District of Columbia Interagency Council on Homelessness Strategic Plan FY2021-FY2025

ICH DC INTERAGENCY COUNCIL ON HOMELESSNESS

WE ARE WASHINGTON DC

GOVERNMENT OF THE DISTRICT OF COLUMBIA
MURIEL BOWSER, MAYOR

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Letter from Mayor Muriel Bowser

When I entered office in January of 2015, the District's homeless crisis was at the top of my priority list. I charged my team with developing a new strategic plan to guide our efforts at system transformation, and by March of 2015, the Homeward DC plan was launched.

For too long, the District had been focused on providing shelter as the solution to homelessness. While shelter is important as a stopgap measure, we know the solution to homeless is a safe and stable place to call home. Afterall, stable housing is a necessary foundation for all things in life –health, education, steady employment, and connection to one's family and community.

From the beginning, I challenged my team to take a strategic, data-driven approach. 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.

Sincerly,

Muriel E. Bowser
Mayor

Preface

Homelessness is the tip of the iceberg with regard to poverty; it is the visible peak atop a submerged crisis of inequity. Without the security and stability provided by a home, the hundreds of thousands of Americans who experience homelessness each year also struggle to maintain access to healthcare, employment, education, healthy relationships, and other basic necessities in life. At the national level, nearly 1 million people are estimated to experience literal homelessness each year (sleeping on the street on in an emergency shelter), while millions more are housing insecure. The Center for Disease Control estimates that 11% of the total population is at risk for homelessness at any given time. [1]While these numbers alone are staggering, evidence is mounting that homelessness will continue to grow as a result of economic repercussions of the COVID-19 public health emergency. Columbia University economist Brendan O'Flaherty has projected that homelessness could increase across the country between 40-45% if historic relationships between unemployment and homelessness hold constant in the months ahead.[2]

Chronic health conditions, behavioral health conditions, persistent unemployment, institutionalization, trauma, and other factors have been identified as causes of homelessness. However, experts have also noted that the occurrence of these conditions is correlated with the experience of being homeless. For example, researchers have found that a person who is chronologically 50 years old but has experienced prolonged homelessness will have the biological age of a person in their 70s. [3]Those experiencing homelessness also experience chronic stress, and victimization is a special concern for women, both cis and transgender, as it is for the growing number of seniors experiencing homelessness.

In seeking root causes, one factor is strongly correlated with the risks cited above: racial disparities in housing, health, and wealth. Data demonstrates that race plays an outsized role in the profile of homelessness in the United States: 41% of people experiencing homelessness are African-American, while the group makes up just 13% of the national population. Structural racism (executed through housing and economic discrimination) has created intergenerational poverty, health-deteriorating trauma, and the inequitable access to resources that bore today's housing crisis. Research corroborates that housing instability and homelessness are among the long-standing effects of the race-based disenfranchisement of our nation's history.

Housing discrimination was and still is a strategic and effective method of disenfranchisement. In 2014, author and journalist Ta-Nehisi Coates wrote:

"If you sought to advantage one group of Americans and disadvantage another, you could scarcely choose a more graceful method than housing discrimination. Housing determines access to transportation, green spaces, decent schools, decent food, decent jobs, and decent services. Housing affects your chances of being robbed and shot as well as your chances of being stopped and frisked."

1 Centers for Disease Control and Prevention (2019). https://www.cdc.gov/Features/Homelessness/
2 Community Solutions (2020). Analysis on Unemployment Predicts 40-45% Increase in Homelessness. https://community.solutions/analysis-on-unemployment-projects-40-45-increase-in-homelessness-this-year/
3 Grenier, Amanda, Rachel Barken, Tamara Sussman, David Rothwell, and Jean-Pierre Lavoie (2013). Homelessness in Late Life: Growing Old on the Streets, in Shelters, and Long-Term Care. http://aginghomelessness.com/wp-content/uploads/2012/10/Literature-Review-Aging-and-Homelessness.pdf

Housing discrimination is hard to detect, hard to prove, and hard to prosecute." (T. Coates, May 2014, The Atlantic Magazine, "Elegant Racism")

Through his writing, Coates elucidates the importance of housing to health and wealth-building, and alludes to the social engineering that shaped our current landscape of racialized poverty.

Over the past century, federal and local governments enacted and implemented housing policies that blocked African Americans from receiving mortgage financing, integrating into white neighborhoods, and accessing the housing market that would later create the middle class. These discriminatory actions included redlining and limitations on government-backed mortgages.[4] Additionally, white neighbors would organize to form racial covenants (supported by realtors and local governments) to keep black families from purchasing homes near them, citing decreased property values that would follow integration.

This exclusion from housing opportunities and ultimate displacement worked to segregate the black community and exacerbate wealth inequity. Though the 1968 Fair Housing Act ended many racist policies, it came late and failed to repair the deep harm that had taken place. Price appreciation and exclusion from the housing market had already created highly segregated communities and the aforementioned wealth gap between white and black neighborhoods.[5] This strategic disenfranchisement was employed here, in our own capital city.

A legacy of segregation and inequity continues today. Across the decades, an estimated 7,545 families have been displaced by "urban renewal projects," 74% of which were families of color.[6] The city's population shift is visible: In 1970, over 70% of DC residents identified as black—a status that earned the capital the nickname, "Chocolate City." By 2015, the number had dropped to 48%.[7] Urban renewal projects became the force that is gentrification; with the in-migration of wealthier white residents came the displacement of many lower-income black families over the last two decades.

Poverty continues to be disproportionately concentrated in Southeast DC, east of the Anacostia River. This region is the most racially isolated part of the District and is home to the largest population of African-American residents (95% black) – a statistic that has remained unchanged over 35 years. In contrast, 80% of DC's northernmost and primarily white "Rock Creek West" land area has zoning restrictions allowing only single family homes – the most expensive form of housing.[8] Considering the racial wealth gap, these restrictions severely limit many families' of color ability to buy into the area, and, therefore, effectively cement DC's racial segregation and economic disenfranchisement.[9] Despite efforts to confront the problem through inclusionary zoning, rental subsidies, and developer incentives, the District has lost over half of its affordable housing stock in the past decade, with a disproportionate impact on the black population. Under this heavy burden, the rate of homelessness in the District has reached an extreme.

4 Greater Greater Washington (2017). *How Segregation Shaped DC's Northernmost Ward.* https://ggwash.org/view/64764/how-segregation-shaped-dcs-northernmost-ward-4-petworth-brightwood-takoma-shepherdpark

5 Greater Greater Washington (2019). *Historic Housing Policies Segregated DC and Hurt Black Residents.* https://ggwash.org/view/75053/we-have-a-history-of-housing-policies-that-hurt-and-segregated-black-people-how-do-we-fix-it-now

6 University of Richmond, Digital Scholarship Lab (2020). *Renewing Inequality: Family Displacements, 1950-1966.* https://dsl.richmond.edu/panorama/renewal/#view=0/0/1&viz=cartogram

7 DC Policy Center (2017). Goodbye to Chocolate City. https://www.dcpolicycenter.org/publications/goodbye-to-chocolate-city/

8 DC Department of Housing and Community Development (2019). *Analysis of Impediments to Fair Housing Choice in DC.* https://dhcd.dc.gov/publication/contractor's-draft-analysis-impediments-fair-housing-choice-ai-report

9 Greater Greater Washington (2017). *How Segregation Shaped DC's Northernmost Ward.* https://ggwash.org/view/64764/how-segregation-shaped-dcs-northernmost-ward-4-petworth-brightwood-takoma-shepherdpark

In 2020, the stark reality of racial injustice is that while African Americans represent 47% of DC's overall population, they account for 86% of those experiencing homelessness.[10]

The COVID-19 pandemic has only served to exacerbate the racial inequities woven into the fabric of this country. Not only are black and brown individuals far more likely to face homelessness or severe overcrowding and therefore have no way to protect themselves from the virus, but they are also more likely to have underlying health conditions that place them at greater risk for complications from the virus. Additionally, they are more likely to hold positions deemed essential – such as cashiers, janitors, and transit operators – making it impossible to avoid contact with others and therefore placing them at higher risk of contracting COVID. As of November 2020, the U.S. Centers for Disease Control and Prevention (CDC) indicated that black Americans were 1.4 times more likely to become infected with COVID-19 than white Americans, 3.7 times more likely to be hospitalized, and 2.8 times more likely to die.[11] Black Americans have also been more likely to lose jobs and income in the economic fallout of the pandemic, placing them at greater risk of eviction and homelessness as a result – and thus the cycle continues.[12]

The DC Interagency Council on Homelessness (ICH) seeks to underscore the critical issues of race, structural racism, and the pursuit of racial justice with the implementation of our five-year Strategic Plan, Homeward DC 2.0. Our ambition is to correct one of the most fundamental racial injustices in our city: access to safe, decent, affordable housing for all citizens, regardless of race, in the healthy neighborhoods of their choice.

Simultaneous with the publication of Homeward DC 2.0, the District's Department of Housing and Community Development has updated the District's Analysis of Impediments to Fair Housing Choice, which it submits as a condition for the city to receive HUD funding, and the Office of Planning updated the city's Comprehensive Plan, which provides the framework for development in the city. These two plans, along with Homeward 2.0, seek to address homelessness and housing insecurity, to revitalize impoverished neighborhoods, and provide housing opportunities across all neighborhoods, regardless of race and income – strategies which are proven to be beneficial for the health, wealth and wellbeing of all citizens.

Housing solves homelessness, and Homeward DC 2.0 offers direction to achieve our goal of making homelessness rare, brief, and non-recurring in our city. Our success requires that we address the root causes of homelessness, which includes dismantling structural racism embedded within our city and our culture – from public policy to personal implicit bias. As we reach for the ambitious goals outlined in this plan, we ask all citizens to join us in advancing the cause of racial justice in our neighborhoods, our civic organizations, our workplaces, and our homes.

Introduction: Homeward DC 2.0 and COVID-19

The Homeless Services Reform Act (HSRA) of 2005, as amended in 2017 (D.C. Law 22-65) requires the District's Interagency Council on Homelessness (ICH) to prepare and publish a strategic plan to guide the community's efforts to address homelessness at least once every five years. In 2019, equipped with four

10 The Community Partnership for the Prevention of Homelessness (2020). District of Columbia Point in Time data. https://community-partnership.org/homelessness-in-dc/#pit-dashboard

11 Centers for Disease Control and Prevention (2020). https://www.cdc.gov/coronavirus/2019-ncov/covid-data/investigations-discovery/hospitalization-death-by-race-ethnicity.html

12 Bureau of Labor Statistics (2020). Labor Force Statistics from the Current Population Survey. https://www.bls.gov/web/empsit/cpsee_e16.htm

years of lessons learned from the original Homeward DC plan, the ICH Strategic Planning Committee began work on an update. This updated plan was approved for delivery to the Mayor by the members of the ICH on March 10, 2020 – three days after the first case of 2019 novel coronavirus (COVID-19) was reported in the District, and approximately three weeks before the Mayor issued a stay-at-home order.

At that time, system partners immediately turned their focus to the urgent work of standing up a COVID-19 response.[13] It was an all-hands-on-deck effort that required ICH member agencies and partners to set aside any competing priorities. In mid-2020, as the community settled into its modified operations, the ICH turned back to the Homeward DC 2.0 plan – yet to be publicly released. In consultation with the Executive Committee and Strategic Planning Committee Co-Chairs, the ICH Director decided that the dramatic shift in landscape resulting from the public health emergency and the resulting economic crisis necessitated another read on the plan before being released. Of particular focus during this review period was the issue of structural racism. While racism and racial disparities were a focus during the Homeward DC 2.0 development process, the COVID-19 pandemic once again laid bare the deep racial inequities woven into the fabric of this country. As discussed in the preface to this plan, black and brown residents are far more likely to face homelessness in the District and therefore have no way to protect themselves from the virus. They are more likely to have underlying health conditions that place them at greater risk for complications from the virus. They are more likely to hold positions deemed essential – such as cashiers, janitors, and transit operators – making it impossible to avoid contact with others. They have been more likely to lose jobs and income in the economic fallout of the pandemic. And, they are more likely to face eviction and homelessness as a result.

The review of the plan resulted in some small but important changes and additions, primarily in Chapter 4: Strategies. However, the inventory needs described in Chapter 3: System Modeling was completed pre-pandemic and does not reflect the potential surge in homelessness that may eventually occur once the eviction moratorium is lifted. [14] The ICH and its partner agencies have been monitoring trends since the start of the pandemic. Survey data has found thousands of households are behind on the rent,[15] but with the moratorium still in place, we have not yet seen significant changes from prior years with regard to the number or characteristics of people seeking homeless services. Given that FY20 data has largely mirrored data from recent years, the Strategic Planning Committee decided that an update to the modeling would not yield significant value at this time and would only serve to further delay release of the plan. As the ICH emphasized with the original Homeward DC plan, however, Homeward DC 2.0 will be a living document and we will refine our assumptions and update the modeling as we have new information.[16]

13 For more information on the District's homeless services system COVID-19 response, see https://dhs.dc.gov/storyboard.

14 As of the final editing of this plan, the District's eviction moratorium was set to run through May 31, 2021 (end of public health emergency plus 60 days), unless that date is pushed back by either local or federal law.

15 Stout (2020). Analysis of Current and Expected Rental Shortfall and Potential Evictions in the U.S. https://www.ncsha.org/wp-content/uploads/Analysis-of-Current-and-Expected-Rental-Shortfall-and-Potential-Evictions-in-the-US_Stout_FINAL.pdf

16 Decisions about federal aid to state and local governments, as well as the extension of the national or local moratorium on evictions, will not only impact the severity of the recession's impact on homelessness, but also the timing. As the moratorium lifts, any surge in Decisions about federal aid to state and local governments, as well as the extension of the national or local moratorium on evictions, will not only impact the severity of the recession's impact on homelessness, but also the timing. As the moratorium lifts, any surge in eviction filings may overwhelm the court and create administrative delays. Further, even following eviction, many households are able to identify temporary accommodations, which may further delay entry into the homeless services system. Accordingly, it is reasonable to assume that we may not understand the full impact of the recession on homelessness until 2022 or beyond.

Developing Homeward 2.0

Homeward DC 2.0 is the result of a highly collaborative process led by the ICH between January 2019 and January 2020, with some additional revisions made following the onset of the public health emergency, as described earlier in this introduction. The ICH engaged the assistance of Abt Associates to update the tool that serves as the foundation for the system modeling in Chapter 3. The plan relies heavily on data collected through the District's Homelessness Management Information System (HMIS), but – as described throughout – is supplemented by data from other agencies and systems that play a direct or indirect role in the District's response to homelessness and housing insecurity. The Community Partnership for the Prevention of Homelessness (TCP) – the District's HMIS Administrator – worked closely with the ICH staff throughout the process to generate the data needed to assist stakeholders in developing the assumptions used in the system modeling.

Feedback was solicited throughout the process from persons who have experienced homelessness themselves, government representatives, nonprofit partners, advocates, business partners, and the philanthropic community – primarily through the ICH's Strategic Planning Committee and its various work groups, but also through a host of special topic meetings. A list of meetings and venues used to solicit input is provided in Appendix 1: Strategic Planning Process – Public Meetings.

Plan Organization

This plan is organized as follows:

- *Chapter 1: The Homeward DC Plan and Lessons from the Last Five Years* provides information on the District's original Homeward DC plan, released in 2015. It summarizes progress and key lessons learned during this period, which serve as a foundation for this plan, and it also provides context on the role of the Homeward DC Plan in the District's large affordable housing efforts.

- *Chapter 2: Vision, Guiding Principles, and Building Blocks of the Plan* provides readers with the foundation for the Homeward DC 2.0 plan, including the ultimate vision we have for the District's homeless services system, the principles that inform our work, and the components of this plan.

- *Chapter 3: System Modeling – Understanding Inventory Needs* outlines the number and type of housing interventions we need in our system to achieve our vision. Using data on the number of people that experience homelessness each year, their demographics, system utilization patterns, and outcomes, we are able to project how much shelter capacity and permanent housing supports we will need in the years ahead. The modeling takes into consideration different scenarios, particularly with regard to resource availability and capacity constraints.

- *Chapter 4: Strategies* outlines over 100 different strategies under the umbrella of 12 goals to help us achieve our vision.

Chapter 1: The Homeward DC Plan and Lessons from the Last Five Years

Upon entering office, Mayor Muriel Bowser charged her Interagency Council on Homelessness (ICH) with accelerating the development of a strategic plan to confront the growing crisis of homelessness and housing insecurity in the District of Columbia. In her own words: "We face high levels of economic inequality. The District has lost a significant portion of its affordable housing stock, rent prices have risen dramatically, and it is increasingly difficult to survive on a minimum wage income. The negative consequences are seen and felt nowhere as keenly as in our homeless services system."

The District is not alone. As reported by the National Low Income Housing Coalition, nearly 11 million households in the United States pay more than half of their already limited income towards rent and utilities – placing them at persistent risk of experiencing homelessness – while almost a half a million Americans are homeless on any given night.[17] With cuts to federal affordable housing programs and no national housing policy in place, governors and mayors have been left to grapple with the crisis on their own.

Within just 90 days of Mayor Bowser's inauguration in 2015, the District released the Homeward DC plan, with the first investments toward the plan included in the FY16 budget. The plan laid out a roadmap for systems transformation, moving from a system predominantly focused on providing emergency shelter to one that prevents homelessness whenever possible, ensures people have immediate access to safe, dignified emergency housing when they need it, and focuses on rapid connection back to permanent housing with the wraparound supports needed to sustain that housing.

The original Homeward DC strategy, available on the ICH website at https://ich.dc.gov/page/homeward-dc-ich-strategic-plan-2015-2020, provides extensive context on homelessness, including how it is defined, how it is measured, its causes, and how the District's and the nation's response has evolved over time. That information remains consistent today, and we will continue to use the same definitions and methods for measuring our progress as we continue our work under Homeward DC 2.0.

Key Context: Affordable Housing Policy in the United States

Issues of affordable housing and homelessness are clearly interrelated, and yet, strategies to address each must be differentiated. Homelessness is the tip of the iceberg with regard to housing insecurity. It is the sharply visible peak atop a submerged crisis of inequity that keeps not only housing but many other basic resources out of reach for millions of Americans.

In the United States, the federal government has played a role in housing policy for more than two centuries, but there has never been a comprehensive vision on affordable housing. Instead, a grab bag of tax incentives, loan programs, and subsidy programs means that some people get help, while others remain indefinitely on waitlists. Unlike entitlement programs such as Medicaid and the Supplemental Nutrition Assistance Program (SNAP),

where the government must provide benefits to all who are eligible, housing assistance falls within the portion of the federal government's budget categorized as nondefense discretionary. Housing assistance programs, are, therefore, not required to meet need and remain ever vulnerable to budget cuts. Over the last five years, nondefense discretion programs have suffered across-the-board cuts since the Budget Control Act of 2011.

At the same time as federal policymakers have decreased investments in rental assistance, the number of renters struggling to afford housing has continued to grow. Over the last two decades, after adjusting for inflation, median renter household income rose just .5%, while rents rose nearly 13%.[18] Rental costs have

17 National Low-Income Housing Coalition (2018). Out of Reach 2018: The High Cost of Housing. https://nlihc.org/sites/default/files/oor/OOR_2018.pdf

18 Center on Budget and Policy Priorities (2019). Census: Income-Rent Gap Grew in 2018. https://www.cbpp.org/blog/census-income-rent-gap-grew-in-2018

Key Terms and Definitions

The most common terms and definitions used in this plan are highlighted below. For a full list of terms and definitions, please see Appendix 2. For a list of acronyms, please see Appendix 3.

