



***Interagency Council on Homelessness***  
***Strategic Planning Committee***



***28 November 2023***



**Convention for Recording ICH Committee & Full Council Meetings:**

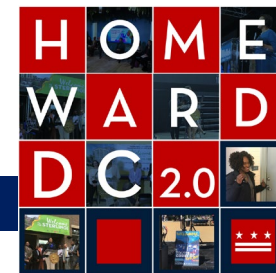
- ❖ Recording for purposes of complying with the Open Meeting Act requirements
- ❖ Available for anyone who requests a copy at [ich.info@dc.gov](mailto:ich.info@dc.gov).

# Meeting Agenda



- I. **Welcome & Agenda Review (5 mins)**
  - a) Intros & Call for Announcements
  - b) Adopting Meeting Notes & Managing the Listserv
- II. **System Check-In (15 mins)**
- III. **Updates (15 mins)**
  - a) HMIS Visibility (5 mins)
  - b) HUD CoC NOFO Updates (5 mins)
  - c) DHS Staff Suitability Screening Policy, if appropriate (5 mins)
- IV. **ICH Annual Update (50 mins)**
  - a) Purpose, Context, & Scope, including Limitations
  - b) Approach & Timeline
  - c) REI WG Analysis of Disparities
- V. **Announcements & Reminders (as needed)**
- VI. **Summary & Adjournment (5 mins)**
  - a) Next Executive CMTE Mtg: Tuesday, 12/12 from 1:30 – 3 pm
  - b) Next Strategic Planning CMTE Mtg: Tuesday, 01/23 from 2:30 – 4 pm (meets bimonthly, no December mtg)

# Intro & Call for Announcements



## ❖ **Intros:**

- Chat intros for attendees: name, pronouns, org, title/role
- Quick round of hellos from Co-Chairs and ICH staff with formal roles leading or supporting meeting

## ❖ **Callers:**

- Use \*3 to raise your hands so we can see you
- Use \*6 to unmute and introduce yourself
- Allows us to check that your audio works and that you can hear us!

## ❖ **Call for Partner Announcements/Reminders:**

- Please “chat” any significant partner announcements, especially those changes/updates that impact the system
- We will make time on the agenda, as appropriate, or include in the notes

# Adopting Notes & Managing the Listserv



## ❖ Adopting Prior Meeting Notes:

- Automatically adopted unless meeting attendees flag issues
- Generally, ICH team sends out meeting notes within a week
  - ✓ **Outstanding NTS: 06/13 only (08/22 NTS were distributed)**
  - ✓ **Flag Re Delay: Prioritized Winter Plan & Full Council**
  - ✓ **Flag Re Constraints: Pivoting to Annual Update**
- Please review as soon as possible and flag any errors/issues
- If we don't hear back within a week, assuming good to adopt

## ❖ Managing the Listserv:

- Meeting materials are only distributed to listserv members
- If you are not on the listserv, you will not receive materials
- To join the listserv, email [ich.info@dc.gov](mailto:ich.info@dc.gov)

# Notes on Welcome & Agenda Review



## Introductions:

- ❖ **ICH Lead:** Theresa Silla
- ❖ **Co-chairs:** Kelly Sweeney McShane (COH), Maddie Solan (DHS)
- ❖ **Callers:** \*95 Dr. Mayaalla, \*86 Ms. Umi

## Agenda Review:

- ❖ **Feedback from RB:** Please add to the list serve for this meeting going forward:
  - Williams, Jacqueline (DOC) [jacqueline.williams2@dc.gov](mailto:jacqueline.williams2@dc.gov)
  - Battle White, LaTonia (DOC) [latonia.battlewhite@dc.gov](mailto:latonia.battlewhite@dc.gov)

## Other Comments/Q&A:

- ❖ **Q:** ...
- ❖ **A:** ...

# Meeting Agenda



- I. Welcome & Agenda Review (5 mins)
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- IV. ICH Annual Update (50 mins)
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# Systemwide Check-In



## Purpose:

- ❖ To understand what is top of mind for the community, including agency partners, concerned citizens, lived experience representatives, and providers.

## Background/Context:

- ❖ Allows us to
  - Document shifts in the landscape
  - Identify trends
  - Delegate topics to the appropriate ICH forums and
  - Identify future discussion topics

## Limitations

- ❖ We only have 15 mins, so we kindly request that each person limit their comments to 3 mins so we can hear from at least 5 participants.



# Notes on Systemwide Check-In



## Feedback:

❖ ...

## Other Comments/Q&A:

❖ Q: ...

❖ A: ...

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- I. Welcome & Agenda Review (5 mins)
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  - b) HUD CoC NOFO Updates (5 mins)
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# HMIS Changes for FY24

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# Visibility Updates

- TCP completed the work of “opening” the HMIS prior to the beginning of FY24, and the changes were adopted by the Executive Committee in September.
- This change enables consumers to share portions of their record with providers across the system – provided that they have signed an ROI on file at TCP.
  - In addition to identifying information that is already shared throughout HMIS, the ROI enables sharing of more information about disabling and health conditions, time with previous providers, and housing outcomes if any.

