





- Strategic Planning Committee FY20-21 Work Plan
- HDC 2.0 Objective 7.5 Racial Equity
- HDC 2.0 Objective 7.4 Trauma
- CARES Act ESG Funding
- * "Reopening" What Does it Mean for the CoC?





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Homeward DC 2.0 Objective 7.5: Review System Operations through a Racial Equity Lens

Convene an expert task force, including people with lived experience, to review homeless services system operations through a lens of racial equity, focusing on issues such as leadership and decision-making, access to services, and quality of services, to ensure we – as the CoC – are aware of and responsible for ways we contribute to issues of racial discrimination and oppression.



Key Context



- In spring 2019, the Homeless Services Committee of the Metropolitan Washington Council of Government (MWCOG) began discussion of a regional Racial Equity initiative.
- We hosted conversations with two key national organizations:
 - National Innovative Services
 - Supporting Partnerships for Anti-Racist Communities (SPARC)



Where do things stand?



- * Each jurisdiction has committed resources to the project.
- MWCOG has determined that it has to do a procurement.
- * Tentative Timeline:
 - Late-June to mid-July: Draft RFP
 - Late July: COG Homeless Services Committee Review/Feedback
 - > August: Finalize RFP/Publish
 - September: Selection Panel Convenes to Review Proposals
 - > October: Execute Contract
 - Late Oct/Early Nov: Consultant begins





- * What is(are) the most important thing(s) you'd like to get out of this work?
- * What are the most important topics we should start with/prioritize?
- * How would you like to be involved?
- Is there "pre-work" that agencies/partners could or should do over the summer?



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<u>Homeward DC 2.0 Objective 7.4: Review System</u> <u>Operations through a Lens of Trauma</u>

Convene an expert task force, including people with lived experience, to review systemwide operations through a lens of trauma, with particular emphasis on front door/intake protocols and shelter operations, to ensure facilities, protocols, and services are grounded in principles of trauma-informed care.



Key Context



- The recommendation for this work initially came out of a discussion on the intersections between the homeless services system and domestic violence.
- However, stakeholders agreed that issues around trauma extend beyond survivors of domestic violence to every client experiencing homelessness.
- The FY20 budget included resources for a DV
 Strategic Plan, so we wanted to provide an update
 on that work to help frame the discussion.



DV Strategic Plan

Background



- The Office of Victim Services and Justice Grants (OVSJG) issued a grant in November 2019 to create a strategic plan for domestic violence housing.
- The Community Partnership (TCP) along with seven D.C.-based providers (Calvary Women's Services, Community Family Life Services, DC Coalition Against Domestic Violence, DCSafe, Domestic Alliance for Safe Housing, My Sister's Place, and House of Ruth) submitted a collaborative application and was awarded the grant in December 2019.
- The plan is being created with the support of a consultant (The Raben Group).

Strategic Plan Requirements

- The plan must identify existing domestic violence-specific housing and funding streams, provide recommendations to address existing needs and gaps, and estimate the financial investments necessary to implement the plan.
- It must also be informed by survivors' experiences and include input from providers, advocates, and government agencies and must align with the 's Homeward DC plan to end long-term homelessness.

DV Strategic Plan: Planning

- * Steering Committee:
 - Comprised of the Executive Directors of each partnering provider and TCP
- Advisory Committees:
 - Data and Performance Management
 - Compiles and analyzes current inventory of housing, shelter, services
 - Develops and implements needs assessment survey of providers
 - Makes recommendations on resourcing needs for draft plan
 - Program Staff
 - Creates systems map and intake model
 - Completes interviews and roundtables of key stakeholder groups
 - Aggregates interview and roundtable information to incorporate into draft plan



DV Strategic Plan: Timeline





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Discussion Questions



- We do not currently have resources identified to hire an outside consultant. Do folks think we have the bandwidth within the Strategic Planning Committee to manage this work or should we try to identify resources to bring in an outside expert?
- * What are the main objectives people want to get out of the project?
- If we try to move the project forward within the Committee, do people have a vision for what that looks like (who can manage/staff the work)?
- What part(s) of the system are most important to start with?



