

**Interagency Council on Homelessness  
Performance Oversight Hearing  
Responses to Questions from the Committee on Human Services**

- 1. Please provide a current organizational chart for the ICH.**
  - a. Please identify the number of full time equivalents (FTEs) at each organizational level and the employee responsible for the management of each program and activity.**
  - b. If applicable, please provide a narrative explanation of any organizational changes made during FY16 and to date in FY17.**

There are two full time positions that support the District’s Interagency Council on Homelessness (ICH), as shown below. These two positions are funded under the Deputy Mayor for Health and Human Services (DMHHS) budget. From January 2016 until August 2016, Director Kristy Greenwalt served as interim Family Services Administrator with the Department of Human Services (DHS). ICH staff have continued to provide support to and collaborate and coordinate closely with the Family Services Administration to facilitate the transition and ensure continuity. As such, ICH staff are currently co-located at DHS headquarters: 64 New York Avenue, NE.

<b>Position: Executive Director</b> (Kristy Greenwalt) FTE: 1
<b>Position: Policy Advisor</b> (Theresa Silla) FTE: 1

- 2. What are the ICH’s priorities for FY18? How have such priorities shifted from previous fiscal years?**

During the first year of Homeward DC implementation (FY16), the ICH began work on every strategy in the Homeward DC plan. Attachment Q2 outlines these strategies, and denotes those strategies that consumed the greatest amount of staff time/resources in FY16 and FY17 to date. Highlights include the following:

- **Coordinated Assessment and Housing Placement (CAHP) System.** The community has worked aggressively to implement a system of coordinated entry for single adults. This system ensures we are able to target the right housing intervention to each client, and prioritize access to our most intensive resource – Permanent Supportive Housing – to our most frail and vulnerable neighbors. As part of this work, we leveraged a \$9 million grant from the US Department of Health and Human Services to dramatically expand our street outreach capacity to ensure we had a system in place to reach our vulnerable neighbors. We began piloting this system of coordinated entry with our Veterans. We have housed over 2,000 Veterans since the start of the Veterans Now initiative (in FY14). We have fundamentally changed

the way our system works for Veterans, and today, stand very close to reaching our goal of “functional zero.”

- **Scaling PSH.** Taking lessons learned from our work with Veterans, we began scaling our coordinated entry system for all single adults. We saw a 7 percent decrease in chronic homelessness between our January 2014 Point in Time count and our January 2015 count. This decrease was before any of the new Homeward DC resources were made available to providers, and largely the result of system efficiencies and improved targeting alone. In FY16, we began scaling PSH with the new investments, and in FY17, we have expanded even further, bringing several new providers online. A key focus of our work over the past year and a half has been on building the capacity and skill level of our providers to ensure they are using evidence-based practices, working on our business process to streamline and expedite the housing search and lease-up process, and working with landlords to expand the pool of units available to our clients.
- **Year-Round Access.** In accordance with the Homeward DC plan, we moved quickly to implement year round access to shelter for families. Though the need in our community is great, we have already seen entries and exits begin to normalize. Last winter, for the first time in many years, we saw fewer entries into shelter than the previous winter, reversing a trend of steep increases from one year to the next. We have also dramatically improved the rate of exits from family shelter. In FY16 nearly 1250 families exited homelessness—a 25 percent increase over the previous year.
- **Family Re-Housing and Stabilization Program (FRSP) Enhancements.** Over the summer, we also launched a number of improvements to our family rapid re-housing program. We created policy guidance and FAQs for our providers and clients. We partnered with national technical assistance providers to help us improve fidelity to national standards and improve quality of services provided to clients. The DC Housing Authority assumed payment of FRSP rents on behalf of DHS to ensure greater consistency for landlords. And, we began working with the Downtown Business Improvement District (BID) and local philanthropic partners to design and fund a landlord risk reduction program to increase the pool of landlords willing to rent to our clients.
- **DC General Replacement.** We have been working aggressively to develop and advance a strategy to close DC General, replacing it with smaller, service-enriched short term housing facilities throughout the city.
- **Strategic Plan to End Youth Homelessness.** With the help and support of stakeholders, we developed the City’s first-ever strategy to end youth homelessness, which was unanimously approved/adopted by the members of the ICH in December

and is scheduled for a public release this spring. Key building blocks for this plan included the implementation of an annual youth census (similar to the Point in Time count but focused on unaccompanied youth) and development of a coordinated entry system for youth (which allowed us to eliminate separate waiting lists at different program sites, reduce duplication in our data, more efficiently match youth to available resources, and better understand need relative to our existing inventory).