# What's Currently Shared & What Isn't

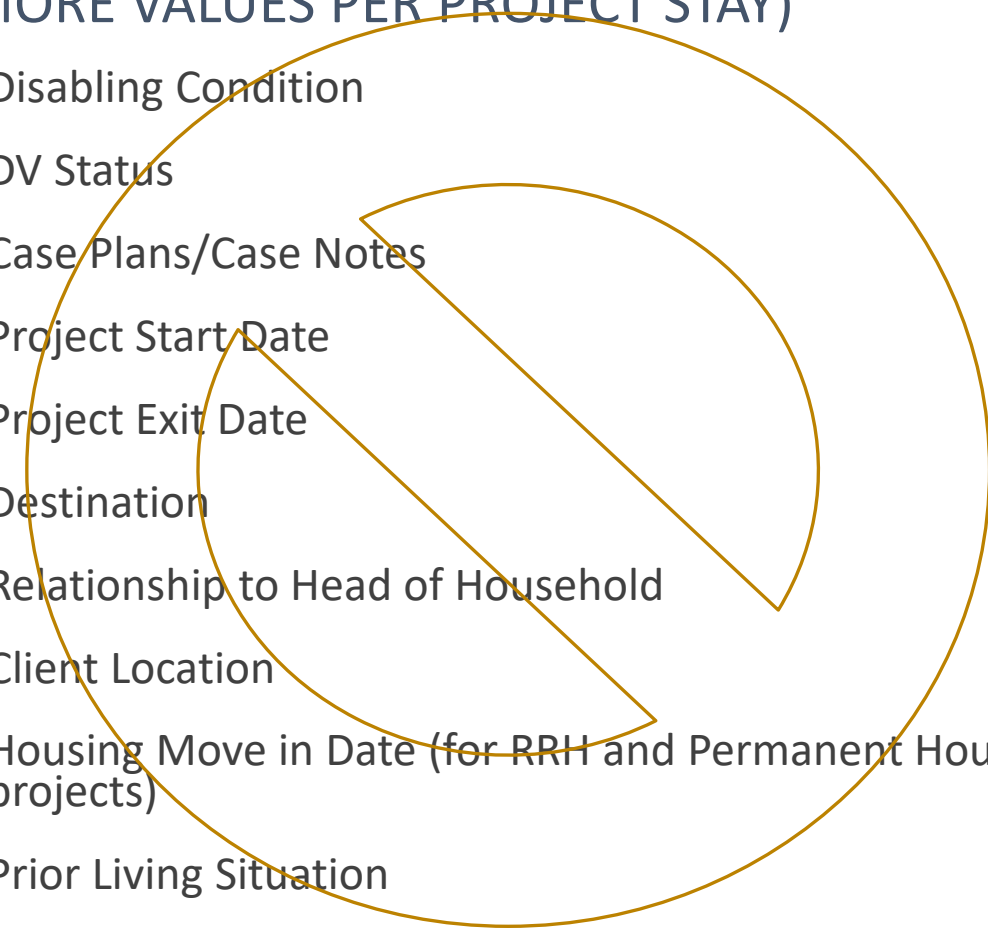
## UNIVERSAL IDENTIFIERS (ONE ANSWER PER CLIENT RECORD)

- Name
- Name Data Quality
- Social Security Number
- Social Security Number Data Quality
- Date of Birth
- Date of Birth Data Quality
- Race
- Ethnicity
- Gender
- Veteran Status



## UNIVERSAL PROJECT STAY ELEMENTS (ONE OR MORE VALUES PER PROJECT STAY)

- Disabling Condition
- DV Status
- Case Plans/Case Notes
- Project Start Date
- Project Exit Date
- Destination
- Relationship to Head of Household
- Client Location
- Housing Move in Date (for RRII and Permanent Housing projects)
- Prior Living Situation



# What Will Be Shared (with a signed ROI)

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## UNIVERSAL IDENTIFIERS (ONE ANSWER PER CLIENT RECORD)

- Name
- Name Data Quality
- Social Security Number
- Social Security Number Data Quality
- Date of Birth
- Date of Birth Data Quality
- Race
- Ethnicity
- Gender
- Veteran Status



## UNIVERSAL PROJECT STAY ELEMENTS (ONE OR MORE VALUES PER PROJECT STAY)

- Disabling Condition (Yes/No question only)
- Project Start Date
- Project Exit Date
- Destination
- Relationship to Head of Household
- Client Location
- Housing Move in Date (for RRH and Permanent Housing projects)
- Prior Living Situation
- Housing Plan and other Assessments and Sub-Assessments



# Visibility Updates

- Providers have collected roughly 500 ROIs since October 1.
- Imperative that front line and case management staff are sharing information about the ROI with program participants and sending the signed document to TCP for records to be opened.
- While signing the ROI is “opt in,” consumers should be made aware of the benefits such as streamlining intake processes with new providers and allowing for better coordination of services across providers.
- The process for discussing the ROI with program participants has been added to the curriculum for HMIS training sessions.

# Workflow Changes to Enhance Data Quality and Reporting

- In order to address HUD, DHS, and ICH data quality and other reporting requirements, all providers were shifted to the entry/exit workflow beginning October 1, 2023.
- Day Centers, Outreach, and Singles Shelter sites (including youth programs) will be equipped to better document exits from those portions of the CoC or when an individual stopped presenting for services at a particular location.
- Transitional and permanent housing programs will continue their use of the entry/exit workflow as is.



# Workflow Changes to Enhance Data Quality and Reporting

- This will enhance our ability to gather and report on outcome data from the outreach/shelter level of the CoC.
- Changes were announced in September along with announcement about the ROI.
- If HMIS staff have not been to HMIS training yet in FY24 they should sign up for a session as soon as possible.

