



DC Department of Human Services

# PEP-V1 Orientation

*August 24, 2020*

# Schedule of the Day

- ❑ 9:15 – 9:30 Welcome and Overview
- ❑ 9:30 – 10:45 General Site Operations
- ❑ 10:45 – 11:45 COVID-19 Protocols
- ❑ 11:45 – 11:55 BREAK
- ❑ 11:55 – 12:20 Unusual Incident Reports
- ❑ 12:20 – 12:40 Medical Care & Coordination
- ❑ 12:40 – 12:55 Behavioral Health & Client Engagement

# Welcome and Overview

Tania Mortensen  
Deputy Director, FSA

# What is the 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
- **2 PEP-V sites** (307 rooms available for clients)
  - PEPV1 (Arbortetum)– \_\_\_\_ rooms
  - PEPV2 (Holiday Inn) – \_\_\_\_ rooms

***Not a substitute*** for respite care, long-term health care, or a community residential facility

# PEP-V Onsite Services, Amenities & Supports

<b>Amenities</b>	Private room, bathroom, TV, phone; 3 meals per day + snacks; 24/7 security
<b>On-site health services</b>	<ul style="list-style-type: none"><li>• Unity Health provides outpatient primary care services; daily resident wellness checks; onsite 8am-8pm daily</li><li>• MBI provides mental health supports; onsite 24 hours daily</li></ul>
<b>Linkages to other services</b>	<ul style="list-style-type: none"><li>• Transportation to healthcare appointments and some community needs (i.e. banking)</li><li>• DBH notifies Core Services Agencies of their clients at PEP-V</li><li>• Unity facilitates residents' connection to home health aide services</li><li>• Connections to long-term care supports, if needed</li></ul>
<b>Housing-focused case management</b>	<ul style="list-style-type: none"><li>• Goal is to transition all clients in PEPV to permanent housing within 60 days</li><li>• Case management provided by PSH providers (remote) in coordination with onsite PEPV provider.</li><li>• DHS providing support with housing navigation and clients with complex needs</li></ul>

# 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

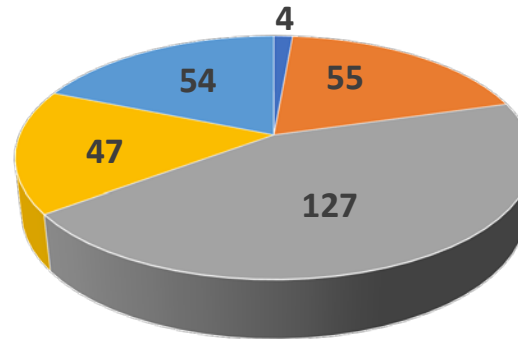
Medically Vulnerable Hotel Rooms Occupied



- **Total capacity:** 307 rooms, 2 hotels
- **Census** (8/23/20): 286
- **Matches to permanent housing** (8/23/20): 198
- **Client exits to permanent housing** (8/23/20): 24

# 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 8/23/20)*

1	Permanent Supportive Housing	2	Targeted Affordable Housing	3	Complex Health Needs	4	Non-DHS Housing	5	Other
	<i>186 clients are matched to PSH (scattered site or site-based)</i>		<i>12 clients are matched to TAH</i>		<i>24 clients with health needs that require non-PSH housing (CRF, assisted living, nursing home)</i>		<i>11 clients are matched to non-DHS housing</i>		<i>57 clients are in process of developing housing plan</i>
	<i>14 exits to date</i>		<i>2 exits to date</i>				<i>6 exits to date</i>		

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

# Looking Ahead

- DHS continues to accept new referrals and to move individuals off the wait list that meet PEPV criteria
- Persons most at risk of significant complications from COVID-19 prioritized for placement
- While we will continue to work on exit planning to permanent housing, some clients may need to transition back to shelter once PEPV closes

# General Site Operations

Christian Howard, Special Assistant, FSA

Ashlee Burks, Management Analyst

Madeleine Solan, Policy Analyst

Shawnette James, Vice President, Sharcon Mgt.

# Referral Process

- **Eligibility screen / Client communication.**
- **Submit Referral Form.** [PEP-V Referral Form](#)
- **DHS Approval.** DHS Staff review the referral form to make sure the person is eligible and is a good fit for PEP-V
- **Transportation.** DHS Staff coordinates with PEP-V staff to determine PEP-V location and coordinates transportation
- **Medical exam / Intake**

Due to both sites currently being at capacity, DHS meets weekly to determine placements based on medical acuity.

# Process and Protocol for Prioritization:

1. Categorized by level of need
  - a) **Level1/Tier 1: Based off the original criteria when PEPV opened**
  - b) **Level/Tier 2: The expanded criteria implemented in June**
  - c) **Level/Tier3: Any age with criteria diagnosis, no severity noted/slight at risk**
2. Filtered by oldest date of referral for those placed on each level when determining placements
3. Will then send list of names of those pending weekly placements to Unity/Contact tracing team to determine COVID testing needs

# Overview of client tracking system

- **Hotel Arboretum roster**
  - All data entry by site staff
  - Tracks client intake, exits, and services needed while at hotel
- **Master PEP-V tracker**
  - No data entry needed by site staff
  - Used by DHS management to track client referrals, placements, and housing/exit plans
  - Linked with hotel roster
- **HMIS (to be covered in TCP training on 8/25)**

# Master PEP-V tracker

- Site staff will have **read-only access** to the master tracker
- Useful information on **housing process, providers** working with clients, and clients with **complex health needs**

Master FEP-V Tracker

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f/cHousing Status

# Hotel Arboretum Roster

- Primary tracking system for hotel clients
- Site staff will receive 1:1 hands on training on first day at hotel

Arboretum Hotel Roster (nonexistent room 220,221,225,227,325,327,425,427,525,527) "Hold for Emergency Movement (Keep 10 Rooms Offline)" Medically Frail on FL 1&2 Security on FL 3, Rovering 1,4,5; in Blue Room & Parking Lot, Building Rover FL 1,2,3-COED, FL 4-FEMALE, FL 5-MALE		**Complete all Fields with GREEN Heading							
Client Number	Client Name	Check In Date Format:(00/00/00)	Room Status	Check Out Date Format:(00/00/00)	Exit Status	Room Assigned	Smoking Room?	Room Type	
5		5/21/2020	Occupied			100		Double	
8		5/7/2020	Occupied			101		Double	
21		4/9/2020	Occupied			102		Double	
528		6/24/2020	Occupied			103	No	Single with Futon	
429		3/31/2020	Occupied			104	Yes	Double Roll-in Shower	
288		6/30/2020	Occupied			105		Double Roll-in Shower	
290		5/21/2020	Occupied			106		Single	
54		4/22/2020	Occupied			107		Single	
55		4/1/2020	Occupied			200		Double	
56		4/1/2020	Occupied			201		Double	
329		4/1/2020	Occupied			202		Double	
67		4/3/2020	Occupied			203		Double	
69		5/19/2020	Occupied			204		Double Suite	