- **Homeless:** People who are residing in emergency shelter, transitional housing, on the street, or in another place not meant for human habitation.
- **Chronically Homeless:** Adults who: 1) Reside in an emergency shelter or place not meant for human habitation; 2) Have a disabling condition; and 3) Have been homeless continuously for a year or more, or have had at least four separate episodes of homelessness within a three-year period.
- **Family:** A household consisting of at least one adult and one child under the age of 18.
- **Individual:** A household comprised of a single adult.
- **Emergency Shelter:** Any facility that provides shelter for people experiencing homelessness. In the District, the Homeless Services Reform Act defines different types of emergency shelter, including Temporary, Low-Barrier, and Seasonal.
- **Racial Equity:** The systemic fair treatment of people of all races that results in equitable opportunities and outcomes for everyone. All people are able to achieve their full potential in life, regardless of race, ethnicity, or the community in which they live.
- **Rapid Re-Housing (RRH):** As outlined in the Appendix 4: Program Models, RRH programs provide housing location and stabilization services and short- to medium-term rental assistance to help an individual or family experiencing homelessness move as quickly as possible into permanent housing and achieve stability in that housing. The individual or family has a lease in their own name and may remain in the housing when the assistance ends, as long as they abide by the terms of their lease.
- **Permanent Supportive Housing (PSH):** PSH programs provides rental assistance and supportive services for an unrestricted period of time to assist individuals and families experiencing or at risk of chronic homelessness to obtain and maintain permanent housing and to live as independently as possible. As explained in the Appendix 4: Program Models, PSH programs can be provided in a variety of settings, including scattered-site models, limited (i.e., partial) site-based projects, and site-based models where 100% of the units in a building are PSH.
- **Permanent Housing Program:** As defined by the HSRA, a federally- or locally-funded program within the Continuum of Care through which individuals or families obtain permanent housing. The assistance provided may be ongoing or time-limited depending on the needs of the client, but the housing is permanent (i.e., an apartment). RRH and PSH are both types of permanent housing programs.
- **Housing First:** Housing First is a programmatic approach that provides persons experiencing homelessness with immediate access to independent permanent housing and supportive services without prerequisites for sobriety or participation in psychiatric treatment. Housing is not predicated on participation in substance use and mental health services, though clients are expected to comply with the terms of their lease agreement. Under the model, refusal of treatment or other supportive services by the client does not eliminate any obligation on the part of the client's case manager, who is expected to continue engaging the client, offering support, and monitoring the client's housing stability.
- **Point in Time (PIT) Count:** An unduplicated one-night estimate of both sheltered and unsheltered homeless populations (to be distinguished from the number of people experiencing homelessness annually).

continued to climb as the supply of rental units has failed to keep pace with a record-setting surge in the number of renter households. [19]

Due to these converging factors, only one in five eligible households in the U.S. receives federal housing assistance today, a statistic that has grown worse since 2005, when one in four households eligible for assistance received it.[20] Policies enacted by the Trump Administration exacerbated this gap – not only with regard to affordable housing, but other safety net programs as well. It is yet to be seen what changes will be made under a Biden Administration and how much attention housing policy will receive given the multiple, serious crises the Administration faces as it enters office.

The Intersection of Homelessness and Affordable Housing in the District: Homeward DC and The Comprehensive Plan

While the ICH was working on Homeward DC 2.0, the DC Office of Planning (OP) was simultaneously working on an update to the District's Comprehensive Plan. Accordingly, it may be helpful to consider the role of each plan in addressing the District's affordable housing crisis.

The U.S. Department of Housing and Urban Development (HUD) considers households paying more than 30% of their income for housing as cost burdened, while households paying more than 50% of their income are considered severely cost burdened. According to OP, in 2017, an estimated 75,400 renter households were cost burdened, 57% (56,700) of which were severely cost burdened. The greatest share of burdened and severely burdened households are the 39,500 renter households earning less than 30% of Median Family

Income (MFI).[21] While the entirety of the cost-burdened population could be considered at risk of homelessness, these 39,500 households earning less than 30% of MFI[22] and paying more than 50% of their income for rent are at greatest risk simply because there is so little cushion when unanticipated emergencies occur.[23]

Figure 1 on the page 12 shows the relationship between the broader affordable housing crisis and homelessness. The blue portion of the triangle represents households those are severely cost burned and at risk of experiencing homelessness. Each year, a percentage of those households will experience some shock to the household – whether it be a financial shock (job loss, a reduction in hours, a major unexpected expense), a healthcare crisis, or a family crisis (divorce, domestic violence, death) that destabilizes them to the point of housing loss. According to the District's 2019 Point-in-Time (PIT) Count data, approximately 4,700 households experience homelessness on any given day, nearly 1,350 of which are experiencing long-term (or chronic) homelessness, as represented by the bright red triangle at the tip. There is constant movement between

19 Center on Budget and Policy Priorities (2016). Chart Book, Cuts in Federal Assistance Have Exacerbated Families' Struggle to Afford Housing. https://www.cbpp.org/research/housing/chart-book-cuts-in-federal-assistance-have-exacerbated-families-struggles-to-afford

20 Urban Institute (2018). The Case for More, Not Less: Shortfalls in Federal Housing Assistance and Gaps in Evidence for Proposed Policy Changes. https://www.urban.org/sites/default/files/publication/95616/case_for_more_not_less.pdf

21 DC Office of Planning, Comprehensive Plan Housing Element. Forthcoming.

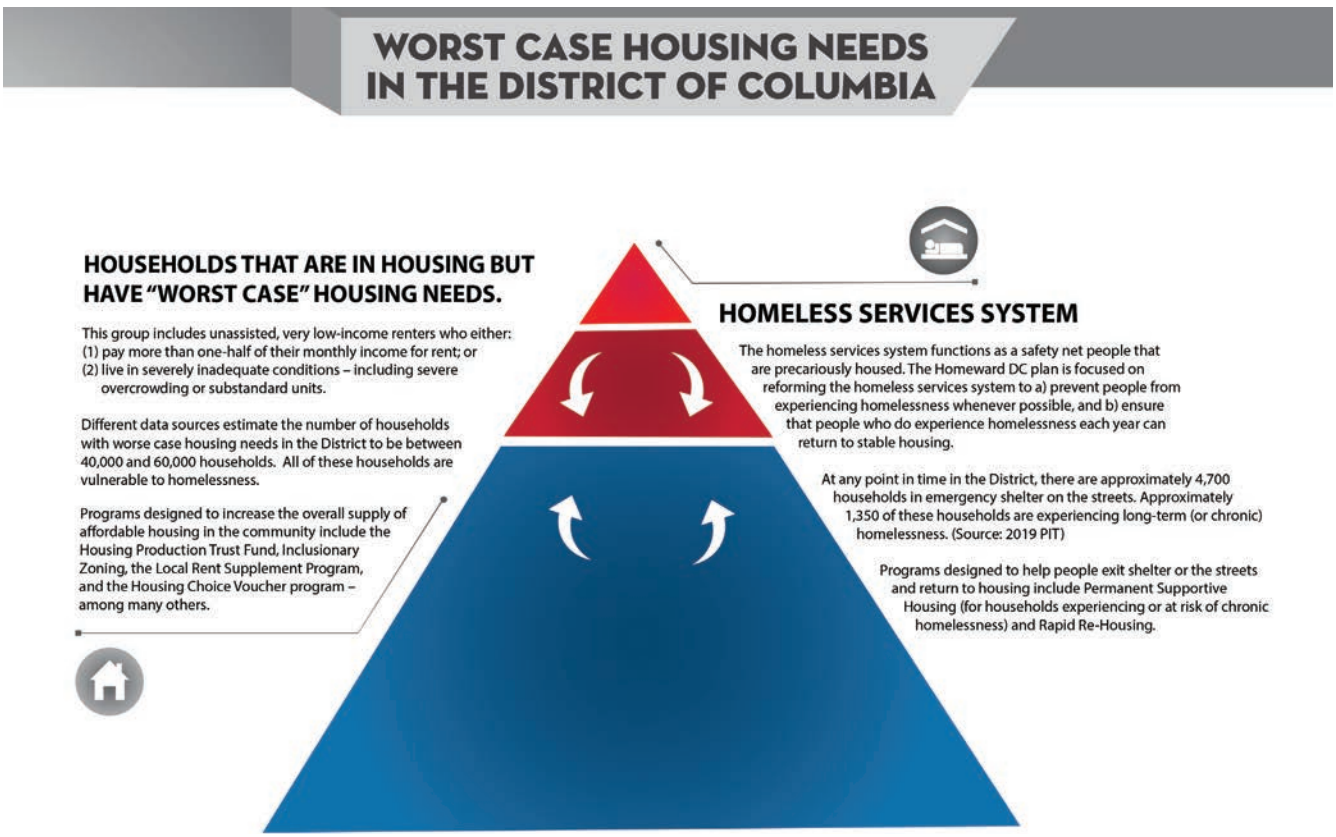
22 In 2019, 30% of MFI was $36,400 for a four-person household and $25,450 for a one-person household.

23 In coordination with the U.S. Department of Census, HUD's Office of Policy Development and Research has recently begun efforts to measure housing insecurity though new questions on delinquent payments and eviction notices included in the 2017 American Housing Survey (AHS). Compared with renters living in housing that was affordable to them, HUD found that moderately cost-burdened renters (paying between 30 and 50% of household income on rent) were 1.6 times more likely miss rent payments or make partial payments, and nearly 10% of severely burdened renters could not pay all or part of their rent. The 2017 AHS also served as a platform for the first national-level survey on the prevalence of evictions and forced moves – an important step in informing national estimates on evictions, many of which are informal and not documented in administrative records since households may opt to leave voluntarily to avoid the consequences of having a formal eviction on their record. For more information, see Measuring Housing Insecurity in the American Housing Survey (2019). https://www.huduser.gov/portal/pdredge/pdr-edge-frm-asst-sec-111918.html

"precariously housed" and "homeless," with individuals and families entering and exiting the homeless services system every day of the year. [24]

It is worth emphasizing that the ICH believes every low-income household would benefit tremendously from a permanent housing subsidy. **We believe that safe, stable, affordable housing should be a human right, not a privilege.** However, because of the overwhelming imbalance between extremely low-income renters and affordable units or available housing subsidies, the homeless services system exists to fulfill an important crisis response role. That is, the homeless services system provides care in the form of emergency shelter, but it also triages individuals and families with the goal of identifying those with the most severe needs (i.e., those experiencing or at risk of chronic homelessness) and prioritizing them for the deepest level of assistance available, Permanent Supportive Housing (PSH).

Figure 1. Worst Case Housing Needs In the District Of Columbia



Understanding that there are currently not enough deeply affordable units or permanent subsidies available to assist everyone, the homeless services system also strives to offer at least some help to everyone else experiencing homelessness throughout the course of the year, in the form of housing search assistance, rental or utility arrears assistance, security deposit assistance, and monthly rental assistance for a period of time. The goal of this assistance, known as Rapid Re-Housing (RRH), is to help people regain a foothold in permanent housing as quickly as possible. It is based on the theory that providing a little help is better than nothing, and that most individuals and families prefer an opportunity to stabilize in housing (even if cost-burdened) versus remaining indefinitely in an emergency shelter. In other words, RRH is not a replacement for the long-term investments in affordable housing– it is an emergency response while the District continues efforts to build that stock.

24 As discussed in Chapter 3, the number of households that touch the homeless services system annually is approximately 2.5 times the number in the system on any given day. That is, compared to the 4,700 households experiencing homelessness at a point in time, approximately 8,000 households (2,000 families and 6,000 unaccompanied adult) newly enter the homeless services system, while another 4,000 are experiencing chronic/long-term homelessness.

In summary, the Housing Element within the Comprehensive Plan guides the District's larger efforts around housing supply and housing affordability, providing the framework needed to ensure we have enough stock to meet the demand of a growing and changing population, and that we continue to expand affordable housing opportunities to the maximum extent possible. The Comprehensive Plan outlines the tools and strategies that will be needed to help achieve the targets outlined by the Mayor to add 36,000 new units of housing by 2025, including 12,000 affordable housing opportunities across all areas of the District. It also contemplates how those tools and strategies intersect with the efforts of the homeless services system. Homeward DC, in contrast, is intended to ensure we have an adequate crisis response system in place while we continue broader efforts to increase housing supply and affordable housing opportunities. As affordable housing opportunities grow, now only will inflow into the homeless services system naturally decrease, but so will the stability of households assisted through RRH.

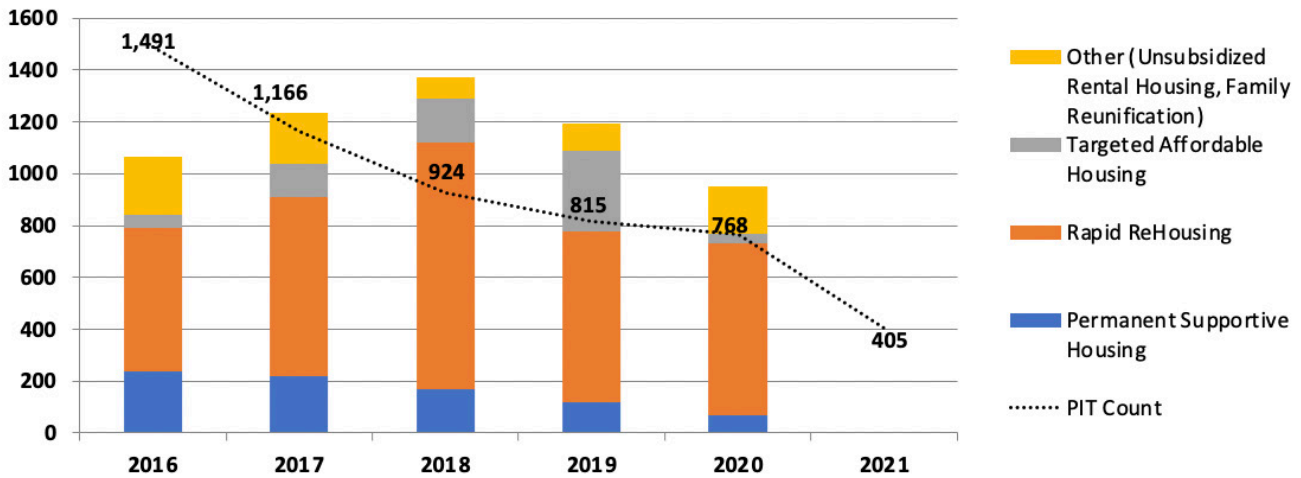
Progress and Lessons Learned

After four years of implementation, the District has made significant progress, although that progress has not been shared evenly among families and individuals. In early 2019, in preparation for development of a plan update, the ICH began work on a comprehensive review of progress, challenges, and lessons learned. That progress report, entitled "Homeward DC: Looking Back to Move Forward" was released in September of 2019 and is available on the ICH website at https://ich.dc.gov/page/homeward-dc-ich-strategic-plan-2015-2020. [25]

25 This report will be referred to as the 2019 Homeward DC Progress Report throughout the remainder of this plan.

Between FY16 (the first year of investments in the Homeward DC plan) and FY21, homelessness in the District decreased overall by 39%, driven by a 73% reduction in homelessness among families. In the family system, the District implemented comprehensive reforms by simultaneously increasing homelessness prevention assistance, launching major reform of the shelter system (replacing the family mega-shelter housed in the old DC General Hospital with small, service-enriched Short-Term Family Housing programs throughout the community), and scaling housing assistance programs of all types to help families with varying levels of need exit to permanent housing. Every family entering shelter had immediate access to RRH assistance, with families with the highest levels of need matched to PSH. As shown in Figure 2 below, these comprehensive and coordinated reforms led to a steep reduction in the number of families experiencing homelessness, as measured by the PIT count.

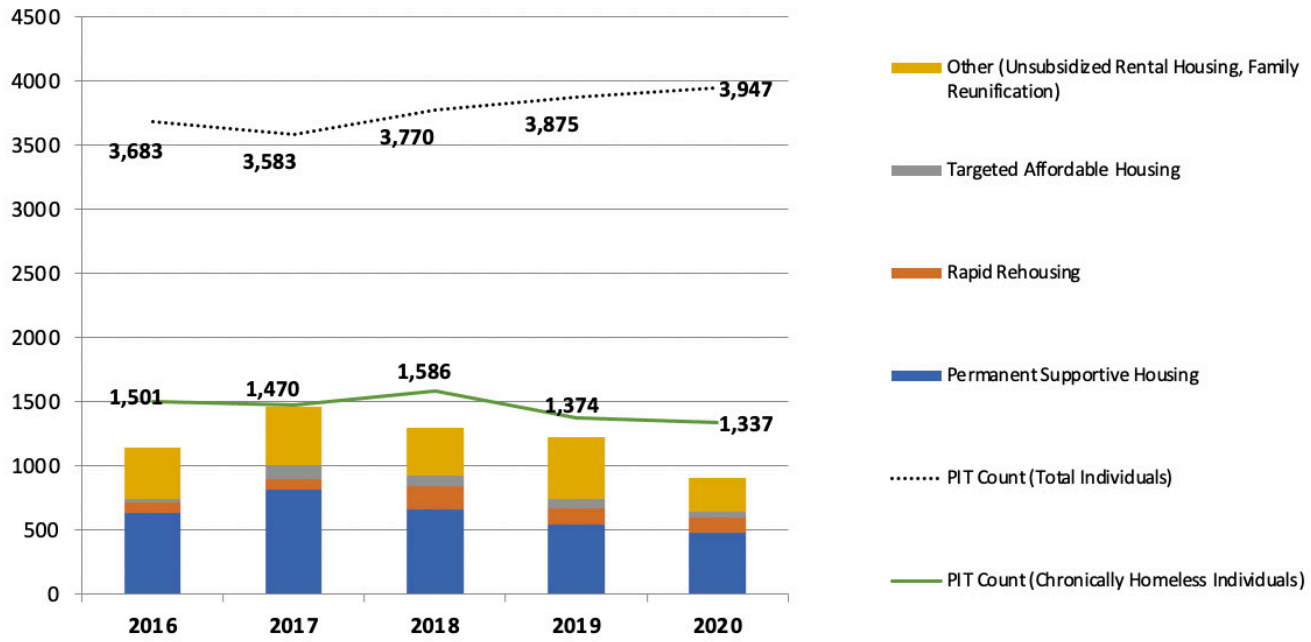
Figure 2. Number of Families Exiting to Permanent Housing (by Year) vs. Changes in Family Homeless, as Measured by the PIT Count



In contrast, the system serving individuals began with a more singular focus on supporting long-term, chronically homeless individuals to exit to PSH. While we recognized all the same reforms we were executing in the family system would also be needed for singles, there was limited bandwidth and resources to simultaneously launch such comprehensive reforms on both sides of the system. Further, we theorized that by targeting our longest-term shelter stayers (i.e., those that occupy a shelter bed every night of the year) for housing, we would be able to reduce the number of shelter beds needed in our system, thereby allowing the District to replace existing large shelter facilities for individuals with smaller sites and more tailored programming.

