



**Meeting  
Details**

**Date:** 3/24/21 **Time:** 1:00p to 2:30p **Location:** WebEx

**Agenda**

**I. Welcome and Call to Order**

- Introduction of new Co-Chair, Jonathan Davis, DHS FSA Deputy Administrator for Singles Adults

**II. Updates**

- Shelter Updates: See slides
  - To note: Recognize size of population as sites close
- Vaccine Update: See slides
- Heat Plan Update: See slides

**III. Discussion**

- COVID Shelter Operations Discussion/Feedback: PEP-V Breakouts
  - Feedback included the recommendations by some to expand PEP-V in the short term, and pilot something that offers some of the same benefits of PEP-V after COVID. Benefits that people would like to see in our system long term include: identifying and providing specialized services to populations that have additional service needs, ability for case managers to easily locate clients in the building, providing stability (same bed each night and no requirement to leave helps people plan and connect to services like employment), additional onsite services to connect clients to different resources and move them through the system more quickly (Housing CM, MH CM, and Health Care onsite), less individuals per room providing more autonomy and security, motivating individuals to come inside due to different model.
  - Additionally groups discussed the importance of connecting individuals to permanent housing after PEP-V, but noted that this is not possible for all due to the number of resources available in PSH and RRH, and noted the importance of thinking about roommate matching to move individuals into independent housing, and potentially using the PEP-V roommate matching protocol for RRH. It was also discussed that specialized beds might be helpful as a stepping stone to permanent housing (e.g. once someone is matched to a resource, or to help encourage someone to consider permanent housing).
  - Groups discussed the quantity of resources needed to support PEP-V, including financial cost and staffing (operational staff, CM staff, MH staff, healthcare staff, etc.) and that PEP-V in its current form may not be practical long term especially if it took funding away from housing. One group also noted the importance of gaining consumer feedback by asking clients who utilize PEP-V what services do and do not work.
- COVID Shelter Operations Discussion/Feedback: 24 Hour Shelter Breakouts
  - Groups agreed that 24 hour shelter has had significant benefits for consumers. Some of the largest benefits of 24 hour shelter that were noted included assigned beds, ability for clients to leave their personal belongings during the day, ability to “come and go” creating a better

environment for successful employment, and greater access to case managers during the day. The group noted that three meals and laundry were also a benefit of 24 hour shelter during the pandemic, but that they might be less critical once the health emergency ends due to the ability to access meals and laundry at other locations around the city. One group was interested if CM engagement increased with 24/7 shelter. Other general shelter conversations that were brought up included shelter capacity, smaller shelters, and right to shelter.

- Operationally, from the building/staff perspective, assigned beds has been a large help to shelter functioning. From an operational perspective, some of the challenges of 24 hour shelter include accumulation of additional belongings and spreading of items outside of a consumer’s bed area, ability to clean the shelters, delivering and serving additional meals, and the general building design, as they were not designed to house individuals for 24 hours. The other challenge mentioned was staffing, but it was noted that this may be due to many other factors including staff being out due to COVID and the need to stand these programs up quickly without additional staff.
- If 24 hours shelter was piloted post COVID, the following would need to be considered: additional guidance around belongings, how cleaning is managed, modifications in building design to accommodate 24 use, and modified day programming/service provision. Based off of the benefits and barriers, there was one recommendation to move part of the system to 24 hour access, while keeping some evening only beds in the system post COVID. One group also noted that we should continue to decrease the number of individuals in congregate shelter overall.

**IV. Announcements and Reminders**

- DC Libraries
  - DCPL will be re-opening buildings with limited service starting on Monday. Buildings will be open from 10am-2pm and 3pm-6pm. This will include 45 minute computer sessions at all 17 open branches. Peers will be back at branches on Tuesdays and Thursdays to meet with people who are looking for **services**.

**VI. Summary and Adjournment**

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<b>Decisions &amp; Action Items</b>

**Next Meeting**

**Date:** 4/28/21 **Time:** 1:00p to 2:30p **Location:** Webex