- **Medicaid Expansion.** Working closely with DHCF, we have invested a significant amount of time and effort researching how to modify our Medicaid State Plan to enable the District to leverage Medicaid to pay for more of the services our clients need to remain stably housed.

While work on all of these strategies will continue, there is enough momentum on these issues that the ICH staff will be able to launch efforts on additional issues in the year ahead. High priority items for the upcoming fiscal year include (but are not limited to):

- **Youth Strategic Plan Implementation:** Launching implementation of our Youth Strategic Plan, which includes approximately 45 strategies in addition to those outlined in the Homeward DC plan.
- **HSRA Modernization:** Working with stakeholders to identify needed changes to the HSRA to facilitate Homeward DC implementation.
- **Services in Low Barrier Shelter:** Increasing/improving employment and health services at low barriers shelters (through small pilot projects, colocation of existing government and nonprofit service providers within the facilities, and accessing Federal funding sources like Medicaid and the USDA's Food Stamp Employment and Training Program).
- **Shallow Subsidy for Employed Households:** Designing and launching a flexible shallow subsidy pilot program – a new permanent housing intervention targeting families that are working but not earning enough to afford housing.
- **HMIS Visibility:** Restructuring our HMIS to increase data sharing among providers, thereby facilitating location of clients that have been matched to housing, improving case coordination capabilities, and reducing duplicative data entry.
- **Reentry Planning:** Partnering with our colleagues in the criminal justice/reentry space to identify concrete steps we can take to improve discharge planning and reduce inflow into homelessness among returning citizens.

- Private Sector Engagement: Borrowing from the “Fundors Together” model, partnering with philanthropic and private sector partners in the District to increase and align private sector giving to support the vision and goals of the Homeward DC plan.

**3. The vision of *Homeward DC* is to end long-term homelessness in the District of Columbia. By 2020, homelessness should be a rare, brief, and non-recurring experience. To accomplish this vision, a number of District agencies are involved in specific ways. Please outline each agency’s role in accomplishing the goals of *Homeward DC*.**

The Homeward DC Plan includes over 40 strategies across 5 key objectives. (Note that additional strategies have been added since the plan was launched in March 2015.) The challenges of making a *system* work stem from programs and services (often operated by different departments or different agencies within the same department) that need to be better aligned and coordinated. For example, different programs may use different or conflicting definitions (often driven by Federal funding sources), have different or conflicting eligibility or documentation requirements, or present unintended barriers for clients, where mitigation actually involves help from another agency (e.g., obtaining ID). Therefore, the work of the interagency council, and the strategies in the plan, often lie at the intersection of agencies and involve multiple partners.

Attachment Q2 presents an overview of the strategies we are currently working on, including the primary partners involved in each strategy, as well as the ICH Committee or Work Group to which it has been assigned.

**4. The ICH is working with partners on implementation of more than 40 strategies across five key objectives. Please outline the strategies and objectives.**

Please see Attachment Q2 for comprehensive list of the strategies within each of the 5 objectives.

**5. The ICH Youth Strategic Plan was recently approved in December 2016 with a forthcoming public release date. What did the ICH learn through the strategic planning process? When will the full plan be released?**

In preparing the Youth Strategic Plan, the ICH mirrored the process used to develop the Homeward DC plan. A building block of this plan was the youth census – similar in function to our annual Point in Time (PIT) count, but administered differently to better account for the ways in which youth homelessness manifests. The census is completed over a period of 10 days and includes an in-depth survey to capture data on the number of youth experiencing homelessness, demographic characteristics, causes, and service needs. The content of the Youth Plan was informed by this information.

