

**GOVERNMENT OF THE DISTRICT OF COLUMBIA**



**INTERAGENCY COUNCIL ON HOMELESSNESS**

**Operations and Logistics Committee**

**Notes from the Hypothermia Debriefing for the 2008-2009 Season**

**Date of Debriefing:** Friday, April 20, 2009  
**Time:** 10 am to Noon  
**Location:** UPO Office at 301 Rhode Island Avenue, NW, Conference Room

**Chair:** Chapman Todd, Catholic Charities  
**Recorder:** George Shepard, Department of Human Services (DHS)  
**Participants:** Partners Involved in Hypothermia Operations during the 2008–09 Winter Season (November 1, 2008 through March 31, 2009)

**Date of this Document:** May 22, 2009

**Purpose of the Meeting**

The purpose of the meeting was to review the efforts of those involved in carrying out the 2008–2009 Winter Plan to assess what worked and what needs improvement. We will use the information from this session to begin development of the 2009–2010 Winter Plan. In this session we addressed broad topic areas set forth in the agenda with the goal of finding ways to enhance services and improve performance during the upcoming winter season. There were 112 alert days during the 151 day 2008-09 season, that is, alerts were in effect 74.2% of the time. During the 2007–08 hypothermia season, alerts were called on 63 occasions, so conditions during the 2008-09 season generated an increase of 77.7% in the number of alert days.

## Topic Areas

### 1. Public Information Campaign

George Shepard (DHS) developed and implemented the public information campaign, and generally, it was considered to be a success. The following media activity took place during the season:

<b>Print Media</b>	
Street Sense newspaper	This paper is sold by vendors who are homeless. Quarter page advertisements were placed in seven editions throughout the season.
Capital Community News	This firm publishes <i>Hill Rag</i> , <i>East of the River</i> , and <i>DC North</i> , free monthly publications distributed in targeted areas throughout the city with press runs of 20,000 each. Advertisements were placed from October through February.
<b>Electronic Media</b>	
WTOP Radio (103.5 FM, 800 AM)	Commercials featuring the UPO Shelter Hotline (Hotline) telephone number ran in drive time, at midday, and in the evening.
Comcast Spotlight	This is the local cable television provider, and commercials featuring the Hotline telephone number ran on the Discovery/Health channel, on Headline News, and on the SciFi, tru TV (formerly Court TV), and USA channels. In addition, the Hotline telephone number was displayed on the Weather Channel as an item on the screen "crawl."
WDCW/DC 50	The hypothermia commercial was shown at various times on four programs during February and March. This is an over-the-air (free) television station with excellent coverage in the District.
<b>Handout Items</b>	
Hotline Cards	We printed a total of 4,300 full color cards in English and Spanish with shelter locations and the Hotline number on them.
Flyers	A variety of flyers with the Hotline number and 311 were created in-house and distributed.

Suggestions for improvement included establishing better communications with public transit drivers so that they are more aware of hypothermia and its dangers and of the services available to those who are homeless. Also, we should ensure that the 311 number works with all cellular telephones, and we need to identify better ways to capture data about the effectiveness of the public information efforts.

## **2. Communications among the Partners including Conference Calls**

The conference calls were supposed to serve a number of purposes, namely, to address emerging problems, to develop solutions, and to foster communications. Mary Ann Luby of the Washington Legal Clinic for the Homeless (WLCH) said that they were irregular this season. This was due to time and logistical challenges faced by those involved in the call. The sentiment emerged during the discussion that we should not plan to have frequent conference calls if they are not going to serve their intended purposes.

Regular conference calls are probably no longer necessary because communications are much better among those involved in the execution of the Winter Plan, and issues and problems are resolved in real time now in most cases. Also, because of the Interagency Council on Homeless (ICH) and a number of seasons of experience, we are better organized now. Mr. Chappelle of The Community Partnership for the Prevention of Homelessness (TCP) said that we may have outgrown the need for the calls, and Mr. Swan (DHS) recommended that we have a mid-season call that he would host.

A discussion about alerts ensued, and it was generally agreed that alerts were called “liberally” and “timely” this season. The agency responsible for calling alerts is Homeland Security and Emergency Management Agency (HSEMA), and HSEMA checks with the National Weather Service three to four times per day during the season to monitor the temperature and conditions. Providers said that they like to know if there will be an overnight alert called by 4 p.m. at the latest so that they can notify their staff and open hypothermia locations such as the churches. On occasion, Catholic Charities has called the UPO Hotline to determine if an alert was imminent, and TCP reported that it had called HSEMA on a few occasions for an alert decision. When the temperature is close to the trigger level and HSEMA has not yet called an alert, DHS will call an internal alert through TCP.

There was discussion about how providers and other parties can be assured to get alerts and other notifications about critical incidents. It was stipulated that alerts are issued by UPO to providers after receipt of the notification from HSEMA. Mr. Chappelle said that TCP can develop an internal list of parties to notify when critical incidents occur that affect shelter, services, or other matters of concern to the homeless community.

A representative from the Department of Mental Health (DMH) noted that this agency calls every shelter daily during the season to determine if there are any residents who need their assistance.

### **3. Service Delivery**

There was a general discussion about the level of service during hypothermia including whether or not the HSRA was being followed in the shelters. A staff to resident ratio of 1:20 was recommended, and a recommendation was made that we focus on engaging clients with the goal of moving them from the hypothermia shelters to other placements. Mr. Chappelle noted that staff members engage residents and that services are available if residents want them. Ms. Luby (WLCH) countered that there are not enough staff members for the large number of residents and that some residents will not ask for services. WLCH wants to see relationships established with clients while Mr. Chappelle believes that the facilities are too big for this to happen. He said that we tried to downsize the facilities, but we had to increase capacity to meet demand. All clients must now go through intake, which is a form of engagement. Mr. Swan said the ideal is to establish smaller shelters with more services and additional case managers and residential counselors.

