# CDBG Webinar Series

# CDBG-CV Best Practices, Public Services

Andelyn Nesbitt: All right. Thank you. To kick it off today, we are honored to be joined by Duncan Yetman, the deputy director of the Entitlement Communities Division at HUD. I'll pass it off to Duncan to say a few words. Duncan.

Duncan Yetman: Great. Thank you, Andelyn, and thank you to all of you joining us. Good afternoon to those on the East, and good morning to those in the West. Thank you for joining us for the second session of our second CDBG webinar series on CDBG-CV Best Practices.

This year's series has a focus on impactful CDBG-CV funded projects in response to the coronavirus. And I want to take this opportunity to thank today's panelists who have agreed to share their unique strategies of how best to provide vital public services in response to the pandemic.

The goal of this series is to focus not only on activities that have successfully demonstrated tieback, in other words, that have shown to have tied back to preventing, preparing for, and responding to coronavirus, but that have also targeted that assistance to address potential gaps in the overall economic, public service, infrastructure, and housing safety nets that serve low- and moderate-income neighborhoods and communities and also address future risks and vulnerabilities to coronavirus.

The ultimate objective of this series is to provide a platform for our grantees, to learn from each other and share useful strategies in response to the coronavirus and that -- and that these strategies be adapted then to fit the needs of different grantees. We hope that this series and the accompanying report will assist CDBG-CV grantees in identifying and replicating successful CDBG practices.

The Office of Block Grant Assistance at HUD headquarters has put this series together with a focus on four specific areas, economic development and assistance to businesses, public services, which is the focus of today's presentation, public facilities and building improvements, and interim and affordable housing.

So in an effort to encourage peer-to-peer learning among CDBG-CV grantees, HUD will have these webinars posted on the HUD Exchange so that they can be viewed and shared widely. In addition, the report HUD is preparing for Congress will also be posted so that it can be shared with grantees and their staff.

Thank you again for joining us, and I look forward to a spirited session today with our panelists. Thank you.

Andelyn Nesbitt: Thank you, Duncan, and thank you to HUD for hosting this webinar series.

Good afternoon or good morning, depending on where you are. My name is Andelyn Nesbitt-Rodriguez and I'm the senior community development specialist with ICF and I'll be your moderator for today's session.

Before I turn it over to the panelists, I want to quickly go over the learning objectives and the agenda for today's session. Today, participants will learn unique approaches to identify and solve challenges in the successful implementation of CDBG-CV public service programs. Participants will also gain understanding of effective, replicable best practices -- best practice models to implement in their CDBG-CV programs.

The agenda today will first go through introductions, and then we'll transition to the panelists' community presentations before heading into a Q&A session. The Q&A session will be your chance to pick the panelists' brain. So please do so. Throughout the presentation, feel free to input your questions into the Q&A box. Please remember to specify which panelists your question is directed towards or whether the question is general, in which case it will be open for all panelists to answer.

At this time, let's meet today's panelists. Lisa Farris is the grant administrator for the city of Idaho Falls, Idaho. Lisa has administered and managed CDBG programs through HUD for the last 11 years.

Rhonda Lee-James is an assistant director for the city of Yuma's Department of Planning and Neighborhood Services. In that capacity, Rhonda oversees neighborhood revitalization efforts, the city of Yuma's Community Development Block Grant entitlement, and Administration of the Yuma County Home Consortium.

Joining her is Luz Acosta, who is the program director for the SHINE Boys and Girls Club in Yuma, Arizona, and Michael Morrissey, who is the director of the Housing Authority in Yuma, Arizona. Rhonda will be leading today's presentation, and Luz and Michael will be available during the Q&A.

We have Brandie Isaacson with us today, who's the director of the Livonia Housing Commission city of Livonia, where she serves as a member of the city's leadership team to ensure the execution of the city's Affordable Housing and Community Development Plan goals.

Chief David Heavener has been serving the city of Livonia's fire department for over 25 years. Accomplished and dynamic with a solid history of achievements in fire service, he is committed to excellence in all areas of fire and emergency medical services.

Finally, we have Tia Braseth with the city of Fargo, North Dakota. She's the Community Development Division head with the Department of Planning and Development in Fargo. Tia has over eight years of experience with CDBG grant programs in regions five and eight.

So we'll get started in just a moment. But before I turn it over to the panelists, we have the first of three poll questions that we'll be completing during today's session. These poll questions help us and you get an idea of who is in the room.

So for the first poll question, what is the size of your CDBG-CV allocation across all rounds? And we'll give you just a moment to vote here.

Paul Burgholzer: And the poll will be ending in about 10 seconds.

Andelyn Nesbitt: Thank you.

All right. And it looks like kind of a good mixture of CDBG allocation sizes, but mostly we're in the $1 million to $3 million range for allocations across all rounds. So very good to know. Thank you, guys.

So with this next slide, I'm going to turn it over to Lisa Farris from the city of Idaho Falls, Idaho. Lisa.

Lisa Farris: Thank you, Andelyn, and good afternoon, everyone. As Andelyn mentioned, my name is Lisa Farris. I'm the grant administrator for the city of Idaho Falls. As -- I appreciate the opportunity to share some of the challenges we faced and the strategies we used to address public service activities with our CDBG funding. Next slide, please.

Idaho Falls is located in the southeast corner of the state with easy access to several state and national parks. Our population is just over 64,000. We're part of a metropolitan planning area with a population combined at 123,000.

Our PPR tieback, from the beginning of the pandemic, homelessness and issues surrounding homelessness became a greater need. And so with the use of CV funds, we're able to address some of those needs and help out our service providers within the community.

So with our first round of CV funds, we received just over $250,000. And our final round of CV funds was just over $257,000. To date, we've spent about 62 percent of our total combined CV allocation, and our 2021 CDBG regular allocation is just over $445,000.

So during the pandemic and stay home order, our basic needs for LMI community increased, which placed an extra burden on many of our service providers. Rising costs of food and supplies was a challenge and homelessness issues that already existed increased rapidly and then vaccination distribution and coordination became a community concern. Next slide, please.

So regarding our program partners, ongoing communication with our community partners was key to successfully allocating our CV CDBG funds. These are the ones that we were able to partner with, and you'll see as we go through the slides what we were able to achieve together. Next slide, please.

So one of our school districts had to stop their school lunch program, and for many families, this was a staple in their household. So New Day Lutheran was able to continue the program and provide and prepare school lunches for students K-8 in LMI neighborhoods during the stay home order.

Then many of our seniors became homebound during the pandemic. With the cost of increase in food, we were able to assist the senior centers so they could continue the Meals on Wheels program to those homebound seniors and be able to address that need specifically.

And then because food insecurities put greater demands on our local food bank and soup kitchen, we were able to assist with some equipment costs so they could continue to prepare and serve meals.

The Trinity United Methodist Church Day Shelter, it evolved along the way and this started out as an emergency shelter for six adult men and it turned into a day shelter that helped over 3300 individuals. And with that, it offered a place for individuals to shower, to prepare a meal, to do laundry. It provided transportation to and from medical appointments, and it linked them with housing and community resources.

