

## COVID-19 Office Hours: Transcript December 16<sup>th</sup>, 2022

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Hello everyone and welcome to today's COVID-19 office hours, we'll be with you for the next, maybe 45 minutes to an hour and look forward to hearing from a number of presenters today.

But before we get into the presentation content, I am going to spend just a brief moment going over a couple of housekeeping notes for today's session. session

So, 1st, and foremost, just as a reminder, we are as always recording today's webinar and a copy of that recording along with the slides. And any content from the chat will be posted on the head exchange.

Just please give the team about 2 to 3 business days. And that information will be posted at the link that appears up on your screen right now.

If you have any challenges with the audio during the webinar, we do encourage you to switch over to phone audio as that tends to be a bit more stable for folks and clear in case again you're having any difficulties,

if you want to change over to phone audio at any point, you can do that by dialing the numbers that are both up there on the screen and that Kayla has put in the chat.

All participants are going to remain muted for the duration of our time together today, but we do anticipate and hope to hear from you throughout, by using the chat feature.

So, if you're unfamiliar with Webex just go and look at the bottom of your screen and all the way over to the right hand side, you should see a little chat bubble with ideally a little blue dot above it right now.

And that's just letting, you know, that there are messages in the chat already, and you can send all questions, comments, thoughts.

Back in through the chat feature.

When you are sending the team, those messages though, just take a moment and make sure that the 2 bar is set to everyone that makes sure that all participants as well as all panelists and presenters can see anything that you type in there.

And with that, I'm going to turn things over to Karen DeBlasio from HUD office of special needs assistance programs, or snaps Karen.

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I'm thank you, Natalie good afternoon. Everyone, I'm very happy to be here with you all Norm Suchar, who is our office director and normally, who you see on these webinars he is unable to be here today. So I'm filling in for him.

I'll just take a moment to go over some of the folks that you'll be hearing from or either.

Behind the scenes through the chat, got a lot of people that are available to answer your questions. We also have some several partners, not just have folks, but providers and federal partners who you'll be hearing from or who are acting as resource advisors.

So, there's a list of folks here that we've got, as I said, no one's not here. I'm Karen. I'm a division director in the snaps office. We've got Lisa, April. Caroline Fran ebony. William Brett and Sharon. Brian 1 of our key providers.

Obviously, natalie's met Caroline, what else? From the Centers for Disease Control and prevention. You'll be hearing from her. Momentarily. She's going to do an update on and 19 for us. Next slide. Please.

Um, we also partner with national health care for the homeless Council staff and Department of Veterans Affairs staff to do these webinars each week each month. Sorry?

And they'll usually, if you don't hear.

From them on the call, they, they're in the background serving as resource advisors in case we have questions for them. So, what I'd like to do now is just go ahead and hand it over to Caroline.

Welcome. Caroline. Thank you. Karen.

Hello, everybody my name is Caroline. What else? And my pronouns are she and her.

I'm an epidemic intelligence service officer at the CDC on the special populations team, and today I'll be giving an update on the state of impacts 1st, and then on Kobe 19,

and I'll also be talking through some of the guidance updates related to homeless service providers for 19 prevention.

Next slide please 1st, 4 parks there have been a total of 29,646 cases in the United States since 2022 in May of 2022.

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And here, we can see the daily and parks cases in the red orange color.

And the daily, 70, average line overlaid in blue.

The average number of cases have continued to decline since the peak in late July.

And as an update, since our last office hours that, um, does not plan to renew the public health emergency declaration.

For impacts at the new year due to these declining cases.

Next slide please also giving a reminder that we have impacts resources on the website.

Including a toolkit for people experiencing homelessness that compiles all of cc's resources related to impacts. That might be relevant to people experiencing homelessness.

Or, for organizations serving people experiencing homelessness.

Next slide please, that brings us that was quick update for impacts to our over 19 update.

I'll give some updates on the state of fee.