# Notes on HMIS Visibility Updates



## Q&A:

- ❖ **Q:** Of the 500 submitted, are there any trends in what system/program type that the clients are currently served in?
  - **A from TCP:** The majority were from LBS sites serving single individuals.
- ❖ **Q:** Does TCP have any targets set month by month or by the end of the year?
  - **A from TCP:** There is not necessarily a target, but since it will help people navigate the system, the goal should be as many as possible.
- ❖ **Q:** Should we be aiming for 80% coverage of ROI by providers, clients, etc.? How should we be working to socialize and make sure visibility takes hold? Particularly to support system coordination on the singles system.
  - **FDBK from AR (Miriam's Kitchen):** will see challenges because it is opt in, so more difficult on drop-in center, outreach front because have less touch points than shelter entries daily.
  - **A from TCP:** The singles BNL has ~3,000-4,000 people on it (without scrubbing the data) in a given 30-day window.
- ❖ **Q:** Running into challenges because ROI is only in English. What is the status of translating into other languages?
  - **A from TCP:** have provided documents to be translated, so hope to have them soon.
- ❖ **Q:** Do these ROIs expire after a certain time period?
  - **A from TCP:** The ROIs do not expire, but individuals can always revoke permission and have the portions of the record opened by the ROI closed back down.

# Notes on HMIS Visibility Updates



## Feedback from providers:

### ❖ NSV:

- Will check in with program staff to see how implementation is going!
- Also, will be interesting to investigate because serve more individuals throughout hypothermia season.

### ❖ CWS:

- Will check in with program staff to see how implementation is going!
- Want to raise the issue of DV and will likely always have women who are less likely to opt in.
  - ✓ **A from TCP:** The sections of DV history is not shared even with an ROI, but is also a driving factor in the design to make it opt-in versus opt-out.

### ❖ Miriam's Kitchen:

- Integrating the HMIS ROI to the CAHP VI-SPDAT workflow could help with reaching the groups in drop-in centers/outreach, etc. that don't have a defined intake workflow
- Or figuring where there are defined points in different programs where there is the equivalent start of more formal/intensive case management
- **A from TCP:** We have begun the process of replacing the CAHP specific ROI with the universal ROI, putting together messaging on this for all those that have already been trained on assessments, and training all new assessors on the new ROI process.

# Meeting Agenda



- I. Welcome & Agenda Review (10 mins, includes 5 min icebreaker)
- II. System Check-In (15 mins)
- III. Updates (15 mins)
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  - b) HUD CoC NOFO Updates (5 mins)**
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# 2023 HUD NOFO Submission

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# NOFO Submission

- The HUD Notice of Funding Opportunity (NOFO) is the annual opportunity for programs to renew or apply for new funding under the Continuum of Care program.
- The Continuum of Care program is the primary source of federal funding that supports homeless services, namely transitional housing, rapid rehousing, and permanent supportive housing resources.
- TCP coordinates the NOFO response and submitted the application in September. The application included a request for \$31.6M in funding for new capacity, 40 renewing projects, and planning dollars for the CoC.

# NOFO Submission

- The ICH convened a Ranking Committee of non conflicted stakeholders to determine which projects to include in the application as well as a ranked priority order of the projects.
- If HUD is not able to fund the entire request, they will fund projects higher in the ranking before those ranked toward the bottom.
- Materials including the submitted application (“2023 Completed NOFO”) and the list of projects applied for “Priority Listing”) are linked to on TCP’s website at:  
<https://community-partnership.org/for-providers/hud-nofa>

# Ranking Committee Reflections



## Purpose:

- ❖ Report on key issues flagged by the ranking committee
- ❖ Determine the appropriate next steps
- ❖ Establish whether the appropriate next steps are appropriate to prioritize for FY24

## Issue Areas:

- ❖ Service Costs
- ❖ Service Delivery Model for Select Renewal Projects
- ❖ Supporting Lowest Performing/Ranked Renewal Projects



# HUD CoC NOFO Ranking Committee



## Purpose

- ❖ Acknowledge our ranking committee members
- ❖ Thank you for your service to the CoC!

## Background/Context

- ❖ Non-Conflicted Members of our Community. Active ICH CMTE and WG participants.

## Participants

- ❖ DC Gov Rep: Theresa Silla (ICH)
- ❖ Advocacy Reps: Kate Coventry (DCFPI), Erin Byrne (DC CADV), and Joshua Drumming (Legal Clinic)
- ❖ Consumer Reps: Aaron White (SHY YAB), Reginald Black (CEWVG), Ms. Umi (CEWVG)
- ❖ Provider Reps: Abigail Sypek (Everyone Home DC), Adam Rocap (MK),

# Service Costs



## Ranking Committee Concerns:

- ❖ The application process collects limited information on service costs as the required information is limited to the service costs that CoC dollars will cover
- ❖ ICH does not have standards for appropriate or reasonable service costs. It is likely that service costs will vary by
  - Program type: PSH, RRH, TH-RRH and
  - Subpopulation served: Singles, Families, Youth, Chronic, etc
- ❖ As such, the ranking panel has no basis for and cannot appropriately evaluate project service costs

## ICH Director Reflections & Recommendations:

- ❖ Significant shifts in costs reported across the CoC
- ❖ CoC should prioritize establishing appropriate/reasonable service costs by program types and subpopulations served

## Feedback:

- ❖ **KSM:** I think that would be hard to do, depending on staffing requirements, raising costs, etc. Cheaper is not always better! Think through ranges.
- ❖ **AW:** Also need to consider differences in DV specific programming and need for more resources.
- ❖ **CR:** You have to compare apples to apples, as you said. For example, if the service support model is ACT, you can't compare that to a case management program. I think this is major overreach to think that CoCs can establish "reasonable service costs" and I think we need to address this with HUD.
- ❖ **KT:** What is the end goal? HUD does not add money to grants, so already losing money each year.
- ❖ **CR:** Understand the intent, but do not see this as being able to equitably implement. It is complicated based on organization scale, program types, etc.
- ❖ **KB:** Agree with colleagues.
- ❖ **AS:** Would think that the KPIs are the first measures/standards to look at.
- ❖ **RB:** As ranking committee members, we were struggling to make sure our ranks equal the amount that HUD set for us to apply for.

