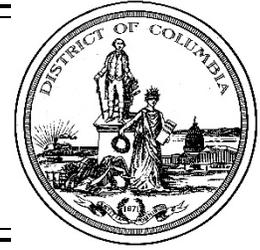

**COUNCIL OF THE DISTRICT OF COLUMBIA
COMMITTEE ON HEALTH
CHAIRMAN VINCENT C. GRAY
COUNCILMEMBER, WARD 7**



**OFFICE OF THE DEPUTY MAYOR FOR HEALTH AND HUMAN SERVICES
FY20-21 PERFORMANCE OVERSIGHT QUESTIONS**

RESPONSES

Organizational

1. Please provide a current organizational **chart** for DMHHS, and include:
 - a. The number of full-time equivalents (FTEs) at each organizational level;
 - b. A list of all FY21 FTE's broken down by program and activity;
 - c. The employee responsible for the management of each program and activity; and
 - d. A narrative explanation of any organizational changes made during FY20 or to date in FY21.

Response: Please see Attachment to Q1.

Spending

2. Please identify any reprogrammings received by or transferred from DMHHS during FY20 and to date in FY21, and include a description of the purpose of the transfer and which DMHHS programs, activities, and services were affected.

Response: Please see Attachment to Q2.

3. Please identify any intra-district transfers received by or transferred from DMHHS during FY18 and to date in FY19, and include description as to the purpose of the transfer and which DMHHS programs, activities, and services were affected.

Response: Please see Attachment to Q3.

Programs

FY20 Performance Plan

4. Did DMHHS meet the objectives set forth in the performance plan for FY20? For any performance indicators that were not met, please provide a narrative description of why they were not met and the corrective actions taken.

Response: DMHHS met all but four of its FY20 Performance Plan objectives. The unmet objectives were a result of the ongoing COVID-19 pandemic. DMHHS cluster agencies, Age-Friendly DC, and Homeward DC established their FY2020 performance metrics prior to the COVID-19 public health emergency. These pre-existing performance metrics did not anticipate providing services remotely; nevertheless, these agencies reprioritized and reengineered the delivery of health and human services throughout the District without interruption. The consequence of this was being unable to re-establish or realign performance metrics that were obtainable in light of the District's new operational posture.

Additionally, agencies experienced an influx of District residents accessing agencies' systems and programs due to the other outgrowths of the public health emergency (e.g., loss of employment, healthcare related needs, burdened community organizations, etc.). Since agencies were not able to anticipate these challenges when they established their performance metrics, some performance indicators reflect underperformance. However, this is not wholly representative of the work performed by the agencies or DMHHS throughout FY2020.

FY21 Objectives

5. What are DMHHS's performance objectives for FY21?

Response: Please see Attachment to Q5.

General

6. Please describe in detail what operational and funding changes were made because of the impact of COVID -19.

Response: In response to the COVID-19 pandemic, DMHHS shifted to providing the majority of its activities or services remotely. While the encampment team continued to provide outreach and services to residents, there was a decrease in the number of full cleanup engagements and immediate dispositions conducted in 2020 compared to 2019.

However, per CDC guidance, it was advised to limit full cleanups and conduct trash only engagements whenever possible (see response to Question 8 for more details).

Age-Friendly DC shifted their meetings and activities to a virtual format. Due to the COVID-19 pandemic, agencies had to shift their priorities to address how services were provided during the pandemic and therefore there was not movement on some of the strategies outlined in the Age-Friendly DC strategic plan.

Thrive by Five also shifted their meetings and activities to a virtual format. However, the Mayor's 3rd annual National Maternal & Infant Health Summit virtually engaged with over 6,000 attendees over the course of four days. There were more attendees that attended the Summit in 2020 than the previous years.

While the agencies satisfactorily reprioritized their efforts, this required the funds designated for certain programs to either be reduced significantly or re-appropriated in order assist the District in reducing its financial burden or to allow the agencies to carry out services that became more essential over the course of the pandemic.

7. Please list any partners for testing COVID-19 in the homeless population and how the District is testing its homeless populations?