# Client Agreement & Exit Policy

Ashlee Burks, Management Analyst

# 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
- **Visitation:** To prevent the spread of COVID-19, no visits to other guest rooms; no visitors in room
- **Mail/Deliveries:** Clients can get mail to the site. Family can drop off items for clients – but subject to screening.
- **Personal belongings:** Clients are responsible for their own personal belongings.

# Client Agreement (contd)

*Each resident signs a PEP-V Client Agreement*

- **Room Access**
  - PEP-V staff manage all of the room keys
  - PEP-V staff can enter the room if the staff member has reasonable concern for the client's health or safety
  - Client must allow housekeeping to enter the room at least once a week
- **Case Management**
  - Must meet with case managers on a weekly basis. Failure to do so, may result in dismissal from PEP-V program.
- **COVID Protections**
  - COVID-19 Screening
  - COVID-19 Testing

# Client Agreement: Exit Policy

- The policy has evolved to be less restrictive:
  - Initially clients could not leave the site except for medical appointments
  - Now clients may leave during designated times or with permission from staff
- It is very important for PEP-V staff to monitor who is on-site at all times.
- Clients are able to step outside for a cigarette or to get fresh air at any time, as long as they don't leave hotel premises.
- If a client wants to leave the hotel premises, they must check in with PEP-V staff, and staff note it in the case notes in the hotel roster.
- If a client leaves, they must return that same day.
- All clients who leave must be screened for COVID-19 symptoms when they return.

# Client Agreement: Exit Policy (contd.)

- Clients are allowed to leave for:
  - All medical appointments
  - Work (both for a routine work schedule and gig-jobs)
  - Their designated days (see below)
  - With special permission
- Each client is able to pick 2 days a week where they are able to leave between 10 am and 8pm.
- If a client needs to leave outside of work, medical appointment, or their given days (perhaps there is a funeral or a special event), they can submit a request to the front desk. We ask requests are submitted 24 hours in advance.

# Laundry Protocol

- ❑ All clients will be given a personal laundry bag at intake.
- ❑ On the designated day(s), clients can bring down their laundry to the front desk to drop off.
- ❑ When dropping off laundry, PEP-V staff record in the laundry folder, the date of drop off, the client's name, the contents of the bag. The PEP-V staff give a copy of the receipt to the client and keep a copy in the laundry folder.
  - If the laundry is being collected from a client that is being treated for infection, Staff will follow the Protocol to Collect Contaminated Laundry found in the [Bedbugs, Lice, Fleas, and Other Infestation Section](#). Hot boxed first, then sent to laundry.
- ❑ Upon return of the personal laundry, the Site Manager will coordinate distribution of laundry back to clients after laundry is dropped off. PEP-V staff shall call the client, letting the client know they can come pick up the laundry.
- ❑ When the client picks-up their clean laundry, the client should present their receipt and sign an acknowledgement that the laundry was picked up. If the client does not have their receipt, PEP-V staff should confirm via other means that the client is picking up the correct bag.

# Laundry Schedule

Facility Name	Laundry Type	Pickup			Drop Off		
		Day	Time	Location	Day	Time	Location
Arboretum	Client Laundry	Monday	9AM-12PM	DHS Front Desk	Wednesday	9AM-12PM	DHS Front Desk
		Wednesday			Friday		

# Cleaning Protocol

## Discharge/Exit/Leave

- ☐ All rooms must be deep cleaned after a client has been discharged, exits voluntarily, or leaves the site and does not come back.
- ☐ After a client has exited, PEP-V staff update the tracker and mark the room for cleaning in the tracker, document in the [End of Shift Report Form](#) that it needs to be deep cleaned.
- ☐ Using the shift report, Chicora Chatmon [chicora.chatmon@dc.gov](mailto:chicora.chatmon@dc.gov) notifies which rooms need to be cleaned to Community Bridge Inc. and have the linens washed by Imperial (see details below).



# Cleaning Protocol (continued)

- ☐ After the room is deep cleaned, the room cannot be used for 24 hours.

## Daily Cleaning

- ☐ Community Bridge does daily cleaning. They knock on each room to conduct cleaning daily.
- ☐ Clients are able to decline having their room cleaned, however, per the [PEP-V Site Agreement](#), clients must admit housekeeping to clean the room at least once a week.
- ☐ Community Bridge sends a list of the rooms they actually cleaned and the clients who denied having their room cleaned to PEP-V staff daily.
- ☐ Clients can put their trash outside of the room and Community Bridge pick up trash and hotel staff will pick up trash.

## Cleaning common areas

- ☐ Community Bridge is responsible for cleaning the common areas and staff areas twice a day.
- ☐ Community Bridge takes out all trash in common areas.

## Washing Linens

- ☐ Hotel washes linens
  - PEP-V 2 / Holiday Inn, linen is changed Saturday/Sunday
  - The cleaning company removes the linen and the hotel staff collects and washes

# Bedbugs, Lice, Fleas, and Other Infestations

## CLIENT INTAKE AND INFESTATION CHECK

- ☐ Unity will do a medical check of all new intakes which will include a check to see if the client has any signs of bedbugs, lice, and/or fleas.
- ☐ Clients will be taken upon arrival to a designated room for the intake process. This intake room should be near the main entry to the building so as to limit exposure to the facility.
- ☐ During the intake, the client's belongings and clothing will be placed into a plastic bag to reduce potential spread of pests until an infestation is ruled out. The client is given a spare set of clothes or scrubs if the client's clothes are found to be infested.
- ☐ Their items should be placed in a bed bug "hot box" in order to eradicate pests coming into our hotels. If bed bug "hot box" is not available or if full, all client belongings should be placed in large plastic bag(s) and sent out to the contracted laundry service for decontamination. After the client is cleared of pests and are assessed for acute medical issues they will be escorted to their room.
- ☐ If a client is found to be infested, Medical Staff will develop a treatment plan for and assist with its application, when necessary.