And then with the purchase of a pharmacy refrigerator, we were able to help the Idaho Falls Fire Department administer over 3,000 COVID-19 vaccinations. So initially, they established a place of distribution at the Skyline Activity Center so they could receive, store, and administer the COVID vaccine. The center was chosen because of its strategic location, being next to our regional airport, and it was a central part of town.

The center also had secure room for the pharmacy refrigerator, provided separate rooms and privacy when administering a vaccine, and allowed appropriate levels of social distancing.

These vaccine efforts were coordinated between the fire department and the East Idaho Public Health. And with that, they were able to vaccinate first responders, courthouse employees, essential city workers, skilled nursing facility workers, and patients. It provides a staging area to deliver vaccines to homeless shelters, and it serves as a primary resource for medically homebound patients. So currently, the Idaho Falls Fire Department is planning to administer several thousand vaccine booster shots.

In reaching out to IHFA, their lending branch, and Habitat for Humanity Idaho Falls, we discovered there was a gap in service for LMI homeowners. There was plenty of assistance for LMI renters, but there was nothing for our LMI homeowners. So we were able to use our CV and CV3 funds to provide mortgage assistance for up to 24 LMI homeowners. This was made possible by working with our partners and identifying those most in need and linking them with that mortgage assistance.

So regarding impacts of funding, the takeaway for me was knowing how many we were able to assist by working with our community partners. And so for New Day Lutheran, they were able to provide 1,000 lunches to LMI students K-8 in our LMI neighborhoods within our census tracks.

The senior center was able to prepare and deliver over 800 meals to our seniors and disabled citizens. The food bank served over 68,000 people. The soup kitchen served over 38,000 meals, and the Trinity United Methodist Day Shelter was able to assist over 3300 individuals. The Idaho Falls Fire Department was able to administer 3,000 doses of COVID vaccine, and IHFA and Habitat for Humanity were able to provide 24 LMI households with mortgage assistance.

Lessons learned is an ongoing process. What we learned was the current needs expand rapidly during a pandemic and that it was wise to target assistance to the most vulnerable citizens at

greatest risk. And those included our seniors, our people with disabilities, LMI families and children, and people experiencing homelessness. And our approach was to fund the activity, not the entity. And I would also add to that, to revisit the resources on the HUD Exchange, because there's a wealth of information between the webinars and the guidance that's provided to help navigate you through the whole process.

And there was one particular webinar that resonated with me was presented by Nan Roman, the president of CEO National Alliance to End Homelessness in Washington. Her webinar talked specifically about strategies that you can use to implement some of this funding and it was so helpful and it was -- I just highly recommend it if you're looking at specific strategies to address those issues.

And for best practices, I would seek input from your local service providers to identify the current needs and inform housing service providers of CARES Act funds and specific criteria so you can avoid a duplication of benefits and brainstorm together. Implement best practices and gain buy in with ongoing conversations.

Communicate regularly with stakeholders. And we identified ours as our community partners and region six housing coalition members as part of the continuum of care. We visited with previous CDBG recipients, nonprofit business leaders, housing service providers, and local governments and leaders. So with that, I thank you for your time, and I'll turn it back over to Andelyn.

Andelyn Nesbitt: Great. Thank you so much, Lisa. Great job.

Now, I'm going to turn it over to our next panelist, Rhonda Lee-James from the city of Yuma, Arizona. Rhonda.

Rhonda Lee-James: Thank you, Andelyn. I appreciate that. Let me begin by thanking the staff in the Phoenix field office and at headquarters for this opportunity to tell how a small entitlement was able to make an impact with CARES Act funds. Next slide, please.

The city of Yuma is tucked in the southwest corner of Arizona, right where Arizona, California, and Mexico all come together. Population is a bit over 100,000 and the MSA of Yuma County is at 235,000 people. We're a small entitlement with an annual CDBG allocation of $930,000, and our total CV allocation was $1.2 million. And as of today, we're 97 percent committed and 80 percent spent. Next slide, please.

While preparing for this presentation, I asked the neighborhood services team if they remembered any particular challenges we faced in those early days of the pandemic. All I could remember was that our staff was trying to work from home without adequate technology, but the staff reminded me of a few super challenges.

Because so many people were instantly out of work, we offered rental assistance very early on in April of 2020, but it was difficult to find those who had been laid off, the servers, the bartenders, the store clerks. We put up fliers all over the city. We talked directly to employers and landlords

asking for referrals. We relied heavily on social media and then traditional news outlets. We tried it all in our attempt to reach those who were not able to pay the rent because of those shutdowns.

Also, with the rental program, we had to devise a means to receive documents. Our building was closed to the public, and remember the uncertainty of whether or not COVID germs could be spread on paper? So for the first time ever, we accepted photographs of documents from email and text, or we accepted copies dropped into City Hall's mail slot.

Probably our biggest challenge was prioritizing the needs of the community in those early months of the pandemic. Agencies were struggling to safely provide essential services in congregate settings, and essential workers, particularly those in health care, needed a safe place for their kids so they could go to work. We used our CV funds to address this challenge, and I'll show you in just a moment how we did that. Next slide, please.

I could take this entire presentation time just to brag about the nonprofit agencies in our community and how they stepped up during the early weeks of the pandemic. I've listed a few here and you probably have similar agencies in your communities and, hopefully, you're now on a first name basis with key staff. And if you're not, I would suggest you invite them to coffee and get acquainted. Next slide, please.

Before I turn to our highlighted success story, I want to outline the other COVID response programs we were able to fund with our CV monies. As you can see on this slide, most of our allocation went into rental assistance. I'm extremely proud of the fact that we were helping laid off workers pay the rent just five weeks after the schools and restaurants were shut down.

As you scan down through this list, you'll see we also tried to prioritize the needs of community agencies and essential workers. Agencies were providing -- trying to provide vital services in congregate settings, but they needed supplies and equipment, PPE, and those things weren't in their budgets. And as the schools and daycare centers closed their doors, essential workers needed a safe place for their kids so they could, again, stay at work. Next slide, please.

So our success story that we want to share with you is the SHINE Child Care program. The program is operated by the Arizona Housing Development Corporation. It's one of our existing nonprofit partners. We'd worked with AHDC to develop rental units under our HOME program and through the low-income housing tax credits. Additionally, AHDC had recently assumed management of our Boys and Girls Club.

We're going to show you now a video that lasts about six minutes so you can meet the SHINE program, and then we'll come back to this presentation. Would you play the video, please?

Video:  Hi. My name is Luz Acosta. I'm the program director for the SHINE Boys and Girls Center in Yuma, Arizona. So the SHINE program has been serving our community for more than 10 years. We took over the local Boys and Girls Club last February 2020, and after six short weeks we had to close our doors for COVID.

Good afternoon. My name is Michael Morrissey. I'm the executive director of the Housing Authority City of Yuma in Arizona, as well as our affiliate nonprofit, the Arizona Housing Development Corporation. And together, we provide housing development and family related services to over 1500 families throughout the city of Yuma.

