



Interagency Council on Homelessness Youth Committee



23 June 2022

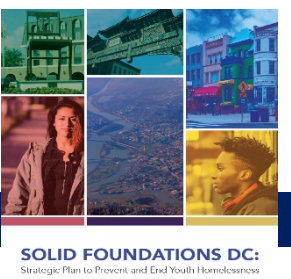
Meeting Agenda



SOLID FOUNDATIONS DC:
Strategic Plan to Prevent and End Youth Homelessness

- I. Welcome & Agenda Review (5 mins)**
 - a) Introduction & Agenda Review**
 - b) Call for Partners Updates/Announcements**
- II. Discussion Items (90 mins)**
 - a) Youth Count DC (30 mins)**
 - b) Evolving our CAHP System (30 mins)**
 - c) Leveraging the HMIS Planning Process (30 mins)**
- III. Systemwide Updates (30 mins)**
 - a) Provider Capacity Initiative**
 - b) Supporting Pregnant Individuals in 1st & 2nd Trimesters**
- IV. Announcements and Reminders (as needed)**
- V. Summary and Adjournment (5 mins)**
 - a) Next Meeting: 22 Sept 2022 & 10 – 12 noon**

Meeting Agenda



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- I. Welcome & Agenda Review (5 mins)
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 - a) **Youth Count DC (30 mins)**
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Youth Count DC

UNSTABLE HOUSING REPORT, RECOMMENDATIONS, AND PLANNING
FOR YOUTH COUNT 2022

What we will discuss:

- Overview of the Youth Count
- Recap of 2021 Youth Count
- Snapshot of literally homeless information presented in March 2022 ICH Youth Committee meeting
- Urban Institute analysis of unstable housing arrangement data
- Urban Institute recommendations for future Youth Counts
- Planning schedule and needs from provider community to prepare for the September 2022 Youth Count



YOUTH COUNT | DC

Overview of HYC

- The End Youth Homelessness Act of 2014 requires that DHS conduct an annual census of youth experiencing homelessness and housing instability:

Count all children and youth under 18 years of age who are living apart from a parent or guardian, excluding those who are in the physical custody of the District, and all youth between the ages of 18 and 24 years of age who are economically or emotionally detached from their families and lack an adequate or fixed residence, including children and youth who are unstably housed, living in doubled up circumstances, in transitional housing, in shelter, or on the street.

- DHS has contracted with TCP to conduct the "Homeless Youth Census" (HYC) or "Youth Count DC" since 2015.
- The Youth Count requires extensive coordination with youth homelessness service providers and organizations at the intersection of youth homelessness.



Overview of HYC

- Typically takes place over nine days.
- Combination of data sources:
 - Homeless Management Information System (HMIS) from all providers
 - HYC surveys:
 - Street-based surveys with DC's outreach teams
 - Site-based surveys at drop-in centers, meal programs, and other youth-serving direct service organizations (community centers, health, education, etc.)
 - Non-HMIS shelter and transitional housing providers (domestic violence, and private programs)



2021 HYC Recap

- Conducted between September 17th and 25th, 2021.
- Due to continuing public health emergency, the survey was made available online, though some providers did have capacity to complete surveys with youth.
- Due to the online option, planning to engage youth through direct advertising and social media was key to bringing awareness.
- YAB helped in planning process and creation of social media advertisements.
- Like in 2020, fewer total number of surveys were completed than in previous counts.



2021 Literally Homeless Results: Totals by Household Type

- 512 youth (unaccompanied and heads of household) were counted as literally homeless during the 2021 Youth Count.
- In general, the population is comprised of single transitional age youth.
- Single youth make up 72% of the youth counted, with youth heads of households at 28%.
- 3% of youth counted are unaccompanied minors and minors with children, as opposed to TAYs.

