Major Recommendations: Summary Report of the Urban Institute's Assessment of the District of Columbia's Public Homeless Assistance System

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CONTENTS

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For a complete list of people who contributed to this assessment, see Appendix A.

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Introduction

Homelessness has been a continuing presence in the District of Columbia for almost three decades. It only became a high priority issue for public action, however, when the administration of Mayor Adrian Fenty assumed control of District government in January 2007. As a City Council member, the Mayor had been instrumental in passing the Homeless Services Reform Act of 2005 (HSRA); he quickly made clear that ending homelessness in the District would be among the most important goals of his administration.

Toward this end, the Department of Human Services was authorized to contract with the Urban Institute to conduct an assessment of the District's homeless assistance system, with the expectation that the results of such an assessment could help guide efforts already under way to transform the system to make it more effective at reducing and ultimately ending homelessness. This assessment began in July 2007. In addition to the present summary report, it has produced two lengthier documents, *The Community Partnership and the District of Columbia's Public Homeless System* (Burt and Hall 2008a) and *Transforming the District of Columbia's Public Homeless System* (Burt and Hall 2008b).

The Mayor has pledged to replace homeless shelters with housing. He has committed his administration to producing 2,500 net new units of permanent housing with supportive services for the most severely disabled and longest-term homeless people in the city. He activated the Interagency Council on Homelessness (ICH) and has given it work to do. The ICH's first highly visible task was to close D.C. Village and move many long-term homeless families into apartments, where they are now receiving the services they need to help them transition out of homelessness.

Among the many things the ICH is now undertaking, one is particularly relevant to the recommendations arising from the Urban Institute's assessment—the ICH's Permanent Supportive Housing Work Group is developing and implementing plans to fulfill the Mayor's commitment to create 2,500 net new units of permanent supportive housing (PSH). These commitments and activities have been ongoing throughout the Urban Institute's assessment; the conclusions and recommendations in this summary report reflect the situation as of April 2008, which is considerably different than the situation when some of the data we report were collected and analyzed.

Rarely in a decade and a half has there been an opportunity such as the present for broad system planning and the development of a common "vision" for the District's homeless assistance system. Under the D.C. Initiative (1994-1999), District government agencies were not involved in the changes that moved the system beyond emergency shelter. Since the D.C. Initiative ended and until very recently, no "table" has existed to which all stakeholders might come to work together to shape a new sense of how the District should respond to homelessness. Even passage of the Homeless Services Reform Act in late 2005 and its creation of an Interagency Council on Homelessness did not stimulate such activity until the Fenty administration took office in January 2007.

For many of the recommendations growing out of this assessment to come to fruition, the District needs a consistent forum where commitments to big new goals can be taken, ideas for how to reach those goals can be exchanged and polished, stakeholders can be held accountable for fulfilling their parts of the plans, and the leadership is present and empowered to make sure plans are carried out, bottlenecks are resolved, progress is tracked, and the ultimate goals are reached. The ICH and its working committees appear to be this forum.

Findings of this assessment about the District's homeless population that will help the reader understand the recommendations to follow include:

- About 13,000 single adults and 2,800 adults and children in about 530 families use emergency shelter in the District every year.
- Among single adults:
    - 47 percent use 7 or fewer nights of shelter a year;
    - 10 percent use shelter more than 180 nights in a year;
    - 4 percent use shelter every night (365 nights).
    - The 14 percent of single adults who use more than 180 shelter nights a year use 57 percent of the District's shelter capacity annually. At least half the District's shelter capacity for single adults would not be needed if all the long-term shelter stayers were moved to permanent supportive housing.
- Among families:
    - 19 percent stay 365 nights a year;
    - Another 16 percent stay more than 180 days in a year;
    - These 35 percent of homeless families use 43 percent of the District's emergency shelter capacity for families. Providing permanent housing with supportive services for these families would allow the District to accommodate shorter-stay families with significantly less shelter capacity.
- About 2,200 single adults were chronically homeless on a single night in January 2008; several hundred more may be chronically homeless over the course of a year, including those who stay in shelter and those who are found primarily on the streets.

MAJOR RECOMMENDATIONS

The two reports produced for this assessment contain many recommendations related to specific issues and activities we were asked to address. In addition to these, we have drawn conclusions from our findings about the directions in which the District might want to move the current system and what it might take to reach a new and more effective set of programs and activities. The most important recommendations converge on four, all of which interrelate. The ICH’s

Strategic Planning Committee is the obvious body to take up these recommendations, and indeed has already started on some of them. We state them simply first, and then take up each in turn:

1. **Move chronically homeless people from shelters and streets into permanent supportive housing.** Make sure these PSH units have attached to them the supportive services that people need to help them retain housing through the active involvement and financial support of District government agencies.

2. **Create a process for prioritizing who gets the 2,500 net new PSH units,** based on disability and length of homelessness, whether in shelters or on the streets, plus frequent use of hospital emergency rooms, the psychiatric evaluation center, emergency medical services, and/or the D.C. jail. **Providers getting the resources to offer the new units must commit to taking people based on this process**.

3. As long stayers in shelter, who use between 50 and 60 percent of all shelter bed nights, move into PSH, **cut the number of shelter beds in half and reconfigure the whole system** to be more customized, more geared to facilitating rapid exit, more resource-full, and better linked with mainstream resources.

4. **Make the HMIS work**. Make it work for providers assisting individual clients, for program directors trying to track performance, for TCP to answer simple questions simply, and for policy makers so they can get a straight answer quickly and accurately. Make it capable of being used to assess program performance. A key element in achieving this goal is to open the system to a greater or lesser degree.

