

DGS:

DGS would share with ANC 2A any Department of Buildings inspection reports generated as part of DGS' assessment of the building's renovation needs.

DHS:

- 1. ANC 2A seeks the establishment of a Community Advisory Team, as outlined by DMHHS, that was afforded to the other wards as a result of the dissolution of the DC General homeless shelter to work with members of the ANC and the community to address mutual expectations and commitments via a clear and expedient process for communication and problem solving, and to provide greater transparency and more opportunities for community engagement in order to assist the proposed facility to be better integrated into the neighborhood.**

DHS would be happy to engage in the Community Advisory Team process.

- 2. ANC 2A requests for District of Columbia's both lead and support agencies, including DGS and DHS, to demonstrate whether and how it has fulfilled the objectives outlined in the District of Columbia Interagency Council on Homelessness' Homeward DC strategic plan.**

DHS worked hand in hand with the Interagency Council on Homelessness, (ICH) who publishes the District's Strategic Plans, specifically Homeward DC (2015-2020) and Homeward DC 2.0 (2021-2025), to think through the populations served and the service model of the Aston to ensure the goals of the plan were considered, and the needs of our population were met.

The development of the Aston as a non-congregate shelter addresses a wide range of goals in Homeward DC 2.0. The Aston will specifically address:

Goal 2: Increase Speed and Efficiency of Housing Lease-Up Process

Moving individuals who are medically vulnerable, and therefore likely to be connected to a housing subsidy, as well as those already matched to a housing subsidy into a single location with Housing Focused Case Management which is designed to closely coordinate with both Permanent Supportive Housing (PSH) and Rapid Re-Housing (RRH) Case Managers will allow for easy location of clients when needed throughout the process. This centralization will also aid onsite case managers who will monitor and assist with client progress to ensure residents are not being stalled at any point in the housing and lease up process. Additionally, the Aston's weekly case conferencing and monthly case review process will ensure accountability of case managers and residents, which will in turn result in a quicker lease up process. NCS will make case management services easier for PSH and providers and connection to housing services, by having clients centrally located. As such, the prime objective of the program is move clients from NCS into permanent housing by:

- providing housing focused case management assistance;
- expediting the housing process, for clients who are matched to a housing voucher;

- providing a new model to help encourage unsheltered individuals to take advantage of this shelter;
- providing a facility-based solution to clients with medical concerns; and
- providing temporary housing in apartment-style units.

Goal 3: Continue Capital and Program Improvements to Shelter Stock

The Aston will be a new, safe, service rich, semi-private shelter added to our current shelter stock. Additionally, as outlined in Homeward DC 2.0 it will specifically address populations that cannot be served by our current shelter system, such as all-adult households. In the Aston all adult households, such as the following, will be able to be sheltered together:

- a parent and adult child
- adult siblings; and
- couples

It will also increase beds for those who are medically vulnerable, which is a key objective noted in Goal 3 of Homeward DC 2.0.

Goal 8: Improve Employment and Income Growth Opportunities for Clients

As part of the intake process for the Aston, Case Managers will assess the client for mainstream entitlement benefits and will support clients in the application process for benefits they qualify for, including referral to SSI/SSDI Outreach, Access, and Recovery (SOAR) Specialist to apply for Supplemental Security Income (SSI) and/or Social Security Disability Insurance (SSDI) as a means to increase income. Additionally, individuals connected to Rapid Re-Housing (RRH) will have Employment Specialists to support the employment needs of the resident. Case Managers will also refer individuals not matched to RRH, but appropriate for the resource, to the RRH program in order to not only connect them to housing, but also to grow their income through the assistance of the RRH Employment Specialists.

Goal 9: Improve Access to Care for Individuals with Complex Health Needs

As one of the eligible populations for the Aston is those who are medically vulnerable, the Aston will be able to provide a service rich environment for medically vulnerable individuals to receive semi-private shelter, healthcare, and case management in one location, all which will help move them toward an appropriate permanent housing destination.

1. **ANC 2A seeks for the security personnel for the proposed facility to receive specialized training in de-escalation and crisis intervention.**

All Security personnel receive specialized training in de-escalation and crisis intervention. Both topics will be covered as part of conflict management and crisis intervention training each security officer will receive once hired. Further security topics are outlined in subsequent question below.