2021 Homeless Youth Census		
<i>Count Totals for Literally Homeless (2021 - 2020)</i>		
Population	2021 Totals	Prevalence of Population
All Persons		
All Persons	512	100%
Household Composition		
Singles	370	72%
<i>Transition Age Youth (18 - 24)</i>	361	71%
<i>Unaccompanied Minors (Under 18)</i>	9	2%
Family Heads of Household (HoH)*	142	28%
<i>Transition Age Youth (18 - 24)</i>	139	27%
<i>Minors (Under 18)</i>	3	1%
<i>* Other household members in 2021 included 9 other adults in youth-headed households, and 163 children in youth-headed households</i>		

2021 Unstable Housing - Definitions

- Unstable Housing Situations:
 - Couch-surfing or staying house-to-house with friends or relatives because you needed a place to stay (not long term);
 - Staying somewhere with someone you don't know well because you needed a place to stay
 - Staying at a hotel or motel because you don't have your own house or apartment;
 - Other (and the text suggested to TCP that they were in an unstable housing situation)
- Count of unstably housed youth = stayed in an above situation for most of the prior 30 days

2021 Unstable Housing Results

- 166 youth are unstably housed during the 2021 Youth Count
 - Most heard about the survey from Total Family Care Coalition (TFCC) (N=33), Casa Ruby (N=21), and Salvation Army (N=17).
 - 93% were transition-age youth, and 7% minors
 - 75% were mostly couch-surfing, with 13% mostly in a hotel, and 13% in another unstable housing situation
- Consider different criteria for what counts as a person being unstably housed

2021 YouthCount		
<i>Count Totals for Unstably Housed</i>		
Characteristics	Number	Percent
All Unstably Housed Youth*	166	100%
Age Group		
Transition-age Youth	155	93%
Minor	11	7%
Living Situation		
Couch-Surfing	124	75%
Hotel	21	13%
Other	21	13%

*Five youth (included) spent most of their time unstably housed, but did not list among all the places they stayed any unstable situations.

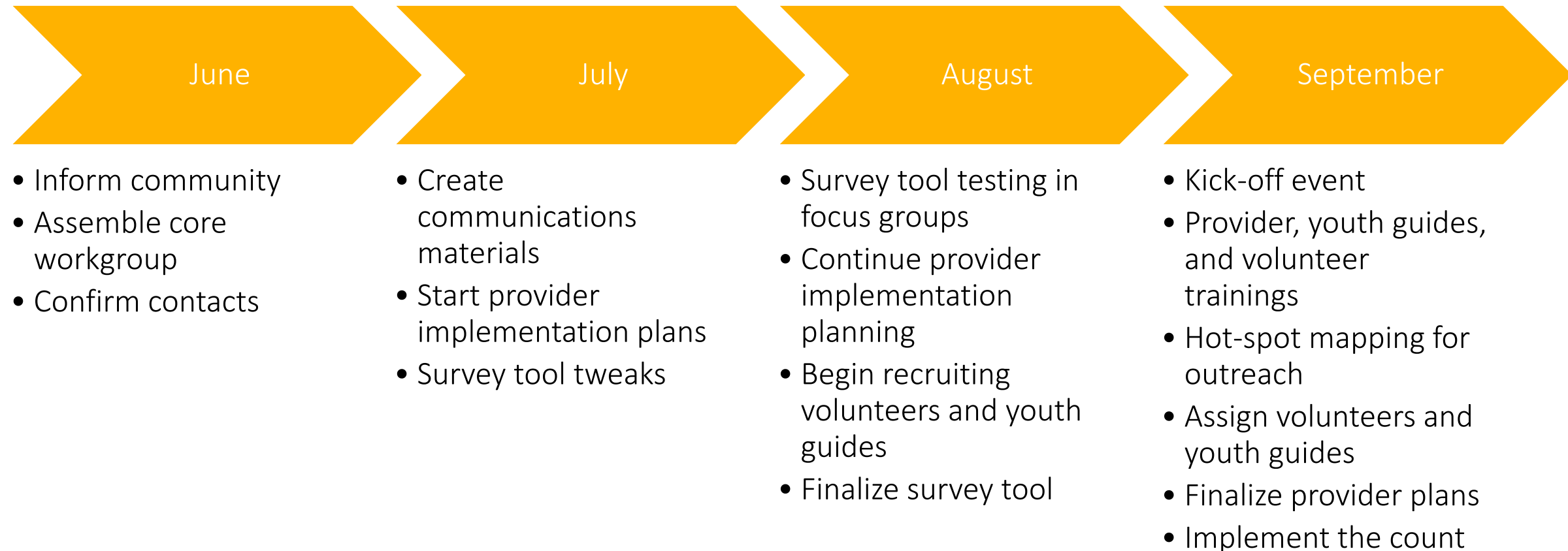
Limitations of HYC Methodology

- Outreach organizations
 - No oversight of volunteering community orgs for participation
 - No knowledge of the timing & frequency of member notifications
- Recruitment language
 - Youth may not self-identify with the criteria
- No means of reaching all youth to determine housing status
 - No administrative data to cross-check housing status
 - No denominator for a rate of housing instability among all youth in DC
- High demand on one survey
 - Reaching both unaccompanied youth under age 18 & 18-24 requires engaging very different venues
 - Counting both literally homeless & unstably housed