Between FY16 and FY21, the District more than doubled its PSH inventory for individuals and began increasing resources for RRH, though at a much more modest scale than in the family system. Since FY16, over 6,500 hundred individuals exited the streets or shelter to permanent housing – many of whom had spent years (some even decades) on the streets and in shelters. That said, because demand within the individuals system is so much greater than within the family system, the resources reached only one of every ten individuals experiencing homelessness each year. Further, without greater investments in prevention to help slow inflow into the system each year, the total number of individuals experiencing homelessness as measured by the PIT count increased slightly over time. However, because of the PSH investments, and improved targeting of those resources through the District's Coordinated Assessment and Housing Placement (CAHP) System, the number of people experiencing chronic homelessness finally started to decline in FY19.

Figure 3. Number of Individuals Exiting to Permanent Housing (By Year) vs Changes in Homelessness Among Individuals, as Measured by the PIT Count



While our data suggest we are going in the right direction – and that homelessness is not an intractable problem – much work remains. Key findings from the progress report are highlighted in the text box below, though individuals interested in learning more are encouraged to review the report in its entirety.

Homeward DC: Looking Back to Move Forward
Summary of Key Lessons Learned During the First Four Years of Implementation

In 2019, the ICH conducted a comprehensive review of progress and lessons learned during the first four years of implementation to help guide the development of Homeward DC 2.0. The most important factors – those that impact the modeling assumptions and scenarios discussed in Chapter 3 and the strategies highlighted in Chapter 4 – are summarized below.

The Need for Comprehensive System Reform. In the family system, the District implemented comprehensive reforms by simultaneously increasing homelessness prevention assistance, launching major reform of the shelter system (both facilities and policy), and scaling housing assistance programs of all types to help families with varying levels of need exit to permanent housing. This coordinated package of reforms led to steep reductions in homelessness experienced amongst families. In contrast, the system serving individuals began with a more singular focus on supporting long-term, chronically homeless individuals to exit to PSH. Without a simultaneous focus on reforming the front door of the system to help slow inflow and scaling RRH and employment assistance to assist relatively less vulnerable individuals to exit shelter, the District has not achieved the same types of reductions.

Rapid Re-Housing: The Engine That Ensures Movement Through the System. The District has had success using the RRH model to help families more quickly exit shelter and return to permanent housing. Over the last four years, every family entering the shelter system has had access to security deposit assistance and time-limited rental assistance and case management, with the most vulnerable families being connected to ongoing rental assistance (i.e., a local rent supplement voucher or subsidized unit) and services. In contrast, the District has not yet been able to scale up RRH for individuals. The original Homeward DC plan estimated that the District would need approximately 2,000 slots of RRH assistance for individuals with less intensive needs. However, we currently have fewer than 600 slots, over half of which are federally-funded slots earmarked for veterans. The single adult system serves as an important counterpoint of what happens when a community does not have rapid rehousing at scale – even less vulnerable individuals end up stuck in shelter for long periods of time, eventually needing a more intensive (and more costly) intervention to exit homelessness.

Capacity Challenges. No matter how much urgency there may be to address homelessness in our community, a clear lesson learned was that capacity constraints limit how much new housing can be developed and how much programs can be scaled in any given year. The ICH identified three different aspects of the capacity challenge: 1) the capacity of government partners to redesign the system while simultaneously running the system; 2) the capacity of service providers to expand quickly to serve more clients; and 3) the capacity of the existing housing stock to absorb individuals searching for a unit.

Employment as a Pathway Out of Homelessness. Given the volume of need relative to available housing resources each year, stable employment is a critical part of the pathway out of homelessness. However, barriers to employment remain significant for this population, including a skills mismatch between job seekers and available jobs, transportation challenges, health challenges, and structural and institutional racism – just to name a few. Providing job opportunities is one of the most important ways private sector partners can help. If the community is not able to provide more meaningful employment opportunities for people – at wages that support people's ability to afford housing and related expenses– it will be very difficult to both prevent inflow into the homeless services system and to help people exit and stabilize without a permanent housing subsidy. Government can lead the way by better integrating and aligning homeless services and workforce services, leveraging employer relationships to ensure people experiencing homelessness are prioritized for job placement programs, and ensuring people experiencing homelessness are primary beneficiaries of the District's own hiring processes.

The Vulnerability of the Population. The population of unaccompanied individuals is more vulnerable than originally assumed. At the time the original Homeward DC plan was being developed, it was understood that this population was older and had a higher incidence of disabling conditions relative to family households. However, four years into implementation, both

data and on-the-ground experience confirm that a higher percentage of individuals need PSH to successfully resolve their homelessness than initially anticipated. Further, even individuals identified as less vulnerable are having a difficult time exiting homelessness on their own, due to eroded support networks, barriers to employment, justice-system involvement, and a host of other issues. Finally, single women experiencing homelessness present some unique challenges. Nearly one-third of women in the 2017 Women's Needs Assessment indicate that violence is the cause of their homelessness or housing instability. Further, women are extremely vulnerable to continued violence while they are homeless. This emphasizes the importance of trauma-informed interventions within the homeless services system.

Stemming the Tide: System Inflow. The level of need for housing assistance within the broader community has not changed in recent years. Nationally, only one in five adults eligible for subsidized housing receive that help. As the federal government continues to execute policy changes that erode the social safety net, there remains tremendous pressure on homeless services systems around the country. In the District, over 40,000 households remain on the DC Housing Authority's waitlist. As income inequality grows and the gap between income and housing costs widens, more and more people struggle to maintain stable housing. This is seen most keenly in the system serving individuals, where the number of individuals touching the homeless services system each year increased 20% between 2015 and 2018, and the number of individuals experiencing first time homelessness increased 24%. Inflow on the family side remains persistent as well. An increase in prevention assistance and changes in family system protocol means the Department of Human Services (DHS) has increasingly been able to help families identify short-term placements instead of entering shelter, but the total number of families needing housing assistance each year has changed very little.

Housing Program Cost Increases. Because housing has gotten more expensive in the District, so too has the cost of our housing assistance programs. Actual average unit costs in 2018 were significantly higher than projected per unit costs identified during the development of Homeward DC, meaning existing program budgets serve fewer households each year. At the same time, salaries for front-line staff (e.g., case managers, shelter staff, outreach workers) remain very low – ironically making many people working in our industry susceptible to housing insecurity themselves, and also making it very difficult for providers to attract new staff each year – which limits our ability to grow programs as quickly as needed.

Declining Financial Support from the Federal Government. Federal investments in affordable housing relative to need have been declining over the last 30 years. No one city can do it alone – the federal government is the only entity that has the resources needed to solve the housing crisis at scale. Even in a community like the District, where there is tremendous leadership and political will around the issue of affordable housing and homelessness, it will be difficult to make sustained progress without federal support.

Chapter 2: Vision, Guiding Principles, and Building Blocks of this Plan

As articulated in the original Homeward DC plan, an end to homelessness does not mean that no one will ever experience a housing crisis again. Changing economic realities, the unpredictability of life, and unsafe or unwelcoming family environments create situations where individuals, families, or youth can experience or be at risk of homelessness.

The federal government has defined an end to homelessness to mean that "every community will have a systematic response in place that ensures homelessness is prevented whenever possible, or is otherwise a rare, brief, and non-recurring experience."[26] In accordance with this definition, the District has established a vision to end long-term homelessness, and to create a system that quickly stabilizes households that do experience housing loss and connects them back to permanent housing as quickly as possible.

The Vision

Homelessness in the District of Columbia will be rare, brief, and nonrecurring. We will eliminate racial inequities in the homeless services system and create systemic fair treatment for all people.

- Homelessness will be **rare** when the District has programs and services in place to prevent as many people as possible from experiencing housing loss. Prevention includes emergency cash assistance, conflict resolution support, and legal assistance to prevent evictions, as well as robust discharge planning and strategic supports for populations known to be at heightened risk of experiencing homelessness – such as returning citizens, youth aging out of foster care, survivors of domestic violence, and people with complex behavioral health conditions.
- Homelessness will be **brief** when we have housing assistance – and housing stock – available at scale to help people experiencing homelessness quickly exit shelter and return to permanent housing. In addition, the right emergency shelter environment can help stabilize people and support their return to permanent housing, while the wrong one can re-traumatize and trap people in homelessness. Accordingly, shelter reform can be an important part of ensuring that homelessness is brief.
- Homelessness will be **non-recurring** when people have the support they need to successfully maintain their housing, including connection to healthcare services, income, and social supports.

While a plan to end homelessness does not guarantee an end to poverty in our community, having a safe, stable place to call home is an important first step in any person's or family's journey to increase income, improve health, and increase overall well-being.

Guiding Principles of the Plan

Several key principles guide our community's work to end homelessness. Given rhetoric at the national level over the past four years, ICH stakeholders felt it particularly important to highlight the beliefs and principles to which we subscribe.

26 US Interagency Council on Homelessness (2018). Home, Together: The Federal Strategic Plan to Prevent and End Homelessness. https://www.usich.gov/resources/uploads/asset_library/Home-Together-Federal-Strategic-Plan-to-Prevent-and-End-Homelessness.pdf

- **Homelessness is caused by failed systems and policy, not personal choices.** Homelessness did not always exist in America the way it does today. We have the power to change these systems.

- **Structural racism and racial inequities are a root cause of homelessness.** People of color are dramatically overrepresented among those experiencing homelessness. Historical and persistent racism in housing, employment, healthcare, education, criminal legal, and other systems contribute to high rates of homelessness for people of color. This fact must be both acknowledged and addressed. Within the homeless services system, we will center racial equity as we pursue implementation of this plan, and we will continue to work with partners of upstream/feeder systems to address structural racism in their work as well.

- **All people deserve to be treated with dignity and respect.** There are no "homeless people," but rather individuals and families who seek stable housing. We believe deeply in the strengths and assets of people who are experiencing homelessness, believe in the value of having their voices at the planning table, and remain committed to supporting each and every individual in fulfilling their potential.

- **Housing is the answer.** Homelessness is fundamentally about a lack of housing that is affordable to people at different income levels. We will continue to embrace the Housing First philosophy as a system. Further, while this plan is focused on the resources and policy changes required within the homeless services system, significant and sustained investment in affordable housing throughout the District, particularly for households earning between 0 – 30% of MFI, will be essential to increasing housing stability in our community. Ensuring that everyone has a safe, stable, affordable place to call home is part of our DC values, and we will keep pushing on that goal until we have made it a reality.

- **Trauma is both a cause and consequence of homelessness.** The homeless services system must improve its ability to recognize trauma and respond to individuals and families in a trauma-informed manner, offering resources and services that are safe, welcoming, and inclusive for all. Providers and front-line agency staff must be better trained to ensure services remain person-centered, client privacy is always safeguarded, and individuals are empowered with choice.

- **Person-centered programming is essential.** Different people have different needs and preferences. There are no one-size-fits-all solutions, and we aim to provide person-centered programming that is respectful of participant choice and attuned to participant safety and confidentiality.

- **To be effective, we must embrace cultural humility.** Our homeless services system serves a diverse range of individuals and families, all with different experiences, beliefs, and cultures. Developing cultural humility is an ongoing process; it requires that we honor different beliefs, values, and customs, and embody a willingness to learn from others.

- **Better coordination of mainstream anti-poverty programs is critical** to create a stronger safety net and to prevent individuals and families from losing their housing in the first place, especially at transition points from other systems (e.g., exiting the criminal legal system or child welfare system) and for individuals fleeing domestic violence.

- **Data-driven decision-making and strategic use of resources are essential** for transforming our homeless services system, including: 1) actively addressing structural and racial inequities in homeless services delivery; 2) targeting assistance to ensure the most intensive interventions are matched to those with the greatest need; 3) measuring our performance and using that information to guide investment and policy decisions; and 4) examining ways to identify, capture, and reinvest cost savings across the system.

- **There is strength in collaboration.** Homelessness is not a challenge for the government alone to solve. The government has a significant role, but other partners must be at the table, too. We need nonprofit providers willing to grow their organizations to deliver services and supports to more clients. We need philanthropic funders to align their giving to help meet gaps in the system. We need developers who are willing to create affordable housing, landlords who are willing to rent to households that have experienced homelessness, and employers who are willing to hire them. We need faith-based partners and other community groups to provide mentoring and moral support to struggling neighbors. Ending homelessness in our community will require all of us to work together.

How do Youth Fit into Homeward DC 2.0?

Within the homeless services system, the term "youth" includes anyone under age 25 – both minors under age 18 as well as Transition Age Youth (TAY) ages 18 to 24. As discussed in the original Homeward DC plan, the ICH opted to create a separate plan focused on the unique needs of unaccompanied youth experiencing homelessness. In 2017, the ICH launched Solid Foundations, the District's plan to prevent and end youth homelessness.[27]

Unaccompanied youth and youth-headed family households are accounted for differently in the District's two plans. The needs of unaccompanied youth are covered in Solid Foundations DC, while the needs of youth-headed households are accounted for in Homeward DC 2.0.

Because unaccompanied individuals are sheltered in congregate settings (versus a private-room setting, like families) and because we know many youth will not enter the adult low barrier shelters, the ICH felt it important to consider the emergency housing needs of unaccompanied youth separately from unaccompanied adults. Further, because unaccompanied youth differ from the larger unaccompanied adult population with regard to average age, health conditions, and lifetime income-growth potential, we also felt it important to consider the housing and support needs of unaccompanied youth separately via the Solid Foundations plan.

In contrast, family households are sheltered a private-rooms, meaning different shelter programs – at least from a facilities perspective – are not needed to provide more individualized services for youth-headed families. Further, the family population in general is much younger than the unaccompanied adult population, so there is more congruence among the needs of youth-headed families and families overall (needs related to education, employment, childcare, etc.). Finally, we know the youth system is currently not in a position (from a capacity perspective) to take responsibility for serving all youth-headed families. Accordingly, the needs of youth-headed families have historically been accounted for in the modeling for the Homeward DC plan. However, as outlined in Goal 5 of Chapter 4, improved coordination between the family system and youth system to tailor interventions for youth-headed families is an important objective moving forward.

27 The Solid Foundations DC plan is available on the ICH website at https://ich.dc.gov/page/solid-foundations-dc-comprehensive-plan-end-youth-homelessness.

Chapter 3. System Modeling: Understanding Inventory Needs

The Impact of the COVID-19 Public Health Emergency and Recession on the System Modeling in this Chapter

As described in the introduction to this plan, the modeling described in this chapter was completed pre-pandemic and does not reflect the potential surge in homelessness that may eventually occur once the eviction moratorium is lifted. This plan is intended to be a living document, and the ICH will update the models and issue a plan addendum once we more fully understand the impact of the recession on rates of homelessness in the District.

It is worth beginning this chapter by underscoring that every individual and family that touches the homeless services system would benefit tremendously from a permanent housing subsidy and/or basic income benefit. The ICH believes that a safe, stable, affordable place to live should be a human right, not a privilege.

If affordable housing were an entitlement, guaranteed to any person or family that qualified, there would, of course, be no need for the modeling in this plan. While local government and private sector partners can do much, realistically, only the federal government has the resources needed to make affordable housing a right in this country. Accordingly, until these broader supports are in place, the ICH acknowledges that the homeless services system will continue to operate as the crisis response system for the broader housing system – triaging needs and targeting resources to assist the largest number of people possible. The modeling in this plan is completed with that objective in mind.

Building Blocks of the Plan

To develop Homeward DC 2.0, the ICH used the same building blocks that were used to develop the original Homeward DC plan. Each of these steps is described in detail in the original Homeward DC plan.

1. **Program Models.** The various program models used within the homeless services system serve as a key building block of the plan. The modeling focuses on two broad categories of assistance: 1) short-term/emergency housing programs, designed to provide a safe, stable environment for individuals and families while they are working towards securing permanent housing; and 2) permanent housing assistance programs, which offer rental assistance and supportive services to help residents obtain and maintain housing of their own.[28] (See Table 1, next page.) Based on lessons learned during the early years of Homeward DC implementation, these program models have been streamlined and updated.

It is important to note that different variations of each program type exist, with distinctions driven by the funding source or the needs of the target population. For example, the District has a variety of Rapid Re-Housing programs, including a locally funded program for families (Family Stabilization and Re-Housing Program, or FRSP), a federally-funded program for veterans (Supportive Services for Veteran Families, or SSVF), a locally-funded program for individuals (RRH-I), a locally-funded program for youth, and a number of small, HUD-funded programs. They each have a different design, but the same overarching framework. The same variation exists across other program models as well. See Appendix 4: Program Models for more detailed descriptions of each model.

28 Homeward DC 1.0 included a category of programming referred to as "front porch" services, which alluded to services provided to clients prior to entering the front door of the shelter system. These services include things such as homelessness prevention and street outreach services. While still very important parts of our system, the modeling focuses on the housing resources needed in the system, so they are not included here.

Table 1: Program Model Categories

Emergency and Transitional Housing Assistance	Permanent Housing Assistance
Emergency Shelter Short-term emergency housing designed to provide individuals and families with a safe, stable place to stay while working on obtaining permanent housing. Per definitions in the HSRA, beds may be temporary, low-barrier, or severe weather/overflow. The modeling focuses on the overall number of beds for individuals or units for families needed in the system. Any decisions about specific type of beds or units needed will be made as new facilities are being designed and developed.	**Rapid Re-Housing (RRH)** Short- to medium- term rental assistance and supportive services with the goal of helping people exit shelter to stable housing and more quickly connect to employment and/or other long-term stabilization strategies.
Transitional Housing Therapeutic, communal environment for populations with a desire for more structure and onsite support (e.g., individuals with substance abuse issues, victims of domestic violence, youth-headed family households).	**Permanent Supportive Housing (PSH)** Ongoing rental subsidy paired with ongoing supportive services. Services will be titrated to meet client needs (light, regular, intense).[29] PSH may be offered in the following settings: 1) Scattered-site; 2) Limited site-based; or 3) Site-based See Appendix 4: Program Models for more detail on these different approaches.[30]

2. **Updating/Reconciling our System Capacity.** The second building block of the plan is identifying the number of units of each program type we have in our system. Significant investments were made in both short-term and permanent housing assistance programs over the first five years of Homeward DC. While we track those changes annually as part of our Housing Inventory Count,[31] because we are trying to track units across funding sources (federal, local, and private), and because funding varies from year to year, it's essential to periodically reconcile the inventory to ensure all units have been captured and categorized correctly.

3. **Estimating Annual Demand.** For the purposes of system modeling, we need to understand how many people touch the homeless services system each year, and whether they present as individuals or as part of a family. Appendix 5: System Modeling Data Sources and Assumptions provides detailed information on the methodology used to estimate annual demand.

29 As explained in the text box on the following page, as of spring 2020, DHS is in the process of developing tiered case management rates to allow for a more flexible, client-centered approach to services.

30 In 2019, DHCD and DHS worked together delineate these different PSH models to ensure the District can better identify buildings where on-site services are needed and to enable DHS to modify their procurement process to support funding of those services.

31 The Housing Inventory Count (HIC) is the inventory of specific projects within a community's homeless services system that provides beds and units dedicated to serve persons who are homeless. HUD requires communities receiving federal homeless assistance dollars to capture this information every January in concert with the Point in Time Count. HIC data is available online at https://www.hudexchange.info/programs/coc/coc-housing-inventory-count-reports/

4. **Pathway Assumptions.** Understanding that different people have different needs, next we consider how the program models fit together to form different pathways through the system back to permanent housing, including the length of time that people spend at each step in a particular pathway. Under Homeward DC 2.0, the pathways remain largely the same as those identified during the initial Homeward DC planning process, but thanks to significantly more data and insights accumulated over recent years, we have a more accurate accounting for how people utilize programs and services and move through the system. These assumptions are discussed in detail in Appendix 5: System Modeling Data Sources and Assumptions.