# Infested Rooms

- ☐ When an infestation is identified in an existing client's room, the Site Manager should be immediately notified. PEP-V staff should also indicate the infestation on the [End of Shift Report Form](#)
- ☐ The client's personal belongings will need to be disinfected using the hot box. Medical staff will visually assess the client, develop a treatment plan, and assist with its application, when necessary.
- ☐ The client will be transferred to a new room after being treated.
- ☐ The Site Manager will coordinate with DHS to contact an exterminator.
- ☐ The Site Manager will also notify hotel management and laundry vendors, who may need to change their procedures to ensure the infection is contained.

# Site Security

Security staff are responsible for:

- ☐ Wearing a mask while on the premises and interacting with staff, clients, vendors, and volunteers.
- ☐ Greeting newly arriving clients at the facility by introducing themselves and welcoming them to the program site; alerting staff if clients need support disembarking the van and bringing their bags in the building.
- ☐ Monitoring client, staff, vendor, and volunteer movement in and out of the building.
- ☐ Reminding vendors and volunteers entering the building to put on a mask prior to entering.
- ☐ Reminding clients to wear masks and maintain social distancing while in common areas or outside.
- ☐ Reminding clients of the program rules and respectfully issuing verbal warnings if those rules are broken.
- ☐ Monitoring the exterior of the building for unauthorized activity.
- ☐ Alerting the Site Supervisor of any rule violations or problems.
- ☐ Calling 911 if any emergency situation arises.

If problems or questions arise with security staff assigned to the site, the Site Manager should contact Kim Baxter at DHS at 202-531-1796.

# Security continued

## HALLWAY/FACILITY MONITORING

Security will provide 24-hour onsite monitoring services to support the safety and well-being of PEP-V residents, staff, and of the building.

The purpose of the monitoring is to:

- Note any unusual activity /criminal behavior
- Monitor client wellbeing
- Monitor any problems with the facility including sanitation issues and safety hazards
- Monitor to ensure that clients have not left their room and are not interacting
- Conduct de-escalation services as needed, and report pertinent information to Site Manager

Security will perform hourly inspections of the building and immediate building exterior and report any incidents to Site Managers

## WHAT SHOULD BE MONITORED:

### ☐ **Untouched meals outside of rooms**

- If more than one meal is left outside the door, Security should radio the Site Manager to send someone to check on the client.
- PEP-V staff will knock to see if the client is alright. If there is no response after multiple attempts, the staff person will alert medical staff immediately.

### ☐ **Unauthorized visitors**

- Security will remind clients of the program rules and issue a verbal warning.
- Security will then radio the Site Managers to inform them of the violation.

### ☐ **Any threatening or dangerous behavior**

- Security will call the police at any sign of threatening or dangerous behavior, including suspected drug use.

# Supply Ordering

The Site Manager is responsible for monitoring the inventory of routine supplies and placing an order when inventories get low. Supplies should be ordered at least one week in advance of when inventory is expected to run out.

PEP-V staff shall indicate which resources they need on the [End of Shift Report Form](#) and/or send an email to Ashlee or Chicora if something is needed ASAP.

If any of the following resources are needed, the Site Manager can send a request to should request to [hsb.resources@dc.gov](mailto:hsb.resources@dc.gov). These requests need at least a week to fill:

- Comfort kits
- Disinfectant wipes
- S-XL gloves
- Hand soap
- Masks
- Paper towels
- Plastic grocery bags
- Water
- Sodas (i.e. Coke and Sprite)
- Snacks (i.e. chips and cookies)
- Printer paper

# End Of Shift

- ☐ Towards the end of a shift (e.g., 7:30am and 7:30pm), the on-duty Shift Supervisor shall complete an [End of Shift Report Form](#). The shift should also prepare to share the following information with the next shift:
  - Are there any new intakes on their way?
  - Are there any issues that need to be resolved during the next shift?
  - Are there any clients you are concerned about and why?
  - Is there any other information to share for the next shift?
- ☐ The Shift Supervisor should ensure all equipment (radios, laptops, etc.) are returned to the site command center and disinfected for oncoming staff.
- ☐ All disposable PPE (gloves, surgical masks) should be disposed of in a sealed trash bin. Staff should take their cloth masks to be laundered at home.
- ☐ Staff should sign out before departing.



# Transportation: Overview

DHS manages the contract with K&V Limousine Service LLC to provide a shuttle at each of the PEP-V locations from 8:00 am to 5:00 pm. After hours transportation can be scheduled if needed through BBC Connect, contact information below.

## SHUTTLE HOURS

8:00 am to 5:00 pm

## TRANSPORTATION VENDORS

The PEPV shuttles are through K&V Limousine Service.

# Scheduling the Shuttle

- ☐ Each PEP-V site can radio to the shuttle to request transportation. PEP-V managers can decide how to best use the shuttles and how & where they transport clients, including for transportation to appointments and to support the housing process (e.g., apartment viewings, etc.).
- ☐ As clients request transportation, PEP-V keep track of
  - Appointment time & pick up time
  - Client Name
  - Location and address
  - Room #
  - Any ADA needs
- ☐ PEP-V Staff complete a schedule for the PEP-V Shuttle using [PEP-V Shuttle Schedule](#)
- ☐ PEP-V staff send transportation sheet to the vendor by 8am every morning.

# Shuttle Continued

- ❑ PEP-V Staff use the radio for transportation needs outside of the schedule. As changes are needed to the schedule, it is helpful to print out the revised schedule and give it to the driver.
- ❑ Clients have to self-transport after 5pm except for requests for transportation home from an essential medical appointment.

PEP-V staff enter a note when clients leave in the Hotel Roster under the notes tab. They include the name of the client and when they left and how. When the client returns, PEP-V staff write a note to indicate the client has returned.

K&V Limousine Service LLC hours of operation are 08:00 AM to 5:00 PM. Keep this in mind when scheduling both drop offs and returns to your site, and try to be respectful of the driver's time. Do not rely on an ISAQ shuttle to provide transportation after 5:00 PM, since both shuttles often become contaminated transporting COVID positive individuals.

