

COVID-19

Homeless System Response: Mitigating the Spread: Washington DC Shelter Profile

Like most communities across the country, the District of Columbia has been working to prevent the spread of COVID-19 in congregate shelters. The DC Department of Human Services designed and implemented a strategy to engage and collaborate with shelter providers to modify procedures, rapidly respond to new positive cases, and conduct mass testing to identify asymptomatic carriers. Collecting daily data was a key component that enabled the District and shelter providers to respond quickly to symptomatic individuals and positive cases. The result has been zero positive cases of staff and clients in a mass testing that occurred in June 2020. The work continues, but their success so far has been documented in an engaging [data story](#).

One of the shelter providers featured in the data story is [N Street Village](#). N Street Village operates Patricia Handy Place for Women, a 213-bed community that includes a low-barrier shelter, a transitional shelter, medical respite, and a residential program for senior women experiencing homelessness. In early July 2020, three N Street Village staff members were interviewed to understand how the changes the District made in response to COVID-19 impacted their work. Their feedback and lessons learned are described below.

“At one point we had a floor of staff out on quarantine, and we just gravitated toward each other and got it done.”

– Nicole Hall, Program Manager, Low-barrier Program, Patricia Handy Place for Women, N Street Village

Responding to a Daily Request for Data

In response to COVID-19, the District of Columbia Department of Human Services requested shelter providers to collect key health data about each resident daily, and to send that data to the District by 1:00 p.m. every day. N Street Village staff did not have a procedure or routine for collecting data so frequently at the time. To facilitate the rapid collection of data, they built a tool based on the shelter staff's existing bed list. The bed list was provided by the District staff who visit the shelter daily to conduct health screenings, and was printed out by direct service staff and nurses. It took about two weeks of trying different versions of the tool before settling on the final version (attached PHPW Bed Check Survey).

The tool tracked:

- Client location (if in isolation or quarantine but still assigned to a bed in the shelter)
- Date of last health screening
- Results of screening
- Presence of fever, cough, and/or shortness of breath
- Tested for COVID-19 (Y/N)
- Results if tested for COVID-19

Lessons Learned Using Data Daily

Be Clear on the Purpose of the Tool: Initially, the organization tried to capture additional administrative data points desired by the provider, but not required by the District. During the first two weeks through trial and error, direct service staff and management determined the additional administrative data was not necessary given the circumstances.

Keep it Simple: At times, the shelter was using temporary staff because regular staff had to be out on isolation or quarantine. The person picking up the tool and entering data may have stepped into this reporting responsibility for the first time that day. The tool had to be intuitive and straightforward.

Create an Information Loop: Each afternoon, the evaluation team would return the report to the shelter staff. In the midst of the quickly evolving environment, the shelter staff found it useful to track any changes in the census or status that had occurred since the morning.

“We didn’t always know who was on the other end of the emails because staff were out on quarantine or isolation.”

- Shenandoah Gale, *Director of Evaluation and Learning, N Street Village*

Communications Strategies

Use What Works: Before the pandemic, the organization had been in a process of transitioning to a platform that facilitated communication for a dispersed workforce operating in different locations. There was no time to onboard and train people on that platform. It quickly became evident that the moment called for the most expeditious and familiar way of communicating: text messaging and emails.

Reach Out Gracefully: The evaluation team did not always know whether staff who were in isolation or quarantined were working remotely and could be contacted, or whether they were sick and should not be contacted. They learned to start text message threads with “Are you working now?”

Additional Strategies that Contribute to Mitigating the Spread

In addition to daily use of health screenings and data tracking, N Street Village identified the following factors as contributing to the control of COVID-19 within the shelter:

- **Personal Protective Equipment (PPE):** Staff are required to wear PPE, and residents are encouraged (staff estimate about 50% of residents use PPE regularly/effectively).
- **Moving to 24-hour schedule:** Before COVID-19, only residents in medical respite beds stayed in during the day, but now all residents stay at the shelter all day and receive meal service there.
- **Ask for Resident Feedback:** The shelter had a structure in place for weekly dorm meetings where residents were invited to share concerns and feedback. These continued in a socially distanced manner, with open invitations for residents to share ideas for improving their experiences.
- **Shift to Virtual:** Shifting case management to phone or video platforms reduced exposure for residents and staff.