5. **Projecting Inventory Needs.** The last and final step is modeling the projected inventory needed to end long-term homelessness in our community and ensure we are able to provide assistance in real time to any individual or household that experiences housing loss – thereby ensuring homelessness never becomes a way of life for anyone in our community. One significant change from the original Homeward DC plan is that instead of presenting just one set of inventory targets based on an optimal scenario, we consider the outcomes of different scenarios based on known constraints.

What happened to Targeted Affordable Housing in Homeward DC 2.0?

An important lesson was learned over the last five years regarding the vulnerability level of individuals and families in the homeless services system. When we developed the original plan, our CAHP system was relatively new, and CAHP data suggested that there were a number of individuals and families in need long-term support to resolve their homelessness who could remain successfully housed with a voucher and referrals to other community supports outside the homeless services system (versus paying for ongoing case management through the homeless services system, as we do under the PSH model). This was especially true among the unaccompanied adult population, where we had a growing number of seniors scoring for RRH. Accordingly, we created the Targeted Affordable Housing (TAH) model – a voucher combined with light-touch, time-limited housing case management services – with the intent of stretching system resources further.

On the whole, it's proven difficult to appropriately identify households for the TAH model and ensure those matched to TAH are receiving adequate supports, especially while they are working on exiting homelessness and stabilizing in housing. DHS frequently has had to transfer individuals and families from TAH to PSH as PSH slots become available. This process is not only administratively burdensome, but also prolongs a household's journey to stability.

All of this said, some households are thriving with the level of supports provided in TAH. Because we know needs are not one-size-fits-all, nor are they static, it is important to be able to adjust services as circumstances and needs change. Accordingly, DHS is currently working to develop a tiered case management service delivery model (light, regular, and intensive) and a reimbursement rate that reflects the required scope of work for each so that different intensities of supportive services within PSH can be provided. What was referred to as TAH in the initial Homeward DC plan will still exist, but be considered the "light" version of PSH moving forward. This change will not only make our system more client-centered, but also more flexible.

System Modeling: Households with Children

Significant efforts were made during the first phase of executing the Homeward DC plan to begin to right-size the shelter system by investing more in permanent housing supports. As Table 2 below illustrates, more than 100% of projected need for families was funded during the first five years of the plan implementation, which has made a tremendous impact on the District's ability to reduce family homelessness, as well as redirect annual operating costs from shelter to permanent housing supports.

Table 2: Permanent Housing Investments for Family Housed, FY16-FY20[32]

	Baseline (Jan 2015)	FY16	FY17	FY18	FY19	FY20
RRH Need Per Homeward DC 1.0	N/A	1,067	1,067	1,067	1,067	1,067
RRH Slots Funded- New (Cumulative)	682	540 (1,222)	0 (1,222)	0 (1,222)	0 (1,222)	0 (1,241)[33]
PSH/TAH Need Per Homeward DC 1.0	N/A	1,359	1,631	1,905	2,153	2,405
PSH/TAH Slots Funded- New (Cumulative)	1,080	255 (1,335)	207 (1,542)	147 (1,689)	464 (2,153)	383 (2,536)

However, as also described in the 2019 Homeward DC Progress Report, the broader landscape remains very challenging for low-income households. As discussed in Chapter 1, nationally and locally, only one of our every five households eligible for federal housing assistance receives that help. The vast majority of low-income households remain extremely vulnerable, often one paycheck or personal crisis away from homelessness. Accordingly, we continue to see high levels of families newly entering the homeless services system each year. To keep pace with this new inflow, new resources will be needed in the years ahead, particularly long-term supports (PSH) where we see fewer than 2% of units or subsidy slots turn over each year.

Estimating Annual Demand

In FY19, 1,537 unique families experiencing homelessness were served by the Continuum of Care (CoC), down slightly from FY18 and down over 12% from FY17. This number includes families that were in emergency shelter or transitional housing at the beginning of the year, as well as new households that entered shelter or transitional housing during the year.

As the number of families entering shelter has decreased, the number of families connected to RRH assistance directly from the Homelessness Prevention Program (HPP) or a domestic violence program has increased. The latter group was not originally accounted for in the modeling for Homeward DC 1.0 because HPP had not yet fully launched, resulting in an undercount of the RRH slots needed in the family system. To avoid providing

a false sense of precision, we assume an average of 1,550 families will enter shelter or transitional housing and another 450 families will be referred to RRH directly through HPP. Taken together, these two groups represent our "annual demand" for the family system, which is an estimate of the number of family households served by

32 The numbers in Table 2 reflect local investments directly in the Homeward DC plan between FY16 and FY20. The final cumulative number shown in the FY20 column varies slightly from the baseline figures presented in Table 5 below due to reconciliation of units funded (or lost) through other local and federal sources (e.g., HUD CoC, DHCD's Consolidated RFP).

33 The number of funded slots (based on average rental costs in FY20) is 1,241. However, the actual number of families in the program as of 1/6/20 was 2,323.

the homeless services system that will require a combination of shelter and/or housing assistance to end their homeless episode and return to permanent housing.[34] Please see Appendix 5: System Modeling Data Sources and Assumptions for more information.

Pathways to Permanent Housing, Length of Stay, and Inventory Counts

Once we have an estimate of the number of families served by the homeless services system each year, we can then develop an estimate of the number and type of different resources we will need based on the pathways families use to return to permanent housing as well as the length of time families stay at various points along the continuum.

Just as we did for the original Homeward DC plan, members of the ICH Strategic Planning Committee reviewed a variety of data sources to help define the pathways and estimate the relative percentage of families who would use each pathway to return to permanent housing. As mentioned in the introduction to this chapter, ideally every household would have access to long-term assistance if needed, but historically, resources have not been available at that scale. Accordingly, we began by examining the percentage of households we thought would NOT be able to resolve their homelessness without the long-term assistance of PSH, and we then considered the other pathways households may use to exit shelter to housing. This information is summarized in Table 3 below. See Appendix 5: System Modeling Data Sources and Assumptions for additional information.[35]

Table 3: Housing Pathways for Families (All Years)

Pathways for Family Households Presenting Each Month	Percentage of Households Using Pathway
Emergency Shelter Only	22%
Joint Transitional Housing/RRH	8%
RRH (via Emergency Shelter, Prevention, or DV Program)	48%
PSH/all intensities [36] (stepped up from RRH)	17%
PSH/all intensities (direct from Emergency Shelter)	5%
Total	**100%**

Another key variable is the estimated average length of stay in each program along a particular pathway. As discussed in Homeward DC 1.0, length of stay is one of the biggest drivers impacting our system. Under the original Homeward DC plan, we used highly aspirational assumptions around length of stay in the modeling, transitioning from an average 12-month length of stay in shelter in year one to 60 days by year 5. Similarly, we assumed average length of stay in rapid re-housing programs would also decline over time.

34 Note that the estimate of annual demand does NOT include households that have already been connected to permanent housing assistance, even if they are continuing to be assisted. The model ac counts for those households through length of stay and unit turnover assumptions.

35 As described in Homeward DC 1.0, these estimates are intended to guide planning and budgeting decisions, but actual placement decisions are made on a case-by-case basis based on assessment results and consultations with clients.

36 As explained in the textbox on page 19, a TAH-like intervention will still exist under Homeward DC 2.0, but for the reasons provided, it is being grouped with PSH

Because so many issues related to length of stay are outside of the control of the homeless services system (e.g., the availability of housing units, the willingness of landlords to rent to clients with no or poor rental history and limited income, discrimination in the housing market, discrimination in the labor market, low wages relative to rents, etc.), the ICH Strategic Planning Committee recommended that – under Homeward DC 2.0 – we model two different scenarios: 1) the number of units needed if systemwide lengths of stay remain constant with 2019 (constant); and 2) the number of units we would need if we are able to see modest reductions in length of stay driven by process improvements (target).[37] These scenarios are provided in Table 4, below.

Table 4: Median Length of Stay (LoS) Assumptions, In Months

	FY21	FY22	FY23	FY24	FY25
Emergency Shelter					
Constant Median LoS[38]	4.5	4.5	4.5	4.5	4.5
Target Median LoS	4.5	4	3.5	3	3
RRH					
Constant Median LoS	22	22	22	22	22
Target Median Los	22	21	20	19	18

37 While we did not model increases in length of stay, any increase in the amount of time families remain in the system would necessarily increase the total number of units or slots required to meet need each year.

38 As described in Appendix 5: System Modeling Data Sources and Assumptions, the current systemwide median considers the median in our Short-Term Family Housing sites (83 days) compared to the median in apartment style shelters (308 days).

After finalizing the assumptions, we were then able to model the number of units needed in our homeless services system inventory over the next five-year period, as shown in Table 5 below. This table shows the range of units we would need under these different length of stay scenarios.

Table 5: System Conversion – Annual Projections for Family System Inventory

Program Type	FY20 Inventory (Baseline)	FY21 Projected Need	FY22 Projected Need	FY23 Projected Need	FY24 Projected Need	FY25 Projected Need	Inventory Change
Emergency Shelter	554[39]	505 -555	445-555	385-555	385-555	385-555	Inventory largely remains unchanged, though beds may be targeted differently.
Transitional Housing[40]	113	128	128	128	128	128	Inventory largely remains unchanged, though beds may be targeted differently.
RRH	1,240[41]	2,500 – 2,300	2,195 – 2,300	2,095 –2,300	1,995 –2,300	1,895 –2,300	Number of slots expected to remain consistent with current levels (i.e., approx. 1,000 slots over the funded level) if inflow remains unchanged. Number of slots would decrease if system efficiencies can be achieved.
PSH (all intensities)	2,386	2,687	2,984	3,275	3,561	3,843	Increase of 1,457 vouchers or units

Meeting Annual Demand without Unit Turnover

One of the biggest challenges to meeting the annual demand for families relates to the rate of annual inflow versus unit turnover. Hundreds of households newly experience homelessness each year. Given the significant gap between wages and rent, a challenge that is exacerbated for women and people of color, households are remaining in programs designed to be short-term much longer than anticipated. Further, families are rarely able to increase their incomes enough to move on from PSH programs.

While turnover of the RRH slots is slower than anticipated in Homeward DC 1.0 (and therefore we currently have more families in the program than funded slots), there is turnover. The "constant" length of stay scenario in

this plan considers the actual rate of turnover we have seen over the last five years, not the aspirational targets used in the Homeward DC 1.0 modeling. (It is worth noting that the target scenario in Table 4 above is also far less aggressive than the length of stay assumptions used in the original plan.) Therefore, a one-time catch-up allocation in our family RRH program should be enough to ensure we can meet new demand unless we see a dramatic change in inflow in the coming years.

39 Shelter inventory as of 1/31/20, which includes a combination of Short-Term Family Housing units, apartment-style units, and motel overflow. Upon completion of the Short-Term Family Housing sites, the District will have 445 units of shelter for families in its permanent inventory. If inflow and systemwide average length of stay remains the same, the District will continue to use motels to meet any need above this level.

40 The District is just starting to test joint Transitional Housing/RRH models. The Transitional Housing inventory called for here could be either standalone Transitional Housing or paired with RRH assistance for the joint Transitional Housing/RRH model, to be determined as we see outcomes associated with each variation.

41 Funded inventory as of FY20; number of families in the program as of 1/6/20 was 2,323.

In contrast – on the PSH side of the continuum – with less than 2% turnover of the stock each year, we would need to increase our inventory six-fold in order to meet the current rates of inflow based on turnover alone. Homeward DC 1.0 identified this issue, noting that "[t]he extent to which we could reasonably expect to increase turnover in a high cost housing market like the District is an unknown variable, but it is important to note that additional investment in permanent housing units/subsidies will be required every year (up to 2020 and beyond) if we do not." Unfortunately, the same holds true today. With 2% unit turnover, we will need to continue adding new PSH units each year to meet the needs of new families entering the system, until we reach the point that affordable housing is widely available in the community to all households that need it.

System Modeling: Individuals

The same general building blocks described above were used to model the inventory needs for the system that serves individuals experiencing homelessness. However, as explained in the 2019 Homeward DC Progress Report, there is significantly more complexity within this side of the system, which we explore further in the sections below. Further, there are differences in the needs, experiences, and preferences of unaccompanied women and men. The modeling described below takes that research and experiential learning into account. (Again, see Appendix 5: System Modeling Data Sources and Assumptions, for more context on the numbers used throughout this section, including different assumptions made regarding interventions for unaccompanied men and women.)

Inflow and the Need for a Dynamic Model

Over the last five years, because of the substantial investments in the family system, there have been relatively fewer resources and less staff capacity to concurrently focus on comprehensive reform of the system serving individuals. That said, Homeward DC 1.0 hypothesized that focusing first on assisting long-term shelter stayers to exit to PSH would be the best first step in reforming the system for individuals. The best information available at the time suggested that this population was relatively static, and that helping this group of long-term stayers exit to supportive housing would naturally reduce pressure on the shelter system and other emergency response systems, including police, ambulance, and emergency department services.

As Table 6 on the next page shows, significant new resources were invested to serve individuals over the last five-year period – including nearly 2,300 new units of PSH. Thanks to these investments, thousands of individuals exited the streets or shelter to permanent housing, including many of our neighbors with the longest histories of homelessness.

Table 6: Permanent Housing Investments for Individuals (Local Dollars), FY16-FY20[42]

	Baseline (Jan 2015)	FY16	FY17	FY18	FY19	FY20
RRH Need Per Homeward DC 1.0	N/A	2,571	2,600	2,487	2,487	2,487
RRH Slots Funded– New (Cumulative)	65	258 (323)	0 (323)	0 (323)	0 (323)	0 (323)
PSH/TAH Need Per Homeward DC 1.0	N/A	4,040	5,383	5,681	5,966	6,235
PSH/TAH Slots Funded– New (Cumulative)	3,174	268 (3,442)	549 (3,991)	401 (4,392)	459 (4,851)	615 (5,466)

That said, over 12,000 individuals touched the District's homeless service system in 2018, an approximately 20% increase in annual demand since the plan was developed. Despite the large investments in PSH, there was an overall shortfall relative to the projected slots needed, especially with regard to short-term subsidies, which help serve a relatively larger number of people than PSH programs given the greater rate of turnover on the RRH slots.

Taken together, this means that individuals have been entering the homelessness system in recent years faster than we have been able to help them exit. This trend is consistent with the small overall increase (5.2%) in homelessness seen among individuals between 2016 and 2019. Further, although over 2,500 individuals experiencing chronic homelessness exited to supportive housing during that window, we saw a decrease in our PIT of just 8.5% (going from 1,501 individuals in January of 2016 to 1,374 individuals in January of 2019 – a difference of 127 people). This means that we have new inflow into the homeless services system each year as well as inflow into chronic homelessness. In other words, when we do not have the resources or capacity to immediately assist people as we have been able to do in the family system, a significant percentage will "time into" chronic status.

Chronic Homelessness vs. Long-Term Homelessness

Per the federal Homeless Emergency Assistance and Rapid Transition to Housing (HEARTH) Act, individuals are considered chronically homeless when they:

1) Reside in a shelter or place not meant for human habitation;
2) Have a disabling condition; and
3) Have been homeless continuously for a year or more, or have had at least four separate episodes of homelessness within a three-year period.

Generally, HUD-funded PSH must be used to serve people that meet this definition. In the District, however, where a significant percentage of our PSH stock is locally-funded, we have more discretion to determine how resources are targeted. As a community, we have decided that we will use locally-funded PSH resources to target individuals experiencing long-term, and not just chronic, homelessness such as those with long histories of homelessness that may not have a documented disability but have other barriers that impact their ability to achieve housing stability (e.g., geriatric conditions). Accordingly, we use the terms chronic homelessness and long-term homelessness synonymously in this plan to refer to the population we anticipate will need PSH to resolve their homelessness.

42 The figures in Table 6 reflect local investments directly in the Homeward DC plan between FY16 and FY20. The final cumulative number shown in the FY20 column varies slightly from the baseline figures presented in Tables 9, 12, and 15 below due to reconciliation of units funded (or lost) through other local and federal sources (e.g., HUD CoC, HUD-VASH, and DHCD's Consolidated RFP).

Estimating Annual Demand

Given the dynamics described in the section above, estimating annual demand for individuals is more complex than it is for families. In the family system, which has been serving an average of approximately 2,000 families over each of the last three years, we have had the capacity to provide housing assistance to every household immediately upon their entry into the homeless services system. In contrast, over the same time period, we had an average of roughly 10,500 individuals touching the homeless services system each year, of which only 10-15% received housing assistance in any given year. Among those we are unable to assist, some remain in shelter and appear as part of the next year's annual demand, others leave shelter on their own and never return, and yet others leave shelter but later return.

As both national research and our local experience have demonstrated, individuals experiencing long periods of homelessness, as well as individuals experiencing multiple episodes, generally need much more intensive support to stabilize in permanent housing. This population, on average, is older and African-American, has a higher rate of physical and/or behavioral health conditions, has had weaker labor market attachment over the course of their lifetime, has few support networks, and has significant and repeated exposure to stress and trauma. For this reason, we consider the needs of this group separately from those individuals newly experiencing homelessness, and accordingly, must estimate the approximate size of each group.

Long-Term/Chronically Homeless

During our 2019 PIT count, 1,374 individuals were identified as chronically homeless. As previously discussed, when we developed the original Homeward DC plan, the best data available at the time suggested that our chronically homeless population may be a more static group of individuals given the long-term nature of their homelessness. Accordingly, the original estimate of the chronic population was based largely on our PIT number with some small upward adjustments to account for the unsheltered population. Thanks to significant improvements in our CAHP data, along with an extensive analysis of inflow patterns completed by TCP in 2018, [43] we now believe the number of individuals experiencing chronic homelessness in the District throughout the course of the year is much higher – approximately 4,000. (See Appendix 5: System Modeling Data Sources and Assumptions for more detail.) In addition to the 1,374 chronically homeless individuals identified the night of the PIT, this estimate includes people experiencing chronic homelessness but not touching our system the night of the PIT (they may be temporarily couch surfing, in an institution, or simply hidden from public sight). It also includes people with disabling conditions expected to reach the one-year threshold and "time into" chronic status during the year.

Annual Inflow

After determining the number of individuals experiencing long-term or chronic homelessness, the remaining group – approximately 6,400 – is the estimate of the number of people entering our system each year.[44] This newly homeless cohort includes people who are experiencing their first episode of homelessness, people newly entering our system from another jurisdiction, and people with long lengths of time (and presumed greater levels of housing stability) since a prior episode of homelessness. We consider this latter group as part of our inflow because their patterns of shelter utilization are more consistent with general poverty and economic insecurity than chronic homelessness. (Again, see Appendix 5: System Modeling Data Sources and Assumptions for more detail.)

43 For a summary of findings related to this inflow analysis, visit the ICH website at https://ich.dc.gov/event/ich-full-council-9.

44 Transition Age Youth were removed from this total as their needs are contemplated in Solid Foundations DC, the plan for addressing youth group homelessness.

Pathways to Permanent Housing, Length of Stay, and Inventory Counts

Once we have estimates of the size of each group, we can then consider the interventions needed to help them exit homelessness to permanent housing. Similar to the work done for families, the ICH Strategic Planning Committee defined the pathways and estimated the relative percentage of individuals expecting to use each pathway to resolve their homelessness. Those percentages are included in Table 7 below.