# Hotel Relations

Shawnette James  
Vice President, Sharcon



DC Department of Human Services

# **PEP-V PPE & COVID-19 Screening Training**

**August 24, 2020**

# Agenda

- PPE & Protective Measures
- COVID-19 Screening Protocol
- Demonstration of Screening Tool
- Q & A

# Protective Measures: Client Expectations

- PEP-V Site Agreement
  - Wear a mask at all times in common areas except for eating and drinking
  - Be screened for COVID-19 symptoms when returning to the facility
  - Maintain social distance from staff, visitors, and other clients

# Protective Measures: Staff Expectations

- Staff are required to wear a mask at all times except for eating and drinking
  - We recommend eating outside or getting additional space when eating
- Staff are expected to maintain social distancing from clients, except for screening or in an emergency
- Staff need to pay careful attention to their own health. If you are feeling any symptoms, it's important to follow your process for calling in.



# PPE Guidance: Masks

- All staff, vendors, and clients must wear masks at all times in the common areas.
- Staff should be issued 5 cloth masks (good for 30 washes each).
- Clients – we recommending issuing surgical masks to clients daily.



Cloth face mask



Surgical paper face mask

# PPE Guidance: Gloves

- Staff should wear gloves whenever touching a client or a client's belongings
- Gloves should be changed after touching each individual client or client belongings, or if they otherwise get soiled
- REMINDER: do not touch your face while wearing gloves



# PPE Guidance:

## Goggles/Face Shields

- Goggles / Face shields are recommended for staff who are coming into prolonged close contact with clients.
  - Security who are patting down clients or breaking up a fight, etc.
  - If a client falls and needs additional assistance.
- All goggles/face shields should be disinfected and reused



# PPE Guidance: Management

- Need to have a PPE manager to:
  - Monitor supplies & order more
  - Make sure staff & residents are wearing what they need
  - Trouble shooting PPE issues
- PPE Training
  - [HERE](#) for more information on how COVID-19 spreads.
  - [HERE](#) is a quick reference guide, pictures, and a video about putting on and taking off PPE. Staff managers should print out the quick reference guides and post them throughout the shelter.

# COVID 19 Screening & Referral Protocol

# COVID-19 Screening & Referral Protocol

## Purpose of screening:

- Protect the residents and staff of PEP-V by identifying anyone currently staying in the facility, or about to enter the facility, who is currently experiencing COVID-19 symptoms and may inadvertently transmit the virus to others.

# COVID-19 Screening & Referral Protocol

## Who must be screened?

- Everyone entering the facility, including **all clients, staff, and vendors**

# COVID-19 Screening & Referral Protocol – Screening Process

## Screening Process:

1. **Gather needed supplies:** tablet, alcohol swabs, PPE, thermometer, extra masks for clients.
2. **Don appropriate PPE:** mask & gloves



# COVID-19 Screening & Referral Protocol – Screening Process (cont.)

## 3. Log-On for PEP-V 1



User name	Password
Pepv1_user1	pepvsite1
Pepv1_user2	pepvsite1

# COVID-19 Screening & Referral Protocol – Screening Process (cont.)

## 3. Log-On for PEP-V 2



User name	Password
Pepv2_user1	pepvsite2
Pepv2_user2	pepvsite2

# COVID-19 Screening & Referral Protocol – Screening Process (cont.)

## 4. Take the person's temperature using Temporal Thermometer

- Turn on the thermometer.
- Point the thermometer at the center of the client's forehead and pull the trigger.
- Remove the thermometer and read the number:
  - **Fever:** Any temperature 100.4 F or greater
- Clean the thermometer with an alcohol wipe (or isopropyl alcohol on a cotton swab) between each client. You can reuse the same wipe as long as it remains wet.

# COVID-19 Screening & Referral Protocol – Screening Process (contd.)

- Read the manufacture's instructions to know the correct distance.



# COVID-19 Screening & Referral Protocol – Screening Process (cont.)

## 5. Ask Screening Questions

At any time in the past 24 hours have you...

- Felt like you had a fever?
- Had a new or worsening cough?
- Had difficulty breathing?
- Had chills?
- Had a sore throat?
- Experienced body aches or muscle aches?
- Experienced a change in your ability to smell things?
- Experienced a change if you ability to taste things?

# COVID-19 Screening & Referral Protocol – Screening Process (cont.)

For clients who have a fever AND/OR have symptoms ask:

- What is the date that you first experienced any of the symptoms or felt unwell?

# COVID-19 Screening & Referral Protocol – Screening Process (cont.)

## 6. Screening Follow-Up:

Fever (over 100.4) OR Symptoms → TAKE ACTION

- Visitor: Cannot enter building
- Staff: Notify supervisor
- Client: Notify Unity

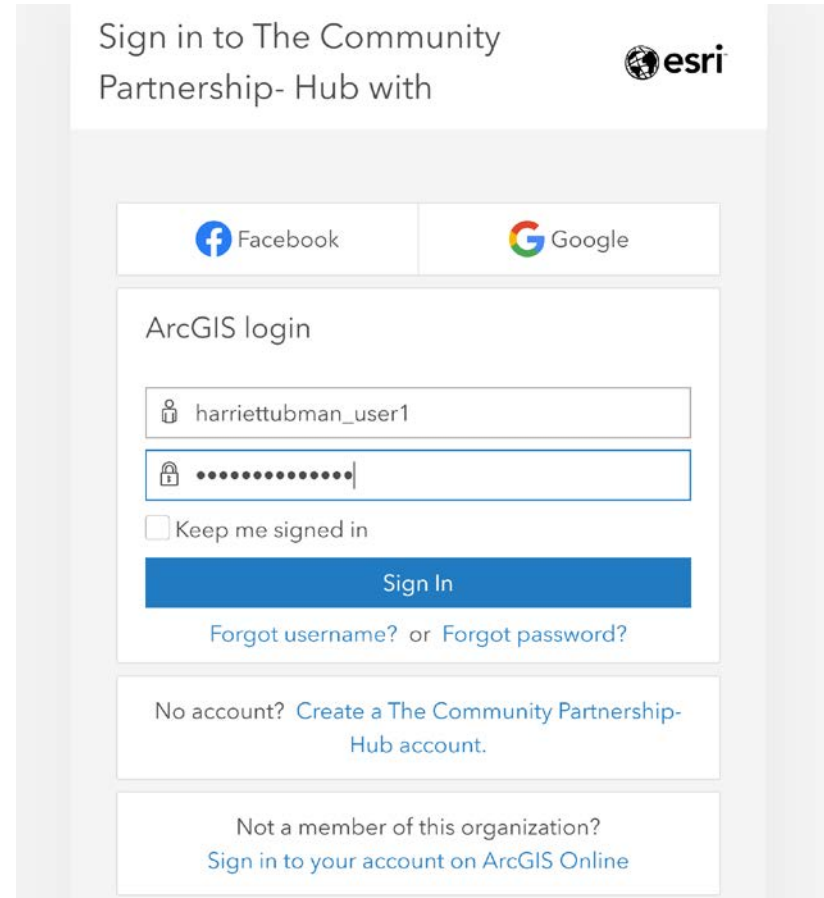
# New Tool Demonstration






# Logging In

Once you click on the link for your shelter's Dashboard, you'll be prompted to enter your username and password.