In addition, we summarize our findings and suggestions related to the functions that TCP currently performs and how it might be used in the future to help the ICH reach its goals.

The rest of this summary report discusses each of these major recommendations in turn. Each discussion makes reference to chapters or pages of the assessment's two longer reports, should the reader desire to examine the analyses that led us to these recommendations. The larger reports are available to anyone wishing the details of our many smaller recommendations and suggestions.

RECOMMENDATION 1: MOVE CHRONICALLY HOMELESS PEOPLE INTO PSH

The Mayor is already committed to producing the 2,500 net new units of PSH needed to accomplish this goal. The PSH Work Group of the ICH is already established and working to implement this commitment. But the work is just beginning. Stakeholders representing different agencies and interests have to learn each other's languages and reach agreement on what they are doing, separately and together. To reach the scale of 2,500 net new PSH units will probably require bringing in new developers and service providers and thinking in new ways. The example below illustrates one new thought; many others are needed.

Writing RFPs to Get What You Want

At a recent PSH Work Group meeting, DHCD staff said "We can put out an RFP asking for developers to build for homeless people, among other populations. But we can't control what comes in, so if we don't get any proposals for PSH, we have to fund what we do get."

Not true.

In another community, the housing and community development agency realized it would never reach its PSH goal if it didn't change its RFPs. Two things it tried, among others, were (1) giving proposals many extra points for including PSH, making it more likely they would get funded, and (2) *every* project was required to devote a minimum percentage of its new units to PSH, regardless of who else would live in the other units.

Both worked - the number of PSH units expanded, and new developers were brought into the "PSH business."

After thinking about definitions of PSH, chronic homelessness, and similar terms, the PSH Work Group issued its draft plan on April 2, 2008 for public comment. In the next months the PSH Work Group will be focusing on the three sides of the action that produce an occupied PSH unit—who is going to build it, run it, support its tenants with services; how are the right people going to get into the units; and who is going to pay for it.

With respect to the first issue, the current focus is on the *units*. It is easy to think of units as *housing*, which of course they are. But it is also essential to remember that these housing units must have *services* attached to them to help people retain their housing or they are likely to lose it again, and relatively quickly. Ample evidence exists that of the various types of funding needed by PSH programs, finding and keeping adequate services funding is the one that poses the greatest difficulties (Burt 2008). Enhanced efforts to help prospective PSH tenants qualify for Medicaid or Alliance health coverage will be needed, but so will increased commitments from District agencies such as DHS, DMH, APRA, and others.

To create PSH units with excellent housing characteristics *and* excellent supportive services to help people retain housing, some communities have launched very successful "matchmaking" activities to create partnerships between developers/housing operators and supportive service providers, helping both partners to learn to work together. These can be done in different ways—Connecticut, Los Angeles, and Illinois use training seminars for collaborating teams that include development, operations, and services members; Portland, Oregon does it more informally, but all have brought in new players.

The second issue, getting the right people into the new PSH, is the focus of Recommendation 2, and is discussed there. With respect to the third issue—who will pay for it—the PSH Work Group may want to take a look at Seattle/King County's Funders Group, which has had phenomenal success in generating new PSH through joint RFPs. In the process, the participating public agencies and some foundations have been able to target their own funding to maximum

effect, knowing that the matching pieces (capital, or operations, or services funding) will be forthcoming when needed.

Site visits to two or three communities that have successfully mobilized resources for PSH—that is, have housed chronically homeless people resulting in reduced homeless counts—would be in order. Representatives of public agencies that would contribute each type of funding—capital, operations/rent, and services—should participate. Possible locations, other than the "usual suspects" of San Francisco and New York, include Denver, Portland/Multnomah County, Oregon, Seattle/King County, and the states of Connecticut, and Minnesota.

To summarize:

- As of January 2008, about 3,200 PSH beds were open and occupied in the District (Burt and Hall, 2008b, chapter 3).[1]
    - 41 percent are in HMIS; 59 percent are not, which means they cannot currently be managed as part of a system. Among those not in HMIS are at least 700 offered by DC agencies. The PSH Work Group should try to bring these beds into HMIS or some other merged system that can be used to track PSH beds.
- There are enough chronically homeless disabled people for the units planned. Just among single adults this assessment identified at least 1,600 long-term shelter users and the January 2008 point-in-time count identified 300–400 street dwellers (*Transforming*, chapter 2).
- A survey of existing PSH in the District to be conducted by the Urban Institute will provide the PSH Work Group with information about PSH project size, housing configuration, tenant characteristics, eligibility, rules for tenancy, rules for service participation and substance use, whether Housing First or another model, and funding sources, among other topics, that will help to describe and classify these beds and their tenants and inform planning.
- Analysis of administrative data from several public agencies, plus the emergency shelter system, will soon be available to help with the task of setting priorities for who should be offered the new PSH units.
- The PSH Work Group will have to assemble the resources to support the new PSH units. Capital resources for development are the obvious first step, but long-term commitments for rental subsidies and supportive services are at least as essential. Having general fund resources devoted to wrap-around, whatever-it-takes, fill-in-the-gaps service delivery will greatly facilitate the work of service providers (*Transforming*, chapter 3).

[1] Updated figures were recently made available for January 2008, but we have continued to use the information for 2007 that was current when Burt and Hall 2008a and 2008b were prepared.

- The agencies, organizations, and firms involved in producing, running, and supporting PSH will need to be expanded if the goal of 2,500 net new units is to be achieved. Doing this will take

    - Mechanisms such as more explicit RFPs and changed point structures in scoring proposals for unit development, laws or regulations specifying a level of set-aside for PSH within all affordable housing developments using city funds; and

    - Community organizing and facilitation to recruit and match potential new development, operations, and services providers.