Uh, 2019 pandemic and then also, we'll give you some of those covered 19 guidance updates that I was mentioning.

Next slide please here, we have the weekly trends in number of coven, 19 pieces over time.

And unfortunately cases are beginning to surge again.

And only around 13.5% of the population, that's ages 5 and older.

Have received the updated by valence booster so if you're not up to date on your vaccinations, please consider doing so, and considering encouraging your residents or clients to think about getting vaccinated themselves.

Next slide please the map here shows, 19 community levels across different jurisdictions.

Around 55% of jurisdictions are in the green or the low level category.

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Which is a 14% decrease since last week's community levels.

Just another indication that 2019 is on the rise again.

And 35% are in a yellow or medium category, and 9% of jurisdictions are red or have high community levels as of last week.

And keep these community levels in mind, because they'll come back up again.

And the guidance updates in just a little bit.

The proportions of stars could be 2 variants by week or shown here.

The on the lineage represented by the light blue color.

On those plots have decreased in proportion and is no longer the predominant variant.

The 2 other on the front and 1.1.

Have increased in proportion, and those can be seen in the dark blue and tell color.

On the very right side of the figure, and those account for over 50% of infections last week.

Next slide please and so now I'm going to provide an update about the 19 prevention guidance for congregate settings and this includes homeless shelters.

And I'll leave this light up while I talk through the updates, because we unfortunately don't have any slides for it just yet. So you'll have to bear with me.

Talking through some of the updates with you, uh, just verbally now.

But you're welcome to follow up with us and our team, and I'll give out our email at the end of this.

So, for the updated covered 19 guidance.

We do understand that you all have been waiting a long time for this update and we do appreciate everything that you have been doing to keep your residence staff.

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Volunteers and visitors in congregate, living facilities safe from 2019.

And our team, the special populations team is available to support if you have any questions about what I'm going to be talking about in the updated guidance.

The document that I'm reviewing is guidance update for homeless service sites and correctional facilities, combined together.

As we've seen to the pandemic, these settings often have a large number of residents, which can create a risk for code 19 outbreaks.

And additionally many sites serve residents who are older adults are have underlying medical conditions, which can increase the risk of severe illness from 2019.

And for these reasons, the guidance remains more conservative than the guidance for the general population.

And I will be describing the 3 major sections of the homelessness and corrections guidance and then we'll outline the main differences between this update.

Compared to the previous update for the framework.

The homelessness and corrections guidance starts with this framework for assessing code 19 risk on a facility level.

The framework allows facilities to identify what prevention measures should be in place and I'll go into the details of those prevention measures shortly. But 1st, talk about.

The considerations for risk level the 1st consideration is covered 19 community level where the facility is located.

This aligns with the guidance for the general population.

And you can find your county's community level on the CDC website.

And those community levels are low medium and high.

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Kind of like that map that I showed just a few minutes ago is a representation of those levels.

In addition to those community levels, congregate, living facilities like homeless shelters also have specific characteristics that might increase the risk.

Of outbreak or severe outcomes, and those include the facilities structural and operational characteristics.

For example, if facilities have frequent resident or staff turnover or high volume of outside visitors, poor ventilation.

Or areas where people sleep close together, the risk level might be higher.

Also, if a high proportion of residents or staff is likely to get very sick from 19.

For example, do that underlying health conditions, older age pregnancy, or for access to care.

The risk level might be higher as well and lastly, based off of 19 transmission in the facility.

If there is transmission and the facility, then the risk level would be considered to be higher.

So, facility should use these characteristics when assessing their need for October, 19 prevention measures.

And facility operators also need to balance the needs for 2019 prevention, but they need for continuity of operations. The risk of reducing access to services, or the risk to mental and physical health when these intensive 2019 prevention measures are in place.

nineteen prevention measures are in place

So, now we'll go to the 2nd part where I'll talk through 2019 prevention measures.

For the facilities, they're both everyday and enhance measures.