Recommendations for Future HYC

- Work with the organizations referring higher rates of unstably housed youth from the prior year's Youth Count to interview staff about youth they serve throughout the year and to interview youth about their past, current, and future housing situation
- Improve accountability of partner organizations to better observe/record their survey announcements and recruitment
- Lengthen the time the survey is live
- Increase survey modes and engage youth Guides with lived experience to recruit and conduct surveys
- Consider relying on the representative household survey to generate a rate of youth housing instability.
 - Use the survey to get consent for additional outreach and get deeper engagement from households with youth experiencing housing instability
- Consider improving administrative data collection of housing status, especially among system-involved youth (e.g., juvenile justice, foster care, children's hospitals)

Planning Timeline for 2022



Ask of Providers

- Begin thinking about implementation in your programs, consider each of your programs and how you can ensure their complete participation:

HMIS Program	Non-HMIS shelter/TH	Meal program/drop-in centers	Outreach teams	Other organization
<ul style="list-style-type: none"> • How can our agency ensure data quality? • Do we have the capacity to also complete surveys with youth in our programs? 	<ul style="list-style-type: none"> • Do we have staff capacity to complete surveys with consumers in programs? • Are there volunteers or youth peers we can recruit to assist in completing surveys? 	<ul style="list-style-type: none"> • Do we have staff capacity to complete surveys with consumers in programs? • Are there volunteers or youth peers we can recruit to assist in completing surveys? 	<ul style="list-style-type: none"> • Do we have staff capacity to complete surveys in street outreach during every day of the count? • Are there volunteers or youth peers we can recruit to assist in completing surveys? 	<ul style="list-style-type: none"> • Do we see youth? • Would staff be able to engage youth in surveys? • If not, can we help to advertise the count to youth?

What Providers Can Expect

- **HMIS programs:**
 - TCP will reach out to confirm program contacts and provide information on data quality trainings.
 - If you opt-in to also surveying youth, TCP will provide information on survey trainings.
- **Non-HMIS Shelter/TH programs:**
 - TCP will reach out to confirm program contacts and provide information on survey trainings and help you guide your implementation.
- **Meal Programs and Drop-in centers:**
 - TCP will reach out to confirm program contacts and provide information on survey trainings and guide your implementation.
- **Outreach teams:**
 - TCP will work with the YSOP and other street outreach to make plans, build capacity through volunteers and youth guides, and provide information on survey training.
- **Other Organizations:**
 - If your organization has participated before, TCP will reach out to discuss how you can be involved again.
 - If your organization has NOT participated before, you can contact TCP directly, to express your interest.

Contacts

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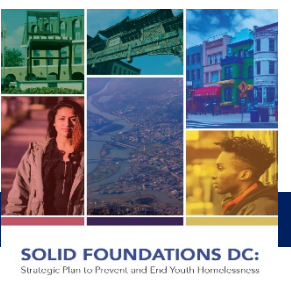
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Evolving our CAHP System

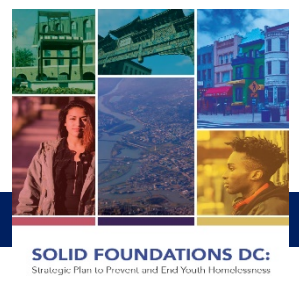


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Work advanced by the TCP CAHP Team and the ICH Youth CAHP Policy Workgroup:

- ❖ Formalizing Roles and Responsibilities
- ❖ Establishing Community Process for Reviewing Case Conferencing Submissions (Pre-Case Conferencing Panel)
- ❖ Articulating Expectations for Prioritization and System Flow

Formalizing Roles & Responsibilities



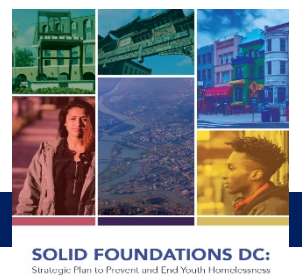
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TCP CAHP team revamped training and onboarding process for CAHP participating agencies, including confirming CAHP liaisons per agency

CAHP Liaisons:

- ❖ Distribute CAHP updates, match/assignment information, and other CAHP-related information to their inner-agency cohorts
- ❖ Attend matching meetings, though additional agency staff may be present as needed
- ❖ Prepare for match meetings by using the By Name List pre-checks and informing the appropriate CAHP coordinators of any clients that organizations engage offline
- ❖ Review and submit case conferencing requests
- ❖ Serve as agency/organization representative (voting member) for case conferencing approvals in CAHP matching meetings
- ❖ Work internally and across teams with other CAHP Liaisons to identify the most appropriate points of contact for consumers going forward
- ❖ Track CAHP process/protocol updates; maintain up-to-date CAHP knowledge and awareness

Establishing Pre-Case Conferencing Panel



To address concerns that

- 1) Youth system is overly reliant on case conferencing,
- 2) Incomplete or last-minute requests,
- 3) Requests that do not meet the criteria for case conferencing but instead reflect the need for community support and an opportunity to crowdsource options and resources for youth in crisis
- 4) Transparency and fairness in the process for those submitting and reviewing the requests

Expected outcome:

- 1) Concise CAHP case conferencing at CAHP matching meetings –limited to appropriate and complete referrals
- 2) Opportunity to crowdsource solutions for clients not appropriate for case conferencing

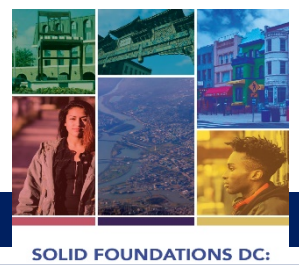
Leveraging the CAHP Policy Workgroup



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Timeline	Steps
Feb 2022	Identified need and brainstormed options for establishing Pre-Case Conferencing Panel at Feb CAHP WG meeting
Mar 2022	Developed draft written policy/procedures for Pre-Case Conferencing Panel Facilitated CAHP WG discussion
Apr 2022	Incorporated initial feedback received at 3/2022 CAHP WG meeting Reviewed updated policy document at 4/2022 CAHP WG meeting
May 2022	Finalized Policy Document for adoption Adopted by consensus at the 5/2022 CAHP WG meeting
Jun 2022	Establishing CAHP Liaisons Identifying Pre-Case Conferencing Panel Members Finalizing logistics for the first trial of Pre-Case Conferencing Panel
July 19, 2022	Target date for testing Pre-Case Conferencing Panel at the Youth CAHP matching meeting

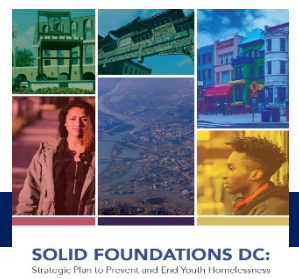
Key Panel Features



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Voting Members:	1 DHS (Youth Division)	1 TCP (Youth CAHP Team)	1 ICH (Youth Policy Advisor)	2 Rotating Community Seats (CAHP Liaisons)
Non-Voting Members:	DBH to provide support related to behavioral and substance-use challenges			
Expectations	All members (voting and non-voting) must sign the HMIS User License Agreement before joining meetings where client info is shared.			
Quorum	3 of the 5 voting members, with at least 1 non-conflicted community rep, present to evaluate case conferencing requests.			
Future Panel Members & Conflicts	In case of conflict, the CAHP Liaisons of the organizations that are identified as next on the rotation of community seats are expected to attend the pre-case conferencing panel.			
Community Seats & Rotation Schedule	<ul style="list-style-type: none"> • Community seats will be limited to providers that are participating in CAHP and specifically, CAHP Liaisons. Seats will rotate every 3 months. The rotation schedule is set in alphabetical order, one from the top and one from the bottom. The appendix lists the CAHP participating providers and proposes the schedule based on the listing in alphabetic order. • CAHP Liaisons are established by the program, and not the organization, so if there are multiple programs at an organization, as the seat rotates, ICH recommends equitably distributing the responsibility amongst the CAHP Liaisons. • In case of a conflict, the CAHP Liaisons for the organizations that will assume the role of representing community seats next are expected to attend the pre-case conferencing calls and serve as voting members if: <ol style="list-style-type: none"> 1) A conflict is identified and 2) A quorum cannot be achieved because the community representatives on the panel and present for the meeting are all conflicted. 			