We saw a critical need in our communities at the onset of this historic worldwide pandemic, but we didn't know where to turn to for help. Unfortunately, or coincidentally, at the time, the Neighborhood Services Division of the city of Yuma reached out to me with an opportunity to secure funding for essential programs and resources to continue our services

We had to choose if we remain closed or opened our doors and provided an emergency childcare program for our community, and that's what we did.

So we applied for CDBG in May. We weren't sure if we were going to get it or not, and mid-May we started our program. We didn't know we were approved until June, but we already had our doors open. The city of Yuma was really easy to work with. They helped us so much. They helped me through the application process, through explaining everything that goes along with CDBG funding, and how to best use the funding.

The city of Yuma acted swiftly in acquiring the available funds offered by HUD and worked diligently to inform the community. The application process was smooth. It was unhindered by red tape, and their support in addressing the need for daycare services for essential personnel was unwavering.

Whatever happened administratively behind the scenes, only in the city of Yuma's Neighborhood Services Division can truly explain, but from my perspective, they quickly received the needed approvals to fund our program. They were responsive, and they were seemingly following through effortlessly.

Luz and her team coordinated an all-day multi-week summer camp and cared for dozens of youth, which allowed the opportunity for many essential workers to continue with their important work. These families were offered the most affordable daycare services in town, ironically, at a time when most others were shutting their doors or shedding their responsibilities.

In regards to program coordination, Luz Acosta, our program director, and her team, along with several volunteers, including SHINE mentor leaders, efficiently and effectively opened the doors to provide desperately needed services. SHINE had the option to close its doors, given growing concerns of an unprecedented worldwide pandemic, but its leadership remained steadfast in its commitment to our community and its families.

In fact, they designed a plan of action that offered more service and support than we even originally anticipated.

The garden was practically abandoned, and they asked us if we could help them. Then Jesus had the idea of painting the area to lifting the spirit of the garden.

H. My name is Jessica Anderson and I'm a nurse and I have two kids at the SHINE Boys and Girls Center. My kids talk nonstop about this program. They love their day. If they don't go, they get upset. They get mad. If my kids could sleep there, they probably would try because they just have so much fun, and the staff there truly cares about our kids.

So they're learning interpersonal skills. They're learning life skills. They're learning about building. My son talks nonstop about the STEM lab. So it's been a blessing for me. So I just wanted to say thank you, guys, for knocking it out of the park and being such a great resource here in the community because we really need it. And if you guys ever need anything, we're here for you.

While mom who's a nurse was out, was in the hospital, struggling with this virus and helping other families, the kids were here in a safe space, learning about kindness and respect and community responsibility in a really unique way, whether it was in Zumba in the gym or with a theater performance or arts and craft projects. They learned about community and caring and citizenship even.

Honestly, I'm just so proud and so grateful to be part of this community. Whenever anyone is in need, the community just rises to the occasion, and they do what they need to do. Especially with the SHINE program and the city of Yuma assisting them and providing this grant to them, it really helped not only the SHINE center and the kids that were already coming here, but it has also helped our low-income families through our agency provide a safe place for our families. And it's just such a great blessing to be part of this community.

I love it. It's so fun.

The staff here are wonderful.

This place is amazing. I made amazing friends.

I love the staff. They're really helpful.

Mom, if you're watching this, please -- well, thank you for letting me come here, and just don't take me out of this place.

I would definitely thank Luz, the director. She is very nice.

Thank you, SHINE Boys and Girls and staff because you're awesome, and I love you.

I just want to let everyone know who watches this, this SHINE center is the best thing ever. So --

That's a wrap.

Rhonda Lee-James:  Next slide, please. Thank you.

So while you regain your composure after seeing that heartwarming story, I'd like to give you just a bit of information about the SHINE program as it relates to the CDBG-CV award.

Our funds covered 40 percent of the operating costs of the program. We helped with staff salaries but also with cleaning supplies, PPE, and the like, things they needed to keep the kids and staff safe. We served 20 families that summer, and you can see on this slide the demographics of those families.

We opted to set this program up under the urgent need national objective, which, frankly, was a bit frightening to me and our staff. We wanted to be sure any family that needed childcare during that pandemic would be allowed to join the SHINE program. But we aren't accustomed to using urgent need, and were worried if our proportions of LMI and urgent need would come out okay.

In the end, our service to LMI with CV funds was more than sufficient to maintain the allowable ratios, and our decision to immediately proceed under urgent need was a sound one. And as an aside, with our 2021 regular public service allocation, we have funded SHINE to continue this program. Next slide, please.

So let me close with my thoughts on how we were able to successfully utilize CV funds for a pandemic response.

We already had strong working relationships with the community nonprofits. So when the pandemic struck, we were positioned to jump in with help. Because of the support of our city council and their willingness to forego -- excuse me -- their usual procedures and agenda deadlines, we were able to ramp up quickly and efficiently.

We had to keep pushing forward, even while waiting for guidance. We just kept an eye on the CDBG regulations and continued to distinguish between regulations that can't be overlooked and normal practices that we can waive during the emergency.

Finally, we always tried to remain focused on the urgency. There were many sleepless nights worrying about regulations and protocols, but in the end, it always came down to one thing. Does this prevent, prepare for, and respond to the coronavirus? If the answer was yes, we pushed it on through. Thank you very much.

Andelyn Nesbitt: Thank you, Rhonda. That was beautiful.

All right. It's time for poll question number two. What do you anticipate will be the greatest public service need in your community in the next six months? Choices are emergency housing, subsistence, childcare, food assistance, PPE, homeless services, or other.

Paul Burgholzer: And we'll close the poll in about 10 seconds.

Andelyn Nesbitt: All right. Looks like it's pretty clear emergency housing subsistence will be by far needed and homeless services as well. Very good to know. Thank you.

All right. Now, we're going to hear from Brandie Isaacson and Chief Dave Heavener with the city of Livonia, Michigan. Brandie.

Brandie Isaacson: You can hear me?

Andelyn Nesbitt: Yes.

Brandie Isaacson: Okay. I'm having a -- okay. I'm good. Sorry about that. I just want to say thank you for this opportunity to share what the city of Livonia was able to do during our pandemic crisis. And I am share -- I am actually joined today by Chief Dave Heavener who was instrumental in supporting our CDBG program throughout these past 18 months and providing us assistance.

So Livonia is a suburban community located just west of Detroit, Michigan, with a population of 95,535 people. It is a close -- full of close-knit neighborhoods with a strong community spirit. The city's motto is "Families first." Livonia has successfully maintained its friendly hometown atmosphere while keeping a strong emphasis on public safety, parks, and public services.

With the COVID 19 pandemic creating an immediate threat to Livonia's most vulnerable community, there was an imminent need to protect our senior citizen population. Our PPR tieback was to increase public services to address the greater impact of the coronavirus on senior citizens within the community. These services included distribution of PPE supplies, offering COVID testing, vaccine delivery, and support for our senior emotional wellness.

Livonia received two rounds of funding. During the first round of CARES Act funding, Livonia was allocated $196,155, and then we received an additional amount of $466, 546 during the third round of CARES Act funding. Our total allocation spent to date has been 35 percent. Next slide.

