

DISTRICT OF COLUMBIA

FY24 WINTER PLAN



Important Telephone Numbers

DC Shelter Hotline: (202) 399-7093

Mayor's Call Center: 311

Sasha Bruce Youthwork Hotline (Minors): 202-547-7777

DC residents experiencing homelessness may call these numbers to seek assistance. The general public may also call these numbers to request help for someone in need of assistance.

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INTRODUCTION

In compliance with the Homeless Services Reform Act of 2005 (HSRA), this FY24 Winter Plan¹ has been developed by the District of Columbia’s Interagency Council on Homelessness (ICH). The District of Columbia is one of only three jurisdictions that provide a legal right to shelter in hypothermic weather conditions. The HSRA mandates that a plan is in place by September of each year describing how District residents experiencing homelessness will be protected from cold weather injury.²

When is Hypothermia Season?

The Winter Plan generally covers the period beginning November 1 and ending on March 31. While many of the services included in this Winter Plan are in place and operational regardless of temperature, some additional services, including severe weather shelters, operate only when a “hypothermia alert” is called by the District government. (See Section 2 for more information.)

In practice, the additional services provided under a hypothermia alert may begin before November 1 or extend beyond March 31 if the criteria for calling an alert is met.

It is important to note that the purpose of this plan is protection from cold weather injury. This plan is being implemented within the context of the broader systems change underway in the District to move from a shelter-based system to one focused on rapid stabilization and connection back to permanent housing. However, the strategies outlined in [Homeward DC 2.0](#) (the District’s second strategic plan to end and prevent homelessness in the District) will take years to implement fully. Accordingly, the District is committed to ensuring it has effective strategies in place to protect residents experiencing homelessness from cold weather injury.

With regard to the coronavirus (COVID-19), DHS has relied on and will continue to align with CDC and DC Health guidance, which has been integrated into Section 5. Services Coordination. Additionally, the Winter Plan integrates and accounts for the most significant operational adjustment associated with COVID-19 still in effect, 24/7 operation of low barrier shelters. Traditionally, emergency low barrier shelter beds serve clients overnight with regular evening check-in times and morning exit times. However, to contain the spread of COVID-19 within the low barrier shelter (LBS) system, shelter operations began offering beds 24 hours per day seven days per week to overnight clients. As a result, clients were incentivized to return to the same shelters nightly limiting the spread of COVID-19. Although the pandemic has ended, the 24/7 practice has not³.

¹ The District of Columbia government budgets by fiscal year, which starts on October 1 and ends on September 30. Fiscal year 2023 (FY24) starts October 1, 2023 and ends on September 30, 2024. Unless noted as “winter FY24” or “hypothermia FY24,” all references to “FY” in the plan refer to the entire fiscal year named versus just the winter months.

² Due to the end of the public health emergency and the planned demobilization of the Pandemic Emergency Program for Vulnerable Individuals (PEP-V), the ICH recommended taking an additional month to ensure all known changes could be discussed with partners before finalizing the plan.

³ Budget, maintenance, or other pressures may bring an end to 24/7 shelter operation with a 60-day notice to the community.

Finally, the District has also seen a significant influx of migrants. Since April 13, 2022, the governors of Texas and Arizona have transported thousands of migrants to sanctuary cities (including Chicago, the District, and New York City). 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 services and support to incoming migrants (including offering grants to nongovernmental organizations to support the provision of services) and seeking reimbursement and additional assistance from the federal government. Services may include meeting buses, providing meals and urgent medical care, providing temporary shelter, facilitating onward travel, and linking migrants to resettlement and asylum-related legal services. Such efforts will be culturally competent and temporary.

Services provided through the Office of Migrant Services are not a part of the homeless service Continuum of Care. The District's homeless services Continuum of Care, however, will coordinate with the Office of Migrant Services so that migrants seeking homeless services are appropriately triaged and connected to the services rendered by the Office of Migrant Services and its non-governmental partners, including temporary shelter as appropriate. It is the intention of the Winter Plan that between OMS and the homeless services Continuum of Care, all migrants who are homeless in the District will have timely access to shelter during hypothermia conditions.

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. We expect to draw on this extensive expertise as needed. 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.

PLAN ELEMENTS

This plan builds on efforts from the past, incorporates new strategies, and responds to lessons learned from previous winters. The plan is organized as follows:

- Section 1 describes the process used to develop the plan;
- Section 2 describes the process for and the considerations involved in calling a hypothermia alert;
- Section 3 estimates shelter capacity needs as well as the plan for delivering the needed beds/units;
- Section 4 outlines the transportation services provided to ensure access to shelter and services;
- Section 5 describes the services provided to help clients access shelter;
- Section 6 discusses protocol and available resources for serving unaccompanied minors and transition-aged youth (TAY); and
- Section 7 outlines resources in place to monitor shelter operations as well as the protocol for raising concerns or filing a complaint.

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

The ICH Emergency Response and Shelter Operations (ERSO) Committee is responsible for supporting the development of the District’s Winter Plan. At the end of each Hypothermia Season, the process begins with a review of the previous season’s operations so partners can help identify what worked well and where changes or improvements are needed.

Following the ERSO Committee review, the Shelter Capacity Workgroup also convenes to review shelter utilization from previous hypothermia seasons and to evaluate estimates for the number of beds/units needed for the upcoming season, with a particular focus on the beds needed for men and women. The Community Partnership for the Prevention of Homelessness (TCP) compiles data on shelter utilization trends for partners ahead of the discussion. Additionally, DHS previewed the results of their sophisticated forecast model for projecting demand for shelter for a second year in a row. After DHS finalized their forecast data, the ICH Shelter Capacity Workgroup made their recommendations for shelter capacity at the September meeting of the Workgroup. Those recommendations are detailed in Section 3.3 of this plan.

Given the planned demobilization of Pandemic Emergency Program for Medically Vulnerable Individuals (PEP-V), the shelter capacity workgroup also brainstormed potential options for meeting shelter demand including partnerships with faith-based organizations and leveraging underutilized properties. The District evaluated feasibility and presented the most realistic options at the September meeting of the ICH Shelter Solutions Workgroup. Finally, these options were incorporated into the Plan and discussed further at the September ERSO meeting, prior to adopting the Winter Plan by consensus.

1.1 FY23 HYPOTHERMIA SEASON REVIEW

The most important measure we use to evaluate the success of winter plan operations is the number of hypothermia deaths among persons experiencing homelessness. As part of the FY16 winter planning process, a protocol was established to ensure that the Office of Chief Medical Examiner (OCME) immediately reports all deaths among persons experiencing homelessness to DHS so appropriate follow-up actions can be determined. OCME then confirms the information on the cause of death once it has been established. During the FY23 winter, there were two (2) deaths in which the primary cause was Hypothermia.

Table 1: Hypothermia Deaths in the District Among Persons Experiencing Homelessness

Year	Hypothermia Deaths (Primary Cause of Death)	Hypothermia or Cold Exposure (Contributing Cause of Death)	Total Deaths Associated with Hypothermia or Cold Exposure
Winter FY16	2	0	2
Winter FY17	2	0	2
Winter FY18	2	0	2
Winter FY19	2	0	2
Winter FY20	0	0	0
Winter FY21 ⁴	2 (previously reported as 4)	0 (previously reported as 3)	2 (previously reported as 7)
Winter FY22	3	0	3
Winter FY23	2	0	2

1.2 PUBLICIZING THE PLAN

The success of the Winter Plan depends upon open and constant communications among all stakeholders, including the public, providers of shelter and other services, and those who are homeless. This is particularly important for communicating shifts in operations especially during cold weather emergencies or multiple unexpected and impactful emergency events. Ideally, standard templates that can be updated easily and circulated as and when needed can be adopted.

Individuals seeking help for themselves or on behalf of another individual may call either:

- The DC Shelter Hotline: 202-399-7093 (or)
- The Mayor’s Call Center: 311
- The Sasha Bruce Youthwork Hotline (minors under 18): 202-547-7777

⁴ 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 revised in this document so that it only captures deaths related to hypothermia for individuals experiencing homelessness.

The DC Shelter Hotline and the 311 Mayor's Call Center line will be widely publicized. They will appear in advertisements in both print and electronic media, and they will be printed on business cards that will be distributed to individuals experiencing homelessness by outreach agencies and other partners.

The District's Office of Unified Communications (OUC) will be notified of the Shelter Hotline number to ensure coordination of service requests from law enforcement agencies. Police officers, including patrol officers of the Metropolitan Police Department (MPD) and the U.S. Park Police (USPP), can request services through the OUC for any citizen experiencing homelessness and needing assistance. Law enforcement agencies may also use the 311 line.

All interested persons may register for emergency alerts through Alert DC. This emergency notification system provides different ways to get real-time information to help prepare for and respond to emergencies and disasters.