Enter your username (i.e. harriet\_staff1) and provided password.




Sign in to The Community Partnership- Hub with 

 Facebook  Google

ArcGIS login

 harriettubman\_user1

 .....

☐ Keep me signed in

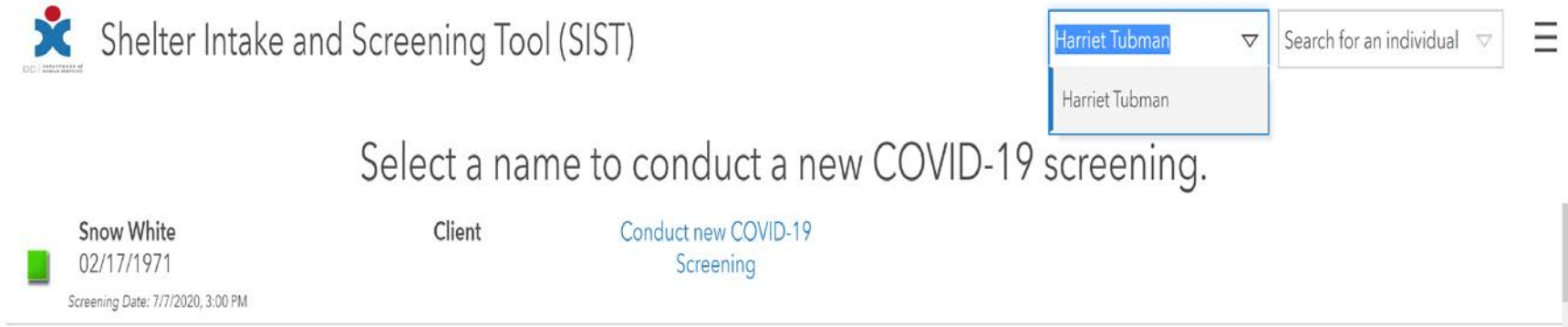
[Sign In](#)

[Forgot username?](#) or [Forgot password?](#)

No account? [Create a The Community Partnership-Hub account.](#)

Not a member of this organization?  
[Sign in to your account on ArcGIS Online](#)

# Shelter Intake and Screening Tool (SIST) Dashboard



Shelter Intake and Screening Tool (SIST)

Search for an individual

Harriet Tubman

Select a name to conduct a new COVID-19 screening.

Snow White  
02/17/1971

Client

Conduct new COVID-19 Screening

Screening Date: 7/7/2020, 3:00 PM

Once you log in the dashboard will show your shelter's information.

This will be your starting point when conducting a COVID-19 screening.

You'll see all of the people who have completed a screening before on the left. The most recent screenings will be at the top.

# Complete a screening for a client who's had one before. Step 1

Shelter Intake and Screening Tool (SIST)

Harriet Tubman Search for an individual

Select a name to conduct a new COVID-19 screening.

Snow White Client Conduct new COVID-19 Screening

02/17/1971

Screening Date: 7/7/2020, 3:00 PM

If someone has already completed a screening you will find their name and select “Conduct a new COVID-19 Screening”

You can find their name by scrolling through the list or by typing that individuals name in the search bar.

# Complete a screening for a client who's had one before. Step 2

Once you click “Conduct a new COVID-19 Screening” you’ll see the screening form on the right update with that client’s information.

The screenshot shows a web form titled "Who is being screened?". It has three radio button options: "Client" (selected), "Staff Member", and "Visitor". Below this is a text field for "Person's name\*" containing "Snow White". The next field is "Person's date of birth\*" with the instruction "Use format MM/DD/YYYY" and the value "02/17/1971". The "What is the persons gender?" section has four radio button options: "Male", "Female" (selected), "Transgender", and "Refuse". The "What is the persons race?" section has three radio button options: "Black or African American", "White", and "Asian" (selected).

Who is being screened?

☒ Client

☐ Staff Member

☐ Visitor

Person's name\*

Snow White

Person's date of birth\*

Use format MM/DD/YYYY

02/17/1971

What is the persons gender?

☐ Male

☒ Female

☐ Transgender

☐ Refuse

What is the persons race?

☐ Black or African American

☐ White

☒ Asian

# Complete a screening for a client who's had one before. Step 3

If you are screening a client, you'll see that that person's demographic information has been added to the survey already.

You can quickly look through the survey to make sure the information is correct.

The screenshot displays the 'COVID-19 Intake Screening' form, Step 3. The form is titled 'COVID-19 Intake Screening' and includes the following sections:

- Date and time screening was completed\***: A section with two input fields. The first field contains '7/13/20' and the second field contains '04:56 PM'. Below these fields is a note: 'Default is the current date and time'.
- Which shelter is the screening occurring at?**: A text input field containing 'Hamel Subman'.
- Person Details**: A section with a green header and a plus icon. It contains the following questions:
  - Who is being screened?**: A radio button selection with three options: 'Client' (selected), 'Staff Member', and 'Visitor'.
  - Person's name\***: A text input field containing 'Shen White'.
  - Person's date of birth\***: A text input field containing '02/17/1971'. Below this field is a note: 'Use format MM/DD/YYYY'.
  - What is the person's gender?**: A radio button selection with four options: 'Male', 'Female' (selected), 'Transgender', and 'Refuse'.
  - What is the person's race?**: A radio button selection with six options: 'Black or African American', 'White', 'Asian' (selected), 'American Indian or Alaska Native', 'Native Hawaiian or Other Pacific Islander', and 'Refuse'.

# Complete a screening for a client who's had one before. Step 4

Once you've confirmed the client's demographic information you'll move on to recording their temperature and symptoms.