The city of Livonia faced many challenges early in the pandemic. More than 20 percent of Livonia's population is made up of senior citizens 62 years of age or older, and further impact this population, Livonia is home to 20 independent and assisted care facilities, which houses over 2200 vulnerable seniors.

PPE, testing, and vaccines were not accessible. Therefore, many seniors did not have the resources to protect themselves against the COVID virus. As a result, high infection rates were among this defenseless population. Livonia had the second highest number of COVID cases reported within Wayne County, in addition to the highest death rate at 12.12 percent at that time.

With hospitals and medical care facilities being inundated with COVID cases, the city's fire department was utilized as a frontline resource to triage, treat, and transport our critically ill seniors. Although the run volume decreased, the severity and complexity of the calls increased. This placed additional strain on our public safety department. How would we obtain the much-needed resources to assist our city's seniors in preventing and preparing -- preparing and preventing for the spread of COVID? Next slide.

We created a program on the foundation of partnerships, recognizing that not one of our departments could carry out such a mission alone. Together Livonia Cares team was established. With the city's mayor's office taking the lead, it broke down the silos of each city's department it was used to operating under. Joining strengths of the Planning and Economic Department, Parks and Recreation, the fire department, Community Resources, Emergency Management, and the Housing Department, the Together Livonia Cares team was able to capitalize on all the knowledge, skills, and resources each of these units had to contribute.

Then, with the expansion of our CDBG-CV programing, our partnerships expanded, and we were able to receive additional support from Wayne County Health and collaborate with the Detroit Wayne Integrated Health Network. Next slide.

The TLC team converted the city's recreation center into a point of -- distribution center, or commonly known as a POD. With PPE being so limited, local businesses and other community partners donated materials and equipment, which was dispersed throughout the community.

The primary focus early on was given to essential public safety, health care, and essential worker. Still facing accessibility barriers to PPE, the Housing Department was able to utilize these partnerships created by the TLC program to assemble the CDBG PPE closet. Utilizing the CDBG-CV funding, we were able to purchase additional PPE supplies, which was used to help the senior citizens in preventing and protecting themselves against the coronavirus.

Masks, hand sanitizer were put together, and we created PPE kits. These PPE kits were then distributed to all seniors living among the city's housing communities. Next slide.

Dave Heavener:  As the city of Livonia was witnessing rising infection rates among the senior communities, the entire city was being negatively impacted. At the time, COVID tests were not readily available unless you were already showing symptoms of the virus, and access to testing was scarce, as many of these high-risk residents lived in communal settings and had significant barriers to seek care.

As statewide resources were spread too thin to effectively provide the needed testing to this highly vulnerable population, the Livonia Housing Department and the Livonia Fire Department decided to utilize a highly trained, capable, and mobile workforce to provide this much needed service.

The strategy was to identify, isolate, and educate residents at each of these facilities by utilizing both limited-duty and off-duty firefighter paramedic personnel to go door to door offering COVID-19 PCR tests. This would allow the facilities an opportunity to benchmark the level of contamination rates among their senior communities, as well as evaluate their prevention efforts.

In the end, eight senior communities participated in this effort, with over 1,000 seniors being offered COVID-19 testing. What we didn't know at the time is that we had begun to create a blueprint to administer a COVID vaccine, if and when one became available. Next slide. Next slide, please.

When the vaccine was introduced, access was extremely limited, and some senior facilities did not fall within the administration guidelines that had been established. Even though many of these residents were of the highest risk population living in communal settings and faced with significant barriers, they had not been included in the statewide vaccination efforts. These seniors effectively had been forgotten.

Once again, we were faced with the challenge. How could we, as a community, become the voice for these residents? With access to the vaccine being the major issue, we partnered with the Wayne County Health Department to try to secure vaccine for these residents.

On February 15th, 2021, I received a call from the county to inform us that 500 doses of the vaccine had become available, and if we could help administer them, they would make them available for those residents. But these vaccines were immediately available and must be used within five days.

Our strategy here was to utilize the partnership in the blueprint that had been established during our testing efforts. And within 24 hours, we once again mobilized and began administering vaccine door to door at our senior independent living facilities. By the end of the week, vaccines were administered to nearly 600 residents through seven senior housing facilities.

The effectiveness of these efforts would lead to additional partnerships with the Wayne County Health Department to support continued efforts to vaccinate even more seniors. This led to the official programing of Vaccinate Livonia. Next slide, please.

By that following Monday, the city of Livonia Senior Center was transformed into a point of distribution center led by our emergency management team and fire department. Utilizing, once again, the knowledge, skills, and partnerships that had been established through the Together Livonia Cares Initiative, resident registration was managed by our Parks and Recreation Department, who had already had the technology available to perform such a task.

A call center was established for seniors without access to online technology. This was managed by the mayor's office and a team of other city employees to overcome significant barriers. The Livonia Fire Department was responsible for the delivery and administration of the vaccine, as well as the documentation into the Michigan Care Improvement Registry.

The Citizen Emergency Response Team managed crowd control, support functions, and vaccine recipient after care. Our Department of Public Works increased janitorial duties at the senior center to reduce contamination. The Transportation Department provided rides to and from the senior center for those without access, removing yet another barrier. Many city of Livonia employees filled in gaps in registration confirmation, ID verification, assistance with those who had mobility issues, even entertainment during the 15-minute observation period after receiving the vaccine.

Fire department crews were also mobilized to deliver vaccine to homebound residents. This program continued into May. CDBG funding was utilized for off-duty fire department personnel, while individual departments manage costs associated with their employee volunteers.

This had become the longest sustained response to the largest health care crisis of our time, and our community came together to serve the public. In the end, 18,000 doses of COVID-19 vaccine had been administered to Livonia seniors who did not have access or otherwise unable to obtain the vaccine. Next slide, please.

Brandie Isaacson: During the door-to-door testing and vaccine delivery, it was quickly discovered that Livonia seniors were suffering from the stresses of the COVID pandemic. The Housing Department conducted a basic mental health screening of the seniors living within its independent living facilities and identified that 25 percent of our seniors are suffering from depression and anxiety related to COVID.

Recognizing the negative impact that social isolation, illness, and grief had on our seniors, it did become obvious that post-COVID pandemic care was necessary. And through our previous partnership with the fire department, we became aware of a mental health awareness initiative called -- that they started called the Yellow Rose Campaign. This was designed to remove the stigma around mental health issues in fire service, and we felt that we could use this model or it could be duplicated in the housing industry.

So currently, we're working on a new logo that combines the Yellow Rose with the housing logo. We hope to create a new awareness campaign to reduce the stigma around mental health within the housing network. Like the fire department, we will be given shirts displaying this logo, and it will be distributed throughout Livonia senior facilities, and staff will be encouraged to wear them during a month-long campaign, which is currently still being determined.

Another caveat to this is mental health first aid training is also part of our senior emotional wellness campaign. And what is mental health first aid? It is a public education program that helps individuals across the community understand mental illness, [inaudible] timely intervention, and save lives.