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ESG CARES Act Funds - Update



- The District has received a total of \$27.7 million in COVID-19 Emergency Solutions Grants (ESG) - a program administered by DHS.
 - CARES Act ESG funding can support a broad range of activities for individuals and families experiencing homelessness or who are at risk of homelessness, including outreach, emergency shelter, rapid rehousing, and homelessness prevention
 - First ESG Award -\$4.6 million: DHS is using its first ESG award of \$4.6 million to cover the costs of access to overflow emergency shelter hotels for families during the pandemic



ESG CARES Act Funds - Update



Second ESG Award -\$23M:

- Majority of funding will be used to meet the needs of existing system given anticipated COVID-19 increases and budget reductions in FY21. We will know more about gaps when budget finalized in July and can share any updates to the plan.
- DHS priority funding areas:
 - FRSP: Current FY21 funding for 1,389 families. DHS anticipates 2,300+
 - Hotels: Need for emergency overflow into FY21 <u>Question for discussion:</u>
 - What are highest community priorities for ESG funding?



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* "Reopening" – What Does it Mean for the CoC?

- District Re-Opening Plans
- > DHS Re-Opening Plans
- Discussion questions



DC's Phases of Re-Opening

REOPEN DC ADVISORY GROUP RECOMMENDATIONS

Recommendations to the Mayor

OUR STAGES				
	STAGE 1	STAGE 2	STAGE 3	STAGE 4
What is the nature of the pandemic?	Declining virus transmission	Only localized transmission	Sporadic transmission	Effective vaccine or cure
Gather?	Up to 10 people	Up to 50 people	Up to 250 people	All gatherings
Travel?	Discouraged	Discouraged	Can resume	All travel
Work remotely?	Strongly recommended	Strongly recommended	Encouraged	New normal
What can we do?	Key low-risk activities with strong safeguards	Additional activities with strong safeguards	Higher-risk activities, with safeguards	A "new normal" for DC, with all activities as close to normal as possible
GATING CRITERIA				
Level of community spread Healthcare system capacity		Testing capacity Public health system capacity		acity
Meeting our gating	g criteria		— Deterioration in	our gating criteria
	What is the nature of the pandemic? Gather? Travel? Work remotely? What can we do? Level of community s Healthcare system ca	STAGE 1What is the nature of the pandemic?Declining virus transmissionGather?Up to 10 peopleTravel?DiscouragedWork remotely?Strongly recommendedWhat can we do?Key low-risk activities with strong safeguardsLevel of community spreadG	STAGE 1STAGE 2What is the nature of the pandemic?Declining virus transmissionOnly localized transmissionGather?Up to 10 peopleUp to 50 peopleTravel?DiscouragedDiscouragedWork remotely?Strongly recommendedStrongly recommendedWhat can we do?Key low-risk activities with strong safeguardsAdditional activities with strong safeguardsLevel of community spread Healthcare system capacityTestin Public	STAGE 1STAGE 2STAGE 3What is the nature of the pandemic?Declining virus transmissionOnly localized transmissionSporadic transmissionGather?Up to 10 peopleUp to 50 peopleUp to 250 peopleTravel?DiscouragedDiscouragedCan resumeWork remotely?Strongly recommendedStrongly recommendedEncouragedWhat can we do?Key low-risk activities with strong safeguardsAdditional activities with strong safeguardsHigher-risk activities, with safeguardsLevel of community spread Healthcare system capacityTesting capacity Public health system capTesting capacity Public health system capMeeting our gating criteriaStrong safeguardsTesting capacity

OUR SAFEGUARDS



Strategies for accommodating ill employees

VULNERABLE POPULATIONS

Protected through collective commitment to universal safeguards Provided employer flexibility Easy access to hygiene, sanitation supplies, testing and safe isolation