Prioritization and System Flow



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CAHP System Challenges/Key Questions

- ❖ How do our programs fit together to create a system of care?
 - Should our prioritization framework create a flow between programs?
- ❖ Why are we relying on case conferencing for step-ups?
 - Are there key elements that we want to standardize as benchmarks, milestones, and/or standards for prioritization?

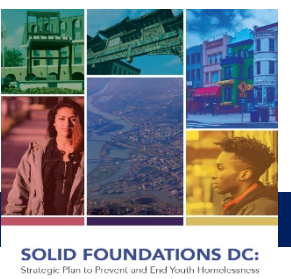
Goals

- ❖ Reducing case conferencing requests related to step-ups/transfers from:



- ❖ Creating and facilitating intentional linkages between programs that can aid with data-driven estimates of resources needed

Potential Challenges Flagged



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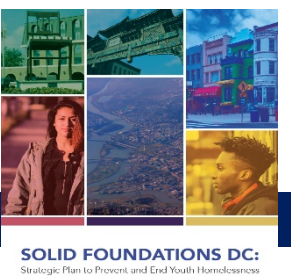
- ❖ Avoid creating barriers to access and potential for moving away from a housing-first model
 - Making sure that we anticipate and build in opportunities for direct referrals from streets and/or couch surfing into ETH, RRH, and PSH, as appropriate
- ❖ Ensuring we are focused on and triaging supports/services to 24-year-old clients at risk of aging out of the Youth CAHP system
- ❖ Ensuring we are tracking resources and flagging disconnects between demand and availability of resources

Process and Discussions Underway



Timeline	Steps	Purpose
Jul 2022	Continue reviewing step-up case studies	<ul style="list-style-type: none"> Identify key aspects of step-up case studies that can be used to facilitate flow between programs. Evaluate adopting key aspects as thresholds, criteria, standards, and/or benchmarks to adopt systemwide
Aug & Sep 2022	Map system flows & review data to inform prioritization criteria	<ul style="list-style-type: none"> Map out potential system flows based on the key aspects identified Use CAHP data to project number of youth flowing through programming based on proposed step-up criteria
Oct 2022	Update Youth CAHP Manual	<ul style="list-style-type: none"> Integrate system flows into Youth CAHP Manual so that practice/process is standardized

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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
<p>1. Level-setting and kick-off planning by hosting orientation to what's already in place:</p> <ul style="list-style-type: none"> • 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 	<p>Completed!</p> <ul style="list-style-type: none"> • Led by Kelly Paton (TCP) • Recording available online at https://dcnet.webex.com/dcnet/dr.php?RCID=2b141f441e7da6868ffb0a3d6ad0ac96
<p>2. Gather feedback from orientation attendees, Committees/WG, and HMIS User group re</p> <ul style="list-style-type: none"> • Data elements: to add/remove/change in HMIS • New programs that need to be added • Reporting/Performance tracking Needs • Persistent HMIS visibility/usability issues 	<p>Underway now!</p>
<p>3. Develop & administer a survey tool To ensure all voices are captured and heard in the planning process</p>	<p>Underway now!</p>
<p>3. Evaluate feedback with the HMIS User Group</p>	<p>July/August</p>
<p>4. Follow up with Committee/WGs on subsystem specific requests and issues:</p> <ul style="list-style-type: none"> • Supporting the community understand what is possible (or not) and why • Work with ERSO & SAS to understand and map out Streamlining Intake requirements 	<p>August/September</p>
<p>5. Propose a comprehensive set of updates/changes to HMIS to the Executive Committee</p> <ul style="list-style-type: none"> • Including accountability of Programs and Staff 	<p>October</p>

Adding/Subtracting/Changing Data Elements

- ❖ Are there any top of mind for you and your program staff?

Examples of feedback received at the Single Adult System WG:

- How do we indicate the next steps or flags for a client:
 - ✓ SOAR assessment,
 - ✓ DACL resources, etc
- Next of kin designation or Emergency contact info (currently a separate form at intake. Important to have in HMIS and at intake).

Feedback from Youth Committee

- TAY SPDAT length is too long; asks too much about families and youth are walking out in the middle of the survey!

- ❖ What is the best way to identify the data elements that need to be added/subtracted/changed?

Note: we will conduct a survey and are hosting WG/Committee Discussions!

- Is that sufficient?
- Who should we survey?

New Programs to Consider



- ❖ Are there any new programs you would like to add for your organization?