And in the guidance document, we outlined both of those so you're welcome to reference the document and not just here we talk about it.

But these general everyday operations include supporting staff in residents to stay up to date on their vaccines.

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Ensuring that your ventilation system operates properly.

And provides acceptable indoor air quality that you test residents and staff who may have been exposed, or who are symptomatic.

But you can maintain a stock of personal protective equipment, or.

And offer high quality, mass or respirators so all residents and staff.

That would like 1 also to conduct standard infection, control, cheap cleaning and is infection.

Overall support residents to access treatment as soon as possible if they're eligible to receive it.

And treatment must be started within a few days after symptoms developed to be effective.

And then finally isolating anyone who test positive for 19 for 10 days since they started the symptoms, or from the date of sample collection of a positive test. If they're asymptomatic.

But if a person does have a negative viral test, isolation can now be shortened to 7 days in most contexts.

And those are the baseline everyday code for 19 measures and there are enhance prevention strategies as well. That should be added on.

If you're covered community level is high or based off of your facility risk assessment that I described earlier.

And those enhanced strategies include increased, increasing and improving your ventilation as much as possible. And there's some CDC resources on the website for that.

To consult with your state, local, tribal and territorial health department about whether to implement routine screening testing.

Requiring universal indoor, masking, regardless of vaccination status.

And adding enhanced cleaning and disinfection protocols.

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Creating physical distance and congregate areas where possible and finally reducing movement and contact between different parts of the facility.

Between the facility and community as much as possible and of note facilities might not be able to apply all of these enhanced code 19 prevention strategies at once due to resource constraints.

Um, but being able to implement as many as possible, will help prevent transmission.

So, in our final part, but we were just talking at you. I will give just some of those calling out different changes between the previous guidance, and the current guidance.

You may have noticed some of them, but there are several major differences from the homeless MIS guidance that was last updated.

Quite a long time ago. Um, so, 1 of those 1st, main changes is facilities are now provided with this framework to assess the risk of coven, 19 spread.

Taking into account all of those facility factors in addition to the.

Community levels and 2nd.

The guidance describes these every day versus enhanced prevention strategies.

Another change is some of these main implications of the changes are that distancing and masking recommendations are no longer universally recommended.

For homeless service sites, but they're an enhanced measure only.

And then the threshold for applying enhanced measures has changed to a high coordinating community level where it used to be just a medium level.

And then the final 2 or that quarantine and exposure to someone and 19 is no longer routinely recommended.

And that finally guidance for duration of isolation for people of covid, 19.

Now includes an option to end that isolation period after 7 days with a negative viral test.

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Next slide please. So thank you for bearing with all of those updates, but you're welcome to contact us that special populations at dot com. If you have a specific.

Question about your own facility or 19 prevention measures.

And I'm happy to answer any other questions and thank you so much for your time.

Back to you, thank you very much. Caroline. I do not see any questions in the chat.

Thank you Kayla who's been putting a bunch of links in here as you were talking about some of the guidance documents.

So, folks go to the chat if there are if you have questions, but it's not too late to ask them, but make sure you go to the chat and take a look at all of the guidance documents that that CDC.

Have available for you guys and thank you for those updates. I think it's really important again. That's where heading into, you know, that season where things are spreading and people are getting sick and unfortunately the, um.

Because it's on the rise a little bit. Um, so the next presentation.

In the next slide please. Sorry. Um, so the next presentation is going to be Laura, and she's going to give our head to spotlight. So I'm going to go ahead and hand it over to Laura.

Thanks, Karen appreciate it. Um, thanks, Caroline as well. Good to see you. Hi, everybody my name is my pronouns are she, and her I'm ahead. Technical assistance provider working with a disaster response team.

Brian Rocko priori is with me today, um, he's going to be popping some links and resources into the chat. Um.

We heard a lot of really great updates from the CDC today um, on their updated guidance and I'm going to be chatting with you. Um, today about, um, the new 5, part, winter, planning and infection control series, um, series of videos for HUD.