Although not necessarily new information or a lesson learned for the ICH, one point the youth plan attempts to underscore is that the interventions required for youth look different than they do for adults. Reunification with family has to be a key strategy -- not just diversion from shelter back home, but rather services for the entire family unit to both stabilize that household and allow youth to repair or develop long-lasting connections with their family members. During focus groups with youth, when asked what they needed or how the District could be helpful, a recurring theme we heard was that youth “just wanted to go home” but couldn’t for some reason (e.g., parent was using drugs, they were being abused, they didn’t feel loved, there wasn’t enough money in the household and it was time for them to be on their own).

On a related note, in cases where family reunification is not possible, the interventions discussed in the youth plan focus on longer and more intensive programming – specifically because of where youth are in their developmental stage. The plan also acknowledges that programs for young people need to find that delicate balance between allowing youth to make mistakes and not get terminated from programming, while still providing boundaries and rules. Unlike the Homeward DC plan, which has a focus on rapid connection back to permanent housing and not holding on to people in the homeless services system for months and years, the youth plan acknowledges that young people who are extremely disconnected may need additional supports to transition into a healthy, independent adult. This is critical to preventing today’s disconnected youth from becoming tomorrow’s chronically homeless adults.

The plan was unanimously approved by the ICH at its December 2016 meeting. We are working on the final editing and layout. We anticipate a public release later this spring (April or early May).

**6. How is the District serving LGBTQ youth experiencing homelessness, and how is the ICH working with other jurisdictions to encourage similar programs throughout the region?**

Over the past three years, the District has dramatically increased the number of shelter and transitional housing beds that are earmarked for LGBTQ youth. The Department of Human Services (DHS) alone has invested nearly \$2 million annually for beds for this subpopulation. In addition, we have implemented a coordinated entry system for youth, which helps us more efficiently match youth to available resources in the community. We have also developed an LGBTQ cultural competency training, which is required for all providers that receive local and Federal homeless assistance funding through the District.

While we believe that having dedicated programming for LGBTQ youth is important while we are working to build/improve the cultural competency of all providers in our Continuum of Care, in the long run, a system needs to retain flexibility as needs and trends change over time. Right now, a disproportionate number of youth that are experiencing homelessness are LGBTQ youth. Hopefully, one day, we will reach a place in society where LGBTQ youth will not suffer from as much family rejection and discrimination, events that often lead to

homelessness for LGBTQ youth. Ideally, we want programs that can serve any and all youth, regardless of their circumstances or the cause of their homelessness, ensuring that no part of the system sits underutilized while youth in other parts of the system sit on waitlists.

With regard to working with other jurisdictions, the District shares data on needs and gaps and provides updates on District programs and services. We also coordinate with partners from surrounding communities on specific cases as they arise. Of course, each jurisdiction determines its own funding priorities, including the amount of local funds it is willing to invest in homeless services and affordable housing.

## **7. How close is the District to ending Veteran Homelessness? What are the remaining obstacles?**

The District has made significant strides in addressing Veteran Homelessness. Since August 2013, the District has housed over 1,900 Veterans. According to 2016 Point in Time count data, the District had 350 Veterans experiencing homelessness in January 2016. Recently (for the week ending December 23, 2016), the District had fewer than 300 Veterans on our by-name list of Veterans experiencing homelessness.

The work of ending Veterans Homelessness is the work of system transformation: moving from standalone programs (administered by multiple agencies and funded by multiple sources – Federal, local, and private) that fund independent functions (including client engagement and assessment, determination and documentation of program eligibility, landlord recruitment and unit identification, completion of housing inspections, and lease-up and move-in) into a coordinated, efficient and effective system of care. This is not a one-time effort, but rather an ongoing, iterative process that requires continuous monitoring and focus.