So we are currently partnering with Detroit Wayne Integrated Health Network, and we are focused on training all housing professionals that work within senior housing communities throughout Livonia so that they will be equipped with the necessary resources and toolkits to help navigate the residents through these stages of getting emotional wellness support.

Emotional wellness seminars are also currently being provided to our seniors. The purpose of this is to increase their awareness, reduce their stigma, and really provide an out-of-the-home activity. The goal of this is to reduce their senior social isolation in the hopes that it also reduces their anxiety with COVID, the depression that they've been experiencing, and give them a platform to provide or gain peer-to-peer support.

Seniors who are interested in getting more involved with this initiative will be provided the opportunity to participate in a separate mental health first aid training. Upon completion, they'll take a pledge to support their other -- other seniors or their peers, receive a certificate, and then be provided with the tools and resources necessary that they can be assistants to their neighbors, their friends. This program is going to be known as the Senior Ambassador Program.

In the end, we really do hope to create a united front using these partnerships to move together and change the community's culture surrounded around mental health and emotional wellness, especially in a time that it's impacting our senior citizen population. Next slide.

Lessons learned. Consider community demographics, and target the needs of most vulnerable residents. Early on during our pandemic, it was clear that we had a high concern for our senior population. So immediately, we started to focus on that population. They were vulnerable.

Evaluate the ripple effects of pandemic-related stresses on public safety and other essential services. So we already knew that our fire department, our public safety, all of our other departments were stressed. We were having a situation where not one of us could complete a project or do anything, but we were able to come together, and each one of us have some skill, knowledge, or funding source to be able to create one whole program that was able to help our seniors prepare, prevent, and respond to the coronavirus.

And then we were able to incorporate all of this information as we're moving along and really take these templates and apply them when we were required to overnight come up with another plan to deliver another project. So kind of utilizing what we already have in place to move forward.

So just want to say thank you, again, for the opportunity. I would like to update -- continue to update everybody on the emotional wellness campaign. That is something that we do hope takes flight and maybe gets disseminated throughout the housing community.

Andelyn Nesbitt: Definitely. Thank you so much, Brandie and Dave. And now, it's time for poll question number three. What is your community's biggest challenge with CDBG-CV public service activities implementation? Was it identifying partners, determining eligible activities, labor shortages and/or supply chain disruptions, documenting beneficiary eligibility, or accomplishment data collection or something else?

Paul Burgholzer: And we'll keep the poll open for about 10 more seconds while you submit your answers.

Andelyn Nesbitt: All right. And looks like it was pretty evenly distributed, the issues. Determining eligible activities was something that was really difficult and documenting beneficiary eligibility. So thank you. Very good information.

All right. Last but not least, we have Tia Braseth with the city of Fargo, North Dakota. Tia.

Tia Braseth: Hi. Thank you, Andelyn. As you heard, I'm Tia Braseth, the Community Development Division head from the city of Fargo's Planning and Development Department. What you can't see is a team of four amazing staff members who make all this work happen. So a special shout out to the Fargo CD team. Thanks for all your support. Christie, Jasmine, Catlin, and Sidney. We really couldn't do this without you. Next slide.

So everyone has heard of Fargo because Hollywood thinks they put us on the map, but a lot of people don't really know where we're located. So I'm going to clear that up. Fargo is located in the southeastern portion of North Dakota, just on the Minnesota border. And the Red River of the North is what defines the state lines with Moorhead, Minnesota, just across the river. And it's this close proximity to Minnesota is why we are part of the Fargo, North Dakota Minnesota Metropolitan Statistical Area.

So combined, the population of this area is just under a quarter million people, but the Fargo population alone is just under 130,000. Still, Fargo is the largest city in the state, as well as the largest city between Minneapolis, Minnesota and Seattle, Washington. So it's a pretty expansive area to be the hub in between, but we're a hub for multiple reasons besides that, which is we're surrounded by rural areas and over 10 tribal nations within a few hours' drive, which draws in a lot of people for work, shopping, school, entertainment, and living.

We're also a big college town. So a lot of people are in our community because of that. We are also one of the larger refugee resettlement communities in the country. And finally, we do have a historically low unemployment rate, and our cost of living has been pretty reasonable for as long as I can remember, and that's been a while.

So Fargo does tend to draw in a lot of people, and in some cases, this does impact our homeless population counts. There are just under 1,000 people who are homeless on any given night within our community. And like most other communities in the country, our local homeless population is disproportionate when it comes to people of color.

More than 38 percent of our homeless population is either Native American or black. So to put that into perspective, only about 10 percent of our general population actually includes Native American and black people combined. So our our BIPOC community, like many other people, are often at higher risks for COVID and other long life term -- lifelong diseases like diabetes, for example, hepatitis.

So the project that I'll present to you today is a mobile health clinic, and it will be serving a lot of our BIPOC community. And I'm hoping it can contribute to turning some of those disproportionate numbers around. It is a prime example of how we can prepare for, respond to, and prevent COVID-19 and possibly future pandemics within our communities, with a particular focus on targeting underserved and low-income populations.

And in fact, there are many communities that have been building vehicles just like this one using other funding sources. So I was really surprised that Fargo was one of the, if not the only one, that used CV resources to do this. So that's kind of neat, but I kind of have an idea why that might be too because I think a lot of those vehicles were getting produced much faster than the CV funds were becoming available.

I know that was the case here, too. So we were only able to put in less than 10 percent of the project, while we certainly would have put more in had those CV funds come sooner. But anyway, the subrecipient agency that carried out this particular project is Family Health Care, which is an affordable clinic and dentistry in Fargo. Next slide, please.

So at the beginning of the pandemic, our community was facing some pretty significant challenges related to our homeless services. One of the biggest challenges was related to a combination of our homeless health clinic closing, which was operated by the subrecipient out of the Family Health Care Clinic building. And the main clinic, they ended up having to use that space for extra room for isolating patients who had COVID-19 symptoms.

So with that and our library and other common public spaces that were shut down, which are typically the places where our local homeless population was hanging out during the day, it became very difficult to find out where the folks were and to continue providing services, especially really important disease management services and, of course, doing COVID testing at the time, but now it's vaccinations. And so this mobile clinic, patients could be reached for testing vaccinations, exams, procedures, dental care, and so forth. Next slide, please.

Yeah. So there were a number of delays in the production of the mobile clinic, which I'll go into detail on shortly. But fortunately, in the interim of the closing of the old homeless health services and the implementation of the mobile clinic, a new location for homeless health ended up opening up in one of our vacant city-owned buildings as part of a newly opened homeless engagement and day center, much like the shelter that Lisa shared about earlier in Idaho Falls.

So this -- the fit up of the homeless health center that was in this particular building and still is today in this engagement center, we're funded with other CARES Act money, which just happened to come a little faster than the CV funds. And, obviously, they were both in response to COVID, but now, the mobile health vehicle is in use and it's in its initial training status right now. So it's still not quite out with our local homeless population, but they are planning for that really soon.

