



GOVERNMENT OF THE DISTRICT OF COLUMBIA
INTERAGENCY COUNCIL ON HOMELESSNESS

EMERGENCY RESPONSE &
SHELTER OPERATIONS (ERSO) COMMITTEE

ITEMIZING WINTER PLAN UPDATES

PURPOSE

The goal of this document is to catalog all the concerns identified at the 9/13 meeting of the ERSO Committee and the updates made to the FY23 Winter Plan in response to these concerns. Given the delay in distributing the updated FY23 Winter Plan, the ICH hopes that this tool will facilitate transparency and support members evaluate the updates in a timely manner

As a heads up, Grammarly was used to support ICH staff with a line-by-line copy edit of the document to improve the readability of the Winter Plan. While these edits are captured in track changes for ERSO Committee members to review, they are not itemized in this document.

INTRODUCTION

Itemized here are the concerns flagged, updates made, and any additional notes or explanations available related to the Introduction of the Winter Plan.

Concerns Flagged	Updates to the Draft Winter Plan	Additional Notes/Explanations
Related to the influx of migrants		
1. Add references to the pending legislation	Regarding the influx of migrants, the Mayor proposed, and the District’s Council passed, the Migrant Services and Supports Emergency Amendment Act of 2022. This act creates an Office of Migrant Services responsible for providing the needed services (including offering grants to nongovernmental organizations to support the provision of services) and seeking reimbursement and additional assistance from the federal government. Services will include meeting buses, providing meals and urgent medical care, facilitating onward travel, and linking migrants to resettlement and asylum-related legal services. Such efforts will be bilingual, culturally	None.

Concerns Flagged	Updates to the Draft Winter Plan	Additional Notes/Explanations
	<p>competent, temporary, and distinct from the District’s homeless service continuum.</p> <p>See pg. 5</p>	
<p>9/28 Recommendations: For those Migrants who become residents of the District, the District’s homeless services continuum of care stands ready to offer its services.</p>		
<p>2. Acknowledge that we expect to be coordinating with the Office of Migrant Services</p>	<p>The District’s homeless services Continuum of Care stands poised to coordinate with the Office of Migrant Services and ensure that any migrants seeking homeless services are appropriately triaged and connected to the services rendered by the Office of Migrant Services and its non-governmental partners.</p> <p>See pg. 5</p>	<p>None</p>
<p>3. Clarify that “this is the place where we are protecting anyone in the District, including migrants, from cold weather injury”</p>	<p>To summarize, we know that the District has a long and well-established history of expanding shelter resources and options, as and when appropriate, to protect residents experiencing homelessness against cold weather injury.</p> <p>See pg. 5</p>	<p>The Migrant Services and Supports Emergency Amendment Act of 2022 clearly establishes migrant services as distinct from the District’s homeless services continuum.</p> <p>Given this distinction, it is likely most appropriate to re-iterate the goals of the Winter Plan as stated in the HSRA.</p>
<p>Related to COVID</p>		
<p>4. Add language related to following the CDC and DC Health guidelines (best practices recommended by) related to COVID including exposure and quarantine-related guidelines</p>	<p>DHS has relied on and will continue to align with CDC and DC Health guidance, including exposure and quarantine-related guidelines and best practices.</p> <p>See pg. 4</p>	<p>None</p>

Concerns Flagged	Updates to the Draft Winter Plan	Additional Notes/Explanations
Related to COVID, Monkeypox, and Influx of Migrants		
<p>5. Explicitly state that these will be topics of discussion monthly at ERSO meetings</p>	<p>To ensure that we are accounting for and abreast of the ever-evolving situations highlighted here, the District will gather the pertinent partner feedback and share critical system updates monthly using the process described in Section 1.3.</p> <p>See pg. 5</p> <p>As we continue navigating these global and local concerns, the ICH ERSO Committee, which meets monthly, will continue to serve as a forum for identifying challenges, soliciting feedback from partners, and providing critical updates. In addition to leveraging monthly ERSO meetings, DHS will continue to provide updates to stakeholders through the other relevant ICH Meetings, updated guidance, and other communication channels.</p> <p>See pg. 10</p>	None

1. PROCESS FOR DEVELOPING, PUBLICIZING, AND UPDATING THE PLAN

Itemized here are the concerns flagged, updates made, and any additional notes or explanations available related to Section 1 of the Winter Plan.