Table 7. Housing Pathways for Individuals

Strategies for HHs Presenting Annually (New Inflow)	
Self-Resolve	25%
Problem-Solving/Shelter Diversion	9%
Transitional Housing w/ RRH at Exit	7%
RRH	32%
PSH/all intensities[45]	27%
TOTAL	100%
Strategies for HHs Experiencing Long-term Homelessness	
PSH/all intensities	100%

A key lesson learned during the early years of Homeward DC implementation is that our system reform efforts are limited by capacity constraints, especially for individuals. Even if we had all the financial resources needed, we have not had the agency capacity, provider capacity, or available housing stock needed to scale programming in a single year. In Homeward DC 1.0, the modeling did not accurately reflect this reality. Accordingly, the modeling for Homeward DC 2.0 includes consideration of what happens to people who receive no help beyond the provision of a shelter bed. Unfortunately, we know that the longer people remain in shelter and/or sleeping on the street, the more their situations deteriorate – including their physical and mental health, access to employment opportunities, and support networks. As is the case with healthcare, the longer people must wait to receive the help they need, the more intensive – and expensive – the intervention needed will be.

Finally, given the increasing numbers of seniors experiencing first-time homelessness, we also know that there is a higher level of vulnerability among our new inflow than previously understood. Under Homeward DC 2.0, we assume slightly more than one quarter of our new inflow will need PSH to resolve their homelessness. However, because the majority of PSH resources allocated to the system in any given year is used to serve long-term/chronically homeless individuals first, the modeling assumes individuals with a PSH level of need will move to the long-term/chronically homeless category the year after they enter the system. This is consistent with what we have seen happening in recent years, with hundreds of chronically homeless individuals exiting the streets or shelter to PSH each year but our chronically homeless PIT number declining just a small percentage.

As is the case in the family system, there are numerous external variables that impact the modeling projections. The biggest variable impacting the family system modeling (where we have had relatively more housing resources) has been the length of time to locate an available rental unit. In contrast, the biggest variable impacting the individuals system to date has been the availability of housing resources each year relative to the number of new people entering the system. Accordingly, we consider three main scenarios below. The first two both assume consistent levels of inflow, a factor largely outside of the homeless service system's control. In the first scenario, we consider how much progress we will make if we continue at FY20 funding levels.

45 As explained in the textbox on page 19, a TAH-like intervention will still exist under Homeward DC 2.0, but for the reasons provided, it is being grouped with PSH.

In the second scenario, we consider how much funding it would take to end chronic homelessness (given the compounding effect that occurs over time) and create a response system that can serve individuals newly experiencing homelessness immediately as they enter the system. Finally, the third scenario considers the significant impact of even a modest reduction in system inflow.

Scenario 1: Steady Investment Levels (Using FY20 as Baseline)

The first scenario assumes consistent levels of inflow seen in recent years and a steady level of investment in permanent housing programs over the five-year plan period. In FY20, we had the largest new investments in PSH for individuals to date – approximately 600 new slots. While there was no new investment in RRH in FY20, given lessons learned about needing a more comprehensive approach that targets different needs simultaneously, we assumed we would add 100 new slots of RRH per year. This is a very aggressive scenario that would push our system and existing provider capacity to the limits.

Table 8 below illustrates the percentage of individuals touching our system each year that we would be able to assist under this scenario with the assumed capacity constraints. If we assume the majority of new and turnover PSH opportunities are targeted to individuals experiencing long-term homelessness, the percentage of long-term/chronically homeless individuals assisted does increase over time, but we never get to the point where we have enough resources to fully meet that need and simultaneously target new individuals entering the homeless services system that have a PSH level of need. Accordingly, under this scenario in the model, people newly experiencing homelessness who need PSH remain unhoused and eventually move to the long-term homeless category.

Further, under this scenario, adding approximately 100 new slots of RRH each year, we only meet about two-thirds of the RRH need by the end of the five-year period. Accordingly, a percentage of individuals assumed to need RRH are also captured in the "remain unhoused" row each year.

Table 8: Pathway Assumptions by Year under Scenario 1 (Capacity Constraints)

	Year 1: FY21	Year 2: FY22	Year 3: FY23	Year 4: FY24	Year 5: FY25
Strategies for HHs Presenting Annually (New Inflow)					
Diversion	5%	6%	7%	8%	9%
Self-Resolve	25%	25%	25%	25%	25%
Transitional Housing w/ RRH at Exit	7%	7%	7%	7%	7%
RRH	10%	12%	13%	16%	20%
PSH/all intensities	0%	0%	0%	0%	0%
Shelter Only/ Remain Unhoused	53%	50%	48%	44%	39%
TOTAL	100%	100%	100%	100%	100%
Strategies for HHs Experiencing Long-term Homelessness					
Shelter Only/ Remain Unhoused	68%	62%	60%	55%	45%
PSH/all intensities	32%	38%	40%	45%	55%
TOTAL	100%	100%	100%	100%	100%

While Table 8 above illustrates the percentage of the population served by each intervention, Table 9 below translates those percentages into the number of beds/subsidy slots/units needed under this scenario.

Table 9: Projected Unit Counts Under Scenario 1

	Baseline As of 12/2019	Year 1: FY21	Year 2: FY22	Year 3: FY23	Year 4: FY24	Year 5: FY25	Inventory Change
Emergency Shelter[46]	2,307	2,332	2,271	2,207	2,058	1,889	418 bed decrease (a relatively small decrease in shelter beds relative to substantial increase in housing resources)
Transitional Housing[47]	243[48]	272	301	308	304	293	Increase of 133 units by year 3; then a slight reduction between years 3-5.
RRH	550	655	754	846	946	1,057	Increase of 507 slots (approx. 100/year)
PSH (all intensities)	5,659	6,292	6,923	7,546	8,184	8,781	Increase of 3,122 vouchers or units (approx. 625/year)

Under this scenario, hundreds of people will exit homelessness to permanent housing (see Table 10 below), and chronic homelessness is projected to decrease by approximately 60%, from 1,374 (as measured by the 2019 PIT) to approximately 500 individuals at a point in time at the end of the five-year plan period. However, the model projects only a small reduction in the number of shelter beds needed for the population because the number of people touching the system each year (annual demand) does not change significantly.

Table 10: Estimate of Individuals Housed Each Year Under Scenario 1[49]

Housing Intervention	Year 1: FY21	Year 2: FY22	Year3: FY23	Year 4: FY24	Year 5: FY25
RRR	1,310	1,508	1,692	1,892	2,114
PSH	1,154	1,210	1,259	1,333	1,350

46 The numbers in this row reflect the number of beds used at peak of the hypothermia season (vs the number of beds needed year-round).

47 The District is just starting to test joint TH/RRH models. The TH inventory called for here could be either standalone TH or joint TH/RRH, to be determined as we see outcomes associated with each variation.

48 While the HIC shows over 800 TH beds, many of the beds will be reclassified as shelter under the 2020 HIC (e.g., Blair, Emery, medical respite beds). Other transitional housing programs serve Transition-Age Youth (covered under the Solid Foundations plan) or are federally funded programs for veterans. The only programs included in the baseline for the purpose of the modeling are programs that meet the therapeutic model describe in Appendix 4: Program Models.

49 The figures in this table include individuals housed with RRH or PSH assistance – both through new investments and turnover of our existing inventory. It does not include people that self-resolve or are served with prevention/diversion assistance.

Scenario 2: Increased Capacity/Funding

The second scenario also assumes consistent levels of inflow, but instead of holding new investments constant, we imagine significant increases in financial resources and capacity to more fully meet the need.

As Table 11 below illustrates, under this scenario, we not only scale PSH for individuals experiencing long-term homelessness more quickly (with the goal of getting to 0% "shelter only/remain unhoused" as quickly as possible in the model), but we are also able to target individuals newly entering the system with a PSH-level of need for assistance sooner, which helps slow inflow into long-term homelessness. Further, the faster we grow our PSH inventory, the more housing opportunities we get each year from turnover, since approximately 9% of the stock turns over each year. Finally, we fully scale RRH in this scenario, which also helps prevent inflow into long-term homelessness.

Table 11: Pathway Assumptions by Year under Scenario 2 (Increased Capacity/Funding)

	Year 1: FY21	Year 2: FY22	Year 3: FY23	Year 4: FY24	Year 5: FY25
Strategies for HHs Presenting Annually (New Inflow)					
Diversion	5%	6%	7%	8%	9%
Self-Resolve	25%	25%	25%	25%	25%
Transitional Housing w/ RRH at Exit	7%	7%	7%	7%	7%
RRH	11%	15%	20%	26%	32%
PSH/all intensities	3%	5%	8%	13%	27%
Shelter Only/ Remain Unhoused	49%	42%	33%	21%	0%
TOTAL	100%	100%	100%	100%	100%
Strategies for HHs Experiencing Long-term Homelessness					
PSH/all intensities	32%	42%	62%	100%	100%
Shelter Only/ Remain Unhoused	68%	58%	38%	0%	0%
TOTAL	100%	100%	100%	100%	100%

As Table 12 below shows, the investments are substantial (particularly in PSH), but this model is important to illustrate that there is a threshold at which not only have we ended chronic homelessness in our community, but we also have a sufficiently-sized inventory to address any new inflow immediately based on turnover opportunities alone.

Table 12: Projected Unit Counts Under Scenario 2

	Baseline As of 12/2019	Year 1: FY21	Year 2: FY22	Year 3: FY23	Year 4: FY24	Year 5: FY25	Inventory Change
Emergency Shelte[50]	2,307	2,350	2,555	2,037	1,728	1,428	Reduction of 957 beds.
Transitional Housing	243[51]	280	289	284	270	254	Slight increase in years 1-3, though number of units needed remains largely unchanged.
RRH	550	721	909	1,095	1,272	1,416	Increase of 866 slots (approx. 175/year)
PSH (all intensities)	5,659	6,512	7,559	8,817	10,075	11,108	Increase of 5,449 vouchers or units (approx. 1,090/year)

Table 13: Estimate of Individuals Housed Each Year Under Scenario 2[52]

Housing Intervention	Year 1: FY21	Year 2: FY22	Year3: FY23	Year 4: FY24	Year 5: FY25
RRR	1,442	1,818	2,190	2,544	2,832
PSH	1,374	1,646	1,953	2,069	1,960

Scenario 3: The Impact of Reduced Inflow

Under the final scenario, we modeled the impact of reduced inflow from "feeder" systems, including the criminal legal system, the behavioral health system, and the child welfare system. Under Scenario 3, we used largely the same rate of scaling used under Scenario 2 (see Table 14 next page), but we assume a 10% reduction in new inflow each year, which equates to between 500 and 600 people per year.

50 The numbers in this row reflect the number of beds used at peak of the hypothermia season (vs the number needed year-round).

51 While the HIC shows over 800 TH beds, many of the beds will be reclassified as shelter under the 2020 HIC (e.g., Blair, Emery, medical respite beds). Other transitional housing programs serve Transition-Age Youth (covered under the Solid Foundations plan) or are federally funded programs for veterans. The only programs included in the baseline for the purpose of the modeling are programs that meet the therapeutic model describe in Appendix 4: Program Models.

52 The figures in this table include individuals housed with RRH or PSH assistance – both through new investments and turnover of our existing inventory. It does not include people that self-resolve or are served with prevention/diversion assistance.

Table 14: Pathway Assumptions by Year under Scenario 3 (Reduced Inflow)

	Year 1: FY21	Year 2: FY22	Year 3: FY23	Year 4: FY24	Year 5: FY25
Strategies for HHs Presenting Annually (New Inflow)					
Diversion	5%	6%	7%	8%	9%
Self-Resolve	25%	25%	25%	25%	25%
Transitional Housing w/ RRH at Exit	7%	7%	7%	7%	7%
RRH	11%	17%	23%	28%	32%
PSH/all intensities	3%	5%	10%	15%	27%
Shelter Only/Remain Unhoused	49%	40%	28%	17%	0%
TOTAL	100%	100%	100%	100%	100%
Strategies for HHs Experiencing Long-term Homelessness					
Shelter Only/Remain Unhoused	26%	35%	55%	100%	100%
PSH/all intensities	74%	65%	45%	0%	0%
TOTAL	100%	100%	100%	100%	100%

As Table 15 illustrates, under this scenario, we have ended chronic homelessness by year 4, and we have all the housing resources needed by year 4 to immediately assist any individuals newly experiencing homelessness. Because of the reduction of individuals seeking homeless services over time, we also see a dramatic reduction in the number of shelter beds needed over time.

Table 15: Projected Unit Counts Under Scenario 3

	Baseline As of 12/2019	Year 1: FY21	Year 2: FY22	Year 3: FY23	Year 4: FY24	Year 5: FY25	Inventory Change
Emergency Shelter[53]	2,307	2,233	2,036	1,660	1,179	784	Reduction of 1,500 beds.
Transitional Housing	243[54]	272	273	232	169	98	Slight increase in years 1-2, then a reduction between years 3-5.
RRH	550	776	976	996	847	544	Increase of 446 slots by year 3, then a reduction in years 4 and 5 back to existing levels.
PSH (all intensities)	5,659	6,280	7,125	8,287	9,322	9,541	IIncrease of 3,882 vouchers or units (approx. 775/year)

It is important to note that, under this scenario, reduced inflow is not synonymous with the diversion work occurring at the front door of the shelter system. It's about moving upstream into the criminal legal system,

53 The numbers in this row reflect the number of beds used at peak of the hypothermia season (vs the number needed year-round).

54 While the HIC shows over 800 TH beds, many of the beds will be reclassified as shelter under the 2020 HIC (e.g., Blair, Emery, medical respite beds). Other transitional housing programs serveTransition-Age Youth (covered under the Solid Foundations plan) or are federally funded programs for veterans. The only programs included in the baseline for the purpose of the modeling are program that meet the therapeutic model describe in Appendix 4: Program Models.

behavioral health system, child welfare system, and other parallel systems to ensure at-risk individuals are being identified and assisted to prevent discharge into homelessness. As described in Chapter 4 (Goal 10), these systems will likely need additional resources and tools to help reduce inflow into the homeless services system. However, using healthcare as an analogy, we know that preventative care is generally more cost-effective and less traumatic than emergency care.

Future Uncertainty

As explained earlier in this chapter – in contrast to the approach used in Homeward DC 1.0 – the ICH Strategic Planning Committee felt it was important to model different scenarios to illustrate the impact of issues largely outside the control of the homeless services system itself (e.g., inflow into the system, the availability of permanent housing subsidies to help individuals and families exit shelter, access to rental units). This is especially important as we continue to navigate the impact of the pandemic. In terms of federal policy and federal funding, we are also in the midst of very uncertain times with a change in administrations. While only time will tell, the ICH will update the modeling if and when it becomes clear that federal changes are significantly impacting the District's homeless services system.

Chapter 4: Strategies

As established in the introduction, the members and partners of the ICH believe the vision originally established in the Homeward DC plan is the right one. Unequivocally, we know that housing is the answer to homelessness, and we believe that our community is strongest when every person has a safe, stable, affordable place to call home.

Over the last five years, as the District began efforts to transform its response to homelessness, many important lessons have emerged. As explained in Chapter 1, these lessons are discussed in detail in the 2019 Homeward DC Progress Report. As we began the process of implementing the changes outlined in Homeward DC, we uncovered numerous barriers to implementation, not the least of which are capacity constraints that limit how fast we can advance the desired changes.

As the same time, we are implementing changes in the midst of constant change happening in the landscape around us. We continue to navigate the impact of COVID-19 on housing stability, employment, and healthcare access and health outcomes, but even pre-pandemic, there were already major shifts occurring. For example, we know the single adult population is an aging one, which is proving to have significant impacts on the homeless services system, precisely because we have not been able to move as fast as desired to create the number of new affordable and supportive housing opportunities needed for the population.

Finally, it is important to acknowledge that the changes we are implementing incentivize different behaviors and responses within the broader marketplace – for example, among developers and landlords, housed residents, neighboring jurisdictions, and even individuals experiencing homelessness themselves. A solution to one problem or issue can unintentionally create two or three new challenges. For example, the creation of laws to protect tenant rights and make it more difficult to evict may cause landlords to enact tougher screening measures, making it more difficult to help clients find a unit in the first place. Any systems change effort requires constant surveillance of the landscape to ensure policy and programming decisions are keeping pace with these changes.

With all of these factors in mind, the strategies we have laid out below build on the lessons learned through the first five years of implementation. Some are a continuation of the work started under Homeward DC 1.0, while others are a response to the barriers or challenges we have encountered along the way. Many of the strategies will require additional resources, but others are about improving business processes or program design, increasing coordination
between systems, leveraging the help of partners, and continuing to use data and evaluation to understand what works and where changes are needed.

Lead & Supporting Agencies

The following section identifies a lead entity and key supporting agencies for each strategy. Service providers, persons with lived experience, business and philanthropic partners, and advocates are critical partners on all strategies, but are too numerous to individually mention. Accordingly, we only name these partners when we anticipate they would be the lead entity. Likewise, the ICH staff are anticipated to support agency partners on all strategies, and are also only mentioned when they are in the leading role.

The strategies are categorized within the following topic areas:

- Goal 1: Identify and Address Barriers That Impede Development of New Permanent Supportive Housing;
- Goal 2: Increase Speed and Efficiency of Housing Lease-Up Process;
- Goal 3: Continue Capital and Program Improvements to Shelter Stock;
- Goal 4: Reform Front Door of System for Individuals;

- Goal 5: Continue Family System Reforms;
- Goal 6: Support Provider Capacity Expansion;
- Goal 7: Improve Service Quality and Consistency;
- Goal 8: Improve Employment and Income Growth Opportunities for Clients;
- Goal 9: Improve Access to Care for Individuals with Complex Health Needs; and
- Goal 10: Coordinate with Upstream Systems to Track and Stem Inflow.
- Goal 11: Continue Efforts to Improve Data Quality
- Goal 12: Provider Leadership on Creating a Right to Housing in the United States

Goal 1: Identify and Address Barriers That Impede Development of New Permanent Supportive Housing

It perhaps goes without saying that the central objective of this entire plan is to meet the unit targets outlined in Chapter 2 to ensure every Washingtonian has access to a safe and stable place to call home. To do that, we will need to increase production of new units.

During the early years of Homeward DC implementation, the District invested more heavily in tenant-based subsidies to increase PSH programming versus the project-based subsidies tied to new construction. Not only have the tenant-based vouchers allowed the District to move more quickly to help people exit shelter to housing, but – in theory – they also offer clients more choice. However, as discussed in the 2019 Homeward DC Progress Report, it is taking clients a very long time to locate units, even with the launch of the Landlord Partnership Fund and the support of housing·· navigators. Clients with no or poor credit or rental history, as well as clients with any sort of criminal history, face especially steep barriers and have difficulty competing for units. One important way to increase access is by increasing the supply – and especially among developers building with the express purpose of providing housing to our lowest income neighbors.

Further, as discussed throughout this plan, our single adult population is an aging one, and we need housing options that offer more intensive, onsite supports. Further, many people – especially women – express a preference for a more communal setting.[55] Accordingly, the ICH is recommending that approximately 35% of future investments in PSH for individuals be in site-based projects at which 50 to 100% of the units in the building are PSH. Examples of this model include smaller project-based sites like the Dunbar, a 19-unit PSH building for women, and larger sites such as the John and Jill Ker Conway Residence, a 124-unit building with 77 units of PSH and 47 units of affordable housing. The challenge related to new construction, however, is the length of time it takes to go from site acquisition and financing to construction completion and lease-up. For most projects, it will take years. Accordingly, the challenge in front of us will be to find ways to accelerate projects.