- Keep track of progress, report regularly to the community—at least annually, preferably twice a year.

RECOMMENDATION 2: CREATE A PROCESS FOR PRIORITIZING WHO GETS THE NEXT AVAILABLE PSH UNIT

The Mayor has explicitly committed his administration to filling the 2,500 net new units with chronically homeless people—that is, people with the longest histories of homeless and with at least one disability. In other communities pursuing the goal of ending chronic homelessness, new PSH tenants often have multiple serious disabilities. The challenge is to develop one or more mechanisms to identify the relevant people, contact them, and offer them housing.

Different communities have used different approaches to identify the group of long-term homeless people who should be the priority population for new units. Some examples are shown in the box to the right. The most successful communities we know of do two things. They use HMIS data to identify long-term shelter stayers, and they use data from public systems to identify frequent users of jails, detox, emergency rooms, and hospitals, developing pathways to assure that these are the people next in line for housing. Because

Prioritizing Who Gets the New PSH Units

Communities have used a variety of mechanisms to assure that the most vulnerable homeless people get new PSH units. Examples include

- San Francisco—(1) Solicit participation from street homeless people, give everyone a number, pick randomly from numbers for each new unit; (2) Use focal points for services to chronically homeless people—community clinics, emergency rooms, mobile unit—2-3 months before new building/units will be ready, solicit candidates from these focal points. Offer housing.
- Portland, OR—From jail records, identify most frequent users of county jail. Offer housing.
- Seattle/King County—From hospital and detox center records, identify most frequent users. Offer housing.
- Santa Monica, CA—Identify long-term street homeless candidates from (1) police, EMS, outreach team, and now local resident experience; (2) assessment of vulnerability to dying on the streets. Offer housing.
- New York—Identify (1) long-term stayers and (2) those with high vulnerability to dying on the streets. Offer housing.
- Portland, ME—From knowledge of shelter operators and police, identify long-term homeless people. Offer housing

frequent users of public crisis services are most likely to be the chronically homeless people who have lived for years on the streets rather than in shelters, the combination of these approaches tends to capture both street homeless people and long-term shelter stayers. Communities using these combined strategies have seen their street counts go down and are closing emergency shelters.

On the subject of creating a priority list through analysis of shelter and public agency records, the PSH Work Group has a very interested ally in the Criminal Justice Coordinating Council's Substance Abuse Treatment and Mental Health Services Integration Task Force (SATMHSI). SATMHSI membership closely parallels the public agency members of the ICH, so working together should be easy. SATMHSI members have already done a significant amount of work concerning homelessness and its relationship to mental health, substance abuse, and the criminal justice system, and have written a strategic plan outlining how they hope to reach their goals of more appropriate treatment of the people within their area of responsibility. When they began their work, homelessness was not explicitly on their agenda, but it soon became clear that homelessness was a common element in the histories of many of the arrestees, defendants, and jail inmates who pose the greatest challenges to the system, as was use of crisis mental health, EMS, and substance abuse services.

At present, SATMHSI is somewhat stymied by each member agency's inability to see whether people it serves are also served by other member agencies. Not only is resolving this bottleneck an essential step in targeting resources to the right people as well as getting each person *all* the elements of support that will make a difference, but it will also be necessary if the agencies are to track the impacts of their interventions with the most frequent users of multiple systems to see whether they actually reduce service use across the board.

The agendas of the PSH Work Group and SATMHSI have many points in common; together, and with proper legal counsel to protect individual privacy, they should be able to figure out how to share data in the interest of greater system efficiency and effectiveness. The people who are the focus of both groups face many challenges. Most get only piecemeal help, if they get any help at all. They are "known" to these crisis public systems, but the evidence for the failure of any one public system to resolve their issues is evident in their repeated use of the same systems, and at the most expensive levels. Because the person's issues interact and cannot be picked apart and addressed one at a time, only when the resources of all the systems work together in an integrated way are they likely to be effective. The first point of effectiveness is often getting the person into a stable housing situation.

The District could adopt any one or a combination of several approaches used in different communities to prioritize potential PSH tenants. The point is that it needs to adopt *some* approach and then do the work needed to implement it. New York City, Seattle, Philadelphia, Portland, and other communities may offer guidance on how to handle the multiple issues involved in cross-agency data matching.[2]

[2] At this time (Spring 2008), the Urban Institute is in the process of obtaining data from FEMS, DOC, and DMH to match with each other and with records in the HMIS. We will shortly be able to report the extent and nature of the populations that use these four District systems. This in itself is vital information that will make it possible to

To summarize,

- At present, no method exists for channeling the neediest homeless people into the District's 3,200 currently available PSH units. Every provider offering PSH has its own referral sources, among which its own emergency shelter and transitional housing programs often predominate.

- The District will probably want to require that every provider accepting the resources to develop the 2,500 net new units will *only* take new tenants for those units through the prioritizing and referral mechanism developed by the District.

- Several criteria that might serve as prioritizing factors need to be blended into a coherent system. These include:

    - How long people have stayed in emergency shelters or on the streets;

    - How often people have used emergency rooms, EMS, Comprehensive Psychiatric Emergency Program, jail, detox;

    - What types and levels of disability they have and how these add up (e.g., in a vulnerability index, or assessing their probability of dying if remain on the street).