Many of the challenges that we face in our effort end Veterans Homelessness are similar to challenges that we face throughout the system, including:

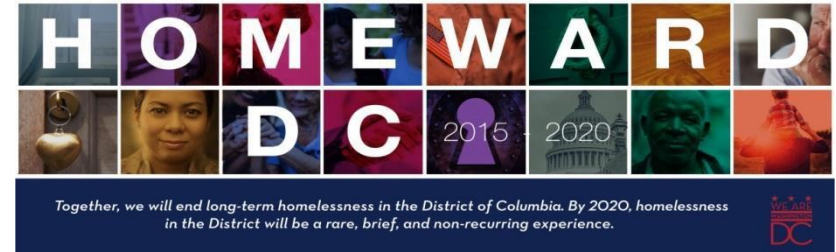
1. Inflow: Significant inflow continues to be a challenge. For example, in the last quarter of 2016, the initiative documented 140 newly identified homeless Veterans. Some of the inflow is related to jurisdictional movement, especially into VA-funded Grant and Per Diem (GPD) beds, as the Washington DC Veterans Affairs Medical Center (DCVAMC) catchment area includes the neighboring counties in Virginia and Maryland but the GPD beds are all located within the District.

2. Vulnerability of Veterans served: The majority of Veterans housed in 2016 (62%) continue to be Veterans who were experiencing chronic homelessness. This figure is indicative of both the vulnerability of Veterans experiencing homelessness in the District, as well as the challenges faced by the Veterans NOW! initiative: reaching and engaging Veterans who have experienced chronic homelessness.
  
3. Structural challenges with engaging Veterans who reside in Low Barrier Shelter (LBS): LBS operate from 7 pm to 7 am, with minimal rules and requirements, to accommodate as many individuals experiencing homelessness as possible. As such, LBS do not offer designated beds or storage facilities for residents. While this flexibility is intended to promote use of shelter, it presents a challenge for effectively locating and engaging individuals experiencing homelessness as LBS clients do not have an incentive (or often the ability) to stay at any one particular LBS. To help address this challenge, we are working to increase visibility (data sharing) across Homeless Management Information System (HMIS) users, meaning that outreach teams can have access to real time data on which LBS were accessed by the Veteran they are looking to locate and engage.
  
4. Capacity of Rental Market to Absorb Subsidies: Veterans need units that are accessible to employment opportunities, health care services, established social networks, etc. at the same time, housing programs are subject to the Federal Fair Market Rent, Rent Reasonableness, and housing inspection standards. This limits the stock of units available to clients searching for a unit. Because there is such an extreme shortage of units within this price range in the District, the competition for these units remains fierce. Veterans with no or poor rental or credit history, as well as Veterans with a criminal history, have a very difficult time securing units, even with a subsidy in hand.

To address these, and the myriad of additional challenges that arise during the course of implementation, the Veterans NOW! initiative continues to meet biweekly to monitor progress, identify challenges and roadblocks, and test new approaches.

# Implementation Dashboard

This dashboard is intended to quickly convey the level of activity and progress on the various action items associated with Homeward DC.



Strategies <sup>1</sup>	Partners	ICH Committee and Work Group (WG) <sup>2</sup>	2016 Activity Level <sup>3</sup>
<b>OBJECTIVE 1: EFFECTIVE CRISIS RESPONSE</b>			
1a. Develop and implement year round access to shelter for families.	DHS, TCP, Service Providers	Family System Redesign WG (Strategic Planning)	Green
1b. Capture and incorporate better data in shelter replacement planning discussions on the size, characteristics, and needs of special populations that are not well reflected in current homeless services system data (including, but not limited to, victims of domestic violence, undocumented immigrants and other language and cultural minority groups, and members of the LGBTQ community). Work with stakeholders to ensure programming is culturally appropriate and rooted in best practices (e.g., trauma-informed care).	DHS, TCP, Service Providers	Shelter Conditions WG, (Emergency Response and Shelter Operations, ERSO)  Family System Redesign WG (Strategic Planning)  Youth (Strategic Planning)	Yellow
1c. Conduct an analysis of the Transitional Housing stock in the community. Identify projects that can be converted to emergency shelter or temporary therapeutic housing; provide technical assistance to help providers with the conversion process.	DHS, TCP, Service Providers, Private Funders	Strategic Planning	Grey
1d. Develop a project management plan for each shelter facility replacement project as part of the ICH annual work plan, including a communications strategy and stakeholder engagement process.	DHS, DGS, DMHHS, OCA, Service Providers, Advocates	ERSO	Yellow