Concerns Flagged	Updates to the Draft Winter Plan	Additional Notes/Explanations
Number of Hypothermia Alerts and Cold Weather Emergency Alerts Called		
<p>6. Should DHS and UPO continue to track alerts by after 7 am and before 7 pm?</p>	None at this time	<p>9/28 update:</p> <p>Yes:</p> <ul style="list-style-type: none"> Day time alerts: after 7 am and before 7 pm Overnight alerts: after 7 pm
Hypo Deaths Amongst Persons Experiencing Homelessness		

Concerns Flagged	Updates to the Draft Winter Plan	Additional Notes/Explanations
<p>7. Has anyone correlated deaths with cold emergencies vs hypothermia alerts?</p>	<p>None at this time</p>	<p>ICH staff do not have the details necessary to correlate the 3 hypo deaths reported in FY22 to alerts.</p> <p>The current protocol for coordination with OCME is limited to updating the table in the Winter Plan. Going forward, ICH staff can coordinate with OCME to determine if it is appropriate to receive additional details like Date of Death to determine correlation with cold emergencies and/or hypothermia alerts. ICH to work with OCME to determine what can be shared for debrief purposes only.</p> <p>9/28 update: Clarification from TCP that it collects fatality reports, but it is limited to shelter facilities. TCP does not have contracts with outreach providers so are not collecting fatality reports.</p>
<p>8. Can we make any time that someone comes in with Hypothermia, can we make hospitals report that to DC Health, DHS, DHCF? Can we keep a record of weather-related emergencies?</p>	<p>None at this time</p>	<p>The ICH has partnered with the DC Hospital Association to establish an informal workgroup at the intersection of hospitals and homeless services. That informal WG is looking into the feasibility of collecting data and coordinating care for individuals experiencing homelessness that receive services related to cold weather injuries.</p> <p>9/28 Feedback: Disappointed with the participation of DC Health. They should be a part of ERSO, Single Adult System, and Strategic Planning.</p>
<p>9. Add a footnote to the Hypo Deaths table to explain why there is a change in the numbers from FY21 hypothermia season.</p>	<p>When the ICH contacted the Office of the Chief Medical Examiner (OCME) to establish the number of deaths related to hypothermia amongst people experiencing homelessness for FY22, OMCE also reviewed the numbers reported for FY21 (and captured in the FY22 Winter Plan) and noted that those figures accounted for ALL deaths related to hypothermia, not just the deaths of individuals experiencing homelessness. The data reported for FY21 is</p>	<p>None.</p>

Concerns Flagged	Updates to the Draft Winter Plan	Additional Notes/Explanations
	<p>revised in this document so that it only captures deaths related to hypothermia for individuals experiencing homelessness.</p> <p>See pg. 8</p>	

3. EMERGENCY SHELTER

Itemized here are the concerns flagged, updates made, and any additional notes or explanations available related to Section 3 of the Winter Plan.

Concerns Flagged	Updates to the Draft Winter Plan	Additional Notes/Explanations
24/7 Operations of Low Barrier Shelters		
<p>10. Is there a commitment to 24/7? Contracts have not been executed for the next FY so shelters not clear on operations come October.</p>	<ul style="list-style-type: none"> ● Hours of Operation: For the most part, the low barrier shelters available year-round are currently operating 24/7. <ul style="list-style-type: none"> ○ There are two exceptions: Blair (which serves men) and St. Josephine’s (which serves women). These two low barrier shelters operate from 7 pm to 7 am. ○ Additionally, it is important to recognize that the provision of 24/7 operations is not baked into DHS’ base budget. DHS is establishing its spending plan for FY23. As such the agency is working to determine whether this is a reasonable expectation for FY23 hypothermia season. ● 9/28 Update: include the timeline for notification from DHS, if they are not able to sustain 24-7 operations. <p>See pg. 13</p>	<p>Starting in March of 2022 DHS has been transparent with the CoC that it did not have the budget to support COVID-related protection measures indefinitely. A 24-7 Operations Planning Group was launched to work with the CoC partners on right-sizing COVID protection measures.</p> <p>While DHS was able to leverage savings in its FY22 budget to continue operating shelters 24-7 for the entirety of FY22, 24-7 operations are not built into the base budget approved in FY23 and therefore cannot be guaranteed for the FY23 Hypothermia Season.</p>
Overflow Shelters		