2. **ANC 2A requests that DGS, DHS, and Department of Health and Human Services (DMHHS) representatives attend one additional public meeting to answer the community's questions and engage with the community. This is essential for community members to receive more information on the project and to prepare both the DC government (DHS in particular) and the community to be good neighbors for this project, while not delaying the project's timeline.**
 - DGS, DHS, and DMHHS will be available to attend additional public meetings to answer the community's questions and engage with the community. We look forward to receiving the invitation to these meetings.
3. **ANC 2A requests that DGS, DHS, and DMHHS representatives deliver answers, both during the public meeting and in writing in response to this resolution, to the following questions:**
4.
 - a. **What kinds of medical services will be offered to facility residents on-site, and what kinds of medical facilities will be built on-site?**

The building will have two assessment rooms and will be staffed by a team of medical providers. The hours are still to be determined as it will depend on the census of the clinic and the needs of the clients.

Staffing and duties will be completed as follows:

**Registered
Nurse (RN)**

- Serve as the main point of contact and responsible for outpatient primary health care services at the site.
- Responsible for the overall provision of outpatient primary health care services to clients
- Facilitate COVID-19 testing for any client presenting with COVID-like systems and sharing the results of these tests with clients and DHS.
- Provide clinical oversight to Medical Support staff stationed at their assigned site, and direct staff to perform wellness checks for clients at the facility, either telephonically or in-person
 - Work with other staff to determine which medical tier the client qualifies.
 - Develop a care plan for clients with the highest medical needs.
- Ensure all staff don, doff, and utilize PPE appropriately.
- Each shift, complete the following:
 - Conduct the start of shift meeting with the Site Managers
 - Share concerns from the previous shift during a Medical Staff meeting at the beginning of each shift.
 - Assign clients to Medical Staff
 - Assign Medical Support Staff to support on-site check in of clients for initial medical screening.
 - Ensure that assignments, treatments, medications, and other medical interventions of clients are addressed as needed.
 - Identify clients with expected additional healthcare staff expected during the shift.
 - Identify clients needing to travel away from the site for essential medical appointments.
 - Confirm that the End of Day Medical Services Report was submitted to the Site Manager
- Review all client medical appointments for medical necessity.
- Write medication prescriptions as needed.
- Refer clients for specialized care.
- Host sessions between clients and medical specialists via telemedicine.

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| <p>Registered Nurses (RN) continues</p> | <ul style="list-style-type: none"> • Conduct a pest check on the client during intake. • Call each client and or set up inpatient room screenings at the site to assess the client’s health care needs (telehealth), and record reported and observed symptoms in the client’s electronic medical record. • Assess each client’s medication needs, and in coordination with the medical provider, send medications to pharmacy to be filled as needed. • Distribute OTC medications as needed (e.g. Tylenol). Keep record of client’s own medications; help with scheduled distribution when required. • Record reported and observed symptoms into electronic patient recording system. |
| <p>Medical Support/CNA Staff</p> | <ul style="list-style-type: none"> • Assist RN staff with initial client medical evaluation during check in process. • Register all clients in healthcare provider electronic medical record upon initial check-in • Conduct daily medical wellness check as required (telehealth/in person assessment) to assess client’s healthcare needs and record reported and observed symptoms • In addition to the wellness check, visit each client in his/her room daily to assess the client’s health status <ul style="list-style-type: none"> Obtain and monitor client’s vital signs, including blood pressure readings, pulse, respiration, temperature, and report abnormal findings to the Medical Lead and/or the Medical Director for the site If acute medical needs are present, call 911 • Assess client’s medication needs and in coordination with the Medical Lead, send medications to the pharmacy to be filled • Distribute over the counter medications to clients • Provide intimate, hands on healthcare to clients in helping them with bathing, dressing, grooming, oral hygiene care, and all other activities of daily living • Register all clients in healthcare provider’s electronic medical record |

b. The availability of rehabilitation, resettlement, and other services aimed at helping residents transition from the facility to more permanent housing.

A plethora of services will be offered to the residents of the Aston to help with their transition to permanent housing including: onsite case management; Permanent Supportive Housing (PSH) case management for those connected to PSH; Rapid Re-Housing (RRH) case management for those connected to RRH; behavioral health support (as detailed in a later question); medical care (as detailed in a later question); as well as onsite workshops and volunteer support as detailed below.