- Once a prioritizing structure is created that can rate people and place them in priority subgroups, a mechanism will be needed to contact people and offer them housing when new units are available. This mechanism will have to:

    - Specify how potential tenants are to be selected from the top priority group, which will undoubtedly contain more people than there are units available at a given time. It will have to be fair, and agreed to by all parties. A lottery (i.e., random picks) will probably prove to be the fairest mechanism available, given that the vulnerability of everyone in the top priority group has been established;

    - Specify the process of contacting and offering housing. For instance, if 10 units are available, the first 10 names would be drawn at random. Caseworkers would have a specified amount of time (e.g., two weeks) to connect with those 10 people and offer them housing. Any of the 10 who accept housing in that time period get the housing. If any housing units remain uncommitted after the first round of tenant recruitment, the process gets repeated until all units are filled. So if 3 units remain unfilled, 3 more names are drawn and the recruitment process continues;

    - It will also be necessary to specify the ways that recruiters will attempt to find the people selected from the top priority group.

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estimate cost savings to each department under various scenarios, such as "if 1,000 of the highest users become stabilized in housing."

  - Agreement on the fairness of these mechanisms will be essential to avoid lawsuits, so it is very important that all relevant parties participate in developing the procedures.

- Develop ways to share data across public agencies; work with SATMHSI.

- Decide who will manage the entire process, track progress, and report impact.

RECOMMENDATION 3: RECONFIGURE THE EMERGENCY SHELTER SYSTEM

Data presented in *Transforming the District of Columbia's Public Homeless System* (chapter 2) indicate that almost half of single adults using emergency shelter in the District use seven or fewer days within a year from their first entry, and do not return. At the other extreme, 4 percent stay for at least a year and another 10 percent stay at least 181 days. Together these 14 percent of shelter stayers use almost 60 percent of shelter resources. The expectation is that the new 2,500 units of PSH will succeed in moving this 14 percent out of shelter and into housing, along with chronically homeless street dwellers who do not use shelter.

The result should be to cut demand for emergency shelter beds in half for single adults. The District could close half of its emergency shelter capacity and reconfigure the rest. Shelters could be smaller, more focused, better staffed, more specialized. Intake could be more organized, more designed to assess what would help people leave homelessness quickly, more linked to resources that would help them do so. Public and nonprofit resources to help people get jobs and find housing should be in place. All of this could begin to work once a person had spent 8 to 14 days in shelter, cumulatively, giving the people who only use a few days of shelter time to leave on their own, as they are doing now, and focusing shelter resources on the approximately 2 in 5 shelter users who will neither leave on their own within 7 days nor stay in the system for years.

Once PSH development is under way and procedures are in place to identify the long-term homeless people and frequent system users who are the target population for that PSH, the ICH's Strategic Planning Committee should set up a work group on "Emergency Shelter Transformation" to parallel the PSH Work Group. The job will be no less challenging than that of the PSH Work Group. Based on our conversations with them, current providers of emergency shelter will welcome this challenge, as their inability to offer effective help to the people they currently shelter is a source of continuing distress to them. At the same time, different service providers may be able to join in the work once shelters are smaller and more focused.

For a smaller but more complex emergency shelter system to work, it would need to have adequate assessment, triage, and casework capabilities. Likewise, the service resources would have to be available and accessible to address issues of employment, substance abuse, mental illness, and domestic violence, at least.

The Emergency Shelter Transformation Work Group would have the task of deciding whether casework resources should be attached to particular programs, as they are now (to the extent that they exist) or whether they should be placed in an independent casework agency that could continue to serve individuals and families as they move between one program and another, and

provide continuity for some time after they return to housing. The District's system for homeless families has already experienced substantial redesign with the closing of D.C. Village and related changes. Casework restructuring for homeless families is already being planned, as was announced at the ICH meeting of April 10, 2008. It will take considerably more effort and more time to restructure the emergency shelter system for single adults.

Setting up case management for all emergency shelters in a separate program has appeal for several reasons. It would be especially useful if the case management program had at its disposal a reasonable amount of flexible "do whatever it takes" funding, as well as having the skills, training, and connections to help people access mainstream benefits and services. It could use the "do whatever it takes" resources to help people while they are waiting to qualify for public benefits, when they need services but do not qualify for regular public benefits, or when public benefits do not cover particular services the client needs.

Reconfiguring the emergency shelter system also leaves the way open to set up some performance expectations for the various types of shelter that will emerge. It is important to remember that if the District expects to set performance standards for providers and to make future funding contingent on meeting or exceeding standards, it must also come to terms with the need to expect something from shelter users. We discussed this issue in our first report for this assessment. The District will have to revisit the whole concept of "low barrier"; shelters could still continue to admit people without demand or restriction, but what happens later would have to be reconsidered. Even, or especially, in Housing First permanent supportive housing, which is low barrier for entry, staff are very active in their work to engage tenants in activities that will help them stay in housing. Staff in low barrier shelters should be no less persistent and persuasive, but for them to be so, there has to be a far higher staff to client ratio than exists now.

To summarize,

- Eliminate warehousing and create a smaller, more targeted emergency shelter system, with specialized services for the 2 in 5 single adults who stay more than 7 days but are not long-term shelter stayers;

- Develop new intake, assessment, and triage procedures to identify client needs, possibly centralize or "virtually" centralize these processes through a vastly improved HMIS, consider linking through Unity;

- Expand, intensify, and restructure casework; possibly move casework to an external agency that could follow the client and provide wrap-around services wherever the client is;

- Provide "do whatever it takes" general fund resources to wrap around specific/categorical funding streams;

- Develop a performance measurement system, after resolving issues of what can be asked of system users **(***The Community Partnership,* chapter 8**)**.