<sup>1</sup> Since development and adoption of Homeward DC, some strategies have been added, so this list will appear different than original list in Homeward DC plan.

<sup>2</sup> The standing committees of the ICH are Executive, Strategic Planning, Emergency Response and Shelter Operations (ERSO), Data and Performance Management (DPM) and Housing Solutions. Work Groups are designated as WG. Column lists the standing committees and work groups relevant to each strategy.

<sup>3</sup> Column 4 is used to note the level of activity in the first year of implementation (FY16):

- **Green** = significant investment in staff time/resources
- **Yellow** = moderate investment in staff time/resources
- **Red** = low investment in staff time/resources
- **Grey** = Time limited project; strategy implemented.



1e. Develop written protocol and electronic tracking tools to improve management of shelter facility maintenance requests.	DHS, TCP, DGS, Service Providers	Shelter Conditions WG (ERSO)	
1f. Develop a Daytime Services Center for single adults to serve as a central point of access for our CAHP system, to offer more robust programming and services (e.g., employment, mental health and substance use treatment) and to help bridge the gap until we have 24-hour shelter facilities for individuals.	DHS, DGS, OCA, Downtown BID, Community Providers, Developers	ERSO	
1g. Work with healthcare partners to increase the number of medical respite beds within the shelter inventory.	DHS, TCP, DOH, Service Providers, Healthcare partners (Hospitals, FAQHCs)	ERSO HSRA Modernization WG (Executive)	
1h. Clarify and document roles, responsibilities, and protocol related to coordinated assessment and referral procedures for families; ensure protocol provides clear access points (beyond VWFRC) for victims of domestic violence.	DHS, TCP, OVS, CFSA, Service Providers, DV Providers, Advocates	Family System Redesign WG (Strategic Planning)	
1i. Implement improvements to the Family Re-Housing and Stabilization Program (FRSP), the District's Rapid Re-Housing Program for families, including: <ul style="list-style-type: none"> <li>• Clarifying roles and responsibilities of different partners with regard to client assessment, housing navigation support, housing inspections and rent payments, case management support, employment support, and landlord liaison support;</li> <li>• Facilitating stronger, more consistent use of a progressive engagement model;</li> <li>• Creating dedicated employment supports for households receiving RRH assistance;</li> <li>• Building capacity of providers to effectively support families in program and regularly monitoring providers to ensure quality of case management services;</li> <li>• Enabling use of a longer-term shallow subsidies for households to help bridge income/housing cost divide;</li> <li>• Developing consistent criteria for program exit;</li> <li>• Creating written policy and protocol to improve transparency; and</li> <li>• Conducting an evaluation to learn more about family housing stability following exit from FRSP.</li> </ul>	DHS, TCP, DCHA, DOES, Service Providers, Landlords/Real Estate Community	Family System Redesign WG (Strategic Planning)	
1j. Develop protocol for assessing all sheltered and unsheltered single adults who are currently homeless as well as newly identified single adults regardless of how they access homeless services systems. Building systematic approach, starting with Veterans and expanding to address chronically homeless individuals and all other populations.	DHS, TCP, DBH, VA, DCPL, DOC, Service Providers, Outreach Providers, Hospitals	Singles Coordinated Assessment & Housing Placement (CAHP) WG (Strategic Planning)	
1k. Develop plan to ensure adequate outreach coverage across the District to help with client assessment, location, navigation and matching. Create protocols and procedures for providing documentation related services to ensure that clients are “document	DBH, DHS, TCP, Outreach Providers, Downtown BID, Golden Triangle BID	Outreach Policy/Protocol (ERSO)	

