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

- 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
<table>
<thead>
<tr>
<th>March</th>
<th>May</th>
<th>June - Current</th>
</tr>
</thead>
</table>
| • ≥ 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 | • ≥ 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 | • ≥ 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:
  o 256 meet PEP-V criteria (confirming interest in placement)
  o 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:

<table>
<thead>
<tr>
<th>Increase Number of PEP-V Rooms</th>
<th>Fully Leverage Each PEP-V Room</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Launch 3rd PEP-V site: Fairfield Hotel</td>
<td>• Best practice from other states (e.g. NYC; CT)</td>
</tr>
<tr>
<td>• Fairfield is in very close proximity to PEP-V 1 (Arboretum Hotel) allowing for resource sharing</td>
<td>• Current PEP-V residents will share a room with another resident (as appropriate)</td>
</tr>
<tr>
<td>• Previous PEP-V site; staff familiar with site</td>
<td>• New placements will be made in pairs</td>
</tr>
</tbody>
</table>
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
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

<table>
<thead>
<tr>
<th>Current Policy</th>
<th>New Policy (Planned)</th>
</tr>
</thead>
<tbody>
<tr>
<td>• There are no defined limitations on alcohol brought on-site.</td>
<td>• 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.</td>
</tr>
<tr>
<td></td>
<td>• 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.</td>
</tr>
</tbody>
</table>
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.

<table>
<thead>
<tr>
<th>Current Operations</th>
<th>New Operations (Planned)</th>
</tr>
</thead>
<tbody>
<tr>
<td>• PEP-V clients are assigned a case manager</td>
<td>• New emphasis on client engagement with their case manager on exit plan</td>
</tr>
<tr>
<td>• DHS housing navigation</td>
<td>• Updated PEP-V agreement (which each client will sign) asks clients to agree to</td>
</tr>
<tr>
<td>• Dedicated DHS PSH monitor to navigate the process</td>
<td>weekly meetings with case manager and to seriously consider any offer of housing</td>
</tr>
<tr>
<td>• Dedicated transportation to unit viewings and lease ups</td>
<td></td>
</tr>
</tbody>
</table>
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