Case Management

Housing-Focused Case Management will be provided to residents to overcome barriers and access resources for finding and keeping stable housing. This will be a housing-first, client-centered, goal-oriented, and supportive process with the goal of assisting clients exiting into stable housing. Additionally, Case Managers will assist clients with resolving barriers to housing such as rental history, debt, budgeting, criminal justice system involvement, behavioral health, substance use, or cognitive impairment. Further, Case Managers will provide linkage to employment resources, mainstream benefits and provide training to residents on how to utilize community resources. Referrals to Project Reconnect will also be provided to appropriate individuals for rapid exit and diversion support including financial assistance with first month's rent/security deposit, transportation to host family, host family support, as well as mediation and other non-financial supports. In addition to Housing Focused Case Management, our Case Managers will also:

- Conduct in-person wellness checks with clients;
- Engage with residents and implement de-escalation strategies to help maintain an encouraging, safe, and socially and emotionally supportive environment on site;
- Refer residents to mental health services as needed.

Permanent Supportive Housing (PSH) Case Management

DHS PSH providers will provide case management services to Aston clients who have been assigned to a PSH provider to navigate the process of finding a unit, applying for the unit, completing necessary paperwork, and moving into the unit. PSH Providers are responsible for:

- Providing case management to Aston clients who have been matched to a PSH housing resource.
- Assisting clients with identifying potential housing units and going to view the unit.
- Assisting clients with gathering necessary paperwork and applying for a unit.
- Working with the landlord to ensure the landlord has completed all required paperwork.
- Submitting all documentation to DHS to review and submit to the DC Housing Authority (DCHA) to finalize the voucher; and,
- Assisting the client with attending the virtual DCHA voucher orientation.

RRH Case Management

DHS RRH providers will provide case management services to Aston clients who have been matched to a RRH Provider to navigate the process of finding a unit, applying for the unit, completing necessary paperwork, and moving into the unit. RRH Providers are responsible for:

- Providing case management to Aston clients who have been matched to a RRH housing resource.
- Developing a housing plan in coordination with the participant for locating safe, affordable housing that meets the participant's needs;
- Assisting clients with identifying potential housing units and going to view the unit;
- Assisting clients with gathering necessary paperwork and applying for a unit;
- Performing an assessment of housing for compliance with Housing Habitability Standards (inspections)
- Ensure participants obtain utility accounts and facilitating move-in, to include the purchase of household essentials.
- Ensuring referral and collaboration with the Employment Specialist to support the employment needs of the participant, ensuring employment efforts are all completed with the goal of supporting the participant's housing stabilization plan goals.
- Ensure participants have a financial management plan to include, but not limited to, establishing a budget, managing expenses, observing spending habits, creating a savings plan, future fiscal planning, etc.

Workshops

Workshops will be provided to clients on topics like: Life skills, communication, substance use, wellness, and grief and loss.

Community Volunteer Involvement

We would also like to engage community members and partners to support in engaging individuals and groups in topics such as budgeting, resume writing, etc.

c. What coordination is DHS willing to do with the West End Public Library and other public facilities to meet the demand of new neighbors?

DHS is very willing to engage with West End Public Library, as well as other public facilities, to discuss any potential new demand created by the Aston.

d. What type of training will on-site security personnel receive, and will it include de-escalation and crisis intervention training?

DGS' Protective Services Division (PSD) outlines a series of training requirements and background clearances for serving as security guards and special police officers within the District. However, in addition to the requirements for all PSD certified personnel, DHS will require, at a minimum the following additional topics for each security officer:

- Post Orders (outlining the specific requirements for each task assigned to a particular post position)
- Emergency Preparedness
- Americans with Disabilities Act and Reasonable Accommodations
- Mandated Reporter Training
- Customer Service Training
- Cultural Competency and Sensitivity (including LGBTQ cultural competency)
- Understanding Special Needs
- Trauma Informed Care
- Conflict Resolution & Non-Coercive Approaches to Conflict Management (Including De-escalation)
- Crisis Intervention and Non-Violent Crisis Intervention
- CPR First Aid
- Unusual Incident Reporting (UIR)
- HIPPA
- Language Access ACT and Language Line
- Boundaries and Confidentiality

e. What measures will be offered to ensure residents suffering from mental health conditions are properly cared for?

DHS will coordinate with the District's Department of Behavioral Health (DBH) to provide on-site and remote behavioral health support for clients at the Aston who are in need of services.