# Service Delivery Model for Select Renewal Projects



## Ranking Committee Concerns

- ❖ A couple of renewal projects rely on Core Service Agencies for delivery of services
- ❖ The population served are clients recommended for PSH
- ❖ The organization administering the program does not have contracts and, therefore, has no control over the supportive services rendered to clients recommended for PSH.
- ❖ It is not clear that PSH services are rendered to these clients.

## ICH Director Reflections & Recommendations:

- ❖ Evaluate options for onboarding Core Service Agencies as PSH providers under the HSS (Housing Supportive Services) benefit so that they are delivering contract PSH services

## Feedback:

- ❖ RB: recommend limiting the scope to CSAs that have a housing department to support navigation and lease up assistance and case management following lease up.
- ❖ CR: Community Support is going away and replaced by five distinct services to comprise what community support currently covers. Need to have role clarity for those who do both. Significant work underway between DHS and DBH.

# Supporting Lowest Performing/Ranked Renewal Projects



## Ranking Committee Concerns

- ❖ One organization had the lowest outcomes across multiple projects.
- ❖ It's not clear whether the issue is related to data quality or if more significant corrective action, including reallocation of funds, is warranted

## ICH Director Reflections & Recommendations:

- ❖ Adopt a standard practice or policy for when the reallocation of funds is warranted due to poor outcomes or performance so that we are consistent and fair from year to year.
- ❖ Provide technical assistance to investigate this instance and determine whether issues are related to data quality or whether more significant corrective action, including reallocation of funds, is warranted.

## Feedback:

- ❖ ...

# Notes on HUD NOFO Submission



## Feedback:

### Q&A:

- ❖ Q: ...
- ❖ A: ...

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  - c) **DHS Staff Suitability Screening Policy, if appropriate (5 mins)**
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# Notes on DHS Staff Suitability Screening



## DHS Update:

### ❖ Background/Context:

- DHS has gotten feedback from providers that many of orgs face delays to bringing on staff (criminal background checks, oversight process, etc.).
- Not always clear which staff were subject to which requirements and opportunities to reduce requirements for staff who are not client facing.
- Thankful for written feedback from providers and community!

❖ **Status:** Policy is drafted and in final stages of review by OGC. Hoping to issue finalized policy in the next few weeks.

## Q&A:

- ❖ **Q:** Understand pressure to hire quickly. Can be more specific about criminal background checks? Not sure this is the best place to speed up the process. Concern about identity theft and data security.
  - **A from DHS:** Not changing the requirements and the high expectations have for staff. Want to make sure we are developing tailored requirements that will both create the best standards for the folks we want to bring on and follow District's requirements.
- ❖ **Q:** Request for examples of challenges from providers struggling to hire staff.
  - **A from DHS:** One example is - Admin assistant hired to do data entry in PSH program. They will not do direct service or contact with clients or children. Suitability policy is clarifying expectations based on these categories – on site, admin, client interaction, etc.
  - Here is a link to the DCHR staff suitability standards: <https://edpm.dc.gov/chapter/4/>
  - **Recommendation** to add to 12/12 Exec CMTE agenda (and prep at CEWG meeting 12/01 to itemize questions/concerns!)

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  - a) Purpose, Context, & Scope, including Limitations
  - b) Approach & Timeline
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# Purpose



- ❖ Meet the legislated mandates established by the District Code
  - See [Title 4, Chapter 7A, Subchapter II: Interagency Council on Homelessness](#)
  
- ❖ Prepare and submit to the Mayor an annual update based on existing data and community input that
  - Reviews the strategic plan and changes in the landscape,
  - Assesses the need for services among subpopulations,
  - Details the resources and strategies needed to support the implementation of the strategic plan, and
  - Reviews each Interagency Council member's efforts to fulfill the strategic plan's goals and policies.



- ❖ HWDC 2.0 has 12 goals & 160+ activities/strategies,
  - Massive expansion from original HWDC
  - Original HWDC had 5 strategies & 40 activities
  
- ❖ First attempt at an annual update so we need a sustainable framework
  - Prior progress report: Looking Back to Move Forward: Progress and Lessons Learned During the First Four Years of Homeward DC (September 2019)

# Scope & Planning for Sustainability



## In Scope (FY22, 23 & 24):

- ❖ Overall progress based on readily available KPIs
- ❖ Subpopulation needs analysis based on KPIs
- ❖ Identifying changes in the landscape based on CMTE/WG meetings and feedback collected throughout the year
- ❖ Recommending resources and strategies needed to implement HWDC 2.0 based on overall progress and subpopulation needs analysis

## Out of Scope (FY22, 23 & 24):

- ❖ Detailed progress report on 12 goals & 160+ activities/strategies
- ❖ Review of member efforts to fulfill goals and policies.

