



DC Department of Human Services

PEP-V Stakeholder Briefing

Thursday, October 1, 2020

Agenda

- Meeting Purpose
- PEP-V Overview
 - Client Census
 - Evolving Client Eligibility Criteria (aligned with the CDC)
 - Client Referrals
- Upcoming PEP-V Expansion
 - 3rd PEP-V Site
 - Double-Room Occupancy
- Planned PEP-V Policy & Operational Changes
- Feedback and Discussion

Purpose of the Meeting

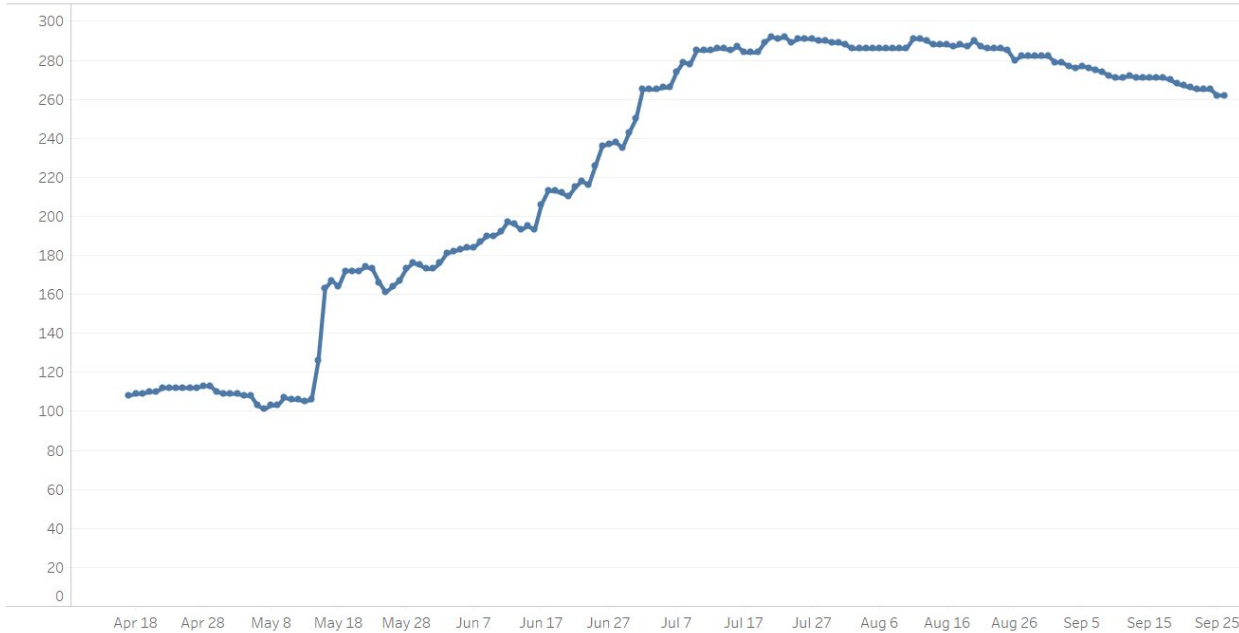
- Continue 'all hands in' partnership to protect residents experiencing homelessness during the COVID-19 pandemic
- Share intention to expand PEP-V capacity -- and proposed approaches to do it
- Review evolution of some PEP-V policies that reflect lessons-learned
- Answer questions and get partner feedback

PEP-V Overview

- The Pandemic Emergency Program for Medically Vulnerable Individuals (PEP-V) provides hotel room accommodation for individuals experiencing homelessness thought to be at the greatest risk for severe complications and/or death if they contract COVID-19
- **Primary goal:** Reduce exposure to COVID-19 of elderly & medically vulnerable individuals residing in congregate shelters and unsheltered where risk of infection is high due to inability to quarantine
- **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
- **Onsite services,** include medical (Unity Healthcare), behavioral health (MBI) and housing case management
- **Not a substitute** for respite care, long-term health care, or a community residential facility

PEP-V Overview: Census

Medically Vulnerable Hotel Rooms Occupied



- **Total capacity (current):** 302 rooms, 2 hotels
- **Census (9/30/20):** 257
- **Matches to permanent housing (9/30/20):** 182
- **Client exits to permanent housing (9/30/20):** 40

Evolution of PEP-V 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 Client Referrals

- 396 residents placed at PEP-V to date
- Referrals in pipeline:
 - 256 meet PEP-V criteria (confirming interest in placement)
 - 203 currently under review

PEP-V Capacity Expansion

PEP-V Capacity Expansion

Goal:

Protect the maximum number of persons at risk of severe health outcomes due to COVID-19 by offering non-congregate housing

Planned Approaches:

Increase Number of PEP-V Rooms

- Launch 3rd PEP-V site: Fairfield Hotel
- Fairfield is in very close proximity to PEP-V 1 (Arboretum Hotel) allowing for resource sharing
- Previous PEP-V site; staff familiar with site

Fully Leverage Each PEP-V Room

- Best practice from other states (e.g. NYC; CT)
- Current PEP-V residents will share a room with another resident (as appropriate)
- New placements will be made in pairs

PEP-V Capacity Expansion (Cont.)