For more information on what DC Health is monitoring and tracking, please visit: https://coronavirus.dc.gov/



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DC Health Metrics for Re-Opening

Metric	Phased Reopening	
COVID-19 Case Decline		
Sustained decrease in community spread	14-day decrease	
Low transmission rate (R _t)	R _t < 1 for 3 days	
Testing Capacity		
 Ability to test all 1) symptomatic, 2) at-risk healthcare workers, 3) essential workers, and 4) close contacts of all new positive cases 	Ability to test all four groups	
Health Care System Capacity		
Sufficient healthcare capacity without surge	<80% over 7 days	
Public Health System Capacity		
Sufficient contact tracing capacity for all new cases and their close contacts	Contact tracing attempt of new cases within 1 day and their close contacts within 2 days	

Learn more: <u>https://coronavirus.dc.gov/reopendc</u>



Where we are now (as of 6/19/20)

The District has experienced 15 days of sustained decrease in community spread of COVID-19 during Phase One.





CoC Re-Opening – Guiding Principles

- Phasing out modified operations for homeless services not directly tied to District's Phases.
- We are in this together! Continued input from key stakeholders (DC Health, community partners, providers) important to making decisions about when and how to safely resume "normal" operations
- Universal safeguards PPE, social distancing, rigorous hygiene practices – are critical as activities increase
- Testing, screening and contact tracing remain key to continuing to curb infection rate
- Continued federal funding to maintain modified operations will be a constraint.



Anticipated Changes in the Coming Weeks

- □ Congregate Shelters *no changes to modified operations*
 - ISAQ and PEPV to continue
- DHS-Funded Outreach *Full staff capacity by July 1*
- DHS-Funded Day Centers DDSC limited, Zoe's Doors & Sasha Bruce open
- Virginia Williams Family Resource Center Open, intake via telephone / Shelter Hotline
- Case Management (FRSP, RRH-I, PSH, ERAP, HPP, etc.)
 - Providers will be asked to develop a plan that balances staff and client safety & wellbeing (a mix of remote and in person visits)



Low-Barrier Shelters

New Testing Strategy – Mass Testing

- Identifies asymptomatic positive staff and clients
- Initially triggered by one positive case at a shelter site
- Follow up testing will recur until no positives
- Extent of testing may vary depending on layout of site

Shelter capacity will remain at reduced levels

- LBS currently operating at 58-68% capacity
- DHS developing metrics for when to increase capacity in congregate sites
- Working to identify sites to add capacity this fall/winter

Extended hours, meals and reduced transportation
 Strategies to reduce movement will remain in place for now



Outreach and Support for Unsheltered Individuals

- Outreach returning to full staff capacity July 1
- No change to current food, showers, laundry, charging stations access
- No change to handwashing stations or porta potties





Case Management and Housing Process

Case Management

- Focus on planning for phasing in more in-person case management
- In-home visits limited and with adequate safeguards

Housing Process

- CAHP restarted matches for individuals in May and families/youth in shared living spaces in June
- DHS, DCHA and the ICH have developed virtual housing and lease-up processes (e-signatures, virtual voucher briefings, unit viewings and inspections)
- Additional protocol being developed to clarify roles, responsibilities, and expectations



Questions for Discussion

- As we look towards resuming some in-person services (e.g., housing search and placement supports, case management services) what are your biggest needs or concerns?
 - How can we best balance the safety and well-being of staff and vulnerable clients?
- Have you had any important insights or lessons learned within your agency that you want to share?
- Do you have questions that you feel haven't yet been raised that you want to make sure are on our radar?



Additional Information

DHS modified operations:

https://dhs.dc.gov/page/dhs-modified-operations-during-covid-19_

Web portal for homeless service providers:

https://dhs.dc.gov/page/resources-homeless-service-providers

Central inbox for requests and inquiries: <u>dhs.covid19@dc.gov</u>

Share tips, experiences, and photos to post: dora.taylor-lowe@dc.gov







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