A local news station did do a really wonderful story on this project. So I would like to share that video now and it's only about a minute and a half but stick around because once it's done, I'll cover the challenges that we faced on this project.

Video:  It's bigger than most moving trucks, and today, crews at custom graphics started to wrap it, "it" being the new mobile medical clinic for Family Health Care in Fargo.

After instruments have been cleaned, they'll be heat sterilized in here.

Inside the 40-foot-long clinic, space for dentists and physicians to do exams, give immunizations, and do procedures.

And we need to go meet the patients where they're at then, sometime because of some of the limitations they have to get to us at times.

In fact, within a couple of weeks, this mobile clinic will likely get to underserved sections of the metro area to deliver COVID vaccinations and dental care.

We addressed that there was a need three years ago, and that need is still very apparent today, especially with the type of communities that we're trying to address being the underserved, the homeless populations.

The clinic on wheels costs around $450,000. Grants from Otto Bremer, private and public, city and federal all made this possible. For the 17,000 patients who come to Family Health Care downtown every year, this is a game changer.

And so with this mobile unit that we can start to go out and meet them where the services are needed.

Besides hitting schools and neighborhoods, family health will likely branch out to rural communities nearby, bringing dental and medical care to patients who often feel that they are left out. Kevin Wallevand, WDAY News.

Tia Braseth: Okay. So as you saw in the video, the driving purpose of the mobile health clinic is to bring affordable health care to our underserved citizens, which will have a great impact on the health and well-being of our homeless population. Next slide, please.

So getting back to the challenges a bit -- go back. There you go. Thanks.

So getting back to the challenges, the biggest one was related to production. The manufacturer that was working on the actual vehicle ran into COVID-related and supply chain delays. As I mentioned earlier, the mobile clinic is just now going into operations after over a year of waiting. And most of the key delays were related to COVID.

First, many of the people building the vehicle contracted COVID and actually became very sick and were out for a long time, including a couple of their project managers. And second, of course, is something that everybody was dealing with. The actual materials were on back order for many things like the hydraulics, the generator, and for accessibility components. They were all backlogged.

So that's pretty common throughout the country -- throughout the world. Manufacturers are simply unable to get all the parts needed to build things. So most often, it's related to COVID and shutdowns or lack of employees. But in some cases, there are perfect storms like the computer chip shortage, for example, which was a combination of global supply chain delays, COVID-related, weather related, fire related shutdowns, shipping costs, and the costs associated with just building more manufacturing plants. And same with the truck driver shortage. Without a doubt, the chips and truck driver shortages impacted the completion of the mobile clinic.

But now, that the vehicle is in operations, subrecipient is also planning to use it as a command center for future health outbreaks and pandemics. For a lot of service providers, moving at the pace of the pandemic was really challenging. I'm sure you've all heard that with your partners and your communities. It was like a crisis on top of a crisis on top of a crisis. And additionally, we really don't know the long-term impact that this pandemic is going to have on the people we serve. So that in itself can continue to be very challenging. Next slide, please.

So as you heard in the video, this project was a little over $450,000, and there were several financial partners. Because we're covering operations with our CV funds, we will require detailed pay request documentation as well as affidavits that duplications -- duplication of benefits isn't occurring, and the subrecipient has also employed independent audits throughout the pandemic specific to duplication of benefits to make sure it's not happening. So we will require that audit for our verification and files as well.

And as an experienced subrecipient, they do understand how important it is to ensure that duplication isn't occurring. And as a health care facility, they are getting so much funding, as we are. So they are very good at tracking that. Next slide, please.

So I think we can all agree that the pandemic highlighted the importance of the programs that we've been fighting for for decades. For any future pandemic or crises, I think they might be more manageable if we continue to fund these programs at the level we have been during the pandemic, like more rental assistance, emergency payments, homeless diversion and prevention programing, and so forth.

And I would say from an administrative perspective, a challenge related to our use of CDBG-CV funds was that it doesn't have the same timeliness requirement as the funding -- as regular funding does, and our primary CV subrecipients are the same across our '20, '21, and CV plans. So we really need them to spend down their 2020 and 2021 funds first in order to meet timeliness requirements.

So there is a very real risk of losing these funds if we can't get them to spend them down faster. And simply might seem well, why not have spread the funds out to more people and more subrecipients in order to keep the money flowing simultaneously simultaneously?

Well, we don't have the capacity in our office, nor does our community. It's a small enough community that a lot of organizations had to come together to even respond to COVID. So that's why we're helping a lot of the same people. And additionally, I'd say working within the public service cap that has resumed with 2021 funds has been difficult.

Certainly, it has always been difficult since the majority of applications we receive are for public service funding anyway. So every year, we are turning down a lot of organizations for doing good and very necessary work. So that's also causing us to reevaluate how we're doing our proposal process, our application process, NOFA, NOFO.

So again, I think it would be great to continue funding public services and increasing how much we can fund as much as possible. My wish would be that the limits would go away and the caps would go away. But I don't know that will ever happen, but it really would be useful.

Overall, when it comes to emergency response and management, I think the two most important things a grantee can do is to work with experienced partners. It's critical for rapid response and to keep your ear low to the ground. It helped a lot that we were already engaged with our partners, and I've heard other people panelists saying that to be involved with them already. So because

we were and we were on a regular basis, that meant for us that identifying needs and gaps came a little faster than it may have otherwise.

Additionally, it's important to stay focused and create and implement good project management tools and habits, such as templates, checklists, documenting, and again, regularly meeting with your subrecipients throughout the projects. That is critical. It's helped a lot. And there is a lot of funding. So as you all know, there's so many rules, regulations right now. So really good project management is essential in order to administer the funds properly and quickly.

And I'd say using the HUD Exchange is highly recommended, as you heard earlier, but also, as many of you probably already do utilize your HUD reps, that's what they're there for and we do. She's incredible and she's helpful and we appreciate her. So I would recommend that too. But yeah. That's pretty much everything. Thank you.

Andelyn Nesbitt: Thank you, Tia. Excellent job.

For our attendees, I'm going to go through some resources that are available to you quickly, and then we're going to move on to question and A -- Q&A and get to some of the great questions that you guys have asked in the box.

So some resources that are available and are linked, again, this presentation and the video from today will be on the HUD Exchange shortly in the upcoming weeks. There's a FAQ for PPR Tieback flexibilities. There's also an FAQ for subsistence payments and a financial management quick guide.

Overall, there's a CPD COVID-19 grantee guidance on the HUD Exchange. Well, that one's on hud.gov actually. CDBG-CV HUD Exchange page has a lot of great information. There is the CV Federal Notice and the CDBG-CV toolkit that's on the HUD Exchange. There's also the webinar series that's on the HUD Exchange as well.

All right. So now, we're going to move on to Q&A. We've been collecting -- you guys had some great questions. So I'm going to start here, and, panelists, if you guys don't mind, go ahead and get back on camera. Now's the time. Everybody's going to pick your brain, and we're going to go through some of these questions.

So regarding documentation and recordkeeping, how did you document eligibility for beneficiaries, especially using high-volume programs and using LMI objectives that require the documentation? How did you go about that, if you guys could kind of round robin it?