PEP-V 1: Arboretum

Opened: March 2020

**Rooms for Client
Occupancy:**

109 Rooms

Census (as of 9/30):

89 people



PEP-V 2: Holiday Inn

Opened: May 2020

**Rooms for Client
Occupancy:**

193 Rooms

Census (as of 9/30):

168 people



PEP-V3: Fairfield

Scheduled to Open:
October 12, 2020

**Rooms for Client
Occupancy:**

115 Rooms

Census (as of 9/30):

0 people

PEP-V Capacity Expansion: Double-Room Occupancy

Current PEP-V residents

Beginning in November, persons staying at a PEP-V site will share a room with another person, unless they have certain medical conditions or other factors that would make sharing a room with another person difficult. We will provide a 30-day notice for residents currently at PEP-V.

New PEP-V referrals

All new PEP-V intakes will come in pairs, unless a single intake can be a roommate for an existing PEP-V client.

Roll Out Schedule – PEP-V Expansion

- Starting October 12th, we will make approximately 40 placements a week at Fairfield, over a 5-week period while also placing clients in available rooms at other 2 PEP-V sites as they open up
- During November, we anticipate being able to accommodate an additional 200 placements at Arboretum and Holiday Inn as existing clients double up.
- The goal is to have 90% of rooms filled by December 1st

Double-Room Occupancy: Lessons-Learned From Other Jurisdictions

DHS talked with other jurisdictions, including CT and NYC, that used hotels to accomplish social distancing for persons residing in congregate shelters

- **Planning:** Double occupancy was part of placement from the beginning
- **Roommates** are mostly effective and have helped monitor potential drug overdoses
- **Matches** made by shelter providers for shelter clients; staff made random assignments for unsheltered residents
- **Robust staffing** on site led to fewer issues; **monitoring** done by staff during daily wellness checks (sites differed in approaches)
- **Belongings:** No security screening at front door; no lockers provided
- **Grievance policy:** No formal policy, respond as issues arise; reserve open rooms to allow for movement to new rooms when needed

** DRAFT FOR DISCUSSION *

Criteria for Roommate Pairing

A multi-disciplinary team (PEP-V site employee, Unity and MBI) will consider each client's roommate preference, gender, health/MH/SUD history, previous trauma, and employment history to determine roommate placements, using a 2-pronged process.

- Current PEP-V clients: team will review site census to identify client case manager (PSH/TCP/etc.), get client roommate preferences from this case manager, and determine roommate pairing (as appropriate) based on factors listed above. If after review, factors do not support double-occupancy, the client will remain in single occupancy
- New Clients: team will review new referrals recommended to enter PEP-V as a pair, or a single entry to be matched with a current PEP-V resident

Client Communication Strategy

- DHS will be using multiple channels to communicate and collect input regarding PEP-V changes to clients as well as providers
 - Case managers working with clients to ensure they understand upcoming PEP-V changes
 - Scheduling Town Halls with current residents
 - Briefing with providers
 - Updating customer facing flyer and video

Planned PEP-V Policy & Operational Changes

Alcohol Allowance Onsite

Why new policy is needed:

- Uniform access to alcohol across all PEP-V sites
- Enables clients' ability to restrict their movement off PEP-V sites AND avoid alcohol withdrawal

Current Policy



- There are no defined limitations on alcohol brought on-site.

New Policy (Planned)

- Clients @ at the Arboretum or Fairfield may purchase two, 12-ounce bottles of beer or wine (max) daily from onsite restaurant. No outside alcohol may be brought onsite.
- Clients @ the Holiday Inn may bring two, 12-ounce bottles of beer or wine (max) daily inside the hotel site. No other forms of alcohol are allowed on site.

Clinical Services Onsite

Why new policy is needed:

- While some PEP-V clients require almost respite-level care, most clients don't require daily medical wellness checks from a clinician
- Clients do require constant on-site behavioral health coverage; double-room occupancy may increase this need

Current Operations

- **On-site Medical Services (Unity)** from 8am-9pm every day; telephonic or in-person wellness checks daily
- **MBI:** Support for mental health services onsite everyday



New Operations (Planned)

- **On-site Medical Services (Unity):** Beginning in October, adjusted hours for in-person medical care; Fairfield: 3 days per week; Arboretum: 2 days per week; Holiday Inn: 5 days per week in-person medical care
- **MBI:** Support for mental health services will continue to be onsite everyday

Client exits to housing

Why new policy is needed:

- PEP-V is meant to be temporary. One of the main goals of the program is to connect clients to long term housing options.

Current Operations

- PEP-V clients are assigned a case manager
- DHS housing navigation
- Dedicated DHS PSH monitor to navigate the process
- Dedicated transportation to unit viewings and lease ups



New Operations (Planned)

- New emphasis on client engagement with their case manager on exit plan
- Updated PEP-V agreement (which each client will sign) asks clients to agree to weekly meetings with case manager and to seriously consider any offer of housing

Discussion Topics

1. What criteria should be considered in making roommate matches?
2. How could we accommodate couples in PEP-V?
3. What is the best method to share double-occupancy requirement with clients?

Other Feedback and Discussion