## Proposed Activities in FY24 & FY25:

- ❖ Leveraging OCA infrastructure for performance management plans
- ❖ Timeline:
  - Establishing appropriate performance metrics (FY24)
  - Leveraging reporting framework/infrastructure to collect updates/reports (FY25)
  - Just in time for the last progress report on HWDC 2.0
  - Firmly grounding us in what is reasonable for HWDC 3.0



# Approach: Leveraging KPIs, Centering Disparities in Outcomes

- ❖ Leveraging KPIs – this is what we have immediately and readily available
- ❖ Centering disparities in progress and system outcomes – the opening Letter from MMB is our guidepost

*Over the past seven years, we have taken some big leaps forward – especially with regard to family homelessness. Using a comprehensive approach, we worked to scale homelessness prevention services for families, we reformed our family shelter system – launching small, service-enriched Short Term Family Housing (STHF) programs across the District and closing DC General for good, and we dramatically expanded rental subsidies for families such that we have been able to quickly connect families experiencing homelessness back to housing of their own. That work has led to a dramatic reduction in family homelessness in the District– from a peak of nearly 1,500 families experiencing homelessness on any given night as we began Homeward DC implementation to just over 400 families as of January 2021 – a 73% decrease.*

*While we have more work to do among families, we know we must take these lessons learned and initiate this same, multi-pronged approach to solving homelessness among unaccompanied individuals. This plan – Homeward DC 2.0 – outlines in great detail for agencies and community partners where we must go next. The federal government will be a critical partner in the months and years ahead, ensuring states and cities have the resources needed to tackle the nation’s housing crisis, but implementation is up to us – and I’m more confident than ever that homelessness is a solvable problem. Together, we can ensure every Washingtonian has a safe and stable place to call home.*

# Approach



## FY22

- ❖ Reminder/Context: we are in FY24
- ❖ Draft Analysis of KPI Trends & Disparities using FY22 Outcomes
  - allows us to confirm that our approach and methodology are sound and sustainable so that we can plug and play with FY23 KPI data

## FY23

- ❖ Reminder/Context: FY23 closed 9/30
  - Likely appropriate to pull FY23 outcomes by end of FY24, Q1
  - Allows us to plug and play by the February timeline for Performance Hearings!

# Timeline



- ❖ 11/28 – Strategic Planning Mtg
  - Draft Outline & Analysis of KPI Trends (PDF documents)
  - Metrics for evaluating progress on disparities identified (developed under the stewardship of the REI WG, PPT incorporated here)
  
- ❖ 12/05 – Request for feedback on Outline, Analysis of KPI, or Metrics for evaluating progress on disparities identified by REI WG
  
- ❖ 12/12 – Executive CMTE Mtg
  - Draft Annual Plan
  
- ❖ 01/23 – Strategic Planning Mtg
  - Updated draft w/ FY23 KPI data



# Centering Disparities in Outcomes

09/15 REI WG PPT

# Components & Opportunities



## Annual Update

### Process Related Mandates

1. Review existing data
2. Ensure opportunity for community input

### Report Related Mandates

1. Effort/progress on HWDC 2.0 goals
2. Changes in the landscape
3. Service needs amongst subpopulations
4. Resources available and needed

### Other Mandates (HWDC 2.0, Bylaws)

1. Annual Priorities & Projects
2. Workplan

## Review of System Operations

### 5 Key Areas of Investigation

1. Who enters the system?
2. Who gets temporary housing?
3. Who gets housing assistance?
4. Who re-experiences homelessness?
5. How do we improve racial practices?



# 1. Who enters the system?



**KPI Leveraged: Annual Count of Households Served (FY16 – FY22)**

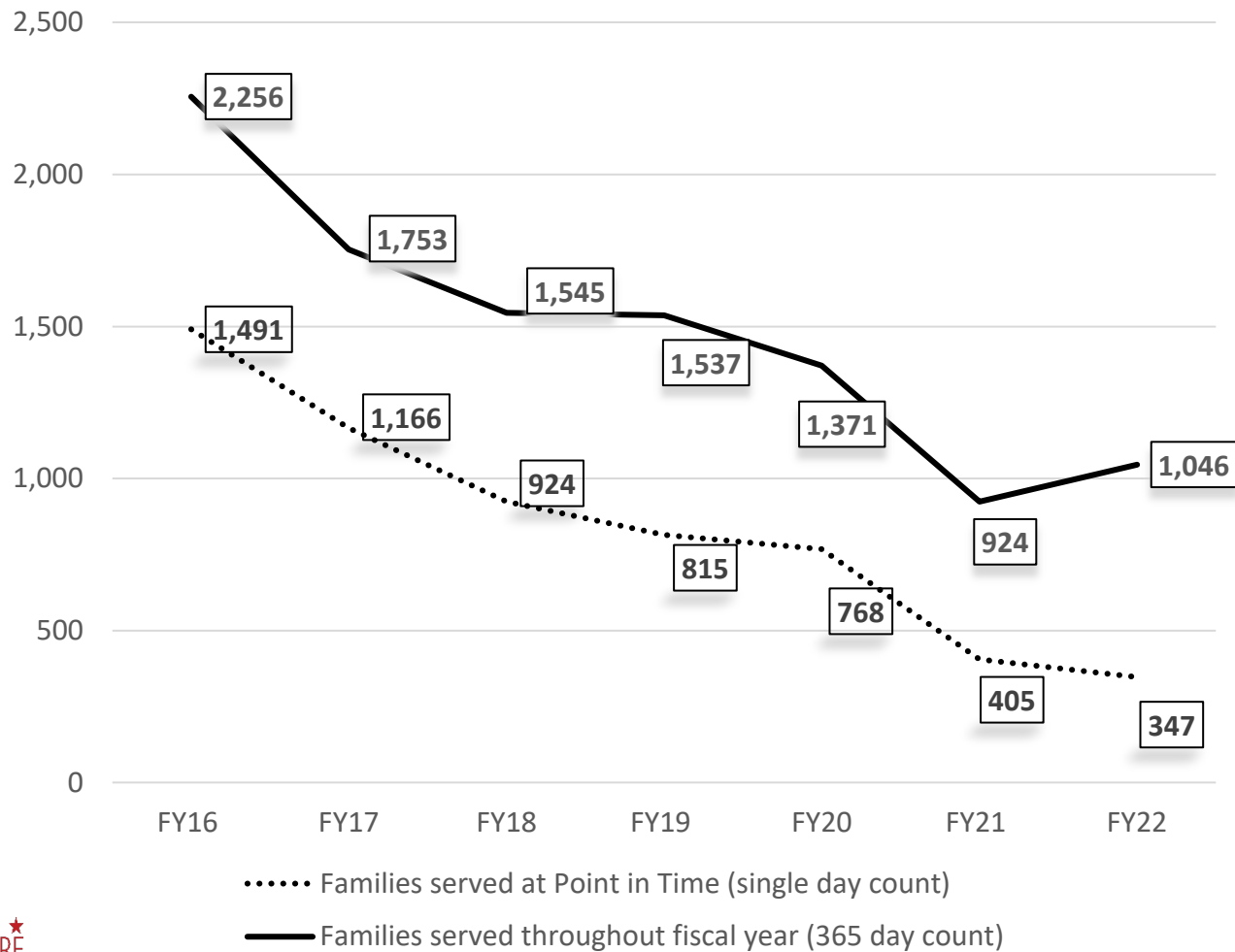
<b>Families</b>	<b>Singles</b>
❖ FY16: 2,256	❖ FY16: 11,144
❖ FY22: 1,046	❖ FY22: 7,834
❖ Change: <ul style="list-style-type: none"><li>➤ <math>(1046 - 2256) \div 2256 \times 100</math></li><li>➤ <b>~53% reduction in annual count</b></li></ul>	❖ Change: <ul style="list-style-type: none"><li>➤ <math>(7,834 - 11,144) \div 11,144 \times 100</math></li><li>➤ <b>~30% reduction in annual count</b></li></ul>