Um, that I think is going to be a great compliment, um, to the guidance that you just heard about next slide please.

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The infection control and winter planning series was created to assist your community and its winter planning infection, control measures. You know, as we heard this week, we're facing the, the triple dynamic.

Um, and as we heard earlier, also a surge in covid, 19 cases in particular. We hope you find these modules valuable for planning purposes.

The target audience for the series is shelter providers, um, continuum of care lead agencies and others who are serving people experiencing homelessness. There's.

To be a total of 5 videos in this series the 1st, is which of, which is available now. Um, and the link, um, Brian is popping into the chat right now. So we're really excited to be able to get this 1st video out to everybody.

Um, this 1st video is a general infection, um, general infection control measures. The goal of this module is to teach folks, um, about infection control.

So you can mitigate the spread of contagious viruses like coven, 19, the flu rsv.

Virus and inbox, just to name a few, um, as more people moving doors for colder weather, it will be important to maintain strong infection prevention and control practices to avoid spread and keep all staff volunteers,

guests and residents healthy infections. Especially respiratory viruses can spread quickly without adequate infection, prevention and control measures in place in addition to the presentations.

Um, each module provides a list of resources specific to that modules topic.

We never want to leave anybody empty handed. We want to make sure that you have additional resources several. Um, these 5 modules are.

Um, 10 to 15 minutes long. Um, so they have, um, some great information, but for folks who want to dive deeper, we want to ensure that you have additional resources.

We hope the series provides your community with the guidance you need to inform, um, enhancing your winter planning. Maybe starting some new planning, um, to inform your strategies next slide. Please.

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In the coming months, we're going to release the videos on a rolling basis, and they will all be announced through the head exchange. So right now, videos 2 through 5 are in production. Um, and I'm going to share a little bit about each video.

So you can get a sense of what's coming and where what videos you feel like, might be most helpful for you right now, um, module number 2 is going to be about communicating with staff and residents about infection infectious viruses.

The goal of module 2 is to explore guidance on effective communications.

Strategies to educate staff and residents about infectious disease. This module will also help shelters and lead agencies, enhance current protocols or 8 and the development of communication strategies to keep staff and residents safe during the winter months.

The 3rd module will focus on, um, personal protective equipment or cleaning and disinfection. Um, and also, um, uh, additional information about bathroom and meal management.

This guidance in this module will assist shelter, leadership and staff to design their winter plans, update policies and procedures as needed.

And provide information on the day to day management and operations of your facilities, um, cleaning and disinfection are critical for infectious disease mitigation.

We will share the most up to date information to ensure the safety of your facilities and to protect your employees employees residents.

We move on then to module number 4, which will focus on isolation and operational considerations for congregate facilities.

The goal of this module is to focus on isolation and operational considerations for congregate settings like emergency shelters.

This includes isolation in place and cohorting strategies to consider and then the final module module number 5 is isolation and operational considerations for non congregate shelters. So, the goal of this module.

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Um, again, is to focus on those isolation and operational considerations for non congregate settings, such as hotels and dormitories. What is great about all of these is that, uh, these modules build on 1 another and it builds on the guidance.

That has been released over the last 2 years and helps communities with real and actionable steps to improve their winter planning, evident planning, um, efforts. Um, and you can go to the next slide please.

We always like to make sure folks know about the resources that the video series was built on. So we want to share some of those resources right now. Um, and we don't want to leave you all empty handed.

We know the videos are in production and we are releasing video 1 today, but we also know that winter is here, um, as of next week. And, um, um.

Yeah, there's there is a covid surge as Carolyn was talking about earlier so we wanted to call out a few specific resources that can give you actionable steps that you can take right now in your systems and you can see that Brian is popping some of these things into the chat, um,

the 1st link is to the disease and risks of homelessness landing page. Um, but I want to call out 3 specific resources that you can see that's listed on here. And that will also be in the chat. The 1st link. Um, is the alternative approaches to winter sheltering.