Brandie Isaacson: I can go first. That's one of the reasons why we targeted seniors as well is because they were a limited clientele and already presumed low income. So that reduced our burden.

Andelyn Nesbitt: Good point.

Tia Braseth: I would follow with what Brandie said, too. A lot of the people that are -- well, all of the people that are served by Family Health Care are low to moderate income or homeless.

Andelyn Nesbitt: Absolutely.

Rhonda Lee-James: With our rental assistance program, we really had to do traditional income verification for eligibility, but there were some flexibilities that HUD offered us as to how many months of documentation that we had to obtain. And as I mentioned in the presentation, we also had to find some different ways to receive those documents because of what was happening at the time. So it was traditional with the rental assistance and then we may talk a little bit more about urgent need here in a minute but we also used urgent need.

Andelyn Nesbitt: Great. Just to piggyback on that, what were some of those ways that you got documentation when COVID first hit and we were concerned that paper could hold the virus?

Rhonda Lee-James: We accepted photographs that were sent to us either by email or through text. It was the first time we had ever done anything like that. It was kind of scary, but we did. Now, and in many cases we followed up late -- later on down the road to get -- to secure some paper documentation that we might need. But for the most part, we did it that way, or like I said in the presentation, they would just drop their pieces of paper in the mail slot at City Hall, and something we normally wouldn't have ever done previously. But we did. Lots of talking on the phone, too.

Andelyn Nesbitt: Thank you so much. I'm going to move on to duplication of benefits. Can you guys each explain how you came up with your DOB procedures to prevent duplication of benefits?

Brandie Isaacson: Oh, I can go. For an example, when we were doing the testing, testing was not available. So there was no duplication of benefits, and that was also with the case of the vaccines. We were doing it so early on that it just wasn't available anywhere else, and nobody else was doing it.

Andelyn Nesbitt: Great point.

Lisa Farris: I would add that this duplication of benefits was communicated from the beginning in our notices to apply. And with those having ongoing communication with our community providers in the area, they understood what that was because they were receiving a lot of different funding sources. So we have it built into our agreements as well. We have a table that goes through the criteria and checks off if they run into any duplication of benefit situation.

We actually had a few of our applicants, once they went through the exercise and realized what it was, they removed their applications because they knew it would create a duplication of benefit.

Andelyn Nesbitt: Great. Fabulous. So you already had that built in and --

Lisa Farris: We did.

Andelyn Nesbitt: Great. Anyone else on duplication of benefits?

Rhonda Lee-James: We put a paragraph, if you will, in our agreements with subrecipients for -- that were doing the program, like the SHINE program, for example. And they were giving us financial reports on a quarterly basis. We made them aware of duplication, that we weren't -- they weren't being overpaid. So they have good accounting system, much like what Tia mentioned in her presentation, and we relied on their good accounting to know that we're not duplicating, but it was in their contract. So hey. They might have to pay it back, Michael.

Tia Braseth: I would say, too, I think with our rental assistance and emergency subsistence payment programing, that's where a majority of our CV funds are going, which is also the programing that made us the most nervous about DOB. But we found that our subrecipients, the two main ones that we are doing that programing through, are using a software database system where all of their clients are already going into this particular software so that they're not duplicating benefits because the state's requiring that and other federal agencies are requiring that. So it's a lot easier than we ever thought it would be, thankfully, because I think it would be kind of nerve wracking otherwise.

Andelyn Nesbitt: Right.

Lisa Farris: I would add to that, too. With our mortgage assistance, we're working directly with IHFA and their lending division, and they're specifically looking for that. And we limited our assistance to three months. Even though it was lifted to six months, we limited it to three months so that we could address that a little bit closer to home and make sure that we could assist more client.

Andelyn Nesbitt: Very good. All right. There were some questions that were specific to certain panelists, but I'm trying to get to the questions that were overall for everyone first because we had a lot of the same type of questions.

So I'm going to talk about national objectives in a moment, but first, I want to ask, when exploring the vital document verification challenges, was HMIS considered, especially for those who were serving the homeless?

Tia Braseth: Well, I'll add right now, since I'm one of the few that are working with homeless set, HMIS was not -- it's not something we're considering with our mobile health unit project. So we don't have any connection with that.

But I know there's a lot of documentation -- HMIS-related documentation with our rental assistance program because that includes a lot of homeless diversion and prevention programing, which would include getting people out of homelessness. And I can't speak directly to that, but we might be able to find more answers from our providers on that that actually have to use HMIS on a daily basis.

Andelyn Nesbitt: Right. Awesome. Thank you. Anyone else want to add to that before we go to national objectives?

All right. So specifically, the urgent need national objectives, what were -- for anyone who used urgent need, what were the benefits, and what were the drawbacks?

Rhonda Lee-James: I'll jump in on that one first. The primary advantage and the reason we used it with the SHINE program was so that we could serve any parent that needed to be served, and we could do that in a quick way. We didn't have to wait for income verification and eligibility requirements to kick in so that they could get the kids in the program and they could get back to work. So that was the advantage.

The frightening part was the rules about using urgent need and the ratios that you have to keep with how much -- what the percentages are of your funds that you can allocate to urgent need versus low to moderate income benefit. And we just had to kind of close our eyes and push forward and hope it all worked out in the end. And it did because it balanced our -- with our CV funds being with the rental assistance, that allowed us a little more -- much more flexibility with the SHINE program.

Andelyn Nesbitt: Perfect. Thank you. Did anyone else use the national objective -- the urgent national objective? Okay.

All right then. For purchasing equipment -- and I know that, Tia, you can speak to this a bit, if anybody else can as well, were any major delays associated with the supply chain shortage -- did it affect contract term dates? Specifically, did contracts have to be extended due to the supply chain shortage?

Tia Braseth: Our contract will have to be extended for sure because we only set it out for 12 months. In terms of the actual subrecipient's contract with the manufacturer, I'm not sure. We'll have to look into that. So thanks for the reminder. That's probably a good thing for us to check into. But yeah. That's -- in terms of ours, we had to extend all of them.

Andelyn Nesbitt: Right. Can you speak to a little bit about what happened there with the supply chain shortage?

Tia Braseth: Yeah. It's just -- it's kind of what I said in the presentation, that we had a lot of people, like across the whole country, not able to manufacture products either due to having the illness themselves or having not enough employees or getting the parts delivered to them in order to complete the manufacturing process and the chips that we talked about a little bit and delivery shortages in terms of the drivers available to -- we're still having that issue. You've got all the carriers, the ship carriers out there waiting to find truck drivers to deliver the supplies. So I think we're going to be running into that for a while yet.

Andelyn Nesbitt: Anyone else experiencing that or fear that -- having contracts that may need extending because of that? Okay. All right then. Let's move on.

Did any of these CDBG entitlement programs receive state CDBG funds -- CDBG-CV funds to expand or enhance their local CV activities? Okay. All right then.

There, I'm going to go ahead and just jump into some specific questions. First one -- and we're going to round robin. So first one for Idaho Falls. "How did you satisfy procurement requirements with your equipment purchases?"