RECOMMENDATION 4: MAKE THE HMIS WORK

For everything to work—all the changes recommended for finding and housing chronically homeless adults and families, plus those for changing the emergency shelter system—the District will have to have a more flexible, useful, and open homeless management information system than now exists.

Throughout reports for this evaluation, there have questions about homeless people or homeless assistance programs that we could not answer because the District's homeless management information system either did not have the relevant data or could not externalize the data it did have in a way that made analysis possible. The various data problems we encountered may be found throughout the two reports for this assessment (Burt and Hall 2008a; 2008b); we limit ourselves here to listing suggestions for improvement.

OVERALL SUBSTANTIVE SYSTEM CHANGES

1. Require shelters to collect more information on anyone using any shelter other than for hypothermia. At a minimum, assure that the records contain name, race/ethnicity, age/date of birth, gender, and the presence or absence of a disability. These are HUD minimum standards for emergency shelter data.

2. For people using shelter more than X days (pick a period longer than 7 but less than 14 days), require contact with a case worker and a completed assessment, followed by efforts to link people to resources, including for employment, vocational rehabilitation, health, mental health, and substance abuse needs. Put the information into the HMIS.

3. Incorporate into the HMIS information from outreach programs about the people they work with on the streets.

4. Bring providers and advocates together to work through the issues involved in "opening" the HMIS. Different communities have resolved these issues in different ways, from "barely open," which would be enough to establish a unique system ID number but not much else, to "completely open," which means that staff of one homeless assistance agency can see whether someone has already used one or more resources in the system and a good deal of information about the person. Completely open systems still only share their information within the homeless assistance network, not with public agencies. It is time to have this discussion in the District, with the intent of moving from current practice to one or more levels of openness.

   Many CoCs have open systems (e.g., Cincinnati, many communities in Michigan), including several of the District's immediate neighbors (the Montgomery County, Prince George's County, and Southern Maryland Continuums of Care). District providers could easily see how these work in practice, what safeguards are in place to protect privacy, advantages of providers' open access to information to individuals and families seeking help, and other aspects of how these systems work. At least one large provider agency with programs in the District and also in surrounding counties with more open HMISs is already sufficiently convinced of the advantages of an open system that it has asked TCP to change the District's HMIS for its own programs.

A more open HMIS should be able, at a minimum, to assign truly unique identifiers, as follows: Program A enters a person's name and basic information into the HMIS for someone who is using Program A for the first time. The HMIS searches existing records for a match. If it does not find a match, it assigns the new person a unique system ID number, which Program A uses. If it finds a match, it conveys the already-assigned system ID number to Program A, which then uses that unique system ID for the person just entering Program A.

5. Look into the benefits of using a bed management approach to emergency shelter use, rather than the current practice in emergency shelters for single adults of entering and exiting each person every night he or she uses a shelter. In a bed management approach, the person requests shelter, completes an intake process, and is entered into the HMIS. Every night thereafter that the person comes back to the shelter, the shelter operator notes a night of shelter use in the person's record. If the person fails to return anywhere in the system for at least 30 days, the system automatically exits the person as of the last date of use.

6. Develop a mechanism that gives adult homeless program users (single adults and those in families) the option of participating in a multi-agency service team, which would involve making their personal records accessible to specific service providers on their personal team from which they would then receive services to help them leave homelessness. The mechanism should meet HIPAA and other privacy requirements, which involve informed consent for each specific agency to be involved in sharing data for that individual or family. This is possible. Many communities do it. "We can't do that because of privacy requirements" is an excuse, meaning "we don't want to do that."

TECHNOLOGICAL IMPROVEMENTS

7. TCP desperately needs software or programming improvements that let it "pull" data from the underlying HMIS database easier and faster. The District is probably stuck with ServicePoint, the software program that runs the local HMIS and the HMISs of about 80 percent of all CoCs in the country. But people elsewhere have figured out how to make it work better, including using XML to extract data for analysis. A major impediment to analysis for the District is the absence of a unique system ID, which is a consequence of how TCP and local providers have implemented the concept of a "closed" HMIS. Even with the more open system that we recommend, however, there will still be analysis problems until and unless TCP's analytic capacity is strengthened.

8. TCP should obtain and use a statistical analysis software packages such as SPSS or STATA (see *Transforming*, chapter 2). These software programs would greatly facilitate analysis *once the data to be analyzed have been extracted from the ServicePoint database.* As just noted, however, major improvements are needed in that extraction process—getting Bowman Systems to write an XML program for the District is probably a good part of the answer.

PERFORMANCE MONITORING AND PERFORMANCE-BASED CONTRACTING

9. Four things are needed before the District will be able to move in the direction of performance-based contracting:

a. Resolution of a large *philosophical* issue that will need to be addressed before it will be worthwhile to work on designing a set of expectations for what *providers* should do and secondarily for how data on performance will be recorded and reported. That philosophical issue is, "What does the District expect *of the homeless people* who use its homeless assistance programs?" If providers are not permitted to place expectations on the people they serve, the District cannot place expectations for performance on the providers. At present District government seems content to expect nothing of people who use its emergency shelters (people using transitional and permanent supportive housing programs must comply with the rules of their specific program, which can vary widely). Clearly if the District is going to transform its emergency shelter system as suggested above, it will need to modify its current low expectations for making an effort to leave homelessness.

b. Agreement among providers and other stakeholders on serious performance expectations for programs of different types. Currently performance standards are set by each provider for itself, they are set far too low (based on preliminary performance data in the HMIS), and they are not developed by providers offering similar programs that know the issues involved in meeting a particular level of performance. As more is expected of emergency shelter programs (per Recommendation 3), realistic expectations for performance need to be in place.