Which provides a framework for a graduated approach to sheltering during the winter, giving real, real, um.

Um, and actionable steps for you to consider it uses a good better best model for consideration and covers facilities programs and funding.

The 2nd resource is the winter emergency planning, guide and template, so this guides communities through identifying resources needed to effectively respond to 3 levels of escalating, uh,

winter sheltering needs and provides a template for communities to review and complete together with their local partners like public health. Um, and emergency management.

The 3rd resource we want to highlight is the winter resource, activation and communications planning, guide and template. This is another document that can be done. Um, within the community it's a billable document.

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Um, defining what triggers a winter emergency response and how whether or public health alerts are communicated to key partners.

Lastly, there is the winter planning resources page where there's a, um, a lot of information for you um, along with the vaccine planning and distribution page um.

These these documents and resources are mainly covance specific. Um, but the general concepts can be applied to the flu and pox vaccinations as well.

Um, and rounding things out, um, in terms of our last resource, um, uh, is the infectious disease toolkit, which provides specific examples for planning and responding to flu, coven, 19 and other infectious diseases.

Um, so that's it for me, um, we really are excited about these videos and, um, we're excited that the 1st video is out and, um, stay tuned, uh, to the head exchange where we will be releasing modules 2 through 5. hopefully soon.

Um.

Thank you thanks very much Laura.

And thanks Brian for popping all those things in the chat again, lots of resources that Lauren just mentioned, please go to the links in the chat to go ahead and there's another shameless plug for the video series.

But these are all really great resources. Very timely obviously. So thank you guys thanks for going over them and yeah hopefully you guys will all find.

Useful as we're moving into the winter months so our last presentation of the day is our community resource spotlight. Um, we're really, really happy to have Molly French here.

I want to take a moment and introduce her to you all Molly's the director for the housing and services resource center at U. S. aging.

Us aging is the National Association representing and supporting the network of area agencies on Aging and advocating for the title. 6, Native American.

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An aging programs, so, member organizations help older adults and people with disabilities throughout the country live with optimal health while being independence and dignity in their homes and communities.

So, USA aging is dedicated to supporting the success of its members through advancing public policy, sparking innovation, strengthening the capacity of its members,

raising raising their visibility and working to drive excellence in the fields of aging and home and community based services.

So, what amazing work that they do for some very vulnerable populations. We're really excited to have Molly here. Talk to you all.

She's going to talk a little bit about partnering with area agencies on aging, for older adults, at risk of experiencing homelessness. So Molly. Welcome. And I'm going to hand it over to, you.

He's so much Karen, and I'm just delighted to be here. I will be presenting on behalf of the administration.

And the housing and services resource center.

So then I will say that we have staging, we just had our board meeting last week and I can't tell you how much on the 1 of the top.

Or most concerns that triple laser area agencies on aging half is that they're seeing the rise in homelessness among older adults,

and as well as increased vulnerability to becoming homeless homeless for those older adults.

So, they are very much in the mode of wanting to become more involved as well as looking to do that through partnerships. Next slide please.

I did put the ACL link or intended to hopefully if not, I'll put it in later into the chat.

So, today I'm going to start with just a quick overview of the aging and disability networks, which have a shared mission in terms of advancing the independence integration.

And inclusion of all people, especially people with disabilities and older adults in the community.

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The next slide.

The administration pricking me living if you're not familiar with it, give you a quick snapshot.

But they are the federal agency in the Department of health and Human services with a mission of making community living a reality for all people, regardless of disability,

or age and by community living that refers to just being able to live work play.

Do all the things that almost everybody else does in the community in those settings instead of being in institutions.

Acl is a federal agency that created and support the support to aging and disability networks in all 50 states and in the U. S. territories next slide.

Acl estimates that there's about 20,000, aging and disability network organizations, and every in these organizations are in every community throughout the nation.