Sign up for Alert DC at dc.gov or <http://hsema.dc.gov/page/alertdc>

The hypothermia media campaign is implemented and managed by DHS. The campaign, which will begin no later than November 1, 2023, and continue throughout the season, will include the following activities:

- **Metro Advertisements:** DHS will request advertising space on Metro buses and in subway locations as available for the upcoming hypothermia season. Also, Metro drivers will be informed about the emergency assistance telephone numbers and when to call to assist someone who is homeless and in need of assistance.
- **Social Media:** Non-government partners will be encouraged to publicize the hotline number via their social media campaigns and email signature tags. The District government will also encourage agencies utilizing Twitter to include information on alerts and the hotline in their communications.
- **Public Service Announcements (PSAs):** DHS will develop and release television and radio announcements featuring the DC Shelter Hotline number and information designed to educate the public about the dangers of hypothermia. These announcements will publicize the emergency assistance telephone numbers and encourage District residents to call if they are homeless and in need of assistance or to report the location of individuals experiencing homelessness and possibly needing assistance, especially in hypothermic weather conditions.
- **Newspapers:** Quarter-page hypothermia shelter hotline advertisements will be placed in community newspapers throughout the season. Publications such as Hill Rag, DC North, East of the River, and Street Sense have been used.
- **Business Cards:** Pocket-sized business cards, including key emergency assistance telephone numbers, will be printed and distributed. The cards will be available in English and Spanish and distributed to the outreach community, providers, and those experiencing homelessness.
- **HopeOneSource:** HopeOneSource is a text messaging application that allows District agencies and service providers to blast text messages to registered users. HopeOneSource, through partnering

providers, can also help individuals experiencing homelessness register for a free phone with free, unlimited text messages. Through the HopeOneSource app, District partners send out daily updates to alert consumers to weather conditions, shelter availability, new programs and services, and how to access the help they may need. To sign up for HopeOneSource text messages or to learn more, visit <https://www.hopeonesource.org/dc>.

1.3 PROCESS FOR UPDATING THE PLAN

The ICH ERSO Committee, which meets monthly, will continue to serve as a forum for identifying challenges with implementation, soliciting feedback from partners, and providing critical updates in the implementation of the approved Winter Plan. 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.

2. PROCESS FOR CALLING ALERTS

This section describes the process and considerations involved in calling hypothermia and Cold Weather Emergency alerts. In past years, monitoring temperatures and communicating alert status was critical because of the impact on shelter operations (e.g., hypothermia alert night shelters opening, shelters remaining open during daytime hours). Because of the COVID-related modifications to shelter operations discussed in Section 3, the alerts will have less significance during the upcoming hypothermia season. However, DHS will continue monitoring the weather and calling alerts to ensure staff have the information they need to support operations and that the District has historical data to support future planning efforts.

2.1 HYPOTHERMIA ALERTS

Daily consultations will be held between the District's Homeland Security and Emergency Management Agency (HSEMA), DHS, and meteorologists at the National Weather Service (NWS) in Sterling, Virginia, to determine real-time weather conditions and the likely conditions in the next 24 hours. Additionally, HSEMA and DHS will monitor the NWS website for the published forecast throughout the day.

Hypothermia alerts will be called when the NWS published forecast indicates that the actual or forecasted temperature, including wind chill, is 32 degrees Fahrenheit or below. DHS will also call an overnight hypothermia alert when the temperature is forecasted to be 40 degrees Fahrenheit or below and the predicted chance of precipitation is 50% or greater.

By 7:00 a.m. each day, HSEMA will notify DHS and UPO whether the actual or forecasted temperature, including wind chill, is 32 degrees Fahrenheit or below. If so, DHS and HSEMA will put a daytime hypothermia alert into effect until 7:00 p.m. or until the actual temperature, including wind chill, rises above 32 degrees Fahrenheit.

Shelter providers may call the DC Shelter Hotline at (202) 399-7093 at any time to determine the alert status.

DHS will send out an email alert at 7:00 a.m. DHS will send a follow up email alert at 3:00 p.m., to notify key personnel administering critical homeless services programs impacted by the alert status regardless of whether the status has changed. The information on the alert status will also be posted and available for all interested parties on DHS's website at www.dhs.dc.gov. It will be available via in-person inquiries at open MPD stations, Fire and Emergency Medical Services (EMS) stations, public libraries, and Department of Parks and Recreation (DPR) recreation centers. The alert status is also sent out to individuals experiencing homelessness who have signed up for alerts via the HopeOneSource free text messaging app.⁵

DHS will keep a daily record of forecasts and alert status. This data will be available upon request during the season (contact the ICH at ich.dmhhs@dc.gov) and reviewed by the ICH ERSO Committee during the debriefing session after the season is completed. See *Section 1.3 Publicizing the Plan* for additional information on alert notifications.

⁵ To sign up for HopeOneSource text messages or to learn more, visit <https://www.hopeonesource.org/dc>.

2.2 COLD WEATHER EMERGENCIES

Starting in the winter of FY14, the District government implemented a “Cold Weather Emergency” strategy, which will continue in practice this winter. This strategy is broader than the ICH Winter Plan because it is designed to “ensure *all* residents, workers, and visitors are protected from extreme cold weather.” However, particular attention is given to the needs of residents experiencing homelessness.

A Cold Weather Emergency is called when the temperature falls or is forecasted to fall to:

- 1) 15°F or below (including wind chill) or
- 2) 20°F (including wind chill), and one or more of the following conditions exists:
 - Steady precipitation for 60 consecutive minutes
 - Snow accumulation of 3 inches or more
 - Other meteorological conditions or threats as determined by HSEMA

When the NWS predicts extreme cold weather conditions, HSEMA will convene a conference call with staff from DHS, DBH, the Department of Health (DOH), the Office of the City Administrator (OCA), the Deputy Mayor for Health and Human Services (DMHHS), and others as necessary to decide whether current or predicted conditions necessitate activating a Cold Emergency Alert and if so, to determine whether specific interventions are necessary given the anticipated weather conditions. Interventions may include, but are not limited to, the operation of Warming Sites (utilized by anyone needing respite from the cold – e.g., people experiencing prolonged power outages), the deployment of warming buses, additional outreach measures and transportation options to protect unsheltered residents unwilling or unable to come inside, and coordination of services for other vulnerable populations (e.g., seniors).

2.3 COMMUNICATING SHIFTS IN OPERATIONS

To expedite communication during alerts and cold weather emergencies, especially when there is multiple or overlapping emergency events, ICH recommends standard templates for quickly communicating the following shifts in operations:

- Hours for Day/Drop-In Centers, Low Barrier Shelter, and Overflow/Seasonal Shelters
- Hours and Locations for Warming Buses or other Critical Infrastructure Supports, and
- Transportation Schedule Updates

Critically, the additional services mobilized at existing low-barrier and overflow facilities during daytime hypothermia alerts and cold weather emergencies will be important to highlight in communication materials: Most low barrier shelter locations operate 24/7 and will be available for respite from the cold weather, so it is not clear what additional services are being mobilized for daytime hypothermia and cold weather alerts. Communication materials will clarify that hours of operations will extend beyond the 7 pm and 7 am schedule to accommodate daytime hypothermia and cold weather alerts at low-barrier and overflow locations that are not open on 24/7 hour basis throughout the season.

ICH and DHS will work collaboratively to the relevant ICH Committees and Workgroups to design templates for communicating shifts in operations by November 15, 2024. For example, the ICH Consumer Engagement Workgroup (CEWG) plays a critical role in highlighting the information most critical for clients. One example is the transportation protocols for clients. Communication materials recommended to highlight the information clients need to know to ensure successful pick-up and drop-off.

3. EMERGENCY SHELTER

As noted in the introduction, the District of Columbia is one of just three jurisdictions in the country that provide a legal right to shelter in hypothermic weather conditions. This section describes the type of shelter available during hypothermia alerts, the process used to develop estimates for shelter capacity needs, and the plan for delivering the number of beds/units needed.

3.1 SHELTER FOR INDIVIDUALS: ACCESS, TYPE, AND HOURS OF OPERATION

Individuals experiencing homelessness can identify a shelter with availability and receive transportation assistance getting to that location by calling the DC Shelter Hotline at 202-399-7093.

The District will use two types of shelter for adult individuals.

- Year-Round Low-Barrier Shelters for individuals operate year-round and provide various services. Low barrier shelters are listed in Appendix A: Shelter Locations – Single Adults.
 - Hours of Operation: For the most part, the low barrier shelters available year-round are currently operating 24/7.
 - 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 FY24. As such the agency is working to determine whether this is a reasonable expectation for FY24 hypothermia season. Moreover, DHS will provide 60-day notice to providers and the ERSO Committee if continued 24/7 operations is not feasible.
- Overflow Shelters for individuals will open based on demand, only after year-round low barrier shelters are at or near capacity. Some critical features for operating overflow shelters include:
 - Threshold: The threshold for activating overflow shelters, to the extent that overflow shelters are available, is population specific:
 - 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.
 - Hours of operation: once an overflow shelter is open, for as long as there is consistent demand, the District will make every effort to operate overflow shelters from 7 pm to 7 am for the rest of the season. Once the overflow sites listed in the plan open, they will remain open for the duration of the season, notwithstanding significant issues that may arise. Sites mobilized in addition to those listed here in the plan may only operate during alert nights.

- The ERSO Committee is concerned about operating an overflow location that will shelter 144 men from 7 pm – 7 am, noting that this may result in a return to long lines in front of District operated shelter facilities.
- The ERSO committee recommends that the Shelter Solutions Workgroup work with DHS, the provider and neighboring CCNV to monitor for and minimize lines to the extent possible. Additionally, a larger shelter likely does not meet the same needs as the smaller overflow sites operating out of DPR recreation center so it will be important to monitor utilization and solicit feedback from clients throughout the FY24 hypothermia season. The ERSO Committee and the Shelter Capacity Workgroup meets on the fourth Wednesday of the month. The Shelter Solutions Workgroup meets on the second Thursday of the month. The schedule of these forums will allow for review of the relevant data, including constituent feedback, on a regular cadence.
 - Location details: Only the overflow locations associated with low barrier shelter sites are listed in this plan. All other overflow locations are not advertised in this plan to prevent individuals from presenting at locations that are not operational.