Examples of feedback received at the Single Adult System WG:

- How can we add Peer-to-Peer Engagement as a program in HMIS?
Is there a way to allow for data entry from those Peer-to-Peer engagements so that they are visible to the rest of the system?
- Diversion Screening is a new aspect to include.

- ❖ What is the best way to identify new programs?

Note: we will conduct a survey and are hosting WG/Committee Discussions!

- Is that sufficient?
- Who should we survey?

Leveraging HMIS Reporting Capabilities



What data do we need to understand how programs are contributing to CAHP?

What are the CAHP roles/responsibilities of programs/funders?

Feedback received at the Family System WG:

- ❖ Some of this is likely not appropriate for Family System. Also, HTP is the DHS system that captures some of these types of data points.
- ❖ Getting vital documents at the front door of the Family System: is there a way to capture the data points in HMIS to allow us to run a simple report? Is there a way to store copies of vital documents in HMIS?

Feedback received from ERSO Committee:

- ❖ Are we analyzing how people are using shelter and supporting clients that are struggling with our shelter and/or programs?
 - For example, if someone is consistently breaking the rules and leaving a shelter location or otherwise struggling with services at a location? How is program exit recorded? Does it include negative exits that we should be analyzing?
 - Are unusual incident reports a better source of data for clients? Shelter Conditions was working through how often to analyze unusual incident reports. Important to pick this back up again once ICH staffs up.
- ❖ How do we understand the number of returning citizens in our system? Should we be asking this question at intake? Can we get this from SPDAT? Or doing data bumps with the appropriate agencies/partners?

❖ Feedback from Youth Committee:

- How can we make sure that the data can be utilized by providers who are entering the data into HMIS!

Leveraging HMIS Reporting Capabilities



What data do we need to understand how programs are contributing to CAHP?

What are the CAHP roles/responsibilities of programs/funders?

❖ Prevention/Diversion:

➤ ?

➤ ?

❖ Front Door (Day Centers, Outreach & Shelters):

➤ Count of individuals engaged

➤ Assessing individuals engaged

➤ Supporting clients likely to match to a housing resource navigate documentation

➤ Other?

❖ Housing Providers (RRH and PSH)

➤ Locating and engaging assigned clients

➤ Supporting clients navigate outstanding documentation requirements

➤ Complete any applications

➤ Identify units and lease-up

Feedback received from Single Adult System WG:

➤ Clients “not engaged/located” but are active at Front Door

❖ Funders (with Resources Dedicated to CAHP)

Annual allocation matched via CAHP

Turnover matched via CAHP

Persistent HMIS Visibility Issues



- ❖ Are there any top of mind for you and your program staff?
 - **Feedback from Single Adult System:** inability to engage/locate related to visibility!
 - **Feedback from Family System:** EDA before entering the notes feels like an unnecessary step. Can we remove/update the process? If you forget it creates complications. Frequent feedback from providers. It's another opportunity for mistake and newer staff often make that error and is very frustrating. If missed, it prevents a system/agency admin from seeing the data.

- ❖ What is the best way to identify persistent HMIS Visibility Issues?

Note: We will conduct a survey and are hosting WG/Committee Discussions!

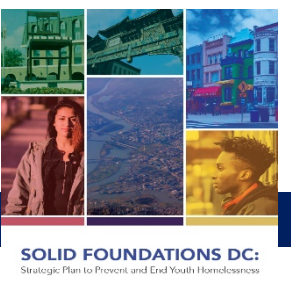
- Is that sufficient?
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Pregnant Individuals: New Policy & Referrals

- **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 trimester who are experiencing homelessness or at risk of homelessness.

These services include a guaranteed 24/7 placement at 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 will 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 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 who is deemed eligible for homeless services will have access to emergency shelter with a proof of pregnancy and their documented medical risk factors for high-risk pregnancy by a medical professional.

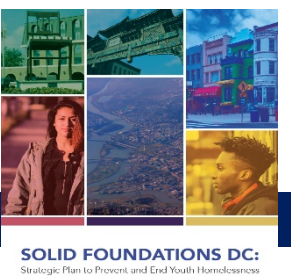
Some of those conditions include: Autoimmune Diseases (Lupus or Multiple Sclerosis (MS)), Diabetes, High Blood Pressure, HIV/AIDS, Kidney Disease, Mental Health Disorders, Documented Disability within the last 30 to 60 days, Blood Clotting Disorder, Thyroid Disease, Other: On Bed Rest.

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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