They are the ones that are enabling people to access and receive common community based services, or each CPUs, which would extend to housing related supports.

They are very, very committed to serving diverse populations, especially groups that have been historically underserved next slide.

So, if you've not heard about the disability in aging networks, you may have heard some, some of the organizations in these networks,

such as the aging and disability resource centers and adult protective services assistive, technology, act, programs centers for independent living. There's a variety of legal protection.

And advocacy groups, benefits, enrollment centers, university centers.

For excellence and developmental disabilities and area agencies on aging where I'll be focusing today next slide.

And just to level set what we mean, when we refer to HCPs,

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these are person centred care supports delivered in home in community settings that enable people to stay in the community stay in their homes instead of moving to a nursing home or some other facility per care

they include a wide wide range of types of of services, everything from personal care to.

Health chore, services, modifications and repairs.

Transportation is a major each CPS people are looking for so that nutrition home delivered meals or congregate meals.

They also looking for health promotion disease prevention, interventions next slide. Please.

From the housing and services resource center, we approach housing stability as really 2 sided coin or here needing the combination of both housing that is affordable, accessible, helpful,

safe, their housing. But also we also know that for many older adults and people with disabilities.

To stay in that house and remain there, they need to be able to access a variety of for supported services, which would just touched on.

Um, and conversely if people don't have the, that they need and want, they can't get those.

Unless they have a roof over their heads, a place to receive those. So that's why we need to. We approach it at the housing. Stability is really a combination of housing and services.

And for triple.

That is.

Just catching up here with my notes, um.

You know, as they look at the increase, the housing crisis there, as a result, receiving a lot of requests for housing assistance, and they're also looking beyond homelessness to place,

and their networks are in homes every day. And they're also seeing that's really deplorable conditions from deferred maintenance people living on fixed incomes are scraping by as well as.

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Being in rental housing is not being kept up so wanting to connect the dots there for you on housing stability.

Next sign now we're going to do quick die, just on area agencies on each triple lays next slide. Please.

Triple lays are the local leaders on aging that help ensure that older adults can stay in the community with optimal health well, being and independence,

and that their caregivers receive the support that they need. And so, as you're looking at your aging older adult populations, you should be thinking about ways to partner with your triple a.

1 of the critical roles that play is to ensure that there are communities to offer a wide range of options for older adults.

So they tend to be at the center at the core of doing assessing older adults needs across the communities in terms of each CPUs.

Um, including attention to housing, um, and then working with partners to develop our fund programs and services that respond to their needs.

Uh, triple is also directly support individuals through education, providing information, referral services, providing direct assistance,

or making those arrangements to place our portals to a variety of both, um, health as well as social care supports.

And then working with caregivers with older adults for individualized planning, or coordinating in home services.

Range of her home modifications and repairs and connecting people to wide array of services and supports, including tendency resources. Next slide.

Thank you the older Americans Act, which is wet ACL administers, provide spending to all triple place to deliver, or arrange for 54 services, which include elder elder rights,

caregivers, nutrition, health and wellness as well as supported services. services

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And then beyond these 4 or 5 services, triple A's have is so amazing, the variety of programs and services that they offer.

Um, and it's really individualized tailored to each community or region. So we really encourage you to reach out to your triple a learn.

How they're delivering those core services and find out what else they are offering in your community that's the primary and best way.

To start learning what's available in your community next slide.

So, um, you may be asking.

If triple are so great. Why have I never heard of them?

And as I was preparing for today, I got to thinking about some of the similarities between and and in some cases are, there can be the often that they are.

These are kind of unseen the essential infrastructure in the community.

So much like a trip, like, still sees triple A's.

Are the hub in the community that are coordinating and arranging for a complex raise supported services.

The older Americans Act, specifically tasks and created area agencies on aging to do that planning the development of services coordination and delivery.

Um, based services as well, as providing advocacy for older adults in the community,

the older Americans act also prioritizes people with the greatest social and economic need next slide.

