Interagency Council on Homelessness

Emergency Response and Shelter Operations (ERSO) Committee

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22 June 2022

Meeting Agenda

I. **Welcome & Agenda Review (5 mins)**

   a) **Introduction & Agenda Review**

   b) **Call for Partners Updates/Announcements**

II. **Discussion Items (60 mins)**

   a) **Hyperthermia Operations Review (20 mins)**

   b) **Leveraging HMIS Planning Process (20 mins)**

   c) **Shelter (Re)Design: Client & Staff Engagement (20 mins)**

III. **System Updates (10 mins)**

   a) **Shelter Operation Hours**

IV. **Announcements and Reminders (as needed)**

V. **Summary and Adjournment (5 mins)**

   a) **Next Meeting: 24 August 2022, 1 – 2:30 pm**

   b) **July: break proposed so ICH staff can plan Shelter (Re)Design Engagement Surveys**

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Hyperthermia Operations Review

- ❖ Heat Plan
  - ➢ Status –Heat plan published to the website yesterday (6/21).
  - ➢ Accessing latest info –heat.dc.gov, website includes planning resources including the dangers of extreme heat
  - ➢ Alerts called to date –activated 8 times so far, May 20th being the earliest call. Nothing forecasted for the next few days.
- ❖ Reviewing hyperthermia operations & challenges
  - ➢ UPO –calls are standard; most calls are from consumers and neighbors requesting wellness checks. Delivering water (for the most part) and ponchos (when rain is predicted, especially related to severe thunderstorms)
  - ➢ Cooling centers –question about whether Union Station is listed as a cooling center. It is not. It is private property, so the security request/ask for individuals who are not eating about whether they have train tickets. Should we be proactively marketing other cooling locations at Union Station?
  - ➢ Sunday Day Services available:
    - ✓ 801 East Day Center is open from 9 am – 1 pm, and serves everyone (all genders)
    - ✓ Is there a consideration or a way to keep the 801 East Day Center open till 5 pm?
    - ✓ Note that the Downtown Day Service Center is indicated as open from 10 am – 3 pm from Monday through Sunday which is not accurate! DDSC is not open on Sundays. Need to follow up with HSEMA on this front!
  - ➢ Off topic: Access to bathrooms at Franklin Square Park on Sunday mornings –currently staff onsite have indicated that they lack the capacity to clear bathrooms on Sunday mornings.
- Other?

HVAC Challenges & Updates

Over the past 30 days DHS has experienced HVAC outages at various family and congregate shelters.

- DHS has five locations with minor HVAC outages

- DGS is in the process of obtaining contractors for major repairs at two shelter locations (V- Street and Girard shelter)

- Harriet Tubman shelter experienced a significant HVAC outage; required cooling buses over the course of 5 days.

  - Feedback that the support, especially that the cooling buses were critical and appreciated!

GOVERNMENT OF THE DISTRICT OF COLUMBIA
MURIEL BOWSER, MAYOR

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Leveraging the HMIS Planning Process

Purpose:

- ❖ Leverage the HMIS Planning Process to gather feedback and submit requests to
    - ➢ Add/subtract/change HMIS data fields
    - ➢ Add new programs
    - ➢ Leverage HMIS reporting capabilities
    - ➢ Address HMIS visibility-related issues

Roadmap:

- ❖ Background on Initiative
Discussion

Background on HMIS Planning

Task	Status
1. **Level-setting and kick-off planning by hosting orientation to what's already in place:** • HMIS Data Standards (Federal and District requirements) • Reporting capabilities of HMIS (System Performance Measures and Performance Quality Improvement Initiative) • Visibility updates and status, next steps • Accountability of funders, providers, and staff	**Completed!** • Led by Kelly Paton (TCP) • Recording available online at https://dcnet.webex.com/dcnet/ldr.php?RCID=2b141f441e7da6868ffb0a3d6ad0ac96
2. **Gather feedback from orientation attendees, Committees/WG, and HMIS User group re** • Data elements: to add/remove/change in HMIS • New programs that need to be added • Reporting/Performance tracking Needs • Persistent HMIS visibility/usability issues	**Underway now!**
3. **Develop & administer a survey tool** To ensure all voices are captured and heard in the planning process	**Underway now!**
3. **Evaluate feedback with the HMIS User Group**	July/August
4. **Follow up with Committee/WGs on subsystem specific requests and issues:** • Supporting the community understand what is possible (or not) and why • Work with ERSO & SAS to understand and map out Streamlining Intake requirements	August/September
5. **Propose a comprehensive set of updates/changes to HMIS to the Executive Committee** • Including accountability of Programs and Staff	October

Adding/Subtracting/Changing Data Elements

❖ Are there any top of mind for you and your program staff?