    i. As part of this work, District officials and homeless service providers will have to agree on the performance domains to be measured. Obvious domains are housing placement and stability, and employment. Other domains may be reduced substance abuse, reduced psychiatric symptomatology, improved physical functioning, reconnecting with family, getting children back from foster care, and the like.

    ii. Agreement will also be needed on what will count as an indicator of improvement/progress/positive outcome for each domain and how they will measure and record relevant indicators.

    iii. Data fields for recording status on relevant indicators will have to be incorporated into the HMIS.

    iv. Providers will have to assess progress periodically and record the results in the HMIS.

c. Better data collection about program user circumstances at program entry, and much better data collection about circumstances at program exit, especially for emergency shelter programs (transitional and permanent supportive housing programs that report to the HMIS already report exit status for most of their clients).

d. Agreement that it is okay, after a certain period of time, for providers to expect program users to work with program staff toward the end of leaving

homelessness. Some shelters may still remain "low barrier," meaning nothing is required *at entry*. But after a person has used a program for a while, staff should be making a concerted effort to involve that person in services and there should be sufficient staff to do so. Given that the person will still be able to use emergency shelter even if he or she refuses services, it takes a special approach to induce some people to accept services, but that approach must be made, and made persistently. Staff should support each other in thinking through different approaches and in analyzing what has and has not worked. PSH programs using a Housing First/voluntary services approach have developed considerable skill in bringing people into services; emergency shelter workers can learn from these examples.

TCP FUNCTIONS AND PERFORMANCE

TCP does many things well, including financial management of grants and contracts; managing Shelter Plus Care resources and the associated task of maintaining good relations with many private landlords; developing and conducting trainings, providing technical assistance regarding contracts, rules, and the HMIS; and organizing the annual application to HUD for funding to sustain and expand transitional housing and permanent supportive housing resources (Burt and Hall 2008a). It is an excellent implementer of programs and plans.

Some issues remain with certain aspects of TCP's work, including the interrelated activities of fiscal management, contract compliance, quality control, and program performance.

FISCAL MANAGEMENT, CONTRACT COMPLIANCE, AND QUALITY CONTROL

As have two independent studies before this one (Enterprise Foundation 1998; Bass and Howes 2000), all evidence gathered for the present assessment indicates the excellent job that TCP does in administering the fiscal aspects of grants and contracts. We strongly suggest that contract and grant financial management for the public homeless system stay with TCP.

The issues that arose during this assessment revolved around:

- The content of contracts—making sure that stipulations in the contract between DHS and TCP get included in the subcontracts between TCP and service providers, and deleting from provider subcontracts conditions that cannot be met through no fault of the provider;

- The involvement of various agencies, offices, and organizations in monitoring contract compliance, assuring quality, and measuring performance, and how these several information sources might be integrated to reflect program and system performance and improve it; and

- How DHS can exercise oversight and control of providers whose direct relationship is with TCP through subcontracts involving DHS money.

Responsibility for monitoring compliance with contracts and quality control has changed in significant ways during the past year. A new unit for monitoring provider health, safety, and programmatic conditions has been established at DHS, and TCP has been relieved of responsibility to monitor contracts using DHS funds. TCP is still responsible for monitoring projects receiving HUD funds however, and these are often the same programs as get DHS funding. As it is likely that both DHS and TCP will continue to be involved in program monitoring, they should work together to develop an approach that does not place a double burden on providers. In addition, TCP manages the HMIS, which can be used to measure program performance against specific client outcomes. Consideration should be given to how these various sources of information could be brought together to give system policy makers a blend of the most useful program-specific information for decision making.

Controversy surrounding conditions at D.C. Village prior to its closure made clear that DHS as well as TCP needs a mechanism through which it can hold homeless service providers

accountable, since the agency itself will be held accountable by elected officials for service provider performance. Subcontracts between TCP and homeless service providers might therefore contain a clause giving DHS supervisory/monitoring/quality assurance authority equal to TCP's. In addition, DHS might want to institute one or more activities that bring its staff into direct contact with providers and offer the opportunity to establish expectations and discuss their implications. Regular (e.g., every other month) meetings with subgroups of providers offering similar services to similar populations might be a place to start.

PERFORMANCE EXPECTATIONS

Very little has been done to date to establish performance expectations for providers. Only recently have providers been asked to suggest a level of performance on various outcomes that they commit themselves to meet. To date, local elected officials and District government agencies have not been part of establishing performance expectations for homeless assistance programs in the public system. Nor has there been a process of having providers of similar services to similar populations meet to determine a set of standards and expectations they believe to be realistic for themselves. This process of standard-setting has happened in some other communities and is common in health care and other service sectors.

The performance goals that providers set for themselves were so low that many of them had met or exceeded their goals in the first six months of the year. Goals could and should be set a good deal higher than current practice. It would be highly desirable for the process of goal- and standard-setting to be more open and collaborative, to have clear links to the overall expectations of ending homelessness in the District, and ultimately perhaps to feed into performance-based contracting.[3]

SHELTER MAINTENANCE

Maintenance of public emergency shelters has been an issue in the past, stemming from the following: (1) the buildings housing these shelters require a lot of maintenance as well as major structural improvements; (2) responsibility has been split among DHS (for major repairs), TCP (for minor repairs), and the agencies running the programs (not clear for what); and (3) the resources have not always been available to do what is needed. Significant improvements have occurred during the past year due to clarification of responsibilities in contract language and agreement on most roles, transferring responsibilities and funds for major repairs from DHS to OPM, and added resources. Any ambiguities over maintenance responsibility for shelters with maintenance funds in their budgets need to be cleared up between TCP, DHS, and individual providers.