Response: Outreach staff continually provide encampment residents with information on how to get COVID-19 tests. They also distribute a flier that list testing sites (their location, hours of operation, and phone numbers). COVID-19 screenings are done daily in shelters and mass testing is conducted in shelters when a residents tests positive.

On Monday, February 1, 2021, the Department of Human Services (DHS), in partnership with Unity Healthcare (acting as a DC Health vaccine provider), began vaccinating clients and staff at the city's PEPV hotel sites. Over 400 clients and staff were vaccinated at PEPV. On February 8, 2021, DHS and Unity began vaccinating clients at low-barrier shelters, starting with 801 East Men's Shelter. They will continue to vaccinate clients and staff in congregate sites for the next 16 weeks. DHS is in discussion with DC Health and Unity Healthcare to determine the best and most flexible method to make vaccines available to smaller sites and encampment residents.

DHS has been working diligently to ensure residents receive information about the vaccine, share their concerns, and have their questions answered directly. They have conducted town hall-style meetings at each facility, provided educational materials (including FAQs), and sent reminder cards to clients who are interested in receiving the vaccine.

8. Has there been any efforts to clean or close encampments since the Public Health Emergency was enacted in 2020?

Response: Per interim guidance from the Centers for Disease Control and Prevention (CDC), in March 2020, the District began implementing trash-only engagements, whenever possible, to minimize exposure and contact. Trash-only engagements follow the same notice requirements as full encampment protocol engagements; however, residents are not required to move their tents or belongings and the District only removes obvious trash and items that residents identify as trash or abandoned. The District maintains the ability to conduct full cleanup engagements when trash-only engagements are insufficient to remove the public health and safety concerns. Additionally, the District maintains the ability to conduct an immediate disposition at an encampment if an immediate health or safety risk is present.

9. How many encampment evictions have there been in FY20 and FY21 to date? For each encampment eviction or cleaning please provide:
- How many people were impacted by each cleaning or eviction;
 - How many of those residents were placed in COVID compliant shelter; and
 - How many of those residents were tested for COVID-19.

Response: From March 11, 2020 to December 31, 2020, there were 50 total cleanup engagements. Of those 50 engagements, 27 trash-only cleanups, 16 full cleanups, and 7 immediate dispositions). Sixty-eight total cleanup engagements were conducted from January 1, 2020 to December 31, 2020.

In 2019, there were 103 total cleanup engagements, with 77 cleanups conducted between March 11-December 31, 2019. Of those 77 engagements, 63 were full cleanups, eight were trash-only, and six were immediate dispositions. That translates to a 74.6 percent reduction in full cleanup engagements and a 35 percent reduction in total cleanup engagements in 2020.

DMHHS does not track the number of people present at cleanup, however, during trash only cleanups residents are not asked to move themselves or their belongings and even during full cleanups residents often return after the cleanup has finished. Outreach staff are in the field five days a week working with residents and offering shelter, life-saving supplies, and information about COVID testing. DMHHS does not track the number of people connected to these resources during a cleanup.

Please see responses to Questions #7, #12 and #13 for 9(a)-(c).

10. Please provide a chart that details the following for each encampment eviction or clean up by location and date of operation:
- Total cost;

- b. Staff time spent (including outreach and coordination);
- c. Clean up cost (including DPS staffing and equipment);
- d. Storage costs;
- e. MPD costs.

Response: DMHHS does not track the costs of cleanups, storage or those of MPD as encampments are not a line item in the agency's budgets. DMHHS outreach staff are paid for by DHS through an interagency memorandum of understanding. Staff time spent on outreach and coordination is approximately 30-40 hours a week. At a minimum, about 25 hours/week are spent on outreach and approximately five hours a week on cleanups.

11. Please identify what activity number funds encampment clean ups and evictions.

Response: Encampment Protocol Engagements (cleanups) involve six different government agencies (DMHHS, DHS, DBH, DPW, DDOT, and MPD). Each agency sends personnel; however, agencies do not have specific budget line items to fund their work with encampments.

12. How many individuals were relocated from encampments from calendar year 2018 to date?
a. Of these individuals, how many moved into housing through Coordinated Entry in 30 days or less from the time of the encampment clean up?