## Symptoms ▼

Temperature in Degrees (Fahrenheit)\*

Ex. 98.7

12<sup>3</sup>

In the past 24 hours, has the person experienced any symptoms?\*

Symptoms include: felt like they had a fever, new or worsening cough, difficulty breathing, chills, sore throat, bodyaches or muscle aches, change in ability to smell or taste

☐ Yes

☐ No

# Complete a screening for a client who's had one before. Step 5

You'll enter that person's temperature and if they have experienced any symptoms within the past 24 hours.

## Symptoms ▼

### Temperature in Degrees (Fahrenheit)\*

Ex. 98.7

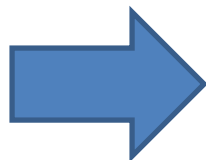
### In the past 24 hours, has the person experienced any symptoms?\*

Symptoms include: felt like they had a fever, new or worsening cough, difficulty breathing, chills, sore throat, bodyaches or muscle aches, change in ability to smell or taste

☐ Yes☐ No

# Complete a screening for a client who's had one before. Step 6

- If that person is experiencing symptoms, you'll be asked when those symptoms started.
- Pay attention to the date format! Enter the date as MM/DD/YYYY
- If that person has symptoms OR a temperature over 100.4 you'll be directed on what to do next.



In the past 24 hours, has the person experienced any symptoms?\*

Symptoms include: felt like they had a fever, new or worsening cough, difficulty breathing, chills, sore throat, bodyaches or muscle aches, change in ability to smell or taste

☒ Yes

☐ No

Date of first symptoms.

Use format MM/DD/YYYY



# Complete a screening for a client who's had one before. Step 7

- Finally, you'll ask the client if they have travelled outside of DC, Maryland, or Virginia within the past 2 weeks.

In the past two weeks, has this person been in a different state other than Maryland or Virginia?\*

☒ Yes

☐ No

# Complete a screening for a client who's had one before. Step 8

- If they have travelled to a different state, you'll select the state.
- If it is a hot spot state you'll be given a message on what to do next.

In the past two weeks, has this person been in a different state other than Maryland or Virginia?\*

☒ Yes

☐ No

Which state?\*

Alabama ▼

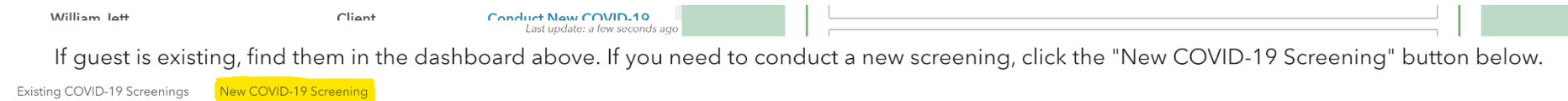
This client has been in a high risk area during the past two weeks. Please escort this client to the waiting area and have shelter staff come right away to refer this person to ISAQ. Thank you!

# Complete a screening for a client who's had one before. Step 9

- Once you have answered all of the questions and followed all of the guidance, you will click submit to finish the screening.

The image shows two screenshots of a web form. The top screenshot shows a green 'Submit' button at the bottom of a form. The bottom screenshot shows the 'COVID-19 Intake Screening' header, a green checkmark icon, and the message 'Great! Your data was sent successfully. Thanks.' Both screenshots include the text 'Powered by Survey123 for ArcGIS' at the bottom.

# Complete a screening for a client who has not had one before. Step 1



- If someone has not already completed a COVID-19 screening you can click the button at the bottom of the Dashboard to complete a new screening survey.

# Complete a screening for someone who has not had one before. Step 2

You'll then have a new survey open on the page.  
The Date, Time, and Shelter information will already be completed.  
You'll select if you're screening a client.

The screenshot shows a web form titled "COVID-19 Intake Screening" with a green header. The form is set against a light green background. It contains the following sections:

- Date and time screening was completed\***  
Default is the current date and time  
Two input fields: a date field showing "7/13/20" and a time field showing "04:50 PM".
- Which shelter is the screening occurring at?**  
A text field containing "Harriet Tubman".
- Person Details** (indicated by a green checkmark icon)  
**Who is being screened?**  
Three radio button options: "Client", "Staff Member", and "Visitor". The "Client" option is selected.
- Person's name\***  
A text input field for the person's name.

# Complete a screening for a client who has not had one before. Step 3

You'll be asked to enter their date of birth, gender, and race.

Pay attention to how you enter the date of birth information in (MM/DD/YYYY)-



Person's name\*

Person's date of birth\*

Use format MM/DD/YYYY

What is the persons gender?

☐ Male

☐ Female

☐ Transgender

☐ Refuse

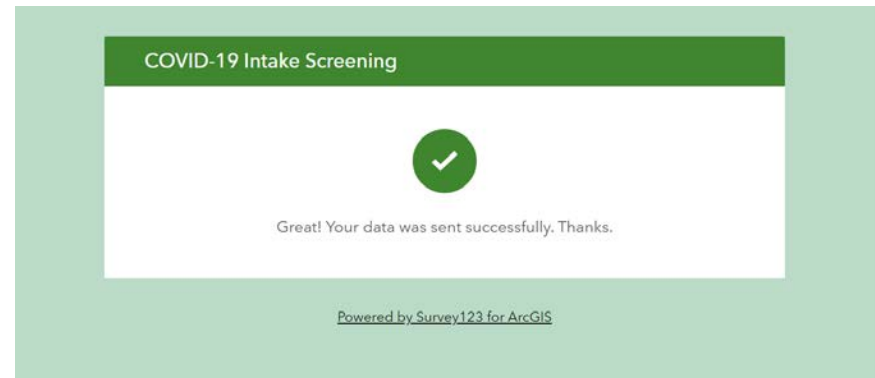
What is the persons race?

☐ Black or African American

☐ White

# Complete a screening for a client who has not had one before. Step 4

- You'll then follow all of the other steps as normal and submit the survey once you're finished. Click the "Existing COVID-19 Screenings" to return to the main dashboard page.



# Complete a screening for Staff or a Visitor. Step 1

- You can follow the same steps as above to either find the person in the dashboard if they have completed a screening before or click the “New COVID-19” Screening” tab at the bottom of the dashboard.



# Complete a screening for Staff or Visitor. Step 2

- Once you either find that person or open a new screening you'll select if that person has completed a COVID-19 screening.
- You will NOT be asked to enter their temperature or symptoms information.
- All visitors MUST complete a screening in order to enter the building.

