



PEP-V Program Update for Stakeholders

Department of Human Services

August 7, 2020

Agenda

- I. Program overview and current status
- II. Client exit planning and entrances
- III. Upcoming operational changes and planning
- IV. Lessons learned
- V. Discussion and feedback

PEP-V Overview

- Pandemic Emergency Program for Medically Vulnerable Individuals (PEP-V)
- **Private room accommodation** for individuals experiencing homelessness thought to be at the greatest risk for severe complications and/or death if contracting COVID-19
- **Primary goal:** Reduce exposure to COVID-19 of elderly and medically vulnerable individuals residing in congregate shelters where risk of infection is high due to inability to isolate
 - * Also place referrals for individuals that are unsheltered
- **COVID symptom screening:** Individuals referred to PEP-V are screened for COVID-19 symptoms prior to being placed. Symptomatic individuals are referred to an Isolation and Quarantine (ISAQ) site
- **2 PEP-V sites** (307 rooms)
- **Not a substitute** for respite care, long-term health care, or a community residential facility

PEP-V Onsite Services, Amenities & Supports

Amenities	Private room, bathroom, TV, phone; 3 meals per day + snacks; 24/7 security
On-site health services	<ul style="list-style-type: none"> • Unity Health provides outpatient primary care services; daily resident wellness checks; onsite 8am-8pm daily • MBI provides mental health supports; onsite 24 hours daily
Linkages to other services	<ul style="list-style-type: none"> • Transportation to healthcare appointments and some community needs (i.e. banking) • DBH notifies Core Services Agencies of their clients at PEP-V • Unity facilitates residents' connection to home health aide services • Connections to long-term care supports, if needed
Housing-focused case management	<ul style="list-style-type: none"> • PSH providers continue to deliver housing navigation services • For clients still developing an exit plan to permanent housing, DHS staff work with clients to develop housing plan after PEP-V

Client Agreement

Each resident signs a PEP-V Client Agreement

- **Safety/Health**
 - Answer room phone
 - Stay six (6) feet away from other guests at the site at all times
 - Wear a mask when in the company of others
 - Wash hands frequently for at least 20 seconds at a time
- **Leaving the Hotel Premises**
 - Coordinate with PEP-V site staff when clients leave and arrive at hotel
 - COVID-symptom screening when each client returns to site
 - Transportation assistance may be available for attending medical appointments or meeting other essential needs
- **Visitation:** To prevent the spread of COVID-19, no visits to other guest rooms; no visitors in room

Evolution of Eligibility Criteria

March

- **≥ 80 years old**
- **≥ 70 years old**, with Severe Lung Disease or uncontrolled diabetes
- **Any age**, with severe/uncontrolled chronic health conditions (Lung Disease; Physical Disability, ESRD; Heart Failure; Cognitive Disability)

DC's stay home order

May

- **≥ 65 years old**
- **Any age**, with severe/uncontrolled chronic health conditions (Lung Disease; Asthma; Heart Conditions; Immunocompromised; Diabetes; Liver Disease; Chronic Kidney Disease; Obesity [BMI 40+])

DC's stay home order

June - Current

- **≥ 55 years old**
- **Any age**, with severe/uncontrolled chronic health conditions (Lung Disease; Asthma; Heart Conditions; Immunocompromised; Diabetes; Liver Disease; Chronic Kidney Disease; Obesity [BMI 40+]; Sickle Cell Disease; Hypertension or high blood pressure; Cerebrovascular disease; Neurologic disease)

DC's stay home order lifted

PEP-V Census

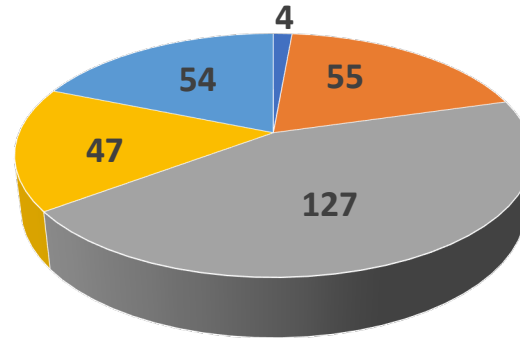
Medically Vulnerable Hotel Rooms Occupied



- **Total capacity:** 307 rooms, 2 hotels
- **Census (8/6/20):** 287
- **Matches to permanent housing (8/6/20):** 218
- **Client exits to permanent housing (8/6/20):** 15

PEP-V Client Stats

Age Distribution of PEP-V Clients



■ > 80 & over
 ■ 70-79
 ■ 60-69
 ■ 55-59
 ■ 54 & younger

Chronic Health Conditions

High Blood Pressure (68%)	Substance Use Disorder (9.5%)	ESRD (2 %)
Mental Illness (30%)	Congestive Heart Failure (8.5%)	HIV (10%)
Diabetes (28%)	Coronary Artery Disease (7.5%)	Hepatitis C (7%)
Lung Disease [Asthma/COPD] (28%)	Active Cancer Diagnosis, undergoing treatment (5%)	

Client exits and paths to housing

Paths to housing for clients in PEP-V (as of 8/6/20)

1	2	3	4	5
Permanent Supportive Housing	Targeted Affordable Housing	Complex Health Needs	Non-DHS Housing	Other
<i>198 clients are matched to PSH (scattered site or site-based)</i> <i>Developing expedited housing process</i>	<i>11 clients are matched to TAH</i>	<i>21 clients with health needs that require non-PSH housing (CRF, assisted living, nursing home)</i> <i>Dedicated support team</i>	<i>9 clients are matched to non-DHS housing</i>	<i>58 clients are in process of developing housing plan</i>

Housing-focused case management and commitments from partners involved in housing process (DCHA, MBI, PSH providers, housing navigators, landlords)

Ongoing referrals and future placements

Since March 2020, 835 persons have been referred for PEP-V placement

Of this total:

- 381 have been placed in a PEP-V site
- 266 referrals have been determined by Unity Health Care to meet PEP-V eligibility requirements, but have not been offered a PEP-V placement
- 107 referrals are still being assessed by Unity Health Care

Future Placements

- Continue to accept referrals, all new referrals continue to be assessed by Unity Health Care
- Will continue to prioritize persons most at risk of significant complications from COVID-19; Will not expect clients placed in PEP-V after August 1 to move into permanent housing given limited timeframe

Looking forward

- **Management:** Anticipated shift from DHS to TCP/Catholic Charities in mid-August; no expected changes in vendors or operations
- **Timeline:** Funding tied to national public health declaration, currently set to end October 23
- **Capacity:** Given limited timeframe, no current plans to expand capacity, will continue to evaluate and reassess based on current conditions and need



Lessons Learned

Client Health

- Onsite integration of physical, mental and social services can work in theory and practice, but clear roles need to be established for major 'players'
- Difficult translating service model from congregate setting to private room setting; caring for clients 'behind a closed door' presents challenges
- On-going activities are needed to prevent social isolation and reduce risk of other poor health choices (e.g. drug use)
- Social networks build resiliency and help clients meet basic health care needs -- especially in helping with activities of daily living (ADLs)

Operations

- Balancing protective measures for all, with client prerogative is challenging
- Flexibility is key and documenting on-going changes in operations (and policy) is critical

Feedback and discussion

Questions? Feedback? Recommendations?

For new referrals, please use [Referral Form](#) or contact Christian Howard at Christian.howard@dc.gov

For feedback on PEP-V, please contact Dena Hasan at dena.hasan@dc.gov

Follow our progress:

<https://dhs.dc.gov/storyboard>