To summarize, overflow shelters operate from 7 pm to 7 am. Once brought online, to the extent possible, overflow shelters will remain open throughout the rest of the season Together, DHS and TCP monitor capacity levels carefully. As the number of vacant beds falls below the threshold for overflow capacity, DHS and TCP will activate any additional overflow sites available, leveraging standby staff to operate the shelters as needed.

Otherwise, low-barrier shelters for individuals will remain open 24 hours a day, 7 days a week. Exceptions may be required to facilitate deep cleaning and necessary maintenance and repairs. Planned daytime closures will be discussed with partners as described in Section 1.3 of this plan. Individuals staying in low barrier shelters will be encouraged to remain at the same location and bed throughout the season, although individuals can, of course, leave the shelter to take care of personal business.

3.2 SHELTER FOR FAMILIES: ACCESS, TYPE, AND HOURS OF OPERATION

The Virginia Williams Family Resource Center (VWFRC) operates Monday-Thursday 8:30am to 4:00pm and Friday 8:30am to 12:00pm. Clients can complete the intake either virtually or in person. For the safety of staff and families, DHS encourages families to complete the eligibility process for homeless services by contacting VWFRC on 202.526.0017 or by using the Shelter Hotline 202.399.7093. When the families contact either of those numbers, they will be connected to a member of the VWFRC team.

Concerns can be flagged at VWFRC.Concerns@dc.gov.

When a family is referred from VWFRC to emergency shelter and needs a reasonable accommodation, e.g., a wheelchair accessible unit or a placement with private bathrooms, eating or sleeping areas due to a disability of a household member –DHS will make every attempt to provide an appropriate placement on the day the family is determined eligible for such shelter.

3.3 ESTIMATING SHELTER CAPACITY NEED

As part of the District’s preparation for hypothermia shelter needs, the ICH Shelter Capacity Workgroup – a Workgroup under the ICH ERSO Committee – evaluates estimates of the numbers of individuals and families anticipated to need shelter during the upcoming winter⁶.

Annually, TCP analyzes shelter utilization during hypothermia season, including the maximum, minimum, median, mode, and average occupancy of shelters serving Men and Women on alert and non-alert nights.

Table 2: Occupancy of Men and Women Shelters on Alert and Non-Alert Nights, Nov 2022 – Mar 2023

Population	Alert Status	Maximum	Minimum	Median	Mode	Average
All Men’s Shelters Combined	Alert Nights	1350	1149	1302	1301	1294
	Non-Alert Nights	1336	944	1282	1290	1249
All Women’s Shelters Combined	Alert Nights	520	423	488	496	483
	Non-Alert Nights	569	387	475	467	469

For the second year, the ICH Shelter Capacity Workgroup also considered DHS forecasting projecting the number of beds for the upcoming Hypothermia Season. The model uses shelter data from previous years, PIT count data on the entire homeless population, weather data, and DC population data.

Table 3: DHS Forecast of Beds for Single Adults (Men and Women) for the FY24 Hypothermia Season

Month and Year	Bed Forecast for Single Men	Bed Forecast for Single Women	Total Bed Forecast
November 2023	1,366	500	1,866
December 2023	1,370	516	1,886
January 2024	1,419	549	1,968
February 2024	1,400	540	1,940
March 2024	1,391	540	1,931

The ICH Shelter Capacity Workgroup compared the two options. For the beds needed at the start of the season, the Shelter Capacity WG compared the average utilization to the forecast beds predicted for November. For the beds needed at the height of the season, the Shelter Capacity WG compared the max utilization to the max beds predicted by the forecast model for January. To ensure an adequate buffer, the WG recommends with going with the highest number for the start and height of hypothermia season.

⁶ These estimates take into account PEPV operation and occupancy during the FY23 Hypothermia Season.

Table 4: Comparison of the FY23 Utilization Analysis and the FY24 Forecast Model

Timing	Population	Utilization Data	Forecast Model	Recommendation
Start of Hypo	Men	1,294	1,366	1,366
	Women	483	500	500
Height of Hypo	Men	1,350	1,419	1,419
	Women	569	549	569

3.3.2 CAPACITY NEEDS: ADULT MEN

The ICH Shelter Capacity WG recommends that DHS identify 1,366 beds at the start and 1,419 beds at the height of hypothermia season for single adult men. **Table 5: Shelter Capacity Overview, Adult Men Shelter** lists the available overflow shelters by facility name and estimated capacity identified at the time of the adoption of the Winter Plan. DHS and DGS will continue to vet options including:

- Leveraging partnerships with faith-based and mission-driven organizations (preferred),
- Increasing shelter densities (important option notwithstanding ongoing COVID-19 concerns due to the dangers posed by cold weather injury), and
- Pivoting DPR recreation centers to overflow or cold weather emergency sites (as a last resort due to importance of evening programming/engagements with young adults and minors for violence prevention strategies).

DHS will monitor shelter utilization to determine and activate overflow beds as needed at any point in the season.

Table 5: Shelter Capacity Overview, Adult Men Shelter

Name of Facility	Provider	Year-Round Beds	Overflow	Total
Year-Round Locations & Associated Overflow Capacity				
801 East Shelter ⁷	Catholic Charities	332	40	
New York Avenue	Catholic Charities	225		
Adams Place Shelter	Catholic Charities	150		
Emery	Coalition for the Homeless	130	60	
Blair	Catholic Charities	72		
Living Life Alternatives (LGBTQ+)	Coalition for the Homeless	28 ⁸		
Subtotal (Year-Round and Associated Overflow)		947	100	1,047
Overflow Capacity Available Early in the Season				
Community for Creative Non-Violence (CCNV) Drop-In Center	CCNV		134	
Salvation Army (Sherman Aven NW)	TBD		40	
Church of the Epiphany	TBD		30	
Naylor Road	TBD		94 ⁹	
Placeholder	TBD		21	
Subtotal (Year-Round Plus Overflow Available Early Season)		947	419	1,345
Target Recommended by Shelter Capacity WG (DHS Forecast Model)				1,366
Overflow Capacity Available Later in the Season				
Federal City Shelter 1 North	TBD		144	
Total Capacity (Year-Round Plus All Overflow)		947	542	1,489
Target Recommended by Shelter Capacity WG (DHS Forecast Model)				1,419

⁷ 801 East location includes 192 low barrier beds, 140 specialized beds, and 40 overflow beds at the Day Center.

⁸ Assumes a 70/30 split, meaning that 70% of the facility will likely serve individuals previously utilizing facilities for men.

⁹ Assumes a 70/30 split, meaning that 70% of the facility will likely serve individuals previously utilizing facilities for men.

3.3.3 CAPACITY NEEDS: ADULT WOMEN

Based on the methodology described above, the ICH Shelter Capacity WG recommends that DHS identify 500 beds at the start and 569 beds at the height of hypothermia season for single adult women. **Table 6: Shelter Capacity Overview, Adult Women**, lists the locations where beds will be located and the capacity at each site identified at the time of the adoption of the Winter Plan. DHS and DGS will continue to vet options including:

- Leveraging partnerships with faith-based and mission-driven organizations (preferred)
- Increasing shelter densities (important option notwithstanding ongoing COVID-19 concerns due to the dangers posed by cold weather injury) and
- Pivoting DPR recreation centers to overflow or cold weather emergency sites (as a last resort due to importance of evening programming/engagements with young adults and minors for violence prevention strategies).

DHS will monitor shelter utilization and activate overflow beds if additional beds are needed.

Table 6: Shelter Capacity Overview, Adult Women

Name of Facility	Provider	Year-Round Beds	Overflow	Total
Year-Round Capacity & Associated Overflow				
D.C. General Building 9-Harriet Tubman	Catholic Charities	165		
Patricia Handy Swing Space	N Street Village	140		
Saint Josephine Bakhita (formerly Nativity Shelter)	Catholic Charities	25		
Living Life Alternatives (LGBTQ+)	Coalition for the Homeless	12 ¹⁰		
Adam’s Place Day Center	DHS		40	
Subtotal (Year-Round & Associated Overflow)		342	40	377
Overflow Available Early in the Season				
Community for Creative Non-Violence (CCNV) 2 South	CCNV		48	
Salvation Army Harbor Light	TBD		40	
United Church of Christ	TBD		40	
Naylor Road	TBD		41 ¹¹	
Subtotal (Year-Round Plus Overflow Available Early)		342	209	546
Target Recommended by Shelter Capacity WG (DHS Forecast Model)				500
Overflow Available Later in the Season				
Placeholder	TBD		18	
Total (Year-Round Plus All Overflow)		342	227	569
Target Recommended by Shelter Capacity WG (TCP Utilization Analysis)				569

¹⁰ Assumes a 70/30 split, meaning that 30% of the facility will likely serve individuals previously utilizing facilities for women.

¹¹ Assumes a 70/30 split, meaning that 30% of the facility will likely serve individuals previously utilizing facilities for women.

3.3.5 CAPACITY NEEDS: FAMILIES

The number of shelter units needed for families is determined by shelter entries and exits per month. This is because once placed in shelter, a family remains until they find permanent housing. Once they exit the shelter unit, however, that unit becomes available for a new family experiencing homelessness. This cycle repeats itself throughout the season.

To estimate the number of shelter units needed for the FY24 hypothermia season, DHS began with a review of actual entries and exits for the past two hypothermia seasons (FY22 and FY23). This is depicted in Table 1 Actual Number of Families Served by Month During the FY22 and FY23 Hypothermia Season below.