# Leveraging Annual KPI for Comparison

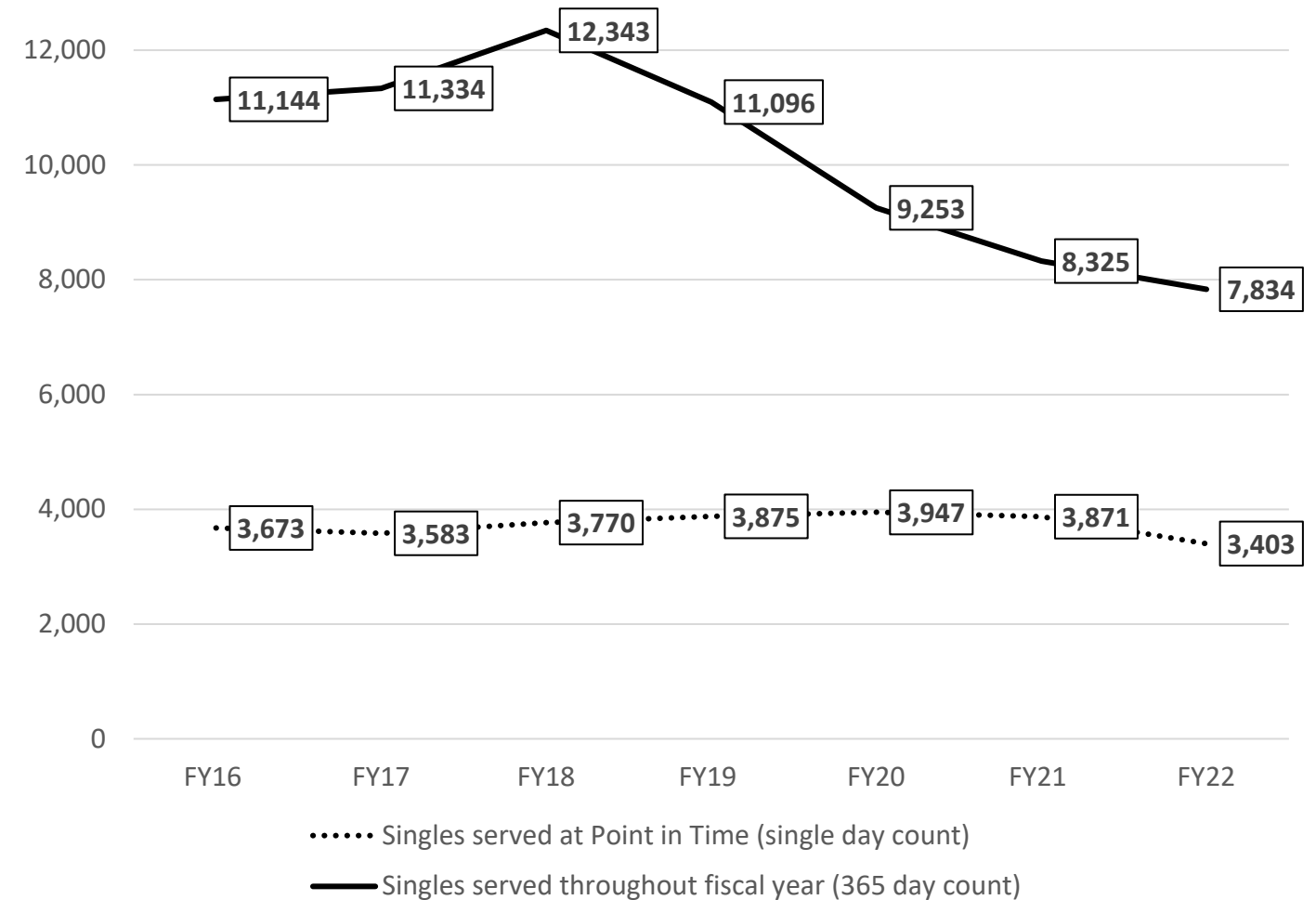


## Trends in PIT & Annual Count of Households (Families and Single Persons) Served

Family System: Families Served Throughout Year & at PIT, Fiscal Years 16-22



Singles System: Individuals Served Throughout the Year & at PIT, Fiscal Years 16-22



# 2. Who has access to Temporary Housing?



## KPI Leveraged: ???

Data Limitations to readily available KPIs:

- ❖ **Annual Count** does not call out who received outreach/supportive services only;
- ❖ **PIT Count** occurs during the Winter after the Single Adult System expands its capacity to meet right-to-shelter requirements for inclement weather. PIT Count of unsheltered individuals likely tells us about shelter conditions and not about who has access to temporary housing.