ready” for housing as quickly as possible upon entry into Homeless Services System.			
11. Develop plan for expansion of services at Low Barrier Shelters (LBS) to adequately support a number of efforts including those related to expediting the Singles Coordinated and Housing Placement (CAHP) system , increasing economic security of persons experiencing homelessness, and improving healthcare services	DHS, TCP, DBH, DOES, WIC, DHCF, Service Providers, Outreach Providers,	Shelter Conditions WG (ERSO)	
<b>OBEJECTIVE 2: INCREASE SUPPLY OF AFFORDABLE/SUPPORTIVE HOUSING</b>			
2a. Align related portion of the annual Housing Production Trust Fund investments (via the Joint RFP process) to help meet the PSH and TAH inventory needs specified via the Strategic Plan; ensure dedicated production units are filled via the coordinated assessment system and prioritize <i>Housing First</i> PSH approach.	DHCD, DCHA, DBH, DHS, DCHFA, TCP	Housing Solutions  Singles CAHP WG (Strategic Planning)	
2b. Complete an analysis of the housing units/slots that are part of the dedicated inventory (as reported through the HIC). Work with funders and providers to ensure all new and turnover opportunities are filled via the CAHP system.	HMIS Administrator (TCP), DHCD, DCHA, DHS, DBH	Singles CAHP WG (Strategic Planning)	
2c. Develop common protocol to assist with the identification of individuals and families ready to “move on” from PSH.	DHS, TCP, Service Providers	Strategic Planning	
2d. Conduct an analysis of the Transitional Housing stock in the community. Identify projects that can be converted to help meet the PSH or TAH need, and provide technical assistance to help providers with the conversion process.	DHS, TCP, Technical Assistance Providers, Service Providers, Private Funders	Strategic Planning	
2e. Conduct a crosswalk of eligible services under our State Medicaid Plan against needed services in PSH. Identify gaps and, as applicable, needed changes to the State Plan to enable PSH providers to bill Medicaid for services provided.	DHS, TCP, DHCF, Healthcare partners (Hospitals, FAQHCs)	Medicaid WG (Housing Solutions)	
2f. Develop a Comprehensive Housing Affordability Strategy for the District to help stabilize households and slow down the annual flow into the homeless services system.	DHCD, DCHA, DHFA, Advocates, Developers	Housing Solutions	
2g. Assist with education and outreach to combat “NIMBYism” in our community.	DHS, DGS, DMHHS, OCA, Advocates, BID, Developers, Faith Based Community	Family System Redesign WG (Strategic Planning)  Housing Solutions	
2h. Training and capacity building targeted developers on housing development, housing first philosophy, coordinated entry, etc..	DHS, TCP, DHCD, Advocates, Service providers,	Data and Performance Management  Singles CAHP and Family System Redesign WGs	

		(Strategic Planning) Housing Solutions	
2i. Develop strategy & program guidance for use of TAH.	DHS, TCP, DCHA, DBH, Service Providers	Strategic Planning	
<b>OBEJECTIVE 3: REDUCE BARRIERS TO SUPPORTIVE AND AFFORDABLE HOUSING</b>			
3a. Ensure the Permanent Supportive Housing programs funded are using a Housing First approach and limiting eligibility requirements to those associated with the funding source.	DHS, DHCD, DCHA, DBH, TCP, Private Funders	Housing Solutions	
3b. Assist clients with addressing barriers related to credit, rental, or criminal histories	Legal service providers, Housing Service Providers	Tenant Barriers WG (Housing Solutions)	
3c. Examine requirements related to credit, income, and criminal history; identify where flexibility can be increased to serve vulnerable individuals and families that are receiving case management support.	DHS, DCHA, TCP, Private Market Landlords	Landlord Outreach WG (Housing Solutions)  Singles CAHP and Family Redesign WGs (Strategic Planning)	
3d. Coordinate to create a point of entry for obtaining identification documents and streamline application procedures to remove barriers for residents without a permanent address.	DHS, DMV, DOH, DDS	ERSO	
3e. Develop an outreach plan, including protocols and procedures for identifying landlords across the District in a coordinated way for all populations, housing programs, providers and agencies. Streamline and expedite process for inspecting units to create a pool of pre-inspected units so that lease ups can also be expedited. Organize Meet & Lease events that take advantage of landlord outreach and pre-inspection activities, starting with Veteran specific events and expanding to address chronically homeless individuals and all other populations.	DHS, TCP, DCHA, Private Market Landlords, Service Providers, Philanthropic Partners	Landlord WG (Strategic Planning)	
3f. Examine the business (work flow) process used to house individuals experiencing homeless (including PSH, TAH and RRH) with homeless service system resources to streamline and expedite the application, documentation review and approval, unit selection, inspection, and lease-up processes	DHS, DCHA, TCP, Service Providers	Executive Committee	