Table 7: Actual Number of Families Served by Month During FY22 and FY23 Hypothermia Season

	Oct 21	Nov 21	Dec 21	Jan 22	Feb 22	Mar 22	Oct 22	Nov 22	Dec 22	Jan 23	Feb 23	Mar 23
Families in shelter on last day of the prior month	173	170	166	156	164	148	180	192	213	194	195	181
(+) Entries	70	55	59	55	43	64	83	94	60	75	59	79
(-) Exits	73	59	69	47	59	71	70	73	79	74	73	86
Total Families	170	166	156	164	148	141	192	213	194	195	181	174

Coming out of the pandemic, the District saw an increase in the number of families seeking shelter placement. The District also continued to build on successes from past years by continuing to prevent homelessness through the Homeless Prevention Program (HPP), offering year-round access to shelter (which has helped normalize shelter utilization throughout the year), shorter lengths of stay in shelter and increased housing resources to help families exit shelter to permanent housing. This systemic change will assist in reducing family homelessness.

Given that some families are still experiencing hardship as we come out of the pandemic, it is difficult to predict how many families will experience homelessness this year and how rapidly they will be able to exit to permanent housing. Therefore, DHS did not include the improvement factor this year and has instead planned for increases in inflow throughout the winter months. As shown in Table 3, DHS has the capacity to accommodate a 25% surge in inflow each month above the average from the last two years (beginning in August), resulting in an increase in the census by the end of the season. Note that this is lower than the 50% increase in inflow modeled during the pandemic. As COVID-19 protection measures have been slowly unwinding over the last two years, there may not be a need to anticipate a 50% surge in entries.

Table 8: Average Number of Entries and Exits over the Last Two Fiscal Years

	Oct	Nov	Dec	Jan	Feb	Mar
(+) Entries	77	75	60	65	51	72
(-) Exits	72	66	74	61	66	79

Table 9: Projected Number of Families by Month with 50% Surge in Entries, FY24 Hypothermia Season

	Oct 23	Nov 23	Dec 23	Jan 24	Feb 24	Mar 24
Families in shelter on last day of previous month	216	260	307	323	360	371
(+) Estimated Entries (based on a 2-year average, plus 50% surge)	116	113	90	98	77	108
(-) Exits	72	66	74	61	66	79
Total Families	260	307	323	360	371	400

Table 10: Projected Number of Families by Month with 25% Surge in Entries, FY24 Hypothermia Season

	Oct 23	Nov 23	Dec 23	Jan 24	Feb 24	Mar 24
Families in shelter on last day of previous month	216	241	269	270	291	289
(+) Estimated Entries (based on a 2-year average, plus 50% surge)	97	94	75	82	64	90
(-) Exits	72	66	74	61	66	79
Total Families	241	269	270	291	289	300

Table 11: Capacity Retained by Month, FY23 Hypothermia Season

	Oct. 2023	Nov. 2023	Dec. 2023	Jan. 2024	Feb. 2024	March 2024
Short-Term Family Housing Units ¹²	311	311	311	311	311	311
Apt Style Units ¹³	47	47	47	47	47	47
Total Capacity	358	358	358	358	358	358

¹² Thirty-five units of Short-term Family Housing meet the HSRA definition of “apartment-style.”

¹³ This includes the following locations: Park Road (43), and Four (4) single family homes operated by Everyone Home DC.

3.4 WARMING BUSES & SITES AVAILABLE DURING COLD WEATHER EMERGENCIES

During a Cold Emergency Alert, the District will continue operations by the annual Winter Plan but take additional steps, as explained in *Section 2.2 Cold Weather Emergencies*, including the activation of Overnight Warming Sites.

Mobilizing additional services at existing low-barrier and overflow facilities: Most low barrier shelter locations operate 24/7 and will be available for respite from the cold weather. Hours of operations will extend beyond the 7 pm and 7 am schedule to accommodate daytime hypothermia alerts and cold weather alerts at low-barrier and overflow locations that are not open on a 24/7 hour basis throughout the season. Communication materials will highlight any shifts in operations.

Overnight Warming Sites are designated public buildings, including but not limited to public libraries, recreation centers (not otherwise being used as overflow shelters for FY24), and senior wellness centers, serving as a temporary respite from the cold. Overnight Warming Sites will be in operation from 7:00 p.m. to 7:00 a.m. Some sites may open later than 7:00 p.m. based on regularly scheduled business operations. Sites may be opened before 7:00 p.m. and close later than 7:00 a.m. based on the severity of the weather and as determined by the Cold Emergency Steering Committee.

Additionally, last hypothermia season, given the number of unsheltered individuals residing outside, the District mobilized WMATA buses to serve as mobile warming sites. In particular, buses were deployed under circumstances whether there were limited warming options available throughout the District. For example, last hypothermia season, up to four (4) warming buses were deployed during a cold snap that extended through the Christmas holidays. The ICH recommends that the District continue to make up to a minimum of four (4) warming buses available as needed.

Based on feedback received from DHS staff and consumer representatives, warming buses must be supported by an appropriate complement of services, especially related to safety and security. Some concerns flagged to the ICH that staff will need to address include smoking, sanitary issues, clients barring other clients from accessing the buses, etc. Based on the feedback, the ICH recommends that there be an appropriate level of support by way of a staff person designated to monitor utilization of the warming buses; meaning that an attendant should man the bus while the bus is serving clients.

The ICH will coordinate with the Front Door Services (FDS) Workgroup monthly to determine the current hot spots and check how and whether those are changing during the course of the Winter so that DHS has a prioritized list of locations that the ICH recommends for warming bus interventions as and when warranted by the weather. DHS and emergency management partners mobilizing to deploy warming buses have the final say.

By November 1 of each year, DHS, in coordination with DGS, will update the list of available Warming and Overnight Warming Sites. This information will be available on <https://snow.dc.gov/>.

4. TRANSPORTATION

Transportation is an essential resource for those experiencing homelessness, especially during the winter months. During hypothermia season, DHS provides two types of transportation assistance captured in Table 12: Transportation Type, Description, and Hours below.

Table 12: Transportation Type, Description, and Hours

Type	Description	Hours
Scheduled	Direct transportation in the mornings from shelters to specific locations throughout the District and in the evening from those designated pick-up locations back to the shelters.	See details in <ul style="list-style-type: none"> 4.3 Morning Transportation Schedule (from Single Adult Shelters) 4.4 Afternoon & Evening Transportation Schedule (To Day Centers and Single Adult Shelters)
Unscheduled or “on demand”	Provided outside of scheduled transportation hours to assist vulnerable individuals in accessing shelter regardless of the alert status.	Not available for at least 30 mins: <ul style="list-style-type: none"> before the first scheduled transportation run and after the last scheduled transportation run. Additionally, breaks for drivers and need to refuel or clean vans may prevent or delay immediate provision of on-demand services.

To escalate concerns related to the provision of transportation services, please contact Derwin Brown at dbrown@upo.org or phone: 202-238-4696.

4.1 COORDINATING TRANSPORTATION RESOURCES AND OUTREACH

UPO personnel conduct outreach, offering safety checks, warming items, and unscheduled transportation to shelters for clients in unsheltered locations. On each shift, at least one of the vans deployed by UPO will be accessible to people who have disabilities. Additionally, UPO will operate an internal radio communications system on a 24-hour schedule to coordinate hypothermia services on the streets.

Van drivers will have hand-held radios with them at all times to facilitate effective communications between UPO vans and their central hotline call center. Outside of the scheduled transportation, if a person needs assistance, a van will be dispatched, and a shelter assignment may be made based on bed availability and the person’s needs. Moreover, depending on weather conditions and demand for student transportation, 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 during Cold Weather Emergencies. This partnership ensures that UPO has the support required to meet demand during cold weather alerts. The FEMS Department will be notified to provide emergency medical care and possible transportation to a medical facility whenever a person appears to be suffering from hypothermia or other medical issues.

Regarding safety checks and the distribution of warming items, UPO vans will focus their outreach efforts on areas that have the largest concentrations of individuals experiencing homelessness. As part of their outreach activities, UPO personnel will offer transportation to shelter and distribute blankets and other supplies to persons who decline to come into shelter. In addition, the vans will transport individuals from shelters that have exceeded their capacity to shelters with available beds. Outreach and transportation services, as necessary, will also be provided to persons experiencing homelessness who have called an emergency assistance number for service.

In extreme weather when roads are impassable, DHS will coordinate with the HSEMA to provide vital transportation for persons in need.

4.2 TRANSPORTATION FOR SINGLE ADULTS (MORNING SCHEDULE)

In the morning, transportation will be provided for both women and men from various shelter locations. Details are included in the tables below.

Note the following limitations when reviewing the schedule:

- All listed times are estimates, subject to change due to traffic conditions and winter weather challenges, including snow emergencies and ice. Safety is the primary concern;
- Destinations for morning transportation are subject to change based on the availability of the site or actual numbers of persons seeking to go to a specific destination;
- Accessible transportation for persons with disabilities is provided upon request; and
- Unscheduled (on-demand) transportation outside the schedule will be offered regardless of the alert status, subject to traffic conditions and winter weather challenges noted above.