## Symptoms

Please complete a COVID-19 screening for this person. Take their temperature and ask if they are experiencing any symptoms.

*Symptoms include: felt like they had a fever, new or worsening cough, difficulty breathing, chills, sore throat, bodyaches or muscle aches, change in ability to smell or taste.*

Did you complete a COVID-19 screening for this person?

☐ Yes

☐ No

# Complete a screening for Staff or Visitor. Step 3

- You'll then ask that person if they have travelled outside of DC, Maryland, or Virginia within the last 2 weeks.

In the past two weeks, has this person been in a different state other than Maryland or Virginia?\*

☒ Yes

☐ No

# Complete a screening for a Staff Member or Visitor. Step 4

- If they have travelled to a different state, you'll select the state.
- If it is a hot spot state you'll be given a message on what to do next.

In the past two weeks, has this person been in a different state other than Maryland or Virginia?\*

☒ Yes

☐ No

Which state?\*

Alabama ▼

**This client has been in a high risk area during the past two weeks. Please escort this client to the waiting area and have shelter staff come right away to refer this person to ISAQ. Thank you!**

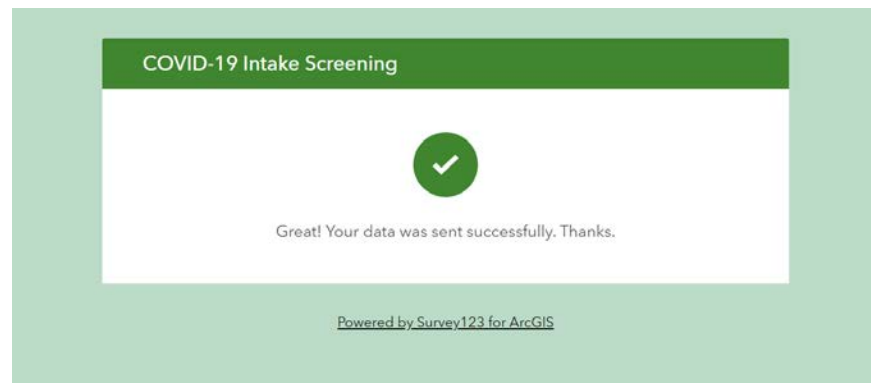
# Complete a screening for Staff or a Visitor. Step 5

- If they have not traveled to a hot spot state you'll receive a message reminding you that if the staff member or visitor has a temperature of 100.4 or higher, or is experiencing any symptoms, they cannot enter the building.

Thank you! If this person has a temperature at or above **100.4** or is experiencing **any symptoms** they are not allowed in the building.

# Complete a screening for a Staff Member or Visitor. Step 6

- Once you have answered all of the questions and followed all of the guidance, you will click submit to finish the screening.



# Questions/Concerns?

Madeleine Solan,

DC Department of Human Services

[Madeleine.Solan@dc.gov](mailto:Madeleine.Solan@dc.gov)

(202) 674-9721

BREAK  
10 MINUTES

# Unusual Incidents Reports

Lee Hagy

Supervisor, Program Review and Compliance  
Acting Compliance and Monitoring Officer



# What is an Unusual Incident?

- 1) An alleged, suspected, or actual event or occurrence
- 2) Involves a DHS customer, employee, contractor, provider or volunteer
- 3) That Negatively affects or compromises the integrity of DHS programs, or threatens health or safety, or the safekeeping of District property

Reported to the DHS Office of Program Review, Monitoring, and Investigation for investigation – Google “DHS UIR” or “DHS Unusual Incident Report” to access online UIR reporting form page (<https://dhs.dc.gov/page/unusual-incidents>)

# **“How do I know it’s a UIR?”**

# **“When should I submit a UIR?”**

A rule: Whenever you or any staff member at a PEP-V site contacts another agency of District government for a health or safety matter, it must always be reported as an Unusual Incident Report (UIR)

Examples: Medical Care (911 Calls); Refusal of Medical Care (upload client’s signed Refusal of Care form); Fire; Department of Behavioral Health calls for threats to commit suicide or cause harm to others; Domestic Violence Safety Hotline calls



**When? Every UIR should be reported to DHS online within 24 hours of occurring.**




# DHS Refusal of Medical Care Waiver Form

- Please refer to handout: Refusal of Medical Care form

**Submit the signed form as an attachment with your UIR and select “Refusal of Medical Care” as the category**

GOVERNMENT OF THE DISTRICT OF COLUMBIA  
DEPARTMENT OF HUMAN SERVICES



Refusal of Medical Care from the District of Columbia Fire and Emergency Medical Services Department (FEMS)

☐ I understand what has been explained to me about any possible medical problem(s) and/or injuries arising from circumstances that will be documented on a Department of Human Services (DHS) Unusual Incident Report (UIR) form.

☐ I realize that refusing medical treatment at this time for further evaluation and treatment of any possible medical problem(s) and/or injuries arising from circumstances that will be documented on a DHS UIR form could lead to undiagnosed injury or illness, make my condition worsen, or cause additional problems to develop including death or permanent disability.

☐ I realize that refusing transportation to the hospital for further evaluation and treatment of any possible medical problem(s) and/or injuries arising from circumstances that will be documented on a DHS UIR form could lead to undiagnosed injury or illness, make my condition worsen, or cause additional problems to develop including death or permanent disability.

**RELEASE**

*By signing this form, I hereby refuse any further medical services offered by the District of Columbia Fire and Emergency Medical Services Department (FEMS) in response to, or as a result of circumstances documented on a DHS Unusual Incident Report (UIR) form, and I hereby release and hold harmless the District of Columbia, its agents, employees, and staff, including FEMS and DHS, from all claims, obligations, and liability of any kind arising out of my refusal to accept further medical services arising from circumstances documented on the DHS UIR form. I also hereby agree to indemnify and hold harmless the District of Columbia, its agents, employees, and staff, including FEMS and DHS, from and against any and all claims, injury, loss, and liability arising from my refusal to accept further medical treatment from FEMS, arising from circumstances documented on the DHS UIR form.*

DHS Client Name: \_\_\_\_\_

DHS Client Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Witness 1 Name: \_\_\_\_\_ Witness 1 Signature: \_\_\_\_\_

Witness 2 Name: \_\_\_\_\_ Witness 2 Signature: \_\_\_\_\_

Provider Name: \_\_\_\_\_ Provider Signature: \_\_\_\_\_

Date and Time of Incident: \_\_\_\_\_

Location of Incident: \_\_\_\_\_

FEMS Responder Name: \_\_\_\_\_

64 New York Avenue, N.E., Washington, D.C. 20002 • Phone (202) 671-4480 • Fax (202) 671-4409

Page 5 of 8

- This form must be signed by the client, you, and another staff witness anytime the FEMS Emergency Medical Technician (EMT) suggests further medical care and the person refuses it.