Staff will work with DBH, as needed, to:

- Conduct in-person behavioral health wellness checks with clients;
- Engage with residents daily and implement de-escalation strategies to help maintain an encouraging, safe, and socially and emotionally supportive environment at each site;

- Implement activities with clients, helping them develop or strengthen coping skills and see the benefit in remaining actively engaged with their treatment teams and prescribed treatment regimens;
- Work with DBH's Access Help Line (AHL) to confirm whether or not clients are connected with a Core Service Agency (CSA) and making immediate contact with each identified CSA to facilitate connection with each applicable client;
- Call AHL to connect clients to CSAs or substance abuse treatment providers when clients present with such needs;
- Consult with the Unity Psychiatric Nurse Practitioner and DBH clinicians as needed to identify strategies to best help clients remain socially and emotionally supported during their stay; and,
- Work to engage residents in healthy social skills enhancing activities to build a sense of community at the centers.
- Coordinate with a resident's CSA to ensure customers are re-engaged in services or transfer the customer to a CSA that will engage them in services.

f. · What is the extent of renovations necessary in the building, taking into account troublesome reports of poor maintenance and extensive damage by former Aston residents as recently as last year?

The extent of the renovations include:

Units:

- Windows Safety:
 - Provide and install window limiters so that no window could be opened more than 3 inches.
- Flooring:
 - Removal and disposal of carpet, tack strips, and padding in a total of 103 units.
 - Provide and install ~400 sq. ft. of 6 mil wear layer scratch and stain resistant sterling oak vinyl plank flooring in a total of 100 units. All units in the entire building will have vinyl floors installed.
 - Removal and disposal of vinyl base in a total of 100 units. Provide and install vinyl base
- Lighting:
 - Provide and install new fixture with dimmer switch in kitchen area.
 - Provide and install new fixture with dimmer switch in living room area
- Bathrooms:
 - Provide and install wall mounted ADA shower chair.
 - Provide and install ADA vanity mirror.
 - Install grab bars around shower and toilet.

- Removal and disposal of existing vanity. Provide and install new vanity and faucet.
- Kitchen
 - Provide and install refrigerator to replace non-working refrigerator
 - Removal of dishwasher, reconfiguration of kitchen cabinets and countertop to accommodate all in one washer dryer combo.

Administrative & Clinic Assessment Space:

- Creation of a new operations office. Framing of new walls, and door opening to allow a 36" x 80" door. Provide and install door, and all necessary door hardware. Installation of drywall. Plaster, sanding, and priming of walls.
- Creation of two new "office space A" and "office space B" in operations room. Framing of new walls, and door opening to allow two 32" x 80" door. Provide and install doors and all necessary door hardware. Installation of drywall. Plaster, sanding, and priming of walls.
- Creation of two ~80 sq. ft. rooms to serve as exam room A and exam room B in cleaning. Framing of new walls, and door openings to allow two 32" x 80" door. Provide and install doors, and all necessary door hardware. Installation of drywall. Plaster, sanding, and priming of walls.

Garage/Storage:

- Creation of a new room to serve as storage in the parking garage operations room. Framing of new walls, and door opening to allow a 36" x 80" door. Provide and install door, and all necessary door hardware. Installation of drywall. Plaster, sanding, and priming of walls. Provide and install dehumidifiers to prevent humidity from affecting stored items. Installation of 12 ft. of shelves to be used as storage.

Facility Related Issues/Concerns:

- Department of General Services released a 258 page independent facility conditions report which highlighted any major mechanical and determines the Aston is in acceptable conditions for DHS to occupy.
- g. • **What are the estimated staffing levels at the facility if it is operating at peak capacity?**

The numbers below represent the staffing complement when the facility is at capacity. Currently DHS staffing numbers are estimates. For example, more security guards may be added if it is deemed necessary, case management staff may be added in response to changes in programmatic need, etc.

| Staffing Category | Staffing Notes | Staffing Estimate |
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| Security | Minimum need: one per floor, two at the front check-in, two rovers | 14 |
| Case Managers | Ratio of 1:30 | 6 |
| Medical Team | See note above regarding medical services. Medical staffing will be managed by medical provider | N/A |
| Monitoring | One monitor per floor, front desk. | 11 |
| Program Management | Program Management (2), Shift Managers (3), Admin Support (3) | 8 |
| Supplemental Support | PSH/RRH case managers will be meeting their clients regularly in addition to the on-site teams. Housing navigators, benefit coordinators, DBH supports, and community service providers will be regularly onsite | 5+ |
| Oversight | DHS and/or The Community Partnership (TCP) will have weekly oversight. In addition, DHS and TCP will have regularly monthly case management reviews to track client progress. DHS security team will also perform regular, unannounced site visits and staffing follow-ups. | 3 |