Response: Residents are not "relocated" from encampments. When an encampment protocol engagement (cleanup) is scheduled, signs are posted two weeks in advance and in-person outreach is conducted. Residents must move themselves and their belongings outside of the cleanup zone during the cleanup so DPW can remove unwanted items. When a cleanup is over, residents can re-enter the cleanup zone. During trash-only cleanups, residents are not required to move themselves or their belongings.

Outreach staff from DMHHS and DHS (and their providers) are out in the field every day working to connect residents to services, including housing. DMHHS does not track housing data. That data is maintained by DHS.

Vaccination Plans

13. Please describe the vaccination plan for homeless individuals and families including the providers, name of vaccine, and how the Department of Health and DMHHS is tracking who has received one dose of vaccine.

Response: On Monday, February 1, 2021, the Department of Human Services, in partnership with Unity Healthcare (acting as a DC Health vaccine provider), began vaccinating clients and staff at the PEPV hotel sites. Over 400 clients and staff were vaccinated at PEPV. On February 8th, DHS and Unity began vaccinating clients at low-barrier shelters, starting with 801 East Men's Shelter. They will continue to vaccinate clients and staff in congregate sites for the next 16 weeks. DHS is in discussion with DC Health and Unity Healthcare to determine the best and most flexible method to make vaccines available to smaller sites and encampment residents.

Unity is distributing the Moderna vaccine, which requires two doses. Clients are given a vaccination record card with their information and the date of their second dose. They are given a lanyard for the card to fit in that goes around their neck for safe keeping. The date of their next dose is also written on a wrist band that is distributed to each client. Unity tracks each client's information, which is shared with DHS. DHS and their provider partners will be reminding people about their second dose and bringing them down for their vaccination the day of.

14. Please describe all outreach specific to the homeless population, including how people are scheduled for vaccinations.

Response: DHS has been working diligently to ensure residents receive information about the vaccine, share their concerns, and have their questions answered directly. They have conducted town hall-style meetings at each low barrier shelter prior to coming onsite for a vaccination event, provided educational materials (including FAQs), and sent reminder cards to clients who are interested in receiving the vaccine. Residents are encouraged to pre-register for the vaccine (which they can themselves or with the help of shelter staff), however, walk-ins are also accepted.

DHS is in the process of developing a schedule to target encampment residents following the vaccination initiative at low barrier shelters. Tentatively, the vaccination of encampments residents is planned for the end of March or early April. DHS and DMHHS are currently meeting to solidify a plan that reaches encampment residents and meets the strict requirements for traveling and storing of the vaccine.

15. What regulatory or legislative actions that have been adopted due to COVID that have had an impact on services?

Response: DMHHS did not adopt any regulatory or legislative actions due to COVID. All of the agencies within the cluster shifted to providing services remotely.

Sanitation and Public Restrooms

16. How many hand washing stations and portable restrooms are currently deployed? How many are operational? How many are offline?

Response: Fifteen portable restrooms are currently deployed and all are operational. DGS and DHS are managing the hand-washing stations. As of February 26, 2021, 32 hand-washing stations were deployed.

17. What is the estimated restroom to unhoused-person ratio?

Response: On average, there are about 13-15 individuals per portable toilet.

18. Please describe the factors in deciding to increase or decrease the number of sanitation stations. Please describe any changes in number or location of sanitation stations planned for FY21.

Response: We use interim CDC guidance to determine what sites meet the criteria (10+ encampment residents). We started out with servicing once a week and quickly increased it to twice a week. As we received reports that high-usage sites were overflowing, we went ahead and increased servicing at all stations to five times per week, Monday-Friday. This increased servicing began between May-June 2020.

19. Please describe the maintenance and upkeep for public restrooms and sanitation stations and provide a maintenance schedule for FY21.

Response: Servicing to all portable restrooms and hand-washing stations are conducted five days per week, Monday-Friday. Any service-related issues for porter-johns (overflow, tipped over, etc.) gets reported to the Encampment Coordinator and she contacts the vendor, Gotta-Go-Now, to get it addressed. DGS and DHS are the lead departments for the hand-washing stations. Service-related requests get forwarded to the lead representatives at DGS and DHS and they coordinate with the vendor.

The current maintenance schedules are expected to stay the same for FY21.