Mr. McNeilly (WLCH) said that we need to know the location of the overflow capacity and that it should be located so that it is accessible without transportation.

### **4. Transportation**

The topics that were discussed included access to transportation, timely delivery, and the service rendered by the buses from the Department of Parks and Recreation (DPR).

Ms. Luby (WLCH) said that the wait time for the UPO vans was too long, including the wait for the accessible van.

Complaints about the DPR bus service included the following:

- Not enough buses;
- Buses were late on occasion;
- Sometimes there was no service because a driver was not available;
- Buses ran off schedule (both early and late);
- Unreliable on weekends;
- Vehicles were too small to handle the ridership.

### **5. Outreach Services**

The discussion started with the general assertions that there was not outreach coverage in all wards during the season and that there did not appear to be a great deal of interaction between the outreach workers and those who were on the streets during the winter. A participant said that there was increased outreach in the Southeast quadrant during the season.

The DMH referral process was discussed, and it was noted that service from DMH at night is sporadic. This is when services are needed the most, however. Mr. Jones (Catholic Charities and hereinafter CC) said that the DMH mobile crisis team was working well in serving the church sites that he manages.

A question was raised about which agency was supposed to respond first to late night calls for clients in crisis—MPD or DMH. This was not resolved.

For next season, DHS will be more involved in developing and implementing outreach activities. Additional support from DMH will be necessary.

## **6. Police and Security**

There was a discussion about the FD-12 process (involuntary commitment), and it was stated that some members of the Metropolitan Police Department (MPD) have been trained on the FD-12 process.

While security in the shelters has been impacted by budgetary constraints, Mr. Chappell (TCP) stated that security was functioning properly and that the shelter providers were directing the security staffs at their respective sites. Shelter providers and the security contractors meet monthly with DHS to ensure that problems are identified and resolved. There have been two TCP sponsored training sessions focusing on security during FY 09 to date, and the two security providers (Hawk One and Prince) also have in-house training schedules that they keep.

A shelter provider was concerned about understanding the post orders. Another concern was that there was not enough security coverage on hypothermia alert days.

## **7. Facilities**

Conditions in the hypothermia shelters were generally good this season.

Ms. Luby said that the New York Avenue shelter was unsanitary and that she was concerned about the bathrooms. Mr. Chappelle countered that the second floor bathrooms here will be completely renovated soon as part of a project to bring them up to ADA standards. He said that TCP gets service requests and deals with them promptly. Generally, personal hygiene is a challenge in the shelters.

## **8. Capacity**

The "overflow" process was discussed, and Mr. Swan explained that when 801 East is within 20 beds of capacity, overflow is opened and clients are transported to the site. We need to be discreet about the location because we want to fill the established capacity first. Clients may go to the overflow sites and wait until they opened if the locations were publicized. This would potentially cause imbalance in the system. In response to a question about usage of the overflow, Mr. Swan said that it was used very little during the season.

The 3 a.m. census count is the "final" count for the night.

There was a shortage of cots during the season. It is the responsibility of the provider to replace broken cots. TCP supplies the churches with cots.

Ms. Clermont (CC) said that shelter staff members need more training and better clarity in the areas of policy and procedure pertaining to situations that occur when a shelter is at capacity and clients prefer that site and insist, in some cases, upon remaining at the site even though it is full.

A suggestion was made to station vehicles at 801 East and New York Avenue shelters when they are at capacity to move clients right away to shelters that can accommodate them. Shelters typically reach capacity between 8 and 9 p.m.

A complicating factor is that people come to New York Avenue for services so there is a great deal of walk-in traffic there. When clients come to a shelter, they sometimes refuse to leave. Transportation is needed that can take clients to other shelters immediately when capacity is reached at a particular location.

**9. Communication about Client Deaths that May Be Attributable to Hypothermia**

This has been a problematic topic because there is supposed to be a process in place for these notifications, but the appropriate parties are not always contacted. The City Administrator's office has confirmed that there were two deaths on the streets this season that the Office of the Chief Medical Examiner has attributed to hypothermia. Mr. Swan has asked the City Administrator's office for assistance in getting reports about the deaths and about establishing proper communications with the Office of the Chief Medical Examiner.

**10. Other Topics**

Ms. Luby (WLCH) suggested that we add more substance to hypothermia training and that we have smaller groups when we train. Also, more training on mental health topics is needed.

The sobering station was underutilized during the season. We should look at the resources expended there to determine if they can be redirected.

Ms. Masliansky (SOME) said that we need more outreach and that we need signage and other materials in Spanish.

**11. Recommended Action Steps**

1. Establish better communications with public transportation drivers.
2. Have one conference call at the midpoint of the season to ensure that we are on target.
3. Establish smaller facilities with more client engagement.
4. Improve service in the transportation system.
5. Ensure that all wards have outreach, and engage those on the street more vigorously.
6. Better hypothermia training for the providers is needed.
7. Establish better communications with the OCME, and clarify the process for notifications about deaths.

**Handouts**

Utilization reports developed by TCP were distributed for men's, women's, and family shelters. A report titled "Preliminary Weather Data and Hypothermia Alert data for 2008-2009" was distributed by a representative from SOME.

**Table of Participants (N=21)**

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