Table 13: Scheduled Transportation from Men Shelters (Morning)

Pick Up Location	Time	Drop Off Destination(s)
Adams Place Men’s Shelter @ 2210 Adams Place NE	6:30 am -8:30 am	SOME @ 71 O St NW Adams Day Center @ 2210 Adams PI NE
	9:30 am	Central Union Mission @ 65 Mass Ave Downtown Day Center@ 1313 NY Ave Other Day Programs as available
	Saturday/Sundays ONLY	9:30 am
801 East Men’s Shelter @ 2720 MLK, Jr. Ave SE	6:30 am -9:30 am	SOME @ 71 O St NW Adam’s Day Center @ 2210 Adams PI NE Central Union Mission @ 65 Mass Ave NW Downtown Day Center@ 1313 NY Ave NW
	8:30 am (Mon, Wed & Fri only)	Thrive DC @ 1525 Newton St NW Other day programs as available
	Saturday/Sundays ONLY	9:30 am
New York Ave Men’s Shelter @ 1355 New York Ave NE	6:30 am -8:30 am	SOME @ 71 O St NW Adams Day Center @ 2210 Adams PI NE
	9:30 am	Central Union Mission @ 65 Mass Ave Downtown Day Center@ 1313 NY Ave
	Saturday/Sundays ONLY	9:30 am
Emery Low Barrier Shelter @1725 Lincoln Road NE	6:30 – 9:30am	SOME @ 71 O St NW Adam’s Day Center @ 2210 Adams PI NE Central Union Mission @ 65 Mass Ave NW Downtown Day Center@ 1313 NY Ave NW

Table 14: Scheduled Transportation from LGBTQ+ and Overflow Shelters (Mornings)

Pick Up Location	Time	Drop Off Destination(s)
Adams Place Day Center (Women)	6:30 am	SOME @ 71 O St NW
Blair House (Men)	6:30 am	SOME @ 71 O St NW Adams Day Center @ 2210 Adams PI NE
Living Life Alternatives @400 50th St. SE	6:30 am - 9:30 am	SOME @ 71 O St NW Adams Day Center @ 2210 Adams PI NE Downtown Day Center@1313 NY Ave NW Bethany’s Day Center @1333 N St NW

Table 15: Scheduled Transportation from Women Shelters (Morning)

Pick Up Location(s)	Time	Drop Off Destination(s)
Harriet Tubman @ DCG (Building 27) Saturday/Sundays ONLY	6:30 am -9:30 am 9:30 am	SOME @ 71 O St Adams Day Center @ 2210 Adams PI NE Downtown Day Center@ 1313 NYA 800 Vermont Ave. NW
Pat Handy (Swing) Saturday/Sundays ONLY	6:30 am- 9:30 am 9:30 am	SOME @ 71 O St Adams Day Center @ 2210 Adams PI NE Downtown Day Center@ 1313 NYA 800 Vermont Ave. NW
St. Josephine Saturday/Sundays Only	6:30 am – 9:30 am 9:30 am	SOME @ 71 O St Adams Day Center @ 2210 Adams PI NE Downtown Day Center@ 1313 NYA 800 Vermont Ave. NW

4.3 TRANSPORTATION FOR SINGLE ADULTS (AFTERNOON & EVENING SCHEDULE)

The women’s and men’s evening transportation details are included in the table below.

When reviewing the schedule, please note the following limitations:

- All listed times are estimates, subject to change due to traffic conditions and winter weather challenges, including snow emergencies and ice. Safety is the primary concern;
- Accessible transportation for persons with disabilities is provided upon request; and
- Unscheduled (on-demand) transportation outside the schedule will be offered regardless of the alert status but subject to traffic conditions and winter weather challenges noted above.

Table 16: Scheduled Transportation to Day Centers Serving All Populations (Afternoon)

Pick Up Location(s)	Time	Drop Off Destination(s)
SOME @ 71 O St NW	2:00 pm	Downtown Day Center @1313 NY Ave NW Adams Day Center @ 2210 Adams PI NE

Table 17: Scheduled Transportation to Men (Afternoon & Evening)

Pick Up Location(s)	Time	Drop Off Destination(s)
Adam’s Day Center @ 2210 Adams PI NE	4:30pm- 8:30pm	New York Ave Men’s Shelter 801 East Men’s Shelter Open Overflow Shelters
North Capitol & Mass Ave NE Covenant House North Cap/NYA NE side	4:30pm- 8:30pm	New York Ave Men’s Shelter Adams Place Men’s Shelter Open Overflow Shelters
Downtown Day Center @ 1313 NY Ave NW	4:30pm- 8:30pm	801 East New York Ave Men’s Shelter Adams Place Men’s Shelter Open Overflow Shelters

Table 18: Scheduled Transportation to LGBTQ Shelter (Afternoon & Evening)

Pick Up Location	Time	Drop Off Destination(s)
Downtown Day Center @1313 NY Ave NW Adams Day Center @ 2210 Adams PI NE 9th & G St NW, & North Cap & Mass Ave NW	4:30pm- 8:30pm Evenings	Living Life Alternatives @400 50th St. SE

Table 19: Scheduled Transportation to Women Shelters (Afternoon & Evening)

Pick Up Location(s)	Time	Drop Off Destination(s)
Downtown Day Center @1313 NY Ave NW, 9th & G St NW, & North Cap & Mass Ave NW	4:30pm -8:30pm	Harriet Tubman @ DC General Pat Handy Swing @ 1009 11th St St. Josephine Open Overflow Shelters
North Capitol & Mass Ave. NE Covenant House North Cap/NYA NE side	6:30pm -8:30pm	Harriet Tubman @ DC General Pat Handy Swing @ 1009 11th St St. Josephine Open Overflow Shelters
Adams Day Center @ 2210 Adams PI NE	4:30pm -8:30pm	Harriet Tubman @ DC General St. Josephine Open Overflow Shelters

4.4 TRANSPORTATION FOR MINORS AND TRANSITION AGE YOUTH (TAY)

Transportation protocols for minors and Transition Age Youth (TAY) differ depending on the age of the youth or young adult:

- Minors. UPO does not transport minors. For unaccompanied **minors under 12**, please contact the DC Child and Family Services Agency Hotline at 202.671.7233 or by calling 911. These agencies (CFSA or the OUC) will coordinate closely, and either may be contacted for assistance.

For unaccompanied **minors between the ages of 12 and 17**, the best number to call is the Sasha Bruce Youthwork Hotline at 202.547.7777. This hotline is operated out of Bruce House and is staffed 24 hours a day. If a young person does not have access to transportation and calls the Sasha Bruce Youthwork Hotline, an outreach worker or taxi (depending on the time of day and availability of staff) will be dispatched to bring the youth to a safe location.¹⁴

- Transition Age Youth. For Transition Age Youth (TAY) between the ages of 18 and 24, contact the DC Shelter Hotline at 202.399.7093.

¹⁴ Sasha Bruce works closely with District Government agencies, including DHS, MPD, and the Child and Family Services Agency (CFSA), to get young people home safely. We know young people may be intimidated if immediately referred to the government or picked up by police, so the District works closely with its nonprofit partners to make sure young people have a safe and welcoming place to go when they need help.

5. SERVICES COORDINATION

5.1 HOUSING SERVICES AND SUPPORTS, INCLUDING FRONT DOOR NAVIGATION TOOL

Unlike overflow shelter locations which offer only limited services such as meals, showers (at some sites), and bed respite from cold weather, low barrier shelters and day centers offer a variety of services. Clients will be encouraged and provided with information on utilizing day centers as well as low barrier shelter services.

A key piece of the effort to reform the homeless services system for single adults and improve service delivery for singles is the new Front Door Navigation Tool. To triage individuals experiencing homelessness to diversion and rapid exit whenever appropriate, the Front Door Navigation Tool was launched with the Homeless Services Hotline in June. Previously, when individuals called the homeless services hotline requesting shelter, they would immediately be referred to low barrier shelter. Now, with individuals new to experiencing homelessness, phone dispatchers are using the Front Door Navigation Tool – which is a short questionnaire that uses logic to help staff understand if a client is a good candidate for homelessness diversion or rapid exit - before an immediate shelter referral. If someone is a good candidate, they are referred to Project Reconnect to help them return to housing without ever experiencing homelessness, or to quickly return to housing with very limited time in the homeless services system. The goal is that this tool reduces the number of individuals spending nights in shelter, on the streets, or in places not meant for human habilitation, as well as reducing the length of time individuals spend experiencing homelessness.

5.2 COVID-19 & RESPIRATORY ILLNESSES

General DC Health Guidance for the District

DC Health has adopted a plan to address fall/winter respiratory illnesses (COVID-19, flu, and RSV) in response to CDC projections for a similar fall/winter COVID-19 season as last year and typical levels of RSV and the flu. The good news is that all the respiratory illnesses are vaccine preventable, and the District anticipates sufficient supply to protect all residents. Here is the information on vaccines which remain the best strategy for keeping District residents safe.

Children and Infants

- Get a flu shot in September or October.
- Get the newest COVID-19 booster when released in late September.
- For infants aged 8 months or younger, get RSV prevention treatment when available.

Older Adults

- Get a flu shot in September or October.
- Get the newest COVID-19 booster when released in late September.
- For those age 60 and older, get the RSV vaccine.

General Population and Workers

- Get a flu shot in September or October.
- Get the newest COVID-19 booster when released in late September.
- The RSV vaccine is not currently needed for adults under age 60.

DC Health connects community groups with COVID or Flu vaccine providers. Community groups can learn more at <https://request.vaccineexchange.dc.gov/>. Providers will visit residents who are homebound. The Home Vaccination Program can be accessed at 1-855-363-0333.

Otherwise, District government agencies and nonprofits can request free COVID–19 tests, free KN95 masks and PPE supplies from the [Office of Contracting and Procurement](http://ocp.dc.gov/page/federal-surplus-property-program) (<http://ocp.dc.gov/page/federal-surplus-property-program>).

Additional DHS Guidance Specific to Homeless Services

In addition to promoting the appropriate vaccines, DHS is asking all service providers and partners to

- Ensure that masks and COVID antigen tests are available in your facility. You can request supplies [HERE](#).
- Notify DHS of any confirmed positive COVID cases of clients by filling out [THIS FORM](#).
- Ensure that anyone who has tested positive for COVID is wearing a mask at all times and follow the CDC’s recommended guidance for isolation and quarantine on-site (available at [Guidance on Management of COVID-19 in Homeless Service Sites](#)).

