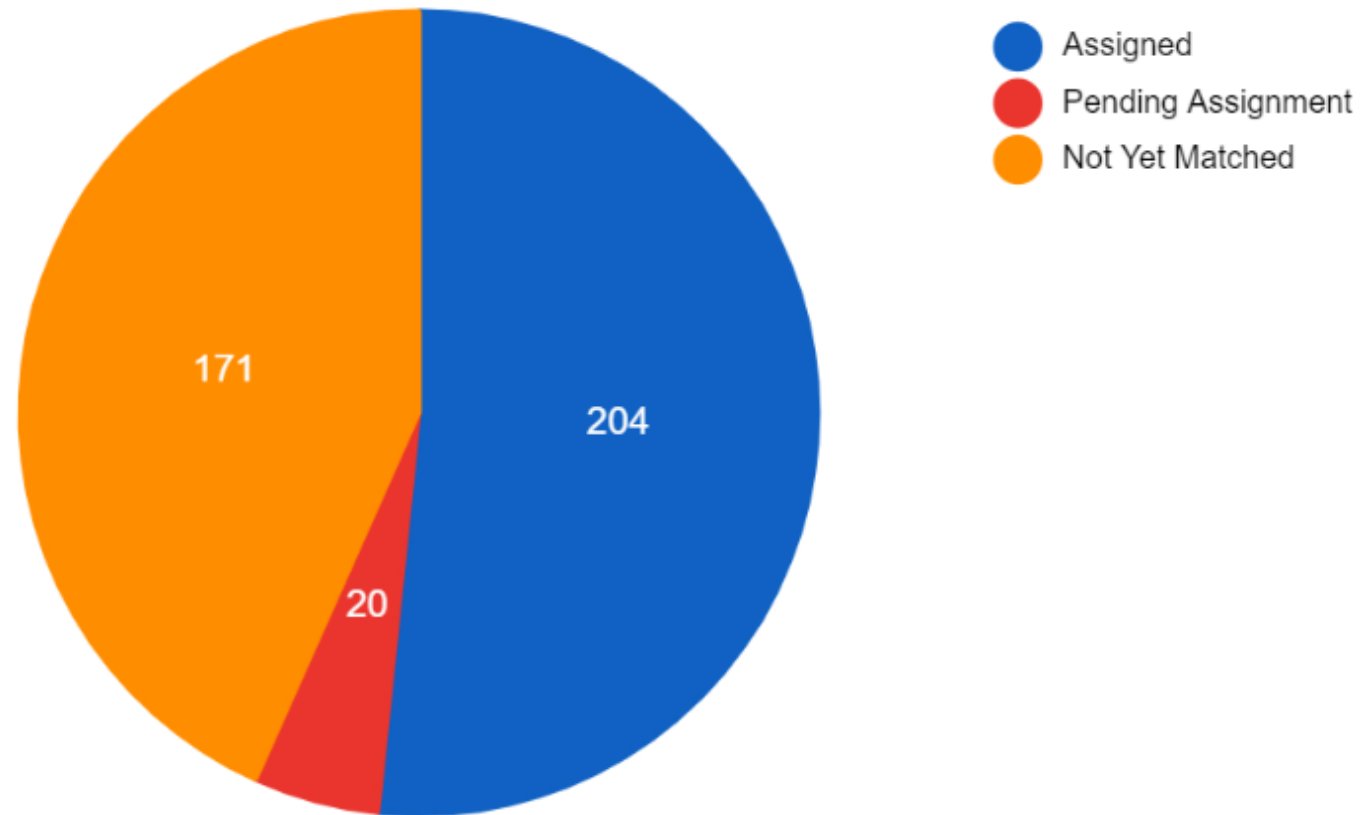
- Chart represents the assignment status of families who have been matched and the status of their match, whether they have been assigned or not

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JUNE 2022

DHS STRATEGIC PLAN: STAKEHOLDER FEEDBACK

STRATEGIC PLAN OVERVIEW

DHS FIVE YEAR STRATEGIC PLAN

- Vision
- Values
- Agency goals: resident-centered
- Roadmaps to reach goals (initiatives)

WHAT'S IN THE PLAN

Department of Human Services

Strategic Plan 2023 - 2028

1

VALUES & VISION:
interviews + survey +
working sessions

2

BASELINE:
Review of stakeholder
information

3

GOALS:
Joint sessions

4

ROADMAPS:
By goal

5

REVIEW:
Final input + changes

6

ADOPTION

7

LAUNCH

MISSION + VISION

- **DHS Mission:** The mission of the DC Department of Human Services is to empower every District resident to reach their full potential by providing meaningful connections to work opportunities, economic assistance and supportive services.

- **Draft Vision Statement:** It is our vision that all who seek or deliver services feel resourced, supported, and empowered to realize their aspirations. By reimagining how we approach our work – through the lens of equity and innovation – we can work together, as one community, to improve our quality of life.

VALUES

- **Empathy First:** We listen first with an open mind, are committed to seeking understanding, and welcome perspectives different than our own as we work to reach our shared and individual goals.

- **Act with Integrity:** We're committed to being honest, transparent, and acting with strong ethics in determining what's best for ourselves, our colleagues, and the DC residents we serve.

- **Committed to Growth:** We provide meaningful connections to the resources, opportunities and supports that will empower our employees and the DC residents we serve to conceive of their long-term goals and shape their path forward to get there.

- **Accountable to Our Community:** We set clear expectations with all members of the DHS community, providing and receiving honest, open and constructive feedback with regularity, and holding firm to stated rewards and consequences for our actions.

VALUES

- **Quality of Collaborative Service:** We actively share knowledge and resources throughout the agency, with the understanding that we have a shared responsibility to help DC residents reach their goals.

- **Open to Innovation:** We make space for the courage, curiosity, and trust required to name the practices that do not work, try new things, build on those that work, and learn from the things that don't go according to plan.

- **A Fair, Equitable Environment:** We are an anti-racist organization committed to fostering an environment and practices that are transparent, fair, racially equitable and inclusive for all who enter our doors, no matter how difficult or uncomfortable it becomes.

- **Prioritizing Wellness:** We prioritize the holistic well-being of our employees and the DC residents we serve because well-being is fundamental.

On a scale from 1 to 5, how would you rate these values?
(5 = "These values fit what I want from DHS")

If you'd like, please share why you gave this rating.

DISCUSSION

1. Improve the delivery of DHS services to individuals, families, and youth using collaborative, resident-centered, and forward-thinking processes.

2. Ensure District residents are able to maintain family-sustaining wages and salaries even after transitioning off receiving benefits through the development and implementation of human-centered policies and programs. (WORKING)

3. Make homelessness rare, brief, and non-recurring in DC through innovative, person-centered and research-based practices that are adopted throughout the nation.

4. Become an anti-racist, high performing organization that models inclusion, sustainability, continuous learning, quality, and effectiveness.

5. District residents will consistently receive reliable and thorough service from a well-trained, well-resourced, respectful staff.

UPDATED GOALS

1. Can you see yourself, your experience, work and your own goals reflected in this draft?
2. Are these the goals you think DHS should be most focused on?
3. What's missing?

DISCUSSION

- Summer 2022: Stakeholder feedback sessions

- June + July: Road mapping goals

- Late August: Final touches/design process

- Fall 2022: Staff Training

- Winter 2022: Publish Plan

NEXT STEPS

Contact: Kandace Davis kandace.davis1@dc.gov

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