Another approach is to consider how much the District expands shelter interventions throughout the Winter to meet the demand for shelter during inclement weather.

# 2. Who has access to Temporary Housing?



## Expansion Planned for FY24 Winter Plan

### Families

❖ None

The current inventory adequately meets shelter needs:

- ❖ As of July 31, 226 out of 309 STFH units were occupied
- ❖ This means STFH has a 73% occupancy rate (or a 27% vacancy rate)

### Singles

- ❖ Current capacity: 1,414 beds
- ❖ Expansion for winter: 554 beds
- ❖ Extent of Expansion:
  - $554 \div 1,414 \times 100 = 39\%$

The current inventory is at capacity.

When conditions require the District to meet its right-to-shelter mandate, the District expands its capacity by 39 percent to meet the projected demand for shelter.



# 3. Who get housing assistance?

## KPI Leveraged: Housing Placement Rates (FY16 – FY22)

### Families

FY	Annual Count	Exit to Housing	Placement Rate
16	2,256	1,064	47%
17	1,753	1,235	70%
18	1,545	1,374	89%
19	1,537	1,194	78%
20	1,371	947	69%
21	924	796	86%
22	1,046	834	80%

### Singles

FY	Annual Count	Exit to Housing	Placement Rate
16	11,144	1,149	10%
17	11,334	1,457	13%
18	12,343	1,300	11%
19	11,096	1,229	11%
20	9,253	910	10%
21	8,325	764	9%
22	7,834	1,281	16%



# 4. Who Re-Experiences Homelessness?



**KPI Leveraged: Families Returning to Shelter w/in 6 – 12 months After CoC Exit (FY16 – FY22)**

## Families

FY	Annual Count	Returning Count	Rate of Return
16	2,256	111	5%
17	1,753	35	2%
18	1,545	25	2%
19	1,537	32	2%
20	1,371	47	3%
21	924	20	2%
22	1,046	24	2%

## Singles

FY	Annual Count	Returning Count	Rate of Return
16	11,144	624	6%
17	11,334	680	6%
18	12,343	839	7%
19	11,096	832	7%
20	9,253	500	5%
21	8,325	475	6%
22	7,834	305	4%

# Shifts in the Landscape



- ❖ ICH Team to compile trends and updates provided at ICH CMTE & WG meetings
  
- ❖ Overall:
  - Staffing constraints
  - End of pandemic and demobilization of resources
  - Escalating housing and living costs
  - Significant fiscal constraints
  - Escalating opioid use and juvenile violence
  - Unforeseen & layered weather and environmental alerts
  - Increased knowledge of vulnerability to heat (mortality related to heat exposure)
  - Influx of migrants
    - ✓ concerns about our ability to keep the two systems separate;
    - ✓ concerns about disparities between access to services for migrant families and single adults experiencing homelessness
  - Process/program updates – HSS Benefit launched, rent reasonableness policy/process updated

# Implications on Resources & Strategies



- ❖ Right-sizing investments to address disparities requires:
  - Year-round shelter for Singles & Young Adults
  - Right-sizing RRH for Singles & Young Adults
  - Increased risk sharing with the family system
    - ✓ Pivoting underutilized family facilities for singles (already underway – Girard Place, Valley Place, and most recently Naylor Road)
    - ✓ Exiting families from FRSP



# Notes on Annual Update



## Feedback:

- ❖ **Ms. Naomi via chat:** Stakeholders vs Shareholders: A market that's organized to push more income & wealth toward the top rather than distribute it broadly. Much of Govt isn't working for the vast majority its intended to serve. If Govt were responding to the public's interest instead of the moneyed interest, it would be providing more support for communities, families, people in need the most.

## Q&A:

- ❖ **Q from Ms. Naomi:** Can you please provide the receipts on how you're moving the needle on disparities, specifically in low-income, the highest group of homelessness, and seniors?
- ❖ **Q from KSM:** How does the REI document fit within Annual Report?
  - **A from ICH:** When talking about progress on ending homelessness, we report on subpopulations and highlight the disparities between them. Both use the same KPI data.
- ❖ **Q:** What is the best way to give feedback?
  - **A from ICH:** Preference for feedback by email [ich.info@dc.gov](mailto:ich.info@dc.gov) – can reply to the immediate follow up email from this meeting. Will also accept comments in the Word document.

# Meeting Agenda



- I. Welcome & Agenda Review (5 mins)
- II. System Check-In (15 mins)
- III. Updates (15 mins)
- IV. Discussion on ICH Annual Update (50 mins)
- V. **Announcements & Reminders (as needed)**
  - a) DBH: DC Stabilization Center **\*NEW\***
  - b) HCS: Veteran Flex Funds
  - c) PFFC: 11<sup>th</sup> Annual Memorial & Vigil **\*NEW\***
- VI. Summary & Adjournment (5 mins)

# DBH: Stabilization Center (DCSC) \*NEW\*



The [DC Stabilization Center \(DCSC\)](#) is now open 24/7!

## Location:

- ❖ 35 K Street NE, Washington, DC 20001

## Program Details:

- ❖ 18 years and older
- ❖ Services are free of charge - no insurance or residency requirements
- ❖ Specialized medical facility that centers patient safety, practices empathy and harm reduction approaches for individuals experiencing SUD crises.