<b>OBJECTIVE 4: INCREASE ECONOMIC SECURITY OF HOUSEHOLDS</b>			
4a. Develop and implement strategy for providing targeted job training and placement assistance for individuals and families in the shelter system, with a particular focus on households assessed for RRH assistance.	DOES, DHS, UDC, Employment Services Providers	Executive Committee	
4b. Coordinate with the District government during the planning phase of large projects to ensure the District can provide a pipeline of trained/work-ready applicants.	DOES, WIC, Developers, Employers	Executive Committee	
4c. Provide capacity building support to providers and/or create a dedicated SOAR team to help clients navigate the SSI/SSDI application process.	DBH, DHS, TCP, Outreach Providers	Executive Committee	
4d. Ensure clients in housing are receiving all benefits for which they are eligible.	DHS, TCP, Service Providers	Executive Committee	
<b>OBJECTIVE 5: INCREASE HOMELESSNESS PREVENTION EFFORTS</b>			
5a. Implement targeted homelessness prevention programming that incorporates the use of predictive analytics tools and strategies.	DHS, TCP, , Service Providers	ERSO	
5b. Identify tools and procedures to ensure households receiving DCHA assistance that are struggling with housing stability (e.g., nonpayment of rent, lease violations) are connected to existing community-based case management and supportive services.	DCHA, DHS, TCP, Service Providers	Executive Committee	
5c. Conduct analysis of youth aging out of foster care and subsequently experiencing homelessness. Evaluate effectiveness of models like Wayne's Place and Generations of Hope for assisting youth aging out of foster care. Continue expansion of promising models and practices.	CFSA, DHS, TCP, Service Providers	Executive Committee	
5d. Implement use of a common assessment tool to identify individuals with behavioral health conditions at greatest risk of homelessness to use as a factor in prioritizing housing resources.	DBH, DHS, TCP	Executive Committee	
5e. Conduct analysis of clients in shelter system with recent history of incarceration. Review client discharge planning process and identify steps to improve process and targeting of assistance.	DHS, TCP, DCHA, ORCA, CSOSA and CJCC Re-Entry Steering Committee	Executive Committee	
<b>OBJECTIVE 6: MONITORING, REPORTING AND PLANNING UPDATES</b>			

6a. Complete census, data analysis, and plan for unaccompanied youth.		Youth WG (Strategic Planning)	
6b. Update HSRA	DHS, , OPLA	Executive Committee	
6c. Public communication on progress on implementing Homeward DC.	EOM/DMHHS Comms	Executive Committee	
6d. Develop and implement a performance management framework for all program models and providers/agencies participating.	DHS, TCP, Service providers	Data & Performance Management	
6e. Update Strategic Plan annually, including analysis of gaps in housing resources needed to meet Strategic Plan goals of ending Veteran Homelessness by close of 2015, Chronic Homelessness by close of 2017, and functional zero across all populations by 2020. Gap analysis should include identification of additional resources needed, like security deposits and move-in assistance.		Singles CAHP WG (Strategic Planning)	