Concerns Flagged	Updates to the Draft Winter Plan	Additional Notes/Explanations
<p>11. Can we articulate a threshold? Melvyn was a critical part of establishing thresholds! Some options: do we have 20 beds or less across our facilities?</p>	<ul style="list-style-type: none"> ● Threshold: The threshold for activating overflow shelters, to the extent that overflow shelters are available, is population specific: <ul style="list-style-type: none"> ○ Men: a total of 20 vacant beds across all low-barrier and overflow beds available for single adult men and ○ Women: a total of 10 vacant beds across all low-barrier and overflow beds available for single adult women. <p>See pg. 13</p>	<p>None</p>
<p>12. Are we immediately mobilizing the overflow available at the Day Centers (Adam’s Place and 801East)?</p> <p>As “seasonal” sites or only on “alert nights”?</p> <p>9/28 Recommendation:</p> <ul style="list-style-type: none"> ● We do not have capacity for sheltering singles across all our facilities. ● The community recommends that these two overflow locations are activated at the start of the hypothermia season (11/01) and not wait until an alert is called. 	<p>9/28 Update:</p> <ul style="list-style-type: none"> ● In preparation for Hypothermia season, we will be using Adams Place Day Center and 801 East as seasonal beds. ● Adams Day will be for women and 30 beds will be available. ● At 801 East Day Center there will be 40 beds available for men. Both sites will open once the first alert is activated. 	
<p>13. Lots of capacity in STFH. Can that be a part of the overflow plan?</p>	<p>None</p>	<p>There are two significant limitations to leveraging family facilities for the single adult subsystem.</p> <ol style="list-style-type: none"> 1. Community agreements outline the purpose and

Concerns Flagged	Updates to the Draft Winter Plan	Additional Notes/Explanations
		<p>populations served by STFH sites; and</p> <p>2. The HSRA dictates that the District must have at least 100 apartment-style shelters available for families at all times.</p>
Shelter Densities		
<p>14. The community is asking for transparency around what is funded and what we can keep versus what is not being kept.</p> <p>9/28 Questions:</p> <ul style="list-style-type: none"> • What phase of reopening is the District? • FYI: there is a curfew for youth. Likely to be in effect through the Winter. ICH/DHS should attend next meeting (1st Tuesday of the month) to evaluate what MPD can do related to this effort and how to support youth experiencing homelessness. • Perception that PEPV is full. Need better communication with outreach providers related to vacancies/availability • Better coordination for DV population and DV provider! 	<ul style="list-style-type: none"> • Back up: once DHS exhausts all available options for overflow shelters, it will have to consider returning to pre-COVID shelter densities at strategic shelter locations to ensure that it can meet the charge of preventing cold weather injury. <p>See pg. 14</p> <p>For the FY22 hypothermia season, DHS increased shelter capacity over the “COVID Capacity;” however, shelter densities are still lower than pre-COVID levels. We will refer to the FY22 as the current shelter densities or capacity.</p> <p>For the FY23 Winter Plan, DHS is using the current shelter densities to calculate year-round capacity at low barrier shelters. It is important to recognize that the current capacity levels are targets, not limits. As such, once DHS exhausts all available options for overflow shelters, it will have to consider returning to pre-COVID shelter densities at strategic shelter locations to ensure that it can meet the charge of preventing cold weather injury.</p> <p>See pg. 16</p>	<p>As already stated above, starting in March of 2022 DHS has been transparent with the CoC that it did not have the budget to support COVID-related protection measures indefinitely.</p> <p>While planning has mostly focused on rolling back 24-7 operations, as we enter hypothermia season and we struggle to fund and sustain 24-7 operations, we have to be pragmatic about our ability to sustain low shelter densities.</p>
Shelter Conditions		
<p>15. Representatives of the CEWG indicate that they are hearing</p>	<p>None at this time</p>	<p>The ICH is hiring an ERSO Advisor. Once that Advisor is successfully onboarded the ICH Shelter Conditions WGs will</p>