Outstanding Constituent Concerns

Areas of concern identified include:

- Supporting prevention efforts by working with DC Health to ensure vaccines are easily accessible/available to homeless services clients and program staff operating facilities
- Providing the latest guidance and updates that address to the safety concerns voiced by homeless services clients and program staff operating facilities
- Planning for the safety of individuals that are unlikely to vaccinate
- Tracking prevalence of respiratory illnesses, particularly COVID-19, in temporary housing facilities
- Understanding vulnerability, including increased mortality related to respiratory illnesses
- Preventing transmission in congregate shelter settings, including investigating the appropriate shelter densities to mitigate spread if the prevalence respiratory illnesses and the associated vulnerabilities change significantly during the upcoming hypothermia season
- Contingency planning for mass infection events

Forum for tracking and addressing COVID Concerns

If an ICH Health Care Committee is established, it may be most appropriate to refer COVID-19 and respiratory illness related discussions to that forum with updates to the ICH Emergency Response and Shelter Operations Committee (ERSO) as appropriate. This will allow the ICH ERSO Committee to focus on tracking implementation of the Winter Plan.

What You Need to Know About Fall and Winter Respiratory Illnesses COVID-19, Flu and RSV

Fall is in the air, which means cough and cold weather viruses are too!

Some of the most common and dangerous viruses this time of year are flu (influenza), COVID-19 and RSV (respiratory syncytial virus). The good news is that these illnesses can be prevented by vaccines.

Here is how you can protect yourself and your family from Flu, COVID-19 and RSV this fall:



Wash your hands



Mask in crowded areas



Stay home when sick



Cover your cough



Get the vaccines recommended for you

Please refer to the following immunization information for children and infants, older adults, and the general population:

	INFLUENZA (FLU)	COVID-19	RSV
Infants*	✓	✓	✓**
General Population 2-59 Years	✓	✓	✗
Older Adults (60 and up)	✓	✓	✓

Please Note: It is important to contact your insurance carrier before making any vaccination appointment. Currently, the RSV vaccine requires a prescription from a medical provider.

Please contact your primary care provider or pharmacist with any additional questions about the vaccines.

Vaccine Exchange For Flu or COVID (not RSV)

DC Health connects community groups with vaccine providers. Community groups can learn more at request.vaccineexchange.dc.gov.

Home Vaccination Program

Providers will visit residents who:

1. Have difficulty leaving their home
2. Mostly communicate in languages other than English
3. Have insurance through Medicaid or the Healthcare Alliance

This program can be accessed at 1-855-363-0333.

Additional Information

- ▶ District government agencies and nonprofits can request free COVID-19 tests, free KN95 masks and PPE supplies from the Office of Contracting and Procurement (ocp.dc.gov/page/federal-surplus-property-program).
- ▶ Residents can also purchase KN95 and COVID-19 tests at pharmacies or online.
- ▶ DC Health continues to monitor the spread of these respiratory illnesses in the District and will provide updated guidance as needed.

*Influenza and COVID-19 vaccines are for ages six months and up. **The RSV immunization for infants/young children is a monoclonal antibody and is recommended for all infants 8 months and younger, and children up to 18 months with special medical conditions.

5.3 MEALS

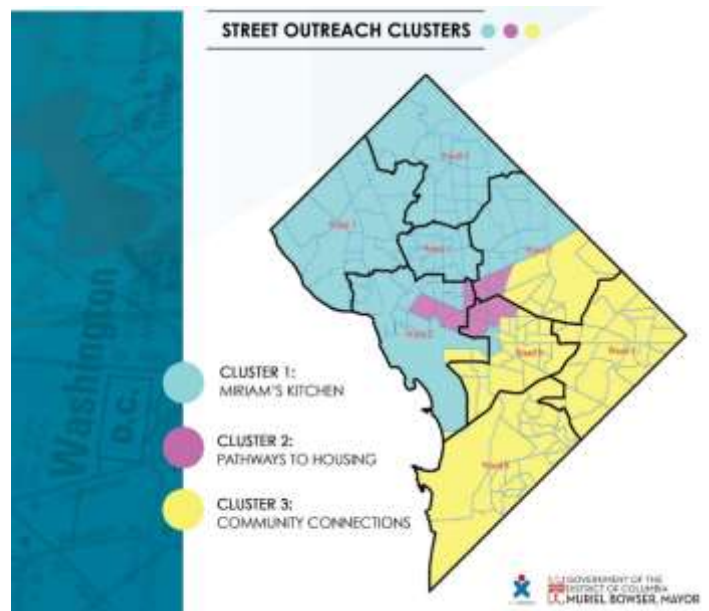
Food service for families at District-owned temporary shelter locations will include two meals a day. Information regarding provision of meals and food resources is discussed with families at the time of placement. For unaccompanied individuals, DHS provides two meals a day.

5.4 STREET OUTREACH SERVICES

The District government contracts with several agencies to provide outreach services during hypothermia season and extreme weather conditions. The ICH facilitates the ICH Street Outreach Workgroup composed of these District-funded outreach providers, privately funded outreach teams, and the outreach specialists at DHS and DBH to ensure that community resources are strategically deployed and effectively coordinated.

Currently, DHS-funded outreach providers cover the entire District through three geographical clusters. While not explicitly detailed, Miriam’s Kitchen covers Wards 1, 3, and 4 completely, much of Ward 2, and north of Rhode Island Avenue in Ward 5. Pathways to Housing serves a smaller but densely populated portion of Wards 2, 5, and 6. Finally, Community Connections serves all of Wards 7 and 8, much of Ward 6, and south of Rhode Island Avenue in Ward 5. All providers engage individuals from 9 a.m. to 9 p.m. throughout the year; however, during hypothermia season, when a hypothermia alert or emergency is issued, teams extend their engagement to 11 p.m.

Figure 1: Catchment Areas for DHS Funded Outreach Providers



The DHS-funded outreach providers play a vital role in our homeless services system, working to engage vulnerable individuals and connect them to shelter and housing resources. The outreach providers do much of this work proactively, meaning they engage and offer these resources prior to the onset of severe weather. Severe weather, most often snowfall or the accumulation of ice, makes access and engagement difficult. For this reason, sharing information about impending weather, shelter and housing options, the

distribution of survival items, as well as the work of identifying particularly vulnerable individuals to partners (UPO, MPD, etc.) prior to the impact of the cold weather event is critical. Through this proactive engagement process, the teams provide an array of services, including routine safety checks and the provision of essential survival items (e.g., food, water, blankets, hats, gloves, socks, thermal underwear) for clients who are not yet willing or able to come into shelter, connection to shelter and support services for clients willing and able to accept assistance, and crisis evaluation to determine when additional measures (e.g., involuntary hospitalization evaluation) are needed to protect individuals from cold weather injury.

Additionally, while every effort will be made to secure client cooperation with voluntary transport to a warm and safe setting, if an individual refuses to go inside and conditions are such that the individual's wellbeing is believed to be at risk, community outreach teams may call on DBH's Community Response Team (CRT) or MPD for assistance executing an involuntary hospitalization, known in the District as an FD-12. It is important to note the following about the FD-12 process:

- Individuals authorized to complete the FD-12 form include a DBH officer-agent, an MPD officer, a physician, or a licensed psychologist.
- Regardless of who executes the FD-12 paperwork, call 911 for assistance with transportation. OUC will make the appropriate transportation arrangement. It is important to note that DBH policies prohibit DBH staff from providing transport for an involuntary hospitalization.
- When an FD-12 is executed by an authorized agent other than MPD, and MPD is called to assist with transport, *MPD does not need to witness the behavior directly* to proceed with transport.

Individuals will be taken to the Comprehensive Psychiatric Emergency Program (CPEP) or to other local emergency departments for emergency physical and mental health evaluation in accordance with provisions of the Ervin Act (78 Stat. 944; D.C. Official Code § 21-521).

Calls for Information Regarding Outreach Services

Calls for information regarding outreach services should be directed to the DC Shelter Hotline at 202-399-7093 or the Mayor's Call Center at 311. UPO will triage the appropriate safety check and outreach services to those persons in need of outreach services.

5.5 POLICE AND OUTREACH PROVIDERS COOPERATION

MPD is committed to assisting homeless outreach agencies and workers who wish to enter a vacant building to engage a person who is homeless whenever there is a safety risk in the opinion of the outreach representative. Assistance from MPD may be obtained by calling 911.

MPD officers also play an important role in protecting vulnerable individuals who are unable or unwilling to go inside during extreme cold weather situations. As explained above in Section 5.2, while every effort will be made to secure client cooperation with voluntary transport to a warm and safe setting, if an individual refuses to go inside, outreach staff may contact MPD for assistance executing an FD-12, or for assistance with transport once an FD-12 has been issued by another authorized entity. When an FD-12 is executed by

an authorized agent other than MPD, and MPD is called to assist with transport, MPD does not need to witness the behavior directly to proceed with transport.

Individuals will be taken to the Comprehensive Psychiatric Emergency Program (CPEP) or to other local emergency departments for emergency physical and mental health evaluation in accordance with provisions of the Ervin Act (78 Stat. 944; D.C. Official Code § 21-521).