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[3] Appendix C in Burt and Hall (2008a) provides an example of the very high expectations that one community sets for its homeless assistance programs. And those higher goals are being achieved. There is no reason the District cannot do likewise.

COMMUNICATIONS

Communications are still an issue on some fronts, as they have been in past assessments of TCP. Those less involved in the homeless assistance system do not know what TCP does and are frustrated by that. Others would like to see more information forthcoming based on the HMIS—not just a single "Report to the Community" once a year, but perhaps a discussion forum of what some data mean and what they imply for where the community should be going. Broad involvement in helping to determine system goals and approaches has been limited for a number of years because the planning process attendant on preparing the annual HUD application grew more perfunctory as the opportunities for federal funding for new projects dwindled. Now that the Interagency Council on Homelessness is active, a broader array of community stakeholders is involved and new as well as long-established actors in the homeless arena are participating. TCP has already served as an important implementer of ICH policies; there is every reason for the ICH to continue to involve TCP in an implementation capacity as new plans are developed.

CONCLUSIONS

The recommendations offered here will require a serious organizational effort on the part of the District government and stakeholders in the District's homeless assistance network. The organizational structure for implementing Recommendations 1 and 2 is clearly the PSH Work Group of the ICH's Strategic Planning Committee, which is already in place and working. It concentrated first on establishing the ground rules for PSH development and the mechanisms that will carry through until 2,500 units are in place. Along the way it will have to address the issues raised by our Recommendations 1 and 2, which identify the people who should be the occupants of those units and the ways those prospective occupants should be recruited.

Recommendation 3 calls for a second Work Group to address the issues that will be involved in reconfiguring the emergency shelter system. As already noted, the ICH's Strategic Planning Committee appears to be the proper home for this committee, working in parallel with the PSH Work Group. Implementing Recommendation 4 will require a Work Group of its own, the HMIS Work Group, possibly under the aegis of the ICH's Operations Committee. Following Recommendation 5, we expect that TCP will be using its implementation skills to work closely with District agencies and community partners to help the ICH fulfill the vision of ending homelessness in the District of Columbia.

To a very real extent, the successes of the PSH and Emergency Shelter Transformation Work Groups will depend on how well and how quickly the HMIS Work Group does its job.

- The PSH Work Group will need the HMIS to be able to identify long-term shelter stayers, and to integrate its data with DMH, FEMS, and DOC data to find the homeless people who are frequent users of other public crisis services.

- Ideally, the HMIS would also be the vehicle for tracking PSH project performance in retaining people in housing, and for recording the services they receive and determining what seems to work best.

- The Emergency Shelter Transformation Work Group will need good HMIS data to help it understand the subgroups of people using shelter who stay more than 7 but fewer than 180 days so it can design appropriate specialized shelters.

- A reconfigured emergency shelter system will need the HMIS to maintain records of shelter stays, assessment information, case management support, service referrals, and services received, so it can track the performance of different shelters and assess outcomes (e.g., entered employment, entered treatment, returned to housing) both for themselves and in relation to services received.

- Therefore the HMIS Work Group will have to work closely with the PSH and Emergency Shelter Transformation Work Groups to be sure the changes it will be implementing for the HMIS meet the needs of those two work groups.

- The HMIS Work Group will have to orchestrate discussions of "opening" the system to at least some degree, with the goal of achieving a system that is useful for many purposes.

- The HMIS Work Group will also have to orchestrate discussions of performance expectations for providers *and* homeless people, which outcomes to hold which programs accountable for, how to measure those outcomes, and how to report them. These discussions will have to begin with data showing baseline performance, which TCP is just beginning to be able to produce. The result of these discussions should be a coherent set of shared expectations for program performance similar to those used in Columbus, Ohio and included as Appendix C of our first report (Burt and Hall 2008a).

REFERENCES

Bass and Howes, Inc. 2000. "Assessment of the Community Partnership for the Prevention of Homelessness." Washington, DC: Report to the Deputy Mayor for Children, Youth, and Families.

Burt, M.R. 2008. *Evolution of PSH in Taking Health Care Home Communities, 2004–2007: Tenants, Programs, Policies, and Funding at Project End*. Oakland, CA: Corporation for Supportive Housing. Available at www.csh.org/resources/publications.

Burt, M.R. and S. Hall, 2008a. *The Community Partnership and the District of Columbia's Public Homeless Assistance System.* Washington, DC: The Urban Institute. Available at www.urban.org.

Burt, M.R. and S. Hall, 2008b. *Transforming the District of Columbia's Public Homeless Assistance System*. Washington, DC: The Urban Institute. Available at www.urban.org.

Enterprise Foundation. 1998. "A Report on the Existing Conditions and Opportunities for the District of Columbia's Homeless Housing and Service Systems." Columbia, MD: Enterprise Foundation.