Concerns Flagged	Updates to the Draft Winter Plan	Additional Notes/Explanations
lots of complaints from women		resume meeting and there will be a monthly forum for discussing and addressing complaints from all shelter residents.
<p>16. Significant facility issues related to environmental and building system-level issues (conditions) need to be shored up.</p> <p>What's the plan for addressing these issues prior to Hypothermia season?</p>	None at this time	DHS and DGS are prioritizing an environmental assessment of the building. The environmental assessment will be used to develop an environmental mitigation plan.
Shelter Capacity		
<p>17. CCNV clarified the number of beds available for men and women at the Drop-In Center: 67 beds are available at the Drop-In Center for men and another 24 beds are available</p>	<ul style="list-style-type: none"> • CCNV's capacity for men has been adjusted from 100 to 67 beds. Total capacity for men now totals 1,484 beds See pg. 17 • CCNV's capacity for women has been adjusted from 30 to 24 beds. Total capacity for women is now 580 beds. See pg. 18 	CCNV also requested additional support with examples of how providers manage bed reservations for low barrier beds to facilitate flow into specialized beds. ICH staff to track and follow up.

4. TRANSPORTATION

Itemized here are the concerns flagged, updates made, and any additional notes or explanations available related to Section 4 of the Winter Plan.

Concerns Flagged	Updates to the Draft Winter Plan	Additional Notes/Explanations
Transportation Back-Up		
18. Incorporating and memorializing backup supports offered by OSSE	OSSE Division of Student Transportation will set aside busses and make drivers available to support UPO with the transport of clients from unsheltered locations to shelters. This partnership ensures that UPO has the support required to meet demand, particularly during hypothermia and cold weather alerts. See pg. 22	
Transportation Schedule		
19. Organized to ensure consistency across populations served	All morning runs are now captured in section 4.2 (pgs 23 and 24) All afternoon and evening runs are captured in section 4.3 (pages 15 and 26) The mid-day loop that goes from SOME to the Downtown and Adams Day Centers is called out in it's own table because it is available to all populations (meaning it is not a gender-specific loop).	

5. SERVICES

Itemized here are the concerns flagged, updates made, and any additional notes or explanations available related to Section 4 of the Winter Plan.

Concerns Flagged	Updates to the Draft Winter Plan	Additional Notes/Explanations
Meals		
20. Are meal descriptions accurate?	For unaccompanied individuals, DHS is establishing its spending plan for FY23. The provision of 24/7 operations, including offering three meals a day, are not baked into DHS' base budget. As such the agency is working to determine whether this is a reasonable expectation for FY23	

Concerns Flagged	Updates to the Draft Winter Plan	Additional Notes/Explanations
	<p>hypothermia season.</p> <p>For context, during the pandemic (from spring 2020 through to August 19, 2022) DHS provided three meals a day at all year-round shelters and two meals a day at seasonal and overflow shelters, as they were not open 24/7. See pg 28</p>	
Outreach Services		
<p>21. What kinds of other services are available in the area? Can the ICH create a list of services in a table format that is easily digestible?</p>	<p>None</p>	<p>The potential list of services to include in the table were: SPDAT assessments, housing, behavioral health supports, etc</p> <p>The issue with listing services like the ones suggested here are numerous:</p> <ol style="list-style-type: none"> 1. Providers cannot render these services just because clients are in their catchment area. Each service/system has its unique process for referrals and enrollment. 2. There are numerous service providers across the District way more than the 3 outreach providers offering any one of the services that would be listed in a table. It is not appropriate to imply that people experiencing homelessness are limited to these three providers for those services. 3. Services offered are constantly changing. The Winter Plan is not the right place to capture frequently changing services compliments.

6. UNACCOMPANIED MINORS AND TRANSITION AGED YOUTH

Itemized here are the concerns flagged, updates made, and any additional notes or explanations available related to Section 4 of the Winter Plan.

Concerns Flagged	Updates to the Draft Winter Plan	Additional Notes/Explanations
Youth Hotline		
22. Concern from CCNV that the hotline was not helpful when a minor presented at CCNV two years ago.	None	Reminder that complaints and grievances need to be flagged to OPRMI per the directions on page 37.