

GOVERNMENT OF THE DISTRICT OF COLUMBIA INTERAGENCY COUNCIL ON HOMELESSNESS

EMERGENCY RESPONSE & SHELTER OPERATIONS (ERSO) COMMITTEE

Meeting Details22 December 2021Time: 1:00 - 2:30 PMLocation: Webex
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Meeting Notes

I. WELCOME AND CALL TO ORDER

ICH Director Theresa Silla invited Co-chairs Reginald Black (PPFC) and Bill Kuennen (DHS) to call the meeting to order. Mr. Black reviewed the agenda items for the meeting and asked for meeting participants to add any community or partner announcements/updates in the chat.

II. DISCUSSION

A. WINTER PLAN & HYPOTHERMIA OPERATIONS

Director Silla covered three topics under this item. See PPT for details. Decisions/discussions captured below.

1. PROPOSED UPDATES TO THE WINTER PLAN

The ERSO Committee advances the proposed updates to the ICH Executive Committee to adopt. While there are no specific concerns or objections to the proposed update, the Committee has significant questions and concerns about COVID protocols, particularly for the seasonal shelters that cannot accommodate clients 24/7 as well as the transportation and day-time sites/services that unsheltered individuals rely on during inclement weather. The Committee requests guidance and updates from DC Health and DHS, including what COVID policies/protocols are most appropriate to include in the Winter Plan.

Concerns, questions, and feedback flagged:

• Concerns re increasing community spread of COVID: are we going to go back to the protocols and restrictions from the height of the pandemic? What are the current safety and distancing, testing and isolation/quarantine protocols in shelters? How are we facilitating shelter-in-place? Are all shelter locations available 24/7? Should we be including these operations into the Winter Plan? Concerns are not limited to shelter operations. Also include drop-in centers, meal, and transportation pick-up/drop-off sites.

Note that DHS continues to evaluate the situation on the ground: low barrier shelters will continue to operate 24/7, precautions like mass testing and indoor masking are standard and will continue. No immediate changes but are considering options during this period of evaluation.

- Feedback that the proposed Winter Plan updates address concerns previously flagged by the Legal Clinic.
- Clarification that the proposed updates will not impact the existing communication with clients: hypothermia alerts via Alerts DC or any of the other modes of communication with clients.

2. REVIEWING HYPO OPERATIONS

Summary of concerns, questions, and feedback below.

Concerns about tracking and responding to:

- Delivery of safety checks to unsheltered clients,
- Referrals to DBH CRT of clients refusing services and vulnerable to cold-weather injury,
- CRT engagements with individuals on the streets.
- Referrals for FD-12s

Feedback from UPO:

- Increase in call volume compared to Oct by ~140 calls per shift, now averaging ~330 calls per shift.
- Increase in transportation: from ~60/70 transports/day pre hypothermia to ~100 transports/day. Was much higher pre-COVID. Current transport activity focused on runs to and from day centers.
- Steady distribution of comfort items and safety checks.
- Outreach/canvasing activities: UPO drivers canvas areas consistently outside of scheduled transportation hours as they deliver safety checks and drop off comfort items and meals. UPO drivers also pro-actively canvas/check areas previously used as hypothermia sites and encampments. Clarification that public can call the shelter hotline to flag areas and/or specific unsheltered individuals that need a safety check.
- Feedback from DBH, specifically the State Opioid Response: Working to ensure steady distribution of Naloxone and ensuring access during the holiday season. Please contact <u>naloxone@dc.gov</u> for supplies.

Feedback from MPD re FD-12:

- MPD to consult with research specialists and provide an update regarding trends in hypothermia related FD-12s.
- Can look at data from both this year and last year, but with the caveat that the reports are not specific to FD-12s but a broader category called "sick person to hospital reports."
- Clarification that FD-12s are a last resort for officers and that MPD focuses on annual alerts and trainings to officers to be on the lookout for individuals that need support coming in from the cold and to prioritize coordinating with local social service agencies and the shelter hotline for supporting individuals come in from the cold.
- Discussion around standards for FD-12s and evaluating the ability of unsheltered individuals to take care of themselves adequately in the cold.

Updates and questions for Day Center programs:

- Query about day programs/sites that will be open on Xmas and New Year's Day as some hypothermia locations (i.e., seasonal sites) must close Xmas day and New Year's Day.
 - SOME is open for breakfast, break and then open again for lunch.
 - \circ $\;$ Loaves and Fishes (at Stephen's Church) is open for meals to go.
- Other updates:
 - SOME's indoor lunch will resume on January 1 from 11 am 1 pm at 71 O St. NW. We will end take-away lunch bags at that time.
 - Bethany's program is still closed because the space is so small that it can only accommodate 20 individuals (including staff). Was expecting to open in April but given client vaccination rates still thinking through limited indoor access for laundry services and showers with additional serves outside.
 - Thrive DC is open and can schedule showers and laundry. Meals to go Tues Fridays and grocery distribution on Thursdays. Closed 24th and 31st. Mass testing underway at Thrive from 12 4 pm.

Feedback from Shelter Operations:

• CCNV reports 3 people recently tested positive for COVID. Getting support from Unity Clinic and DHS. Mass testing to take place on Tuesday 12/28 from 12-6 pm. People cannot be forced to vaccinate and/or test but hoping that interest in vaccination will increase with mass testing.

3. COUNTING ALERTS

See PPT for details. Feedback provided during the meeting:

• Agreement to track alert nights and days when an alert extends over multiple nights and days.

- Day time alerts are not called for 12 hours at a time. Question if we should be counting as daytime alerts, alerts that are called for 2-3 hours in the morning, if alert weather conditions develop early in the morning or until overnight weather conditions improve?
- Overall feedback to focus on whether circumstances are/will be hypothermic and if an alert was appropriately called. Logistical issue about capturing spreadsheets on alerts.