5.6 HEALTH SERVICES

Unity Health Care (UHC) operates year-round clinics at various shelter locations, including Federal City Shelter, 801 East Shelter, New York Avenue Shelter, the Pat Handy Center, Adams Place Shelter, and Adams Place Day Center. It also operates a mobile medical outreach van for non-sheltered persons who are homeless. Persons in need of non-emergency medical care or treatment who can wait until the clinics open the next day will be referred to UHC for follow-up. FEMS should be contacted for persons in need of emergency health care and/or immediate transport to a hospital.

5.7 MENTAL HEALTH AND DETOXIFICATION SERVICES

Members of the public attempting to seek assistance for an unsheltered individual experiencing a psychiatric crisis should always contact the Access Help Line at 1(888)7WE-HELP or 1-888-793-4357.

- This 24-hour, seven-day-a-week telephone line is staffed by behavioral health professionals who can refer a caller to immediate help or ongoing care.
- The Access Helpline can activate mobile crisis teams to respond to adults and children who are experiencing a psychiatric or emotional crisis and are unable or unwilling to travel to receive behavioral health services. When called, the mobile crisis teams will attempt to link or re-link the consumer to mental health services or provide a crisis assessment and initiate the appropriate intervention.

If a service provider is concerned about a client's mental health stability, a request may be made to the Access Help Line at 1(888)7WE-HELP (1-888-793-4357) or The Crisis Response Team 202-673-6495.

Additionally, DBH staff will provide homeless services outreach workers with orientation, training, and written materials to increase their understanding of psychiatric impairments and how to make an initial determination of whether DBH involvement is needed. The overarching goal is to protect the health and safety of the consumer, especially during severe weather conditions. To that end, homeless service staff are encouraged to build relationships with the community-based service providers with service locations in their vicinity. See the DBH website obtain a list of community-based service providers (dbh.dc.gov/page/list-community-based-service-providers).

Comprehensive detoxification services from alcohol, benzodiazepines, and opioids are available at the following locations for those requiring/requesting assistance:

- Federal City Recovery Services,
- Psychiatric Institute of Washington (PIW) and

- Regional Addiction Prevention (RAP) Inc.

Consumers can walk up to any of these locations to access the services. Note that there is no requirement for authorization/referral via the DBH Assessment and Referral Center (ARC). However, the Assessment and Referral Center (ARC) is available to assess consumers and support with a referral to the locations referenced above during their business hours (Monday through Friday, 7 am to 3 pm) at 75 P Street NE (intersection of P Street and Florida Avenue). Finally, note that MPD is not responsible for and does not offer transportation for voluntary services.

Federal City Recovery Services is located at 920 Bellevue Street NE. Their hours of operation are from 9 am – 4 pm. Federal City will conduct a brief screening over the phone (202-889-7900), set up transportation or accept walk-ins and drop offs from FEMS and partner agencies. Subsequently, FC will perform a comprehensive assessment and admission.

PIW is located at 4228 Wisconsin Avenue NW (phone: 202- 885-6510) and assessments are offered 24-hours a day, 7 days a week.

RAP is located at 1949 4th Street NE and accepts medically appropriate referrals to withdrawal management 24/7/365. To confirm bed availability, please call 202.740.4429. Individuals may self-refer, be transported by FEMS or a partner agency. Additionally, RAP can provide transportation during regular business hours but has limited capacity after hours and weekends. Otherwise, note that RAP offers integrated primary and psychiatric services and will refer internally or to a community partner for the next level of care.

5.8 SERVICES FOR LESBIAN, GAY, BISEXUAL, TRANSGENDER, AND QUESTIONING (LGBTQ) COMMUNITY

The District is committed to ensuring the safety and well-being of all persons served by the Homeless Services Continuum of Care. Gender expression, gender nonconformity, or the fact that a person is transgender may not be used as a factor by District government agencies or providers funded by the District government in determining access to programs and services. Without exception, all persons who are eligible to receive homeless services in the District of Columbia may receive services at a facility serving persons of the gender with which he/she identifies regardless of the sex assigned at birth, whether or not he/she has had medical procedures to align his/her physical bodies with his/her gender expression. Staff should also ensure that individuals know that there is a co-ed shelter during hypothermia season, in case the individual would feel most safe in a co-ed environment.

In sex-segregated facilities, the service provider, in consultation with the client, will make individualized decisions about where to place the client within the facility based on the level of comfort, safety, and degree of privacy required to preserve physical and mental well-being. Low-Barrier and Overflow Shelter providers that are not able to make an appropriate accommodation for safety or privacy concerns onsite should contact the DC Shelter Hotline at 202-399-7093 so that the client may be transported to a facility that can make such an accommodation. Clients waiting for a pickup by UPO must be provided with a safe location in which to wait.

For more information on the District of Columbia Homeless Services Continuum of Care Policy on Serving Transgender and Gender Nonconforming Clients, please visit TCP’s website at <http://www.community-partnership.org/>.

Additionally, the District is excited to operate Living Life Alternatives, the first low barrier shelter program for unaccompanied individuals that is focused on appropriately supporting LGBTQ+ residents experiencing homelessness.

5.9 SERVICES FOR THE LATINX COMMUNITY

Printed materials will be provided in Spanish for distribution to organizations that primarily serve the Latinx community. The District Shelter Hotline will seek to have bilingual staff at the Hotline office and has minimally one bilingual driver. UPO will have access to interpretation services for Spanish-speaking callers through Language Access Line Services at 1-800-367-9559.

As cited in the section above, the District is committed to ensuring the safety and well-being of all persons experiencing homelessness. All individuals, regardless of legal status, will be provided access to shelter to prevent cold weather injury.

5.8 INTERPRETATION SERVICES

Interpreters are available through Language Access Line Services, a professional, telephone-based interpretation service that provides interpreter assistance in more than 140 languages, seven days a week, 24 hours a day. UPO has access to Language Line Services through a toll-free number made available by DHS, 1-800-367-9559.

5.9 SERVICES FOR SURVIVORS OF DOMESTIC VIOLENCE

Individuals experiencing domestic violence should keep the following guidance in mind:

- 1) If in immediate danger, call 911.
- 2) If fleeing domestic violence and lacking safe housing, but have time to assess options, call the DC Victim Hotline (available 24 hours) at 1-844-443-5732 (1-844-4HELPDC).
- 3) If no domestic violence beds are available, contact the DC Shelter Hotline at 202-399-7093.

If a client calling the DC Shelter Hotline discloses domestic violence, shelter hotline staff will confer with the client about their ability to access a safe location while they wait and will determine the pick-up location based on the client’s safety needs.

Domestic violence resources and information will be available at all shelters, including hypothermia sites. If a client discloses domestic violence to a shelter provider, the provider will review options with the client, including calling the DC Victims Hotline (if that is desired but has not already been attempted), identifying a location within the facility that maximizes the client’s safety and privacy, or – if the facility cannot make an appropriate accommodation – contacting the DC Shelter Hotline for transport to an alternate location with bed availability. Clients waiting for a pickup by UPO must be provided with a safe location in which to wait.

5.10 SUPPLIES

TCP works closely with volunteers and nonprofit agencies to secure supplies for distribution and use during the hypothermia season. An ample inventory of other supplies will also be on hand, namely, sleeping bags and essential items to guard against the effects of the cold, such as hats, gloves, scarves, socks, and thermal underwear. TCP and the UPO hypothermia staff will coordinate the retrieval and storage of all supplies. Any provider seeking supplies should contact the DC Shelter Hotline directly.

Donations During Hypothermia Season

Community-based organizations, faith-based groups, and private citizens that have items to donate and/or who want to participate in providing survival items to clients on the street are asked to contact Tom Fredericksen at TCP at 202-543-5298 to allow the District to coordinate these donations and activities better. The District welcomes the partnership and wants to ensure that groups are coordinating with trained outreach staff to deliver services to our vulnerable neighbors, particularly in light of the public health emergency.

5.11 TRAINING

Training for outreach workers and shelter providers on the District's hypothermia season protocol will be conducted by TCP in conjunction with DHS and DBH. All agency directors or designated staff directly involved in the provision and management of hypothermia-related services will be required to attend an initial review of protocols, processes, communications, and responsibilities related to the upcoming hypothermia season.

Ongoing hypothermia-related training opportunities, including training on customer-service topics and the Homeless Services Reform Act (HSRA), will be offered during the season at times and places convenient for staff members involved in the provision of hypothermia services.

6. UNACCOMPANIED MINORS AND TRANSITION AGED YOUTH

Since the launch of Solid Foundations DC, the landscape in the District around homeless services for unaccompanied youth looks dramatically different. Leveraging allocated resources the District has created additional shelter beds to ensure a more immediate connection for youth seeking a safe place to sleep, expanded and extend transitional housing capacity for young adults experiencing homelessness, and increased housing options for LGBTQ+ identifying young adults. This section of the plan identifies the resources available to prevent cold weather injury to unaccompanied minors and young adults.

6.1 UNACCOMPANIED MINORS (<18 YEARS OF AGE)

The system for responding to the needs of unaccompanied children under the age of 18 is fundamentally different from the system designed to assist adults. There are several resources dedicated to minors who have left home without permission or who are experiencing homelessness.

The Strengthening Teens Enriching Parents (STEP) Initiative was developed in September 2017 in response to Mayor Bowser's call to action to address the issue of youth reported missing to police. STEP is a voluntary prevention/intervention program lasting up to six months, depending on the youth's and family's needs. STEP is a collaboration between DHS, the Child & Family Services Agency (CFSA), the Department of Youth Rehabilitative Services (DYRS), Court Social Services (CSS), and Sasha Bruce Youthwork. The goal is to reduce the likelihood of future incidents of the youth running away or being kicked out by providing families with tools to resolve conflict in a healthy way and ensuring youth have the support of caring adults.