Lisa Farris: So this only applied to a couple of our activities. We would request at least three estimates, if we could. The only one that we really ran into issues with was the pharmacy refrigerator because it was so specific that we had to waive some of those requirements for needing three estimates on that type of equipment because of the availability.

Andelyn Nesbitt: Very good. Thank you. All right. The next is for Yuma. "Our community put a good portion of our CDBG-CV funds into rental assistance. However, the disbursement of these funds have been much slower than expected based on the large amount of funding the county has received from the CARES Act and the American Rescue Plan and federal funds, which was made -- which has been made available to our residents. Have other communities experience this issue with their CBGB-CV funded rental assistance?

Rhonda Lee-James: With our rental assistance, we were -- we came out of the gate very, very early. We were already accepting applications from people who had lost their jobs in April of 2020, and it took -- so, we had spent our money by the time some of those other rental assistance programs were coming out. The only other rent aid was running through the state of Arizona, and so there just wasn't much else available.

So we were fortunate in that regard at that -- during that time period that we were able to really get out and help and move the funds. And then we did -- we ran out, and then when we got our second CC or, I guess, CV3, we were able to put a bunch more of our funds back into rental assistance. So by the time we had spent all of ours is when they were finally gearing up with the money through Treasury, for example, and some of the other kinds of rental programs. So we were finished by then, and we didn't renew or put additional funding in because there were other resources at that time. They didn't need us any longer.

Andelyn Nesbitt: Right. Wonderful. Great answer to that.

And this one is a little bit general. So I'm just going to open it up, if any of the other panelists had the same issue with rental assistance funds, experienced the same type of deal. No one else? Okay. All right then. Wonderful.

Let's move on to Fargo. "What procurement was followed for the mobile clinic?"

Tia Braseth: That was through competitive proposals that the subrecipient did. Not much more to elaborate on that. They just did their public bidding process for the mobile outreach vehicles.

Andelyn Nesbitt: Great. And I went a little bit out of order here. I apologize.

For Livonia, can you speak a little more to the wellness program?

Brandie Isaacson: Absolutely. It's still in the developmental stages. We started implementing some of the training. The goal behind it is really to provide precrisis support services for our seniors that are living within our senior communities. And, Dave, you might be able to help me out on this, too.

So he -- his staff, is actually the one that identified this need early on during COVID testing, that senior social isolation was really impacting the wellness of the seniors. And during this process, we sort of -- I have a staff member who created a focus group that is connecting all these public manager -- public housing managers, independent nursing skill to everything, and they've also identified a higher death rate amongst the properties non-COVID related. They're thinking it's more or less the lack of exercise, depression, grief, heartbreak.

So our community is really focused on assisting these seniors through the pandemic. We thought we do have post-crisis programs, but we don't have any pre-crisis programs. So training our staff on how to identify and give toolkits to the seniors and then getting the seniors involved and active in their own emotional wellness as well. So the Yellow Rose -- to touch on the Yellow Rose Campaign, that comes from the fire department. And maybe, Dave, if you could talk about that a little bit.

Dave Heavener: Sure. So the Yellow Rose Initiative in the fire service initiated here in Michigan, and the goal was through the Association of -- Michigan Association of Fire Chiefs, to address the stigma and tear down the stigma and normalize the conversation around mental health issues in the fire service.

The fire service had been noticing increased numbers of suicides throughout our profession, and a few years ago we started an initiative statewide that is continuing to grow. And truly, through the partnership that we encountered through the COVID testing and vaccination and all of this, conversation took place about identifying folks that we were seeing in these senior living facilities who were really struggling. They hadn't seen anybody in a long time.

As everybody went through the pandemic together and all had our own struggles, this senior population seemed to be really hit hard by it because they had so many barriers naturally that they couldn't get around normally. And then this isolation that they were increasingly seeing due to the pandemic really made their issues that they were having much worse.

So as our crews went around and provided testing and vaccinations and really started talking to this population, a lot of red flags started going up. So as Brandie and I were working together through all of our planning and preparing for what we were doing with the COVID response, we talked about the mental health issues.

And the conversation with regard to the Yellow Rose Campaign came up, and initially, it was, yeah. But that's for the fire department. But it's not for the fire department. The concept is the same for anybody, for everybody. Any group of people throughout the community can take the same principles or the same conversation piece and apply it to whatever group of people that

we're talking to or in front of or about, and the Housing Department would be no different than any other.

So it's really not a fire department specific thing. It just so happens that it started there, and the goal of it is to grow it into any portion of the community that will accept it. And if we can change the minds of anybody to accept the discussion and tear down the stigma on mental health, it's a win for everybody.

Brandie Isaacson: And why it's important is our seniors don't talk about it. They don't think that they're suffering from anything. But in our communities, we're seeing a lot of arguing, and you just can see it happening. So this is -- going through the mental health first aid for our staff here has really helped us to identify the needs the seniors need and help us to address it.

I guess also to touch on early on we did have a suicide in one of our senior facilities that was impacted by COVID. So I think that's why early on we really did start thinking about this as being a need. But in the end, I really do hope that, once we have this logo done, a house with a yellow rose, that other housing agencies can adopt this symbol. And I know for us, we're going to select a month, and we're going to wear these shirts during the entire month. We want people to ask us what it's for, what it supports, and our answer wants it to -- is to be to really tear down the stigma of mental health and really within our senior communities.

Dave Heavener: Just to couple onto that, if I can. Brandie and I were talking while we were preparing for our presentation, and I shared some numbers with her from the National Institute of Health, that out of about seven or eight of the major causes of death, whether it be cancer or accidental, or injury, what have you, that suicide is the lowest funded per death -- death rate out of all of them. And it's a little bit old data, and I'm not sure that it's exactly up to date today. I think it was from 2014.

But it's still -- it's a really stark issue that, when you see it live and you're dealing with people and you see the raw emotions that folks are really sharing because of the isolation that they've had, it really brings it to the forefront that this is an issue that every community faces. Nobody is isolated from the problems of mental health and mental wellness. And if, collectively, we can come together and make a difference in the culture of how people view and be willing to talk about mental illness, it really can make all the difference in the world to so many people.

Andelyn Nesbitt: Absolutely. Absolutely. Thank you, guys, so much.

I want to mention that we did get a lot of requests for forms and templates, for the link for the webinar that Lisa mentioned. The contact information for our panelists is on the screen. Feel free to reach out to them with questions.

Also, for any of you who would like more information on the webinars today, they will be posted on the HUD Exchange. There will also be a report to Congress on the webinar today, and that will be posted at a later date on the HUD Exchange.

If any of your questions didn't get answered today -- and I know there were many questions that came through. We thank you, guys -- you are, as always, encouraged to reach out to your local HUD field office. And I just want to thank HUD, again, for hosting this webinar series. Thank you to our distinguished panelists for your expertise. Again, the slide deck and the videos will be posted to HUD Exchange in the upcoming weeks, and we appreciate your attendance today. Thank you, everybody. Have a great day.

(END)