If anyone has concerns about counting alerts and wants to participate setting the standards for counting alerts, please contact <u>Theresa.silla@dc.gov</u> or <u>ich.info@dc.gov</u>.

B. ROLE OF FRONT DOOR IN EXPEDITING HOUSING & WORKING WITH VULNERABLE CLIENTS

Immediate strategies and long-term strategies were identified and discussed. See PPT for details.

1. IMMEDIATE STRATEGIES

Concerns, questions, and feedback summarized here.

- When did the Single Adult System (SAS) start prioritizing individuals with 3+ years length of stay vs. 1+ years length of stay and how can we confirm that we have matched individuals with 3+ years of documented length of stay?
- What is the time lag between CAHP referral for a match and DHS assignment of PSH Providers?
- Confirmation that Pat Handy Women's shelter is working with CAHP and that several medically vulnerable women have successfully connected to PEPV.

2. LONGER-TERM STRATEGIES

Concerns, questions, and feedback related to Shelter Hotline Recompete summarized here.

- See concerns above related to tracking proactive outreach/canvassing, delivery of safety checks, referrals to outreach teams including higher levels of care for clients refusing services.
- Tracking quality of services and connections/referrals to the resources that are appropriate for the crisis intervention and diversion from shelter.
- Including an estimated time of service delivery as part of customer service expectations.
- Requirement to leverage technology and convey demand for service and ability of hotline or transportation provider to render services within a specified timeframe
- Expanding pick-ups/drop-offs options so that it is not limited to daytime services that are funded by DHS
- Ability to develop or implement a screening tool for prevention/diversion
- Structure of the solicitation to maximize competition, especially from specialized organizations with capabilities to manage a crisis-intervention/hotline versus deliver/manage logistics for transportation and delivery of safety checks:
 - Do all the functions (e.g., hotline and transportation) have to be on the same solicitation?
 - o Can these be separate solicitations to maximize competition?
 - Or alternatively, can we structure the solicitation to encourage applications for specific functions?
- Request to allow meeting participants time to digest the information related to Shelter Hotline recompete and for DHS to bring the topic back to the ERSO Committee as the vision for the solicitation is further fleshed out.

C. SHELTER REDEVELOPMENT UPDATES

Due to timing, discussion focused on Prioritization of Specialized Beds at New 801 East Facility but slides also provide redevelopment updates at New York Avenue & Harriet Tubman. See PPT for details.

Concerns, questions, and feedback for Prioritization of Specialized Beds at New 801 East Facility summarized here.

- What is our coordination with emergency rooms (other urgent care or inpatient facilities) that are discharging to
 emergency shelter? How will these referrals be triaged into Medical Respite versus Medically Frail beds? Are their
 protocols for appropriately connecting clients discharged from emergency rooms that are seeking shelter across the
 system?
- Options for delivering gender neutral services/beds for medical respite option versus the other specialized beds.
- Gap in respite beds for individuals on medication assisted treatment for opioid addictions (e.g., methadone

treatment). Currently Christ House cannot serve Important to have beds that are on medication-assisted treatment for opioid addiction.

- How do we leverage CAHP system and VI-SPDATs to standardize requests or referrals to specialized beds?
- How do we standardize documentation of demand for these beds in a way that is consistent, standardized and fair across the system?

III. COMMUNITY ANNOUNCEMENTS/UPDATES

- SOME's indoor lunch will resume on January 1 from 11 am 1 pm at 71 O St. NW, ending take-away lunch bags.
- Loaves and Fishes (1525 Newton Street NW) open 9 am 12 pm on Christmas and New Year's day for meals to go.

IV. SUMMARY AND ADJOURNMENT

Summary of who adjourned the meeting, if appropriate.

Decisions & Action Items

Referral of approved Winter Plan Updates to Executive Committee with concerns about COVID transmission rates and protocols, particularly for locations that do not allow clients to shelter in place 24/7.

Referral to Single Adult Subsystem (SAS) workgroup to think through how CAHP and VI-SPDAT should be leveraged for standardized and fair access to specialized beds.

Next Meeting	Date: 26 January 2021	Time: 1 – 2:30 PM	Location: Webex
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Participant List				
Belinda J Fadlelmola (HUD)	Sakina Thompson (DMHHS)	Marcy Bernbaum (Concerned Citizen)		
James Freeny (CFH)	Andreas Williams (VA)	Raymon Neuroth (DMHHS)		
Reginald Black (PFFC)	Juanita Driver (MK)	Marissa Oden (Friendship Place)		
Theresa Silla (ICH)	Elizabeth Coleman (Catholic Charities)	Ana Elias (Community Connections)		
Robert Warren (PFFC)	Tiffany Tyler (DHS)	Liza Poris (Friendship Place)		
Nechama Masliansky (SOME)	Blair Copeland (Catholic Charities)	Kenyatta T Brunson (NSV)		
Bill Kuennen (DHS)	Rico E Harris (CCNV)	Tony Smith (DMHHS)		
Wes Heppler (Legal Clinic)	Alicia Horton (Thrive DC)	Russell McDowell (NSV)		
Dervin Brown (UPO)	Irene Conforti (DHS)	Andrew Wassenich (MK)		
Cpt. J. Dorrough (MPD)	Melvyn Smith (DHS)	Adam Gerstenfeld (DHS)		
Sari Frankel (DBH)	Qaadir (PFFC)	Larry Gooch (Catholic Charities)		
Synina Pugh (DHS)	2407****58	Ted Joseph (DHS)		
Michael Ferrell (CFH)				
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