Purpose of this Meeting

• Continue ‘all hands in’ partnership to protect residents experiencing homelessness during the COVID-19 pandemic

• Gather input on methods to increase the ability of PEP-V to safeguard persons experiencing homelessness with increased risk of severe COVID-related health outcomes
Agenda

1. PEP-V Overview
2. Key PEP-V Stats
3. Policy & Operational Updates
4. Feedback and Discussion
PEP-V Overview
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.

• Established pursuant to the Mayor’s emergency powers under DC Official Code § 7-2304 under the Agency’s Mass Care Emergency Support Function of the Mayor’s emergency powers. The sites shelters are not related to a Continuum of Care shelters established under the HSRA.

• 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.
• **Negative COVID test before placement**: Unity Health Care administers a rapid COVID-19 test on each person before they are placed in a PEP-V room. Individuals with a positive COVID test result are transported to an Isolation and Quarantine (ISAQ) site.

• **Onsite services**, include medical (Unity Healthcare), behavioral health (MBI)

• **Not a substitute** for low barrier shelter, respite care, long-term health care, or a community residential facility
Key PEP-V Stats
### PEP-V Capacity and Census

<table>
<thead>
<tr>
<th>Facility</th>
<th>Opened</th>
<th>Rooms for Client Occupancy</th>
<th>Census (as of 10/28)</th>
</tr>
</thead>
<tbody>
<tr>
<td>PEP-V 1: Arboretum</td>
<td>March 2020</td>
<td>109 Rooms</td>
<td>116 people</td>
</tr>
<tr>
<td>PEP-V 2: Holiday Inn</td>
<td>May 2020</td>
<td>193 Rooms</td>
<td>143 people</td>
</tr>
<tr>
<td>PEP-V 3: Fairfield</td>
<td>Oct 12, 2020</td>
<td>115 Rooms</td>
<td>109 people</td>
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We continue to take referrals for clients staying in shelter or who are unsheltered, via the [PEP-V Referral Form](#).
# PEP-V Metrics

<table>
<thead>
<tr>
<th>Metric</th>
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<tbody>
<tr>
<td>AVERAGE LOS at PEP-V</td>
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<tr>
<td>REFERRALS ON PEP-V WAITLIST (as of 10/28)</td>
</tr>
<tr>
<td>CLIENTS MATCHED TO PERMANENT HOUSING (as of 10/28)</td>
</tr>
<tr>
<td>CLIENTS EXITED TO PERMANENT HOUSING (as of 10/28)</td>
</tr>
<tr>
<td>TOTAL # OF CUSTOMERS SERVED (as of 10/28)</td>
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</table>
PEP-V client demographics

**PEP-V clients by race**
- American Indian or Alaska Native: 6%
- Asian: <1%
- Black or African American: 9%
- White: 85%
- Client refused: <1%

**PEP-V clients by age**
- Age distribution by number of clients:
  - 20-29: 6
  - 30-39: 14
  - 40-49: 31
  - 50-59: 108
  - 60-69: 142
  - 70-79: 58
  - 80-89: 3

**PEP-V clients by gender**
- Gender distribution:
  - Male: 71%
  - Female: 23%
  - Trans: <1%
  - Refused: 5%
Policy & Operational Updates
Election Day – November 3rd

• Starting Saturday, October 31\textsuperscript{st}, transportation to voting polls will be provided for PEP-V clients

• Transportation schedules will be posted at each PEP-V site.

• No PEP-V intakes
Double Occupancy

- **Goal:** Expand the number of persons at risk of severe health outcomes due to COVID-19 offered non-congregate housing

- To fully leverage the space at each PEP-V site, current residents are paired with another person and all new intakes are paired with a roommate.

- Multi-disciplinary team supports PEP-V clients in determining who they will share a room with.

- Exceptions may be made to accommodate PEP-V residents with certain medical conditions or other factors subject to the Americans with Disabilities Act.

- Thus far, 91 PEP-V clients share a room with another client.
Double Occupancy –
Roommate Selection & Resolving Grievances

- Client preference, health conditions, substance use, behavioral history, and gender are considered in determining roommate matches.
- Clients are encouraged to share with their case manager who they would prefer to share a room with.
- If a client feels that their roommate match is not working out, they may request a room change by talking to their case manager.
- Onsite behavioral health staff will support resolution of roommate disputes.
ADA Reasonable Accommodation (RA) Process

Client submits ADA RA Request to onsite Case Manager

Case Manager submits ADA RA Request to ADA Coordinator

ADA Coordinator requests additional information (if needed), reviews and approves/denies ADA RA Request (w/ input from Unity/MBI/Onsite PEP-V staff)

ADA Coordinator notifies Case Manager of decision

Case Manager notifies clients of ADA RA Request decision
Alcohol Policy

• Goal: Harm reduction / accommodate clients with alcohol dependency

• Policy based on medical guidance

• Maximum of two, 12-ounce bottles of beer or wine each day

• Researched practices from other states
Operational Update: Onsite Unity Presence

- Staring this week, under the clinic-based model of care, Unity sees PEP-V residents at Holiday Inn, Fairfield and Arboretum 8am-4pm Monday through Friday (except for Unity observed holidays).

- Additionally, Unity has extended hours to deliver services to clients with complex health / medical respite needs that are all now placed at the Arboretum.

- PEP-V intakes are between 10am - 2pm

<table>
<thead>
<tr>
<th>PEP-V Site</th>
<th>Hours and Clinical Roles</th>
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<tbody>
<tr>
<td>Holiday Inn</td>
<td>8am – 4pm (Mon-Fri): MD, RN</td>
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<tr>
<td>Fairfield</td>
<td>8am – 4pm (Mon-Fri): MD, RN</td>
</tr>
<tr>
<td>Arboretum</td>
<td>8am – 4pm (Mon-Sat): MD</td>
</tr>
<tr>
<td>Extended hours for Medical Respite</td>
<td>7am – 9pm (Mon-Sun): RN, Certified Nursing Assistant (CNA); 8am-4pm: MD</td>
</tr>
<tr>
<td>Clients at Arboretum</td>
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</tbody>
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Discussion Topics

1. Are there other criteria that should be used for roommate matches?
2. What additional onsite activities would encourage clients to remain onsite?