Objective & Strategies	Agency Lead(s)	Support Agencies
Objective 1.1: Support Capacity Development of Nonprofit Housing Developers, Services Providers, Faith Groups, and other Entities Interested in Developing PSH		
1.1.1 Work with the Partnership to End Homelessness (PTEH)[56] to fund FTEs or consultants with development expertise to support the work of organizations interested in developing supportive housing until they have developed sufficient in-house capacity.	ICH/ PTEH	DHCD

55 In the 2017 ICH Women's Needs Assessment, many women reported a preference for shared housing and communal environments due to the greater levels of security and peers support provided. For more information on the Women's Needs Assessment, see http://www.community-partnership.org/facts-and-figures

56 In the summer of 2019, the Greater Washington Community Foundation, in partnership with the ICH, launched the PTEH with the goal of leveraging and aligning private sector resources to support implementation of the District's Homeward DC strategy. For more information, see https://www.thecommunityfoundation.org/partnership-to-end-homelessness.

1.1.2 Support efforts of PTEH to raise private capital to increase financing available to nonprofit partners wishing to develop supportive housing.	ICH/ PTEH	DHCD
1.1.3 Investigate strategies to use excess commercial and residential real estate that have been impacted by the COVID-19 recession.	DHCD	DHS, DGS
Objective 1.2: Identify and Address Process Barriers		
1.2.1 Convene expert task force to process-map the PSH development process to identify redundancies, inefficiencies, and barriers that add time, unnecessary complexity, and cost to projects; issue report on recommendations to ICH Executive Committee.	DHCD	DCHFA, DCRA
Objective 1.3: Identify Strategies to Address "Not In My Back Yard" (NIMBY) Challenges		
1.3.1 Work with OP to identify potential changes to existing laws and procedures that allow residents to block or substantially slow the development of affordable and supportive housing projects in their neighborhoods that otherwise comply with threshold requirements.	OP	DHCD, DHS
1.3.2 Support efforts of the PTEH to raise public awareness about homelessness and its connection to structural racism and housing insecurity through targeted communications campaign.	ICH/ PTEH	DHS

Goal 2: Increase Speed and Efficiency of Housing Lease-Up Process

One of our biggest challenges over the first five years of Homeward DC implementation was the length of time involved in helping clients matched[57] to a housing subsidy complete paperwork, locate a unit, and lease up/move-in. There are a number of barriers – some administrative, some market-driven, and others related to racism and discrimination. Every day that someone has access to rental assistance but is having difficult leasing a unit and therefore remains in shelter costs the District resources that could be reinvested in housing supports – particularly in the case of the family system where we overflow into motels to meet the need for shelter assistance. Finding ways to expedite the housing search and lease up process is a critical piece of our work ahead.

Objective 2.1: Improve Tracking and Use of PSH Turnover Opportunities		
2.1.1 Identify monthly turnover estimates by voucher funding source[58] based on average annual turnover rate (to help with planning); establish CAHP-system tracker to ensure vouchers/units are coming back to the CAHP system upon turnover.	ICH	TCP, DHS, VA, DHCD
Objective 2.2: Review CAHP System Protocols to Reduce Time Involved in Locating Individuals Matched to a Housing Voucher[59]		
2.2.1 Clarify (contractually and through training) expectations regarding roles and responsibilities of shelter case managers with regard to location of clients matched to a housing voucher.	DHS	TCP

57 The word "match" is a term-of-art used within the CAHP System. Because need for permanent housing subsidies far exceeds available resources, ICH stakeholders work together each year to develop a prioritization protocol that guides how PSH resources will be targeted. People with disabling conditions, seniors, and people that have experienced homelessness for long periods of time have consistently been prioritized since the creation of the CAHP system. The word "match" means that an individual or family has been matched to an available resource and a service provider. In the case of tenant-based vouchers, individuals and families matched to a voucher then work with their case manager to find a unit that will meet their needs.

58 PSH funding sources include the DHS Permanent Supportive Housing Program (PSHP), HUD CoC Program, HUD-Veteran Affairs Supportive Housing (VASH), and DHCD's Consolidated Request for Proposals (RFP) project-based units.

59 Locating clients is typically only a challenge within the individuals system, where clients move in and out of shelter and change locations frequently.

2.2.2 Review CAHP system protocols to reduce unnecessary/artificial wait periods when clients matched to a housing voucher cannot be located.	TCP	DHS
Objective 2.3: Identify Strategies to Expedite Paperwork Completion and Review		
2.3.1 Clarify (contractually and through training) expectations regarding roles and responsibilities of shelter case managers, outreach workers, and housing case managers in getting clients document-ready (obtaining ID, birth certificates, social security cards, etc.); establish & track performance metrics to track progress.	DHS	TCP
2.3.2 Review and update common expectations and standard protocol for DCHA review of voucher applications, including timeliness standards (# of days to turn around) and communication guidelines (who should be included on communication about the application).	DCHA	DHS , TCP, DHCD, VA
Objective 2.4: Identify Strategies to Expedite Inspections and Reduce Number of Failed Inspections		
2.4.1 Review and update common expectations for completion of housing inspections, including timeliness standards and communication guidelines.	DCHA	DHS , TCP, DHCD, VA
2.4.2 Improve training for PSH case managers, RRH case managers, and housing navigators on housing inspection process so they may help identify items during unit viewing and coordinate with landlord to make repairs prior to inspection.	DHS	DCHA, TCP
2.4.3 Explore options to incentivize landlords to complete repair of minor items identified during inspections to secure units and expedite lease-up process.	DHS	DCHA, TCP
Objective 2.5: Explore Feasibility of Allowing Clients to use District-Funded Housing Subsidies in Surrounding Counties to Increase Client Choice (See also Strategy 4.3.3.)		
2.5.1 Explore feasibility of time-limited pilot to allow clients to access rental units in surrounding counties. If determined feasible, use pilot to evaluate costs, benefits, outcomes, and an analysis of impact on racial equity.	ICH	DHS, DCHA, TCP
2.5.2 Based on results of pilot, explore legislative changes necessary to support broader implementation, including how to ensure individuals retain access to state-administered benefits.	DHS	DCHA
Objective 2.6: Continue Landlord Engagement and Customer Service Efforts to Increase Access to Rental Units		
2.6.1 Continue work to establish a Central Unit Repository (CUR) to: a) identify and increase access to available units; b) track landlord participation with CoC programs to inform strategies around landlord outreach and recruitment; c) help identify systemic patterns related to fair housing violations; and d) track key metrics related to the housing lease-up process. (See also Strategy 11.2.3.)	DHS	TCP, DCHA, DHCD
2.6.2 Develop and execute strategy for systemwide housing navigators.	DHS	TCP
2.6.3 Develop electronic system (CUR or other) for tracking concerns raised by landlord and community partners to enable analysis of systemwide trends; continue working with landlords and community partners to identify and implement needed enhancements.	DHS	TCP
2.6.4 Enhance collaboration with the Office of Human Rights (OHR) to increase enforcement of fair housing laws and racial equity.	ICH	OHR, DHS

Objective 2.7: Design and Pilot a Roommate Strategy			
2.7.1	Design and pilot a roommate matching, leasing, and service delivery model to increase rental options and affordability for clients.	DHS	DCHA, TCP

Goal 3: Continue Capital and Program Improvements to Shelter Stock

While housing is the solution to homelessness, emergency shelter will always be an important part of the initial response. Housing loss cannot always be prevented, and even in the best of circumstances, it can take weeks – if not months – to find a new unit, even with a housing subsidy in hand. A well-functioning system is one that can provide shelter in real time – i.e., without waitlists – to anyone without a safe place to stay. However, as we have learned in the District, simply having adequate shelter capacity is not enough if that shelter isn't a place people feel comfortable going or trust can help them.

Over the last five years, the District replaced the dilapidated family mega-shelter (the old DC General hospital) with small, service-enriched, community-based Short-Term Family Housing (STFH) programs throughout the community. As these new facilities have opened, we have seen first-hand the importance building design can have on our ability to provide the right types of services to help families exit homelessness and secure housing of their own. As we near competition of the last STFH sites, the District's focus is shifting towards physical improvements to our shelter facilities serving individuals. With funding already in the budget and design concepts well underway for replacement of 801 East Men's Shelter and Harriet Tubman Women's Shelter, along with resources dedicated for major rehabilitation work at several other sites, we have a significant opportunity to rethink the physical layout of buildings and the entire way our shelter system works for individuals.

Objective 3.1 Complete Construction of New STFH Sites			
3.1.1	Complete construction of remaining STFH sites.	DGS	DHS

Objective 3.2. Continue Replacement and/or Rehabilitation of Low-Barrier Shelter Facilities for Individuals[60]			
3.2.1	Complete construction of 801 East Men's Shelter replacement facility (project already funded and work underway). [61]	DHS	DGS
3.2.2	Identify land, develop design concept, and complete construction of Harriet Tubman Women's Shelter replacement facility (project already funded).[62]	DHS	DGS

60 Strategy 7.4.1 recommends the creation of an expert task force to review system operations through a lens of trauma. Once that group has concluded its work, its recommendations will be considered as part of any new facility design and development project.

61 801 East Men's Shelter is located at 2700 Martin Luther King Jr. Avenue SE on St. Elizabeths Campus. The shelter will be replaced by a newly constructed, designed-to-specification facility on a different parcel of land on the campus.

62 Harriet Tubman Women's Shelter is currently located at 1910 Massachusetts's Avenue SE. The shelter will be replaced by a newly constructed, designed-to-specification facility at a different location in the District.

3.2.3	Identify land, develop design concept, and complete construction of New York Avenue Men's Shelter replacement facility (project already funded).[63]	DHS	DGS
3.2.4	Complete renovation work at Emery Shelter and Blair Shelter (work already funded). [64]		
3.2.5	Develop plan to replace capacity of Adams Place Men Shelter.[65]	DHS	DGS
3.2.6	In coordination with CCNV, develop plan in accordance with D.C. Act 20-502 (*Plan for Comprehensive Services for Homeless Individuals at 425 2nd Street NW Act of 2014*) to renovate or replace Federal City Shelter.	ICH	DHS
Objective 3.3. Fill Gaps in Shelter System Capacity for Individuals			
3.3.1	Create year-round co-ed shelter capacity to ensure all-adult households (e.g., adult siblings, a parent and adult child, domestic partners) can remain together.	DHS	DGS
3.3.2	Increase stock of medical respite beds for people experiencing homelessness who are discharged from hospital care with acute health conditions. (See also Strategy 9.1.5.)	DHS	DHCH
3.3.3	Identify shelter solutions for individuals with pets. [66]	DHS	
3.3.4	Create dedicated shelter programming for LGBTQ adults to ensure people have choice and feel safe accessing emergency shelter.	DHS	
3.3.5	Support the efforts of the Domestic Violence Response System to develop a strategic plan and bring more dedicated safe housing online for survivors fleeing domestic abuse. Continue efforts to improve system coordination and alignment.	TCP	DHS, OVSJG

Goal 4: Reform Front Door of System for Individuals

The District and its nonprofit partners operate more than two dozen emergency shelters providing over 3,000 beds for individuals experiencing homelessness. Some of these shelters are open year-round, while others are open only in the winter. Historically, the District has used a decentralized, "no wrong door" approach to provide access to shelter out of concern that making individuals go through a single point of entry may cause some to opt out of the shelter system altogether, choosing to sleep on the street instead. This is especially a concern for individuals with long histories of homelessness that have become habituated to accessing the site of their choice.

While a no-wrong-door approach has advantages, it also has some drawbacks. For individuals newly experiencing homelessness, trying to determine where to go for help can be daunting. Further, the sheer number of locations – and therefore different agencies and staff – conducting client intake and providing orientation to the system results in inconsistency, thereby compromising data quality and causing confusion among clients. Finally, it is much more difficult to administer effective prevention assistance in a decentralized

63 New York Avenue Men's Shelter is currently located at 1355 New York Avenue NE. The shelter will be replaced by a newly constructed, designed-to-specification facility at a different location in the District.

64 Emery Shelter is located at 1725 Lincoln Road; Blair Shelter is located at 635 I Street NE.

65 Adam's Place Men's Shelter is currently located at 2210 Adam's Place NE. DHS is leasing the building; it is anticipated that the bed capacity will need to be replaced elsewhere in the system when the lease expires.

66 Unlike shelter for families, where each family has a private room, shelter for individuals is provided in a congregate setting, making the accommodation of pets infinitely more difficult. While the Humane Rescue Alliance will care for a pet while a person is in shelter, many individuals with pets prefer to remain with theirpet in an unsheltered location versus separating form their pet.

system, and as emphasized in Chapter 2, we must do more to intervene earlier. Once people have lost housing and entered shelter, it is much more difficult to regain stability.

For these reasons, the District is considering adopting aspects of a central intake approach for single adults. While clients would still be able to access low barrier shelter directly, we think a more streamlined approach to entry will help create a better customer service experience, especially for individuals newly experiencing homelessness.

Objective 4.1. Develop System of Streamlined Intake for Individuals		
4.1.1 During planning phase, explore benefits, drawbacks, and feasibility of separate central intake sites by gender, with special consideration given to the needs of individuals fleeing domestic violence.	DHS	TCP
4.1.2 Develop standard orientation materials and standard messaging to help people understand what services and resources are available to them.	DHS	TCP
4.1.3 Review desirability of Vulnerability Index-Service Prioritization Decision Assistance Tool (VI-SPDAT) – particularly from the lens of racial equity – to determine if we will continue use or transition to a different tool.	TCP	DHS
4.1.4 Streamline administration of VI-SPDAT (or any future prioritization tool adopted for use in the District) across government and provider partners to ensure more consistency across the system. (See also 11.1.1.)	TCP	DHS
4.1.5 Develop protocol for prioritization into any specialized shelter beds (employment-focused beds, beds for seniors, medical respite beds, etc.) with immediate connection to case management.	DHS	TCP
4.1.6 Use data to support a progressive engagement approach among individuals, identifying individuals that have multiple episodes for referral to more intensive interventions.	DHS	TCP
Objective 4.2. Implement Diversion/Problem-Solving Conversations at All Points of Entry		
4.2.1 Co-locate Project Reconnect staff at intake center/information centers. Ensure staff are highly knowledgeable about the range of emergency assistance resources available in the District, and ensure that problem-solving conversations are done through the lens of trauma-in formed care and by staff trained to identify and respond to domestic violence.	DHS	TCP
4.2.2 Ensure all low-barrier shelters have staff trained in problem-resolution techniques available at intake hours; develop protocol for identifying individuals who may benefit from problem-solving; refer to Project-Reconnect if resources or mediation supports are needed.	DHS	TCP
4.2.3 Create a culture of housing-focused problem-solving across all programs (outreach, drop-in centers, upstream systems).	DHS	ICH
Objective 4.3. Seek More Regional Collaboration to Improve System Efficiency and Client Opportunity (See also Objective 10.5.)		
4.3.1 Seek partnership of surrounding counties via Metropolitan Washington Council of Governments (MWCOG) Homeless Services Committee to develop real-time shelter bed availability app to better connect individuals to resources in their home jurisdiction and to prevent underutilization of available resources (i.e., some jurisdictions are adding overflow resources while others have empty beds).	ICH	DHS,TCP

4.3.2	Seek partnership of surrounding counties (via MWCOG Homeless Services Committee) to develop protocols to ensure individuals traveling to another jurisdiction for shelter assistance may receive permanent housing assistance in their home jurisdiction (if that is the person's preference).	ICH	DHS,TCP
4.3.3	Seek private sector resources to pilot regional mobility for clients who would like to access housing outside of their home jurisdiction (e.g., to be closer to a new job, better transit, family supports); use the outcome of the pilot to inform changes to District laws and policies that currently limit mobility.	ICH	DHS, TCP
Objective 4.4. Continue to Enhance Street Outreach Services for Unsheltered Individuals			
4.4.1	Continue efforts to improve street outreach services to engage unsheltered individuals, provide connections to homeless services and behavioral health system resources, and implement harm reduction interventions to increase the health, safety, and wellbeing of individuals experiencing unsheltered homelessness.	DHS	DBH
4.4.2	Explore feasibility of establishing a sobering center or other harm reduction models to disrupt cycle of Fire and Emergency Services (FEMS) ambulance transports from street overdose hotspots to hospital emergency rooms (with hospitals discharging patients back to the street). Co-locate addiction specialists for consistent engagement opportunities. (See also Strategy 9.3.1.)	DBH	DHS, FEMS
4.4.3a	Pursue legislative clarifications to Ervin Act to reduce trauma associated with repeat FD-12s (of the same individual) that occur because of inconsistent interpretation of the law by participating systems (homeless/behavioral health, public safety, medical, and legal). (See ICH report entitled Creating a Stronger Safety Net for People with Severe Mental Illness, forthcoming in early 2020. (See also Strategy 9.3.4a.)	DBH	
4.4.3b	Implement civil commitment process improvements (improved guidance and training of front-line workers, improved interagency communication protocols, updated forms) to reduce trauma associated with repeat FD-12s that occur because of process breakdowns. (See ICH report entitled Creating a Stronger Safety Net for People with Severe Mental Illness, forthcoming in 2021.) (See also Strategy 9.3.4b.)	ICH	DBH, FEMS, MPD, OAG
4.4.3c	Increase number of psychiatric beds available for non-forensic clients to reduce trauma associated with repeat FD-12s that occur because there are no beds available to help people when they are needed; develop protocol to ensure collaboration with/connection to District's CAHP system for referral to PSH as appropriate. (See ICH report entitled Creating a Stronger Safety Net for People with Severe Mental Illness, forthcoming in 2021.) (See also Strategy 9.3.4c.)	DBH	DHCF
Objective 4.5. Enhance Shelter Operations and Case Management Services			
4.5.1	Work with stakeholders to rewrite shelter "program rules" to reflect operations and services model at new low-barrier shelters with goal of improving the client experience and client outcomes.[67]	DHS	TCP

67 Per § 4-754.21 of the HSRA, homeless services providers in the District are required to establish "program rules," which are defined as the facility/program rules, client rights, and complaint and appeal procedures established by a particular provider.

4.5.2	Perform a systematic review of shelter case management practices and performance using data, staff input, and consumer feedback; develop recommendations to enhance case management services to increase connection to available resources and reduce length of time individuals remain homeless.	DHS	TCP

Goal 5: Continue Family System Reforms

Significant work occurred during the first five years of Homeward DC implementation to reform the front door of the family shelter system, including the move to year-round shelter access, scaling prevention assistance, co-locating domestic violence (DV) experts at the Virginia Williams Family Resource Center (VWFRC), and reimagining family shelter through our new STFH sites. As we look ahead to the next five years, we hope to build on these efforts by working to ensure greater consistency across programs, improve service connectivity and quality, and tailor services for subpopulations with unique needs, such as youth-headed families and families with behavior health needs.