**DC's First Stabilization Center**  
Location: 35 K Street NE | Hours of Operation: Walk-in available 24-7

**What is it?**  
The Stabilization Center provides emergency crisis intervention, typically lasting 24-72 hours, for those experiencing substance use disorder. Services are provided to those who are 18 years and older and are free of charge with no insurance or residency requirements necessary.

**The DC Stabilization Center offers:**

**Specialty care:**

- Patients receive an individualized treatment plan based on an initial observation
- The center offers approved medication (buprenorphine) on the spot which, when combined with counseling, is effective in the treatment of opioid use disorders and can help some people sustain recovery

**Empathetic care:**

- Peer specialists trained in cultural competency work one-on-one with patients to navigate their recovery and refer them to appropriate long-term treatment options
- No one is ever turned away from services and services are provided in English and Spanish to support a wider group of individuals
- A team of on-site multidisciplinary care providers such as nurse practitioners, registered nurses, certified peers, recovery coaches, and patient care technicians will link the patient to resources that can help sustain their health after discharge, such as housing assistance, help with filling out paperwork, or help with reinstating insurance

**A safe space and environment to recover:**

- The facility features recliners or patient beds in a comfortable, quiet, private setting to begin the stabilization process
- Patients can lock personal items in a secure locker during the intake process
- Patients are closely monitored by medical professionals and staff throughout the course of the stabilization process, including medical screenings and observations

**Pathway to long-term recovery:**

- Patients receive referrals and placements into long-term treatment options
- Individuals are connected to ongoing substance use disorder treatment at one of the 29 DBH-certified provider locations across DC in all eight wards

**What are the benefits of the stabilization center?**

- Provides relief for hospital emergency rooms and emergency psychiatric centers
- Offers a cost-effective and time-effective alternative to ER visits for intoxication
- Individuals who receive care at the Stabilization Center can get connected to long-term care and other resources and programs that support recovery
- Gets people the "right care, right now" and prevents escalation to other harmful or dangerous behaviors
- Increases the chance that the intoxicated individual will be open to receiving care

**FACT:** In 2022, DC Fire and EMS made 3,800 transports to the hospital with individuals that were experiencing acute intoxication.

Learn more about DC's Stabilization Center at [dcstabilizationcenter.com](http://dcstabilizationcenter.com) or by calling (202) 839-3500

COMMUNITY BRIDGES | DBH | DISTRICT OF COLUMBIA DEPARTMENT OF BEHAVIORAL HEALTH | GOVERNMENT OF THE DISTRICT OF COLUMBIA MURIEL BOWSER, MAYOR

# HCS: Veteran Flex Funds



## Financial assistance for Veterans:

- ❖ At risk of experiencing homelessness and in need of prevention
- ❖ Experiencing homelessness to reduce barriers to housing

Information and referral forms are available on the HCS website:

<https://housingetc.org/flex-fund-program/>



Housing Counseling Services, Inc.

### VETERAN FLEX FUND PROGRAM

Housing Counseling Services' (HCS) Veteran Flex Fund Program offers financial assistance to quickly help homeless Veterans and Veterans at risk for homelessness in the District of Columbia stabilize their housing.

**The Flex Fund Program can help at-risk Veterans with:**

- Delinquent Rent
- Delinquent Utilities/Utility Deposit
- Security Deposit/First Month's Rent
- Transportation Related Cost
- Rental Application and Related Fees
- Child Care Costs
- Delinquent Mortgage
- Other Costs That Support Housing Stability

**For more information about the Flex Fund Program or to access the Flex Fund application visit:**

<https://housingetc.org/flex-fund-program/>

**If you have questions about the Flex Fund Program contact HCS at (202) 667-7736 or for email at [flexfund@housingetc.org](mailto:flexfund@housingetc.org)**

The Veterans Flex Fund Program is funded by Community Solutions International and administered by Housing Counseling Services.


# PFFC: 11<sup>th</sup> Annual Memorial & Vigil \*NEW\*




**Background:** People for Fairness Coalition (PFFC) is hosting the 11<sup>th</sup> Annual Memorial & Vigil in honor of the people who passed away while experiencing homelessness.

## Details:

- ❖ Wednesday, 12/20 at 4 pm
- ❖ Luther Place Memorial Church – 1226 Vermont Ave NW



People for Fairness Coalition  
Invites you to the  
**11th Annual Memorial & Vigil**  
In honor of our neighbors  
who passed away  
without the dignity of a home.



**Opening Service and Candlelight Procession**  
4:00 Luther Place Memorial Church  
Wednesday December 20th, 2023.  
1226 Vermont Ave NW

**Lunch and Memorial Service**  
Remembering our brothers & sisters  
who died without the dignity of a home.  
Church of The Epiphany  
11:45 Thursday December 21st, 2023.  
1317 G Street NW

Questions?  
Contact  
Rachelle Ellison  
email: [rachelleellison74@gmail.com](mailto:rachelleellison74@gmail.com)  
Phone: (202) 597-3236

To donate  
[www.pffcdc.org/donate](http://www.pffcdc.org/donate)

# Meeting Agenda



- I. Welcome & Agenda Review (5 mins)
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- IV. ICH Annual Update (50 mins)
- V. Announcements & Reminders (as needed)
- VI. **Summary & Adjournment (5 mins)**
  - a) Next Executive CMTE Mtg: Tuesday, 12/12 from 1:30 – 3 pm
  - b) Next Strategic Planning CMTE Mtg: 01/23 from 2:30 – 4 pm (meets bimonthly, no December mtg)