# Completing the Unusual Incident Report form

- Select Incident type - For UIR select “Unusual Incident”
- IMPORTANT: **Select the exact “Location of Incident”** of the site – do not select “Other”!!!

The screenshot shows a web browser window with the URL <https://ecto.quickbase.com/ob/bfm57be77fa-nwr>. The page title is "Allegations/Complaints" and the breadcrumb is "Add Allegation/C...". There are "Submit" and "Cancel" buttons. A note about printing is present. The main form section is titled "Select Incident type Here =>" and has a dropdown menu with options: "Unusual Incident", "Complaint", "Fraud", and "Unusual Incident" (highlighted). Below this is a blue bar labeled "PERSON REPORTING". There is an "Anonymous" checkbox and an "Allegation/Complaint Reference Id" field. The form fields are organized into two rows. The first row has "Person Reporting Incident" (with a dropdown and "Select up to 20 choices" text) and "Employer/Agency/Organization" (text input). The second row has "Prefix" (dropdown), "First Name", "Middle Name", "Last Name", and "Suffix" (all text inputs). The third row has "Address" (text input), "Apt #" (text input), "Quadrant" (dropdown), and "Ward" (dropdown). At the bottom, a disclaimer states: "This system contains government information. Unauthorized use may subject you to multiple penalties."

# Escalation/Warning Process

Ashlee Burks

Chicora Chatmon

# Medical Care & Coordination

Catherine Crosland, MD

Medical Director, Emergency Response Sites

Jennette Hathorn, MD

PEP-V Physician

# Medical Care & Coordination

## Hours for Medical Team

Nurses 7am – 9pm daily

Medical Provider 8am – 4pm daily

## Medical Visits

Most patients are seen daily by the nurse for general screening questions

Each patient is seen weekly or monthly by provider based on level of medical need

Patient's are strongly encouraged to maintain relationship with their own Primary Care Provider and health care team

# Medical Care & Coordination

## Communication

Morning Huddle 8:15am in medical office

Walk-Talkie (Dr. Hathorn or covering provider) 8am - 4pm

Office Phone #7017

Email: [jhathorn@unityhealthcare.org](mailto:jhathorn@unityhealthcare.org)



# Medical Care & Coordination

## Food

Diabetic and Low Salt Diets

Juice and Soda

## Transportation

List of appointments made by the Unity team – given each week

## Emergencies/Substance Use/Behavioral Concerns

Contact medical team for any emergencies if between 7am-9pm and call 911 if after 9pm

ALL staff should be trained and ready to use Narcan when appropriate

Medical lead and CC lead will communicate directly about behavioral issues with clients

# 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

# Lessons Learned continued

## 1. Communication

1. Morning Huddle 8:15am in medical office
2. Walk-Talkie (Dr. Hathorn or covering provider) 8am - 4pm
3. Office Phone #7017
4. Email: jhathorn@unityhealthcare.org

## 2. Food

1. Diabetic and Low Salt Diets
2. Juice and Soda

## 3. Transportation

1. List of appointments made by the Unity team – given each week

## 4. Emergencies/Substance Use/Behavioral Concerns

1. Contact medical team for any emergencies if between 7am-9pm and call 911 if after 9pm
2. ALL staff should be trained and ready to use Narcan when appropriate
3. Medical lead and CC lead will communicate directly about behavioral issues with clients

## 5. Hours for Medical Team

1. Nurses 7am – 9pm daily
2. Medical Provider 8am – 4pm daily

## 6. Medical Visits

1. Most patient's are seen daily by the nurse for general screening questions
2. Each patient is seen weekly or monthly by provider based on level of medical need
3. Patient's are strongly encouraged to maintain relationship with their own Primary Care Provider and health care team

# Behavioral Health Supports and Client Engagement Activities

Marie Morilus-Black, LICSW-R  
CEO, MBI Health Services, LLC

James M. Ballard, III, Ph.D.  
Clinical Director, Family Services Administration

# Behavioral Health Supports and Client Engagement Activities

1) MBI began SUD groups on Sunday, August 2nd, 2020, at the Arboretum. Sessions are facilitated by Marion Coletrain, Certified Addictions Counselor, and Donald Ross, Certified Addictions Counselor. The schedule is as follows: Arboretum - Sunday (9-10 a.m.), Tuesday (8-9 a.m.), and Thursday (8-9 a.m.) and Holiday Inn - Monday (6-7 p.m.), Thursday (9-10 a.m.), and Saturday (9-10 a.m.).

2) The Support Group began at Fairfield (PEP-V at the time of course) on Tuesday, April 28th, 2020. Dr. Ballard facilitates these sessions, with MBI staff attending sessions periodically as well.

If staff want to plan an engagement activity, please coordinate with Christian, so she can fill out the [Community Assistance Request Form](#) and work with Scott on approval and supplies for the program.

# Behavioral Health Activities

## PEPV Activity Calendar

August 2020						
SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
						1
2	3	4	5	6	7	8
MBI SUD at Arboretum 9 am to 10 am	MBI SUD at Holiday Inn 6pm to 7pm	MBI SUD at Arboretum 8 am to 9 am	Support Groups 4:30 to 5:30 Arboretum	MBI SUD at Arboretum 8 am to 9 am MBI SUD at Holiday Inn 9am to 10am		MBI SUD at Holiday Inn 9am to 10 am
9	10	11	12	13	14	15
MBI SUD at Arboretum 9 am to 10 am	MBI SUD at Holiday Inn 6pm to 7pm		Support Groups 4:30 to 5:30 Arboretum	MBI SUD at Holiday Inn 9am to 10am		MBI SUD at Holiday Inn 9am to 10 am
16	17	18	19	20	21	22
MBI SUD at Arboretum 9 am to 10 am	MBI SUD at Holiday Inn 6pm to 7pm		Support Groups 4:30 to 5:30 Arboretum	MBI SUD at Holiday Inn 9am to 10am		MBI SUD at Holiday Inn 9am to 10 am