APPENDIX A: LIST OF PEOPLE INTERVIEWED

D.C. Government

- **Office of the Mayor—**Julie Hudman, Laura Zeilinger, Janice Ferebee, Leslie Steen, Melissa Hook, and Oscar Rodriguez

- **Office of Councilmember Tommy Wells—**Adam Maier, Ram Uppuluri, and Yolundra Barlow

- **Service agencies:**
  - **Department of Human Services (DHS)—**Clarence Carter, Kate Jesberg, Fred Swan, Sakina Thompson, Ricardo Lyles, Jean Wright, Deborah Carroll, Susie King, Lisa Franklin-Kelly, and George Shepard.
  - **Department of Mental Health (DMH)—**Stephen Baron, Barbara Bazron, Michele May, and Eric Strassman
  - **Department of Health's Addiction Prevention and Recovery Agency (DOH/APRA)—**Tori Whitney

- **Housing agencies:**
  - **D.C. Housing Authority (DCHA)—**Michael Kelley and Adrianne Todman
  - **Department of Community Development (DHCD)—**Leila Edmonds and Guyton Harvey

- **Public safety agencies:**
  - **Fire and Emergency Medical Services (FEMS)—**Michael Williams, John Dudte, Mytonia Newman, and Patricia White
  - **Metropolitan Police Department (MPD)—**Brian Jordan
  - **Department of Corrections (DOC)—**Devon Brown, Reena Chakraborty, and Henry Lesansky
  - **Court Services and Offender Supervision Agency (CSOSA)—**Calvin Johnson, Claire Johnson, and Joyce McGinnis
  - **Pretrial Services Agency (PSA)—**Susan Schaffer and Virgin Kennedy

- **Other agencies:**
  - **Office of Property Management (OPM—**Rick Gersten, Regina Payton, and Spencer Davis

Providers

- **Anchor Mental Health—**Peggy Lawrence
- **Calvary Women's Services—**Kristine Thompson
- **Catholic Charities—**Chapman Todd
- **Center for the Study of Social Policy—**Jim Gibson

- **Central Union Mission—**David Treadwell
- **Coalition for Nonprofit and Economic Development—**Robert Pohlman
- **Coalition for the Homeless—**Michael Ferrell and Omega Butler
- **Community Connections—**Helen Bergman
- **Community Council for the Homeless at Friendship Place—**Jean-Michel Giraud
- **Community of Hope—**Kelly Sweeney McShane
- **Covenant House Washington—**Nicole Lee
- **D.C. Central Kitchen—**Robert Egger
- **D.C. Parent Training and Information Center—**Danielle Greene
- **Downtown Business Improvement District—**Chet Grey
- **Edgewood Brookland Family Support Collaborative—**Louvenia Williams
- **Families Forward—**Ruby Gregory and Joi Buford
- **House of Ruth—**Crystal Nichols
- **Latin American Youth Center—**Steve Chaplain
- **Latino Transitional Housing Partnership—**Jarrod Elwell
- **Local Initiatives Support Corporation—**Oramenta Newsome
- **My Sister's Place—**Karen Fletcher
- **My Sister's Place—**Nichelle Mitchem and Inga James
- **N Street Village—**Schroeder Stribling
- **National Alliance to End Homelessness—**Richard Hooks Wayman
- **New Endeavors for Women—**Wanda Steptoe
- **Pathways to Housing—**Linda Kaufman
- **Street Sense—**Laura Thompson and Jesse Smith
- **Urban Living Institute—**Urla Barrow
- **Washington Legal Clinic for the Homeless—**Patricia Mullahy Fugere, Mary Ann Luby, Scott McNeilly, Amber Harding, Marcy Dunlap, and Andy Silver
- **Wesley Seminary—**Ann Michel
- **Women Empowered Against Violence—**Heather Powers
- **Informal conversations with case managers and shelter managers at**:
  - Franklin School
  - New York Avenue
  - Adam's Place
  - 801 East
  - New Endeavors by Women
  - Blair
  - Madison
  - D.C. General (Harriet Tubman and the hypothermia shelter)

- **The Community Partnership—**Sue Marshall, Cornell Chapelle, Tom Fredericksen, Darlene Mathews**,** Amy McPherson, Michele Salters**,** Clarence Stewart**,** Tamura Upchurch, Mathew Winters**,** and Xiaowei Zheng

APPENDIX B: LIST OF ACRONYMS

- Advanced Reporting Tool (ART)
- Administrative Review (AR)
- Americans with Disabilities Act (ADA)
- Annual Homeless Assessment Report (AHAR)
- Average Length of Stay (ALOS)
- Certificates of Occupancy (CO)
- Community for Creative Non Violence (CCNV)
- Comprehensive Psychiatric Evaluation Program (CPEP)
- Continuum of Care (CoC)
- Court Services and Offender Supervision Agency (CSOSA)
- Criminal Justice Coordinating Council (CJCC)
- D.C. Housing Authority (DCHA)
- Department of Community Development (DHCD)
- Department of Corrections (DOC)
- Department of Health's Addiction Prevention and Recovery Agency (DOH/APRA)
- Department of Housing and Urban Development (HUD)
- Department of Human Services (DHS)
- Department of Mental Health (DMH)
- Emergency Rental Assistance Program (ERAP)
- Emergency Shelter (ES)
- Emergency Shelter Grant (ESG)
- Facilities Management Operations Division (FMOD)
- Federal Year (FY)
- Fire and Emergency Medical Services (FEMS)
- Head of Household (HoH)
- Homeless Management Information System (HMIS)
- Homeless Services Reform Act (HSRA)
- Housing Assistance Center (HAC)
- Inspector General (IG)
- Interagency Council on Homelessness (ICH)
- Length of Stay (LOS)
- Metropolitan Police Department (MPD)
- Office of Administrative Hearings (OAH)
- Office of Property Management (OPM)
- Permanent Supportive Housing (PSH)
- Police Services Area (PSA101)
- Pretrial Services Agency (PSA)
- Request for Proposal (RFP)
- Shelter Monitoring Unit (SMU)
- Shelter Plus Care (S+C)

- Substance Abuse Treatment and Mental Health Service Integration Taskforce (SATMHSI)
- Transitional Housing (TH)
- Virginia William's Family Resource Center (VWFRC)
- Washington Legal Clinic For the Homeless (WLCH)

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