Objective 5.1. Improve Service Connection at VWFRC and other Points of Entry			
5.1.1	Institute regular trauma-informed care and trauma-responsive training for staff at VWFRC. (See also Objective 7.4)	DHS	TCP
5.1.2	Develop protocols for VWFRC staff when working with pregnant or parenting individuals who are not eligible for homeless services through the family system but who are in need of support and services.	DHS	TCP
5.1.3	Seek partnership of surrounding counties (via MWCOG homeless Services Committee) to develop protocols to ensure direct service connection and warm handoff for any family seeking assistance outside their home jurisdiction. (See also Strategy 4.3.2.)	TCP	DHS, TCP
5.1.4	Develop partnerships and protocols for multi-system involved families to ensure families have access to all resources available to help them connect to safe and stable housing.	DHS	TCP
5.1.5	Complete analysis of West at HPP data to better understand families at greatest risk of experiencing homelessness and to improve targeting of homelessness prevention services.	DHS	TCP
5.1.6	Review current protocols for VWFRC staff working with survivors of domestic violence and continue efforts to implement pilot program to connect domestic violence emergency housing programs to the CAHP system for support with permanent housing placement.	DHS	TCP
Objective 5.2. Align Family Shelter Program Models			
5.2.1.	Continue efforts to align service models across shelter program types (STFH, apartment style, motels) to reduce systemwide average length of stay and improve outcomes.	DHS	TCP
Objective 5.3. Improve Health Supports for Families			
5.3.1	Conduct data analysis to examine service connectivity among clients referred for mental health services and/or substance use services. Identify strategies to improve ongoing connectivity. (See also Strategy 9.3.2.)	DBH	DHS
5.3.2	Develop protocol to prioritize the connection of pregnant individuals residing in shelter or other homeless services programs to critical prenatal services in a timely manner.	DHS	DOH, DHCF
Objective 5.4: Increase and Improve Options for Families with Youth Heads of Household			

5.4.1	Identify best practices for serving youth-headed families in emergency shelter and transitional housing programs; work to align practices across all family system providers.	DHS	TCP
5.4.2	Coordinate with the youth system to identify promising practices for serving youth in rapid re-housing programs; identify specific providers who want to specialize in serving this population.	DHS	TCP
5.4.3	Ensure system training requirements include topics related to youth development, basic life skills, parenting, education options and opportunities, and other youth-focused topics. (See also Strategy 7.3.1.).	DHS	TCP
5.4.4	Coordinate with youth, unaccompanied adult, and family system partner to develop common referral protocol to ensure a more seamless transition for individuals who become pregnant/parenting.	ICH	DHS, TCP
Objective 5.5 Continue Efforts to Improve FRSP			
5.5.1	To maximum extent possible, implement reforms to FRSP, as rec-ommended by FRSP Task Force. (See also Strategy 7.2.1.)	DHS	TCP

Goal 6: Support Provider Capacity Expansion

No matter how much urgency there may be to address homelessness in our community, one of the most important lessons learned over the past five years is that capacity constraints limit how much programming can be scaled in any given year. The infusion of millions of new dollars into the homeless services system each year creates a need for our provider network to expand proportionally.

The ICH and its member agencies have begun efforts to address some of the issues raised by providers that impede their ability to grow. However, significant challenges remain, such as ensuring agencies have adequate resources to cover expenses related to expansion (e.g., moving to a larger office space, growing back office support functions), identifying qualified staff, and ensuring new staff have the technical support needed. The same capacity constraints exist among nonprofit housing developers, and especially those working in the supportive housing space.

Objective 6.1: Support Provider Expansion			
6.1.1	Increase collaborative planning between government and providers, including:	DHS	PTEH
a)	DHS solicitation of provider expansion plans early in calendar year (seeking number of clients each provider can absorb without "in frastructure change" support,[68] and number of clients provider could absorb with "infrastructure change" support);		
b)	ICH creation of master homeless services procurement schedule once budget is finalized to allow providers to more strategically determine which opportunities to pursue;		
c)	DHS coordination with PTEH on any infrastructure growth grants available for the year; and		
d)	To maximum extent possible, DHS decisions on provider expansion completed and communicated in writing within 60 days of budget approval to allow adequate ramp-up time prior to start of next fiscal year.		

68 Infrastructure change, as used in this plan, refers to one-time costs a provider agency would have to incur to significantly expand their capacity, such as rehabbing office space to accommodate more staff, relocating to new office space, technology upgrades, etc.

6.1.2	Coordinate with the PTEH to raise funds for infrastructure growth grants—with an emphasis on capacity development for organizations led by people of color—allocated in coordination with DHS decisions on provider expansion.	ICH/PTEH	DHS
6.1.3	Ensure contract requirements and rates reflect full scope of service expectations as well as market salaries for case management professionals by conducting a regular rate analysis (e.g., every 3-4 years). (See also Strategy 7.1.3 and 7.2.3.)	DHS	
6.1.4	Explore strategies to ensure providers with a federally-approved indirect cost rate can be fully compensated at their approved rate; provide technical assistance to providers eligible to establish federally approved indirect cost rate that need assistance doing so.	ICH	DHS, TCP
Objective 6.2. Support Provider Job Recruitment and Retention Efforts			
6.2.1	Host annual District-sponsored job fair to support providers working to grow their teams in advance of new fiscal year resources.	DOES	DHS
6.2.2	Partner with Washington-area universities to support development of a social work employee pipeline.	ICH	DOES, DHS

Goal 7: Improve Service Quality and Consistency

As we continue to scale our housing assistance programs, we will inevitably have new providers at the table and new staff at more-established providers. Given the vulnerability of many clients served through the homeless services system, it is important that providers are knowledgeable and skilled at working with individuals and families with complex needs.

Objective 7.1. Improve PSH Service Quality and Fidelity			
7.1.1	Continue development of tiered PSH case management rates to allow for more individualized support and to ensure service intensity can adjust as client needs change.	DHS	
7.1.2	Continue pursuit of Medicaid reimbursement for services; identify gaps where local funding is needed.	DHS	DHCF
7.1.3	Ensure contract requirements and rates reflect full scope of service expectations as well as market salaries for case management professionals by conducting a regular rate analysis (e.g., every 3-4 years). (See also Strategy 6.1.3 and 7.2.3.)	DHS	
7.1.4	Develop more robust PSHP performance management and quality assurance framework; increase emphasis on client outcomes versus client contacts.	DHS	
7.1.5	Develop higher quality/real-time training opportunities for PSH case managers and supervisors. (See also Objective 7.1.)	DHS	TCP
7.1.6	Increase on-site monitoring and technical assistance visits, especially for new providers.	DHS	TCP
7.1.7	Modify service provider contract requirements to enable more hiring of peers within the homeless services system to assist with service en-gagement and service connection, to serve as escorts to medical and social service appointments, etc. (See also Strategy 7.6.1.)	DHS	TCP
7.1.8	Identify strategy for measuring fluctuations in service-enriched housing within neighborhoods or submarkets to ensure proportional adjustments in overall service coordination and neighborhood engagement.	DHS	DCHA, DHCD

Objective 7.2. Improve RRH Service Quality and Fidelity			
7.2.1.	To maximum extent possible, implement reforms to FRSP, as recommended by FRSP Task Force. (See also Strategy 5.5.1.)	DHS	TCP
7.2.1	Explore the feasibility of outcome-focused case management contracts in RRH programs.	DHS	
7.2.2	Explore feasibility of transferring federal or local workforce dollars to DHS with the goal of embedding job placement and retention experts on RRH case management teams to improve case coordination and accountability. (See also Strategy 8.1.4.)	DHS	WIC, DOES
7.2.3	Ensure contract requirements and rates reflect full scope of service expectations as well as market salaries for case management professionals by conducting a regular rate analysis (e.g., every 3-4 years). (See also Strategy 6.1.3 and 7.1.3.)	DHS	
7.2.4	Continue to provide job retention and career pathways support for RRH clients following exit from RRH programming. (See also Strategy 8.2.2.)	DHS	DOES
7.2.1	Increase training for the Office of Administrative Hearings (OAH) on the role of RRH in the homeless services system to support more consistent interpretation/application of law.	DHS	
Objective 7.3. Support Ongoing Learning/Development for Providers			
7.3.1	Develop training strategy to improve provider capacity. Identify training requirements and required competencies, including an explicit emphasis on racial equity and inclusion; explore options to allow agencies more discretion to identify how they will fulfill requirements, especially with regard to clinical requirements.	DHS	TCP
7.3.2	Develop and implement use of a racial equity impact assessment tool to promote system- and provider-level examination of how different racial and ethnic groups will likely be affected by policies and programming.	ICH	DHS, TCP
7.3.3	Via PTEH, leverage private sector partners to support nonprofit organizational development (human resource management, financial management, board development, data and performance management, etc.) – with a particular emphasis on supporting the needs of organizations led by people of color.	ICH/ PTEH	
Objective 7.4. Review System Operations through Lens of Trauma to Identify Opportunities for Improvement			
7.4.1	Convene an expert task force, including people with lived experience, to review systemwide operations, with particular emphasis on front-door/intake protocols and shelter operations, to ensure facilities, protocols, and services are grounded in principles of trauma-informed care; issue report on recommendations to ICH Executive Committee.	ICH	DHS
Objective 7.5. Review System Operations through a Racial Equity Lens to Identify Opportunities for Improvement			

7.5.1. Convene an expert task force, including people with lived experience, to review homeless services system operations from a lens of racial equity, focusing on issues such as leadership and decision-making, access to services, and quality of services, to ensure we – as the CoC – are aware of and responsible for ways we contribute to issues of racial discrimination and oppression; issue report on recommendations to ICH Executive Committee.	ICH	DHS
Objective 7.6. Expand Peer Hiring and Consumer Feedback Opportunities to Improve Services		
7.6.1 Modify service provider contract requirements to enable more hiring of peers within the homeless services system (i.e., allowing lived experience in place of education or work experience). (See also Strategy 7.1.7.)	DHS	TCP
7.6.2 Develop peer certification course to prepare individuals for peer support positions within the homeless services system. Key topics could include data and privacy issues such as Health Insurance Portability and Accountability Act (HIPPA) requirements and HMIS protocols, clinical techniques related to motivation interviewing and conflict resolution, basic background on health conditions and warning signs, and cross-training on available programs and services within the District.	DHS	DBH, TCP
7.6.3 Support people with lived experience who are interested in pursuing continuing education to advance their careers. (See also Strategy 6.2.2.)	OSSE	DOES
7.6.4 With the help of the ICH Consumer Engagement Work Group, identify ways to increase consumer feedback to improve day-to-day operations.	ICH	DHS, TCP

Goal 8: Improve Employment and Income Growth Opportunities for Clients

Income is the single biggest barrier for people to obtain and maintain stable housing. Given the volume of people that need help with affordable housing relative to available housing subsidies each year, employment simply must serve as a pathway out of homelessness. However, barriers to employment remain intense for this population, including historically poor access to quality education, low literacy rates, high levels of disabling conditions (both physical and behavioral), high rates of trauma, high rates of justice system involvement, and persistent institutional discrimination, just to name a few. According to findings from the District's 2019 PIT+ survey, approximately 40% of respondents indicated their current episode of homelessness was caused by losing a job, and 75% identified "no job/lack of income" as the primary obstacle in obtaining permanent housing.[69]

Even among people that are employed, earning does not mean earning enough. To better understand employment and income trends, the ICH partnered with the Lab@DC, DOES, and TCP in 2019 to examine third-party earnings data for individuals and families experiencing homelessness.[70] The findings from the analysis confirmed significant amounts of unemployment and underemployment among households

69 In 2019, the District conducted a supplemental qualitative survey the week of the PIT Count to gather additional information on inflow into the shelter system – including where people are coming from, what they view as the cause of their homelessness, and what type of assistance might have helped prevent the experience of homelessness. A summary of the findings is available at https://ich.dc.gov/event/ich-executive-committee-14.

70 A summary of the earnings analysis is available at https://ich.dc.gov/event/ich-full-council-13.

experiencing homelessness, and that people are – on average – earning far less than what it takes to afford housing in the District.[71]

While the homeless services system only has so much ability to influence income receipt, it is imperative that we find ways to improve access to workforce services and supports for individuals with barriers. We must also improve opportunities for people to learn while they earn; adults experiencing homelessness do not have the luxury of time for education and job training programs – they need income in their pockets immediately simply to survive. However, they also need opportunities to grow their income over time.

Objective 8.1: Improve Coordination between Homeless Services System and Workforce Services			
8.1.1	Explore opportunities to expand CAHP screening protocols to assess not only for needed housing supports, but also income-generating pathway (e.g., DOES/American Job Center, Supported Employment, Social Security Disability Income, TANF). Design process to generate automatic referrals.	ICH	TCP, DHS, DOES
8.1.2	Convene expert task force, including people with lived experience, to identify barriers to accessing workforce services and employment opportunities – with an emphasis on structural, institutional, and interpersonal racism, in addition to barriers resulting from inadequate program design, administrative barriers, and resource gaps. Issue report on recommendations to ICH Executive Committee and Workforce Investment Council Board.	ICH	WIC, DOES, DHS
8.1.3	As new homeless services system facilities are developed, expand the number of employment-focused beds (often referred to as "work beds") for individuals to ensure greater access to people who are committed to finding employment versus only people that are already working. (Note that employment-focused programming may be provided in temporary shelter or transitional housing programs.)	DHS	
8.1.4	Ensure information about work beds for individuals and RRH is more uniformly provided to individuals in low-barrier shelters using standard scripts, fliers, and informational videos.	DHS	TCP
8.1.5	As new shelter facilities are developed for individuals, increase co-location of employment services at shelters and day centers to increase access to workforce services.	DHS	DOES
8.1.6	Explore feasibility of transferring workforce dollar from DOES to DHS with the goal of embedding job placement and retention experts on RRH case management teams to improve case coordination and accountability. (See also Strategy 7.2.2.)	DHS	DOES, WIC
8.1.7	Explore the opportunity for direct partnerships between RRH providers and industry associations facing worker shortages.	DOES	DHS
8.1.8	Implement recommendations from FRSP Task Force to support better coordination with TANF Employment Provider (TEP) services. (See also Strategy 5.5.1 and Strategy 7.2.1.)	DHS	

71 According to the National Low-Income Housing Coalition 2019 Out of Reach: The High Cost of Housing report, the District has the fourth highest "housing wage" in the nation, at $32/hour to afford a two-bedroom rental home or $28/hour to afford a one-bedroom rental home. The report's "housing wage" is the hourly wage a full-time worker must earn to afford a modest rental home at HUD's Fair Market Rent while spending no more than 30% of his or her income on rent and utilities.

8.1.9	Conduct periodic cross-training (quarterly or semi-annually) between workforce and homeless services system staff and partners to ensure each set of stakeholders understands available programs, services, and protocols of the other system.	DHS	DOES
8.1.10	Identify homeless services specialist positions at the American Job Centers who will be trained on the unique needs and circumstances of individuals experience homelessness to ensure a more thoughtful, responsive, and trauma-informed approach to the provision of employment services.	DOES	
Objective 8.2: Identify Opportunities for People to Grow their Income			
8.2.1	Review local and national outcome data on workforce programs. Identify the most effective programs and services for people experiencing homelessness. Determine how to pilot and/or expand those services.	ICH/WIC	DOES, DHS
8.2.2	Continue to provide job retention and career pathways support for RRH clients following exit from RRH programming. (See also Strategy 7.2.4.)	DHS	DOES
8.2.3	Ensure training opportunities and other workforce services are available on weekends and evenings to support people that are already working or otherwise require scheduling flexibility.	DOES	
8.2.4	Explore expansion of the DC Flex Program or other basic income models to support low-wage earners that are working but not earning enough to afford housing.	DHS	
8.2.5	Identify community partners to support households experiencing homelessness with tax preparation and/or application for available benefits (e.g., Earned Income Tax Credit, Economic Impact Payments).	ICH/ PTEH	
Objective 8.3: Identify Employment Opportunities for Individuals with High Levels of Barriers			
8.3.1	Identify employer incentives for hiring, training, and retaining individuals with high barriers.	WIC	DOES, DHS
8.3.2	Consider development or expansion of government-sponsored supportive employment programs for people that want to work but have high levels of barriers.	WIC	DOES, DHS

Goal 9: Improve Access to Care for Individuals with Complex Health Needs

At the time the Homeward DC plan was developed, it was well understood that the single adult population was older and had a higher degree of disabling conditions than did family households experiencing homelessness.[72] Significant investments in PSH over the last five years have enabled us to house hundreds of our most vulnerable neighbors, but many hundreds more experience homelessness for the first time each year.

As explained in a literature review on aging and homelessness:[73]

> There is an acceptance that homelessness among older people is on the rise, but differences in life trajectories and health status make it difficult to determine what constitutes the older homeless population. While 65 –the dominant age of retirement – is the most widely accepted marker of old age, it is deficient where later life homelessness is concerned. Older adults living on the street tend

72 Data from the last three decennial census counts have revealed that contemporary homelessness among individuals is concentrated among persons born in the latter half of the post-War baby boom (1955-1965) and in the years immediately adjacent to that period. Demographers refer to this as a cohort effect. See: Culhane, D.P., Metraux, S., Byrne, T., Stino, M., & Bainbridge, J. (2013). "The Age Structure of Contemporary Homelessness: Evidence and Implications for Public Policy." Anal Soc Issues Public Policy, 13 (1), 228-244.doi: 10.1111/asap.12004.

73 Grenier, Amanda, Rachel Barken, Tamara Sussman, David Rothwell, and Jean-Pierre Lavoie (2013). Homelessness in Late Life: Growing Old on the Streets, in Shelters, and Long-Term Care. http://aginghomelessness.com/wp-content/uploads/2012/10/Literature-Review-Aging-and-Homelessness.pdf

to exhibit mental and physical health issues that are more consistent with non-homeless people who are at least ten years older than them.[74] People who live on the streets also have higher rates of early mortality than the general population.[75]

According to 2019 PIT data, the median chronological age of the single adult population in the District is 51, suggesting a median biological age of between 61 and 71 years old. The District's data is consistent with national data, which shows that 50% of the single adult population today is over age 50, compared to just 11% in 1990. Further, 44% of this aging homeless population became homeless for the first time after turning 50.

At the same time we are seeing this emerging crisis of aged homelessness, the District's homeless response system must also address complexities associated with high levels of substance use disorders – often co-occurring with mental health disorders. According to 2019 PIT data, approximately 22% of individuals reported chronic substance abuse, while approximately 31% reported severe mental illness.[76] With the opioid epidemic in particular, while national trends largely reflect new opioid users who are young, white adults, the epidemic in the District looks different. Since 2014, approximately 80% of all opioid overdose deaths in the District were among African Americans, and 89% of District opioid users are over 40 years old (with nearly 60% being 50 or older).

These converging trends have serious implications not only for the homeless services system, but for our healthcare system as well. Without providing appropriate housing interventions for this population, researchers project annual costs associated with shelter, hospital, and nursing home stays to triple between 2011 to 2030.[77]

Note: While this goal is focused on the increasingly complex healthcare needs of individuals, family households have own unique healthcare needs as well. See Objective 5.3.

Objective 9.1: Improve Care Coordination Between Healthcare and Homeless Service Systems			
9.1.1	Re-train hospitals on data collection re: housing status; ensure consistent capture of ICD-10 codes to support both data analysis and care coordination opportunities.	ICH	DHCF, DHS, DC HEALTH
9.1.2	Develop protocol with hospital partners for social services consult (and linkage back to homeless service system case managers) on all clients identified as homeless.	ICH	DHCF, DHS, DC HEALTH
9.1.3	Pilot creation of homeless services liaison at hospitals to assist with discharge planning and care coordination and to prevent discharge of clients to the street.	ICH	DCHF, DHS, TCP
9.1.4	Identify strategy for ensuring home health services are available to individuals staying in shelter.	DHCF	DHS
9.1.5	Increase supply of medical respite beds in community. (See also Strategy 3.3.2)	DHS	DHCF, DC HEALTH
9.1.6	Pilot virtual care team concept for frequent users of hospital services and other high need individuals.	DHCF	DHS, DC Health

74 More recent research suggests this difference between chronological age and biological age may be as much as twenty years. See: Rebecca T. Brown, Kaveh Hemati, Elise D. Riley, Christopher T. Lee, Claudia Ponath, Lina Tieu, David Guzman, Margot B. Kushel, "Geriatric Conditions in a Population-Based Sample of Older Homeless Adults." The Gerontologist, Volume 57, Issue 4, August 2017, Pages 757–766. https://doi.org/10.1093/geront/gnw011

75 Culhane's research suggests the average life expectancy of homeless individuals to be 64 years of age.

76 The PIT is self-reported data; based on their experience with the client population, homeless services system providers believe the PIT data underestimates actual prevalence.

