

HUMAN SERVICES, SOCIAL SERVICES, AND HEALTH COMMITTEE

STAKEHOLDER ENGAGEMENT

The Committee conducted three focus groups to gather ideas and input for reopening and learn more about stakeholders’ experiences during the stay-at-home order. These groups consisted of 13 social services providers and advocates, 12 long-term care and home health providers, and 6 individuals with lived experience of homelessness. Several recommendations were common across all three of these stakeholder groups, including:

- 1) Requests for the District to provide devices and internet connectivity to residents to enable them to engage in virtual care and education
- 2) Ensuring workers and clients have access to testing and PPE
- 3) Maintaining certain flexibilities that were in place during the stay-at-home order as the District reopens
- 4) Preparing for the increased service needs that may come when the District reopens

In addition to these focus groups, the Behavioral Health Subcommittee also heard from three experts in the behavioral health field to get insight and ideas as it formed its recommendations. These experts recommended that the District communicate clearly with residents about the emotional effects of COVID-19, strengthen the behavioral health system and marshaling it to meet escalated needs, address technology needs of residents and providers to facilitate the use of telehealth, provide adequate support and equipment to frontline workers, and dedicate special attention to meet the needs of aging adults, people with disabilities, children and families, and adults isolated or quarantined during COVID-19.

STAGING RECOMMENDATIONS

In addition to the report’s primary guidance and universal safeguards (e.g., physical distancing of at least six feet, use of masks in public spaces, stringent sanitation and hygiene practices) the Committee proposes the following guidance for the subsectors listed below.

SUBSECTOR	STAGE 1	STAGE 2	STAGE 3
Healthcare providers	<i>Continue delivering inpatient and outpatient care, with providers monitoring health system capacity</i> [more detailed guidance recommended by the Committee provided below]		
Hospitals	<ul style="list-style-type: none"> – Continue efforts to preserve inpatient capacity – Perform outpatient and other procedures with low 	<ul style="list-style-type: none"> – Perform all procedures which can be performed safely – Prioritize procedures that minimize adverse patient outcomes associated with 	<ul style="list-style-type: none"> – Continuation of Stage 2 guidelines and safeguards

	<ul style="list-style-type: none"> impact on COVID-19 related resources — Prioritize procedures based on risks resulting from further delay 	<ul style="list-style-type: none"> delayed care and with minimal transmission risk — Continue alternative care models when appropriate 	
Health centers, independent/private and group practices (including dentistry), ambulatory surgical centers, and dialysis centers	<ul style="list-style-type: none"> — Continue alternative care models when clinically appropriate — Prioritize care by urgency and necessity of face-to-face care — Address essential pediatric and maternal care, providing preventative care in the safest way possible — Prioritize procedures that minimize adverse patient outcomes associated with delayed care and with minimal transmission risk 	<ul style="list-style-type: none"> — Continue alternative care models when clinically appropriate — Prioritize procedures that minimize adverse patient outcomes associated with delayed care and with minimal transmission risk 	<ul style="list-style-type: none"> — Continuation of Stage 2 guidelines and safeguards
Skilled nursing facilities, long-term acute care facilities, home health care agencies, and assisted living residences	<ul style="list-style-type: none"> — Continue alternative care models when clinically appropriate — Prioritize care by urgency and necessity of face-to-face care — Continue to prohibit visitors to senior living facilities 	<ul style="list-style-type: none"> — Continue alternative care models when clinically appropriate — Prioritize procedures that minimize adverse patient outcomes associated with delayed care and with minimal transmission risk — Resume visitation, but with screening and distancing protocols 	<ul style="list-style-type: none"> — Continuation of Stage 2 guidelines and safeguards
Behavioral health	<ul style="list-style-type: none"> — Continue alternative care models, including telehealth, when clinically appropriate — Expand services to address increased needs resulting from the virus — Prioritize opening services that require face-to-face care 	<ul style="list-style-type: none"> — Continue alternative care models when clinically appropriate — Continue to expand services to address increased needs resulting from the emergency — Continue opening face-to-face services, prioritizing care 	<ul style="list-style-type: none"> — Continuation of Stage 2 guidelines and safeguards

	<ul style="list-style-type: none"> Continue to operate DBH 24/7 mental health help line 	those needed for stabilization	
Homeless services, public benefits and child welfare	<ul style="list-style-type: none"> Continue expanded shelter and food access Continue remote eligibility assessments Maintain emergency housing protections including eviction delays Continue online applications for benefits Plan for the safe resumption of in-person visits on a staggered timeline, prioritizing high-risk cases Prepare for a surge in services to address increased needs resulting from the emergency 	<ul style="list-style-type: none"> Continue to maintain and expand hotel capacity Begin resuming normal shelter hours and procedures Continue to prepare for a surge in services to address increased needs Begin re-opening in-person services Continue to resume in-person case management prioritizing cases based on risk Enhance capacity for connectivity for people in congregate facilities 	<ul style="list-style-type: none"> Continuation of Stage 2 guidelines and safeguards

RECOMMENDED SAFEGUARDS

Across all stages, the Committee recommends adoption of the additional safeguards outlined below.

SECTOR AND SUB-SECTORS	STAKEHOLDER	ADDITIONAL RECOMMENDED GUIDELINES
All human services, social services and healthcare services	Employers	<ul style="list-style-type: none"> Provide guidance for essential care Ensure access to PPE, equipment, testing, supplies, and other safety measures Accelerate the use of telehealth, technology, and connectivity Stabilize the workforce Address trauma and fatigue among frontline staff Increase available workforce with reciprocity agreements and licensure strategies Modify physical layouts to create more physical distancing Eliminate crowding in waiting areas by using phone calls to call people in

- Create separate air handling areas
- Use technology to facilitate administrative communication whenever possible
- Consider alternative locations for delivering immunizations
- Provide preventative measures in alternative facilities to ensure physical distancing

OTHER RECOMMENDATIONS AND ‘BIG IDEAS’

The committee and its members have identified several additional initiatives and ideas for consideration, which include:

- **Consider developing a funding pool to purchase PPE** for frontline healthcare workers
- **Align operations and infrastructure** to support residents as they return to work and seek medical care (e.g. identify special bus routes)
- **Address equity barriers to telehealth** and other virtual services by ending the digital divide and supporting small providers in standing up these services
- **Consider continuing, and where appropriate, expanding, telehealth services** and targeted reimbursements, including remote patient monitoring, along with classifying telehealth equipment as “durable medical equipment” for Medicaid reimbursement
- **Enhance flexibility of care** coordination models
- **Allow young people to continue receiving services** from CFSA through age 23
- **Create safe ways to visit older adults living in nursing homes** (e.g., temperature checks)
- **Provide recommendations in all the common languages** spoken in DC
- **Allow practitioners to practice in DC if they have a license in another** state while they go through the credentialing process
- **Hire individuals experiencing homelessness**, including young adults, as contact tracers and Community Ambassadors
- **Address trauma and fatigue** among frontline workers
- **Invest in a communications strategy** related to seeking the right medical care, at the right time, in the right place
- **Address social determinants of health**, including the need for rental assistance and associated vouchers, supported employment opportunities, and food availability