For those youth who do not immediately return home, the Sasha Bruce Youthwork Bruce House, a 24-hour facility for minors, provides emergency shelter to minors to ensure that youth have a safe place to stay while the situation is being resolved. The current capacity for unaccompanied minor children is 15 beds.

Family reunification is the goal whenever minors can return home safely, and when they cannot, CFSA is engaged. Consequently, there is a high turnover rate of beds earmarked for minors.¹⁵

While the STEP Program targets minors who are reported missing, similar services are available to minors who leave home and are *not* reported missing by a parent. Any minor, or anyone who encounters a minor on the street, can request assistance by calling the Sasha Bruce Youthwork Hotline at (202) 547-7777.

¹⁵ According to the District's Framework for Serving Unaccompanied Minor Children, shelter and reunification services for unaccompanied minors may be provided by the homeless services system for up to three days without parental or court approval. Average stay is 21 days, but can be extended as needed. Using an average three-week length of stay, these beds will be able to provide shelter for an estimated 430 youth over the course of the year.

Table 20: System Capacity Overview, Minor Children

Name of Facility	Provider	Year-Round Beds	Overflow	Total
BCP Shelter (12-17-year-olds)	Latin American Youth Center (LAYC)	4		
Bruce House	Sasha Bruce Youthwork	15		
Minor Capacity		19		19

6.2 TRANSITION AGED YOUTH 18 TO 24 YEARS

As mentioned above, since the launch of Solid Foundations DC, several shelter programs and beds have come online. See **Table 21: System Capacity Overview, Unaccompanied Transition Age Youth (18 – 24)**. Ideally, we would have a developmentally appropriate resource for every young person who presents, but in instances where no dedicated beds are available, TAY can access shelter at any of the District’s low-barrier shelters, including year-round and overflow facilities.

Table 21: System Capacity Overview, Unaccompanied Transition Age Youth (18 – 24)

Name of Facility	Provider	Year-Round Beds	Overflow	Total
Philip Reid’s House	Sasha Bruce Youthwork	14		
Safe Haven	Covenant House	30		
Shine	Covenant House	24		
The Sanctuary	Covenant House	20	6	
TAY Capacity		88	6	94

6.3 OUTREACH & IN-REACH SERVICES FOR YOUTH

Youth-focused outreach is conducted year-round by a variety of youth-serving agencies. In addition to the youth-focused outreach, street outreach organizations cover catchment areas across the city. These outreach organizations engage with all persons experiencing unsheltered homelessness in their respective catchment areas, regardless of age. Providers and partners should refer to the youth transportation protocol outlined in Section 4.4 to connect youth on the street to shelter or services.

7. COMPLAINTS & GRIEVANCES

7.1 HOMELESS SERVICES MONITORING

DHS monitors shelter operations year-round to ensure that clients are served well and to note any corrective actions that must be taken. When corrective measures are required, these actions must be accomplished within a given time, and DHS will confirm that they have been completed.

7.2 COMPLAINTS OR SUGGESTIONS

Customers with specific concerns may report an incident or file a complaint with the Homeless Services' Office of Program Review, Monitoring and Investigation (OPRMI) Unit through the following avenues:

DHS Website: dhs.dc.gov/page/suggestions-and-complaints

Email: OPRMI@dc.gov

Telephone: 202-673-4464 (Hotline)

Postal Mail: OPRMI, 64 New York Avenue, NE, 6th Floor
Washington, DC 20002.

APPENDIX A: SHELTER LOCATIONS – SINGLE ADULTS

Appendix A outlines locations that will be used to provide shelter for single adults during the FY24 hypothermia season. **Because overflow shelters are opened only if additional capacity is needed, they are not identified in this document to prevent individuals from seeking shelter at locations that are not open.**

Individuals seeking assistance (directly or on behalf of another individual) should always call the DC Shelter Hotline at 202-399-7093 to be directed to a shelter location with availability.

Table 22: Shelter Sites

Name of Shelter	Location
LGBTQ+ Sites	
Living Life Alternatives	400 50th Street SE
Men’s Shelter Sites	
801 East Shelter & Overflow	2720 Martin Luther King Ave., SE
Adams Place Shelter	2210 Adams Place, NE #1
Blair	635 I Street, NE
Community for Creative Non-Violence (CCNV)	425 Second Street, NW
Emery	1725 Lincoln Road, NE
New York Avenue Shelter	1355-57 New York Avenue, NE
Women’s Shelter Sites	
Harriet Tubman, D.C. General Building 27	1910 Massachusetts Avenue, SE #27
Saint Josephine Bakhita Women’s Shelter (formerly Nativity Shelter)	6010 Georgia Avenue, NW
Patricia Handy Swing Space	1009 11 th Street, NW
Community for Creative Non-Violence (CCNV)	425 2 nd Street, NW
Eve’s Place at Adams Place Day Center (Overflow)	2210 Adams Place, NE

APPENDIX B: SHELTER, DROP-IN, AND OUTREACH LOCATIONS – YOUTH

Appendix B outlines locations that will be used to provide shelter to Transition Age Youth and unaccompanied minors during the FY24 hypothermia season.

Table 23: Youth Shelter Sites

Name of Shelter	Provider	Location
Minor Children		
Bruce House	Sasha Bruce Youthwork	1022 Maryland Ave, NE
BCP Shelter	Latin American Youth Center (LAYC)	Not applicable. These are placements with host families.
Families headed by a Youth Aged 16 – 21		
Muriel’s House	Healthy Babies	Location not public - contact: 202-696-0043 for more information
Unaccompanied Youth Aged 18 to 24		
Phillip Reid’s Home	Sasha Bruce Youthwork	1814 Rhode Island Ave, NE
Safe Haven	Covenant House	4900 Quarles Street, SE
SHINE (LGBTQ safe space, open to all youth 18-24)	Covenant House	4904 Quarles St, NE
The Sanctuary	Covenant House	511 Mellon Street, SE

Table 24: Youth Drop-In Centers

All drop-in centers listed below serve unaccompanied youth aged 18 – 24.

Youth Drop-In Centers	Location
LAYC’s DC Safe Housing Drop-In Center	1419 Columbia Rd, NW
Sasha Bruce Youthwork’s Barracks Row Drop-In Center	741 8th St, SE
DC Doors’ Zoe’s Doors Drop-In Center	900 Rhode Island Ave, NE
Covenant House Service Center	2001 Mississippi Ave, SE

Table 25: Youth Street Outreach Teams

All the street outreach teams listed below target and serve unaccompanied youth under 25.

Youth Street Outreach Teams	Contact Information
Friendship Place	202-364-8907
Sasha Bruce Youthwork	202-506-7264
HER Resiliency	202-643-7831

APPENDIX C: WINTER PLAN PHONE NUMBERS

Appendix C is a list of key phone numbers associated with the Winter Plan.

Table 26: Winter Plan Phone Numbers

Number	Purpose
Emergency/MPD: 911	For immediate medical emergency. If you see an unsheltered neighbor who appears to be unconscious or not breathing, or who is exhibiting erratic or threatening behavior, contact 911. Likewise, if you or someone you know is fleeing domestic violence and is in immediate danger, contact 911.
DC Shelter Hotline: (202) 399-7093 Mayor’s Call Center: 311	District of Columbia residents experiencing homelessness may call either of these numbers to seek shelter. Members of the general public may also call these numbers to request help for someone on the street.
Sasha Bruce Youthwork Safe Place Hotline: (202) 547-7777	A 24-hour hotline that can assist when an unaccompanied minor is identified (e.g., via street outreach or other system partners) or otherwise presents for assistance anywhere in the community. RHY Hotline staff will dispatch an outreach worker or cab (depending on the time of day and availability of staff) to bring the youth to safety. A staff person will conduct an initial screening and determine appropriate next steps.
DBH Access Help Line: 1(888)7WE-HELP or 1-888-793-4357	This 24-hour, seven-day-a-week telephone line is staffed by behavioral health professionals who can refer a caller to immediate help or ongoing care. Call the Access Helpline to: <ul style="list-style-type: none"> ● Get emergency psychiatric care ● Help with problem solving ● Determine whether to seek ongoing mental health services or other types of services ● Find out what services are available
DBH Community Response Team Line: (202) 673-6495	DBH Community Response Team (CRT) will respond to individuals throughout the District who are experiencing a psychiatric crisis and who are unable or unwilling to travel

	to receive mental health services. CRT services are provided 24 hours a day, 7 days a week.
DC Victim Hotline: 1-800-799-SAFE (7233)	24 hour hotline that provides free, confidential, around the clock information and referrals for victims of all crime in the District of Columbia.
Donation/Volunteer Coordination: 202-543-5298 (Tom Fredericksen at The Community Partnership)	Community members, faith-based groups, and other volunteer organizations that have items to donate and/or who want to participate in providing survival items to clients on the street are asked to contact Tom Fredericksen at The Community Partnership at 202-543-5298 to allow the District to better coordinate these donations and activities. The District welcomes volunteers, but wants to ensure groups are working in coordination with trained outreach staff to deliver services to our vulnerable neighbors.
Language Line Services: 1-800-367-9559	For providers who need language related assistance, interpreters are available through Language Line Services: a professional, telephone-based interpretation service that provides interpreter assistance in more than 140 languages, seven days a week, 24 hours a day. DHS has made provisions for Language Line Services through the listed toll free number.
DHS Homeless Services Monitoring Unit: 202-673-4464 or http://dhs.dc.gov/page/shelter-monitoring	Advocates and/or consumers can report concerns or file a complaint related to Homeless Services with the Homeless Services Monitoring Unit by calling its 24-hour customer service number or by submitting a form online.

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