77 Culhane, Dennis, Thomas Byrne, Stephen Metraux, Randall Kuhn, Kelly Doran, Eileen Johns, and Maryanne Schretzmann (2019). The Emerging Crisis of Aged Homelessness: Could Housing Solutions Be Funded by Avoidance of Excess Shelter, Hospital and Nursing Home Costs? https://www.aisp.upenn.edu/wp-content/uploads/2019/01/Emerging-Crisis-of-Aged-Homelessness-1.pdf

9.1.7	Create standard protocol for medical home visit upon PSH move-in to determine any durable medical equipment (DME) needs, medication management strategy, identification of primary care physician, etc.	DHS	TCP
9.1.8	Develop protocol with hospital partners regarding discharge of individuals experiencing homelessness and transport to shelters.	DHS	DC Health
Objective 9.2: Increase Housing Options for Individuals with Highest Levels of Need			
9.2.1	Increase supply of site-based PSH. (As referenced elsewhere in this plan, the ICH recommends a 65/35 split of new investments between scattered-site and site-based PSH for individuals.)	DHCD	DHS, DCHA
9.2.2	Develop more intensive model of site-based PSH to ensure individuals with the most extensive barriers receive the supports needed. Review supportive services contracting models; determine how to pay for additional services needed in more intensive models (e.g., on site nursing, medication management).	DHS	DHCD, DHCF, DBH
9.2.3	Analyze need for nursing home capacity in years ahead; develop strategy for meeting need and ensuring access for clients with behavioral health conditions.	DHCF	DC Health, DBH, DHS
Objective 9.3: Increase Quality and Quantity of Behavioral Health Supports for Individuals Experiencing Homelessness with Severe Mental Illness and/or Substance Use Disorders			
9.3.1	Explore feasibility of establishing a sobering center or other harm reduction models to disrupt cycle of Fire and Emergency Services (FEMS) ambulance transports from street overdose hotspots to hospital emergency rooms (with hospitals discharging patients back to the street). Co-locate addiction specialists for consistent engagement opportunities. (See also Strategy 4.4.2.)	DBH	DHS, FEMS, DHCF, DC Health
9.3.2	Conduct data analysis to examine service connectivity among clients referred for mental health services and/or substance use services. Identify strategies to improve ongoing connectivity. (See also Strategy 5.3.1.)	DBH	DHS
9.3.3	Work to ensure Traumatic Brain Injury (TBI) assessment and services are reimbursable activities under the State's Medicaid plan; train behavioral health providers to screen for TBI.	DHCF	DBH
9.3.4a	Pursue legislative clarifications to Ervin Act to reduce trauma associated with repeat FD-12s (of the same individual) that occur because of inconsistent interpretation of the law by participating systems (homeless/behavioral health, public safety, medical, and legal). (See ICH report entitled Creating a Stronger Safety Net for People with Severe Mental Illness, forthcoming in 2021.) (See also Strategy 4.4.3a.)	DBH	
9.3.4b	Implement civil commitment process improvements (improved guidance and training of front-line workers, improved interagency communication protocols, updated forms) to reduce trauma associated with repeat FD-12s that occur because of process breakdowns. (See ICH report entitled Creating a Stronger Safety Net for People with Severe Mental Illness, forthcoming in early 2020.) (See also Strategy 4.4.3b.)	ICH	DBH, FEMS, MPD, OAG

9.3.4c	Increase number of psychiatric beds available for non-forensic clients to reduce trauma associated with repeat FD-12s that occur because there are no beds available to help people when they are needed; develop protocol to ensure collaboration with/connection to District's CAHP system for referral to PSH as appropriate. (See ICH report entitled Creating a Stronger Safety Net for People with Severe Mental Illness, forthcoming in early 2020.) (See also Strategy 4.4.3c.)	DBH	DHCF, DC Health

Goal 10: Coordinate with Upstream Systems to Track and Stem Inflow

The differential between wages relative to rental costs has not changed significantly for low-income households over the last five years. As highlighted in Chapter 1, over 75,000 renter households in the District are cost burdened, approximately 57% of which are severely cost burdened. Any shock to the household (job loss, a health crisis, a death or divorce) can lead to housing instability or loss. This is seen most keenly in the system serving individuals, where there is relatively less assistance available – both in terms of housing resources, but also income and food assistance. As discussed in the 2019 Homeward DC Progress Report, the number of individuals touching the homeless services system each year increased 20% between 2015 and 2018, and the number of individuals experiencing first time homelessness increased 24%. People exiting other systems or institutions (e.g., criminal legal system, child welfare system, behavioral health system, hospitals, nursing homes) without any family or community supports are particularly at risk.

Looking at ways to reduce inflow from upstream systems will be critical in the years ahead. Stronger regional collaboration will be required as well. As the District continues to grow and prosper, displacement of long-time District residents remains a concern. Therefore, efforts to address homelessness and affordable housing across the region cannot remain siloed. Different jurisdictions all have different opportunities and constraints; for example, the District may be better positioned to meet large-scale shelter needs, but has more limited land for development of new housing compared to the surrounding counties. Despite the complications of working across state boundaries, it will be important to find ways to work together to increase access to opportunity and mobility for all low-income households in the region.

Objective 10.1: Expand District Infrastructure to Provide Largescale Eviction Prevention Assistance.			
10.1.1	Stand-up call center to facilitate access to information and connection to emergency rental assistance and legal assistance resources.	DHS	ICH, DHCD, OTA
10.1.2	Coordinate with community partners to distribute information on tenant rights, emergency rental assistance resources, and available legal assistance, with a particular emphasis on Black and Latinx communities that have been the most heavily impacted by the pandemic.	ICH	DHS, DHCD, OTA
Objective 10.2: Support the Efforts of the Criminal Legal System to Decrease Discharges into Homelessness.			
10.2.1	Conduct data analysis project with reentry partners to improve our understanding of individuals at heightened risk of experiencing homelessness upon release, racial disparities that exist among this population, patterns of shelter system utilization, and opportunities to intervene sooner.	ICH	TCP, DOC, CJCC, MORCA

10.2.2 Support the efforts of the criminal legal system to improve discharge planning for individuals returning to the District after long sentences, including efforts to reestablish benefits prior to release, identify housing options, and reestablish connections to support networks and services.	CJCC	
10.2.3 Support the efforts of the criminal legal system to develop more targeted housing interventions for returning citizens to support immediate connection to housing upon release	DOC	OVSJG, DOC, MORCA, CJCC
10.2.4 Support the Department of Corrections to pilot a coordinated assessment and housing placement system for returning citizens at the READY Center, with the goal of improving data about client needs and better targeting available housing resources.	DOS	TCP
Objective 10.3: Improve Identification and Stabilization of Seniors at Greatest Risk of Housing Loss		
10.3.1 Coordinate with the Age Friendly DC Task Force to develop targeted homelessness prevention strategies for seniors, including development of a data-driven framework for identifying seniors at greatest risk of housing loss.	ICH	DMHHS, DACL
Objective 10.4: Support DBH to Develop a Housing Strategy for Persons with Severe Mental Illness		
10.4.1 Work with DBH to develop a broader housing strategy for individuals with severe mental illness, assessing the type and quantity of different housing models needed, the performance of existing programs, and the opportunity to better align programs and services with the homeless services system.	ICH	DBH, DHS
Objective 10.5: Coordinate with DCHA to Prevent Eviction of Households in Subsidized Housing		
10.5.1 Conduct data analysis project with DCHA to identify causes and trends (including insights related to racial disparities) among households served through DCHA programs that are terminated or evicted who subsequently seek assistance from the homeless services system; identify strategies to identify and stabilize at-risk households.	ICH	DCHA, DHS
Objective 10.6: Seek Greater Interjurisdictional Collaboration to Maximize Use of Regional Resources and Reduce Inflow into the District's Shelter System. (See Objective 4.3)		
10.6.1 Seek partnership of surrounding counties (via MWCOG Homeless Services Committee) to develop real-time shelter bed availability app to better connect individuals to resources in their home jurisdiction and to prevent underutilization of available resources (i.e., some jurisdictions are adding overflow resources while others have empty beds).	ICH	DHS, TCP
10.6.2 Seek partnership of surrounding counties (via MWCOG homeless Services Committee) to develop protocols to ensure individuals traveling to another jurisdiction for shelter assistance may receive permanent housing assistance in their home jurisdiction (if that is the consumer's preference).	ICH	DHS, TCP

10.6.3	Seek private sector resources to pilot regional mobility for clients who would like to access housing outside of their home jurisdiction (e.g., to be closer to a new job, better transit, family supports); use the outcome of the pilot to inform changes to District laws and policies that currently limit mobility.	ICH	DHS, TCP
Objective 10.7: Continue Efforts to Implement Solid Foundations DC Plan to Stabilize Youth Experiencing Homelessness and Prevent Inflow into Adult Homeless Services System			
10.7.1	Continue scaling targeted youth programming; use HUD Youth Homelessness Demonstration Program (YHDP) grant to pilot new approaches.	TCP	DHS
10.7.2	Conduct data match with child welfare system and juvenile legal system to establish baseline data on number and characteristics of system-involved youth that experience homelessness, with an emphasis on racial disparities within the population; establish targeted intervention strategies.	ICH	CFSA, TCP, DHS

Goal 11: Continue Efforts to Expand Data Collection & Improve Data Quality

Accurate data are crucial to designing programs and providing services that fit the needs of individuals and families experiencing homelessness in our community. Consistently capturing and tracking data ensures that our homeless services system is able to measure the success of current programing, which allows the system to identify needed improvements and plan for the future. While data is currently captured across the system and routinely analyzed to inform decision-making, it is imperative that we continue efforts to expand data collection and improve data quality and consistency.

In the years ahead, we must work with our partners to expand data collection on specific key topics that are vital for system improvement. In addition, we must also ensure that government frontline staff, DHS- and TCP-funded providers, and privately-funded partners improve data entry and data quality so that our data systems reflect our community's experiences and needs to the maximum extent possible; this will be critical as we begin implementation of Homeward DC 2.0.

Objective 11.1: Continue Efforts to Improve Data Quality			
11.1.1	Streamline administration of VI-SPDAT (or any future prioritization tool adopted for use in the District) across government and provider partners to ensure more consistency across the system. (See also 4.1.4.)	TCP	DHS
11.1.2	Identify monthly turnover estimates by voucher funding source[78] based on average annual turnover rate (to help with planning); establish CAHP-system tracker to ensure vouchers/units are coming back to the CAHP system upon turnover. (See also 2.1.1.)	ICH	TCP, DHS, DCHA
11.1.3	Develop protocol for ensuring client data from DHS direct-funded providers (e.g., PSHP, RRH for individuals, daytime service centers, and locally-funded youth programs) is entered in HMIS.	DHS	TCP

78 PSH funding sources include the DHS Permanent Supportive Housing Program (PSHP), HUD CoC Program, HUD-Veteran Affairs Supportive Housing (VASH), and DHCD's Consolidated Request for Proposals (RFP) project-based units.

11.1.4 Ensure DHS provider contracts require participation in HMIS data quality training; ensure DHS monitoring protocols include a review/assessment of data quality.	DHS	TCP
11.1.5 Establish mechanisms (e.g., performance reviews) for improving HMIS data entry and data quality by front-line government staff (e.g., Virginia Williams intake staff, Adams Place Day Center).	DHS	TCP
11.1.6 Explore strategies (e.g., tech solutions) for improving data collection at low-barrier shelters, day center, and other programs where daily client turnover creates challenges for data quality.	ICH/PTEH	TCP
11.1.7 Continue working with staff at privately-funded shelters (e.g., Central Union Mission, Creative Community for Non-Violence) to improve client-level data collection and participation in HMIS.	ICH	TCP
Objective 11.2: Expand Data Collection & Reporting to Improve our Knowledge Base on Key Topics.		
11.2.1 Establish Task Force to review data currently being collected on client race, ethnicity, gender identify, sexual orientation, and linguistics; develop recommendations for desired changes re: data collection, and establish annual process for analysis of information to monitor trends related to access to services, outcomes, and client satisfaction.	ICH	TCP, DHS
11.2.2 Develop standard protocol for reporting/tracking new PSH units in the District's Housing Inventory Count (HIC).	ICH	DHS, DHCD, TCP
11.2.3 Continue work to establish a Central Unit Repository (CUR) to a) identify and increase access to available units, b) track landlord participation with CoC programs to inform strategies around landlord outreach and recruitment, c) help identify systemic patterns related to fair housing violations; and d) track key metrics related to the housing lease-up process, including race-based disparities. (See also Strategy 2.6.1.)	DHS	
11.2.4 Support OP to refine estimates of the number of low-income households in the District that need housing assistance and the proportion of those who are at risk of housing instability and homelessness; ensure appropriate demographic data are captured to understand racial disparities. (See also Strategy 12.1.1.)	OP/ICH	
11.2.5 Support OP to develop methodology to track changes in this this population over time. (See also Strategy 12.1.2.)	OP/ICH	
Objective 11.3: Improve Feedback to and Collaboration with Providers to Support Performance Improvements.		
11.3.1 Ensure regular feedback (e.g., semi-annual) on program performance is provided to DHS direct-funded providers (e.g., PSHP, RRH-I).	DHS	
11.3.2 Deepen collaboration with provider-level data staff as partners in informing contract requirements and government IT system updates to ensure decisions are informed by experience at point of service delivery and data collection.	DHS	DHCF, TCP
11.3.3 Develop protocol to ensure consumer feedback is routinely shared with providers to inform service delivery and performance improvements.	ICH	DHS, TCP
11.3.4 Develop framework for provider "peer support" for small providers who need support developing capacity to analyze program impact.	ICH	

Goal 12: Provide Leadership on Creating a Right to Housing in the United States

As discussed in Chapter 1 of this plan, housing assistance for low-income households is funded differently in the United States than other safety net programs like food and healthcare assistance. In contrast to programs like Medicaid and SNAP, where the government must provide benefits to all who are eligible, housing assistance is subject to available funding. Accordingly, an estimated one in five U.S. households eligible and in need of assistance actually receives it.[79]

While the District should continue to expand housing assistance to the maximum extent possible using a racial equity lens, data from OP suggest the number of households that would be eligible for a low-income housing benefit to be at least 40,000 households. The District's FY19 budget was approximately $14.4B, approximately $8B of which was local revenue. While DC was thriving prior to the COVID public health emergency, the District government would not be able to fund a housing entitlement benefit without cutting investment in other critical public goods and services that are predominantly funded by local tax dollars – including primary and secondary education, public safety, street/road maintenance, and gaps (e.g., ineligible populations or ineligible services) in other federal safety net programs, including healthcare.

In contrast, the Federal government's FY19 budget was $4.746 trillion.[80] HUD's portion of that was $44B –approximately half of which ($22.6B) went to tenant-based rental assistance for low-income households and only $2.6B for homeless assistance. Each year, the federal government invests more to subsidize wealthy homeowners than they do rental housing for individuals experiencing homelessness. In FY19, the mortgage interest deduction cost the federal government approximately $34B; approximately 80% of this benefit goes to households in the top 20% of the income distribution.[81] While the District alone may not be able to fund a housing entitlement benefit, the federal government surely could, and it's important for the District – especially given our proximity to federal lawmakers – to be a leading voice on this issue.

Objective 12.1: Refine Need Estimates			
12.1.1	Support OP to refine estimates of the number of low-income households in the District that need housing assistance and the proportion of those who are at risk of housing instability and homelessness; ensure appropriate demographic data are captured to understand racial disparities. (See also Strategy 11.2.4.)	OP/ICH	
12.1.2	Support OP to develop methodology to track changes in this this population over time. (See also Strategy 11.2.5.)	OP/ICH	
Objective 12.2: Clarify the District's Position on the Need for and Importance of Creating a Housing Assistance Entitlement Benefit			

79 Urban Institute (2018). The Case for More, Not Less: Shortfalls in Federal Housing Assistance and Gaps in Evidence for Proposed Policy Changes. https://www.urban.org/sites/default/files/publication/95616/case_for_more_not_less.pdf

80 The U.S. Congress, Appropriations for Fiscal Year 2019. https://www.congress.gov/resources/display/content/Appropriations+and+Budget

81 The Tax Foundation (2019). The Home Mortgage Interest Deduction. https://taxfoundation.org/home-mortgage-interest-deduction/

12.2.1	Using a racial equity lens, develop an affordable housing policy statement that quantifies the full scope of need in the District and that clarifies the District's position on the role of the federal government in providing housing assistance to all eligible households.	OP/ICH	DCHA, DHCD, DHS
12.2.2	Support Mayor Bowser's efforts to raise awareness on the need for a federal housing entitlement benefit, using platforms such as the United States Conference of Mayors, the National League of Cities, and Mayors and CEOs for US Housing Investment.	OFRA	OP, ICH, DCHA, DHCD, DHS

Establishing Annual Implementation Priorities

The ICH will continue to use its committees and work groups to guide implementation and coordinate the efforts of partners. (See Appendix 6: Interagency Council on Homelessness Committee Structure.) With over 100 strategies identified, it will not be possible to begin implementation of all strategies at the same time. As outlined in the ICH's bylaws, the Executive Committee is responsible for establishing annual implementation priorities. Committee co-chairs will then develop work plans and identify any work groups needed for the year to help support implementation. While much of the work of implementation is managed directly by agency staff outside of the monthly committee and work group meetings (e.g., development of solicitations, grant/contract administration), these groups are intended to ensure there are vehicles in place for soliciting input on strategy and policy, communicating updates, and ensuring alignment of efforts.

Conclusion

Homelessness has not always existed in the United States in the same manner and scale it does today. It is not a fact of life. While the District of Columbia continues to grow and thrive, with many residents experiencing unprecedented levels of prosperity, too many of our neighbors have been left behind.

The first Homeward DC Plan was developed to guide the District's effort at system transformation. Five years into implementation, our data tell us that we are headed in the right direction. Yet, while progress has been made, it goes without saying that much work remains, especially for single adults experiencing homelessness in the District, and especially in light of the economic repercussions of the public health emergency. This plan attempts to build on the efforts of the past by laying out a roadmap for the next five years. Implementation of this plan will require continued collaboration by government and non-government partners across the city. However, we know that homelessness is solvable when we have a common vision, when every partner understands their role in the system, when we use data to drive decision-making, and when we have the resources to get the job done. A strong foundation has been built, and with important lessons learned to guide our way forward, we will continue until homelessness in the District of Columbia is rare overall, brief when it occurs, and never a way of life.

Appendices

See separate attachments.

HOME WARD DC 2.0

District of Columbia Interagency Council on Homelessness Strategic Plan
FY2021-FY2025

ICH DC INTERAGENCY COUNCIL ON HOMELESSNESS

WE ARE WASHINGTON DC GOVERNMENT OF THE DISTRICT OF COLUMBIA
MURIEL BOWSER, MAYOR