Examples of feedback received at the Single Adult System WG:
  ➢ How do we indicate the next steps or flags for a client:
    ✓ SOAR assessment,
    ✓ DACL resources, etc
  ➢ Next of kin designation or Emergency contact info (currently a separate form at intake. Important to have in HMIS and at intake).

❖ What is the best way to identify the data elements that need to be added/subtracted/changed?

Note: we will conduct a survey and are hosting WG/Committee Discussions!
  ➢ Is that sufficient?
  ➢ Who should we survey?

New Programs to Consider

❖ Are there any new programs you would like to add for your organization?

Examples of feedback received at the Single Adult System WG:

➢ How can we add Peer-to-Peer Engagement as an HMIS Program?
Is there a way to allow for data entry from those Peer-to-Peer engagements so that they are visible to the rest of the system?

➢ Diversion Screening is a new aspect to include.

❖ What is the best way to identify new programs?

Note: we will conduct a survey and are hosting WG/Committee Discussions!
➢ Is that sufficient?
➢ Who should we survey?

Leveraging HMIS Reporting Capabilities

What data do we need to understand how programs are contributing to CAHP?

What are the CAHP roles/responsibilities of programs/funders?

Feedback received at the Family System WG:

❖ Some of this is likely not appropriate for Family System. Also, HTP is the DHS system that captures some of these types of data points.

❖ Getting vital documents at the front door of the Family System: is there a way to capture the data points in HMIS to allow us to run a simple report? Is there a way to store copies of vital documents in HMIS?

Feedback received from ERSO Committee:

❖ Are we analyzing how people are using shelter and supporting clients that are struggling with our shelter and/or programs? For example, if someone is consistently breaking the rules and leaving a shelter location or otherwise struggling with services at a location? How is program exit recorded? Does it include negative exits that we should be analyzing?

➢ Are unusual incident reports a better source of data for clients? Shelter Conditions was working through how often to analyze unusual incident reports. Important to pick this back up again once ICH staffs up.

❖ How do we understand the number of returning citizens in our system? Should we be asking this question at intake? Can we get this from SPDAT? Or doing data bumps with the appropriate agencies/partners?

Leveraging HMIS Reporting Capabilities

What data do we need to understand how programs are contributing to CAHP?

What are the CAHP roles/responsibilities of programs/funders?

❖ **Prevention/Diversion:**

    ➢ ?

    ➢ ?

❖ **Front Door (Day Centers, Outreach & Shelters):**

    ➢ Count of individuals engaged

    ➢ Assessing individuals engaged

    ➢ Supporting clients likely to match to a housing resource navigate documentation

    ➢ Other?

❖ **Housing Providers (RRH and PSH)**

    ➢ Locating and engaging assigned clients

    ➢ Supporting clients navigate outstanding documentation requirements

    ➢ Complete any applications

    ➢ Identify units and lease-up

Feedback received from Single Adult System WG:

- Clients "not engaged/located" but are active at Front Door

❖ **Funders (with Resources Dedicated to CAHP)**

    Annual allocation matched via CAHP

    Turnover matched via CAHP

Persistent HMIS Visibility Issues

❖ Are there any top of mind for you and your program staff?
  ➢ **Feedback from Single Adult System:** inability to engage/locate related to visibility!
  ➢ **Feedback from Family System**: EDA before entering the notes feels like an unnecessary step. Can we remove/update the process? If you forget it creates complications. Frequent feedback from providers. It's another opportunity for mistake and newer staff often make that error and is very frustrating. If missed, it prevents a system/agency admin from seeing the data.

❖ What is the best way to identify persistent HMIS Visibility Issues?

  Note: We will conduct a survey and are hosting WG/Committee Discussions!
  ➢ Is that sufficient?
  ➢ Who should we survey?

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Shelter (Re)Design: Guiding Questions

Key Guiding Questions/Concerns

❖ How do we design a shelter system that
  ➢ facilitates rapid exit into housing? and
  ➢ supports client wellbeing?

❖ What are must-have vs nice-to-have design components and parameters?

Engaging Clients & Staff in Planning

Identified that we need to check in with

❖ Clients:
  ➢ Unsheltered clients about outstanding concerns (both encampment and non-encampment residents)
  ➢ Ensure sheltered women are also a part of the clients surveyed, so the voice of unsheltered women does not dominate as they constitute a smaller portion of the women in our system
  ➢ Ensure the full spectrum of genders are also surveyed because trans men and women have concerns as well
  ➢ Current residents of the new 801 East Facility

❖ Staff:
  ➢ Front line and program managers
  ➢ Non-congregate and new program models/options in the system
  ➢ Non-Gendered or co-ed options in the system
  ➢ Including Girard, Valley, PEPV, and Adam's Place Day Center

❖ Tool:
  ➢ Survey identified as faster and more likely more helpful than focus group discussions to get quick and initial feedback

Target Populations & Service Needs

Are there any key questions we need to ask of clients, front-line staff, and program managers we are engaging regarding

- ❖ Demographics
  - ➢ Are you experiencing homelessness by yourself or as part of a larger unit? Including your network of family and friends?
    - ✓ Are you a part of a couple? A pair of siblings? A mother and son or father and daughter unit that has been separated because of how we shelter singles?
    - ✓ A larger family unit of 3 or more individuals?
    - ✓ Is everyone in your family/friend network the same sex?
- ❖ Vulnerabilities
  - ➢ What do you need to be safe/feel safe?
    - ✓ Private rooms?
    - ✓ Private bathrooms?
    - ✓ A floor designated to your sex?
    - ✓ The whole building is designated for one sex only?
  - ➢ Have you used a shelter location over the last year? What aspects really concerned you?
    - ✓ Entrances?
    - ✓ Ability to secure your belongings under lock and key?
    - ✓ Options for bringing food, storing, and/or preparing your own meals?
    - ✓ Ability to wash your clothes on site?
    - ✓ Ability to tour the location before being sheltered?
- ❖ Considerations for gendered vs non-gendered needs
  - ➢ Are you interested in locations that serve: only men, only women, only LGBTQ+, all genders, etc?

Program Typologies

How should we approach these different program typologies?

Which program typologies should we prioritize and/or integrate into the design of this upcoming shelter redevelopment opportunity?

What aspects should we highlight and/or ask about in our survey of clients, front-line staff, and program managers?

Proposed List of Program Typologies
- Emergency/Safe-Haven
- Low Barrier Shelter (LBS) vs Low Barrier Programming
- Bridge Housing
- Working/Employment Beds
- Respite/Recuperative Beds –likely still a strong need given the number of aging individuals in our system.

Therapeutic vs traditional Transitional Housing –likely related to Substance Use

Services Needs

Which services do we need to prioritize and build into future shelter sites to expedite rapid exit and support client wellbeing?

Potential survey question:
- ❖ What kind of services are critical and should be offered at the shelter location?

What aspects should we highlight and/or ask about in our survey of clients, front-line staff, and program managers?

Proposed List of Services
- ❖ Intake
- ❖ Diversion/Rapid Exit
- ❖ Housing/CAHP Navigation
- ❖ Healthcare Navigation
- ❖ Employment/Entrepreneurship Navigation
- ❖ Security

Other Amenities

Which additional amenities do we need to prioritize and build into future shelter sites to expedite rapid exit and support client wellbeing?

What aspects should we highlight and/or ask about in our survey of clients, front-line staff, and program managers?

Proposed List of Other Amenities
- Day Services
- Telehealth Options
- Harm Reduction, Safe Consumption, and Sobering/Stabilization Options –feedback that this is a significant gap in our system.
- Inclement Weather Expansion Options

Building Typologies

Which kind of feedback do we need to prioritize related to building configuration and features?

What aspects should we highlight and/or ask about in our survey of clients, front-line staff, and program managers?

Proposed List of Building Configurations
- ❖ Non-Congregate
  - ➢ Hotel/motel style
  - ➢ Apartment style
- ❖ Congregate

Proposed List of Building Features
- ❖ Entrances
- ❖ Elevators
- ❖ Halls
- ❖ Sleeping rooms
- ❖ Common rooms
- ❖ Meeting rooms
- ❖ Offices

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Christ House Medical Clinic is reopening on Monday, June 27, 2022

Clinic hours: 1pm to 4pm Monday through Thursday

Sign-in begins at 12:30pm and ends at 3:30pm

Services include:

- Medical care and medicine refills
- Case management support
- Showers for individuals receiving medical care

Christ House is located at 1717 Columbia Road NW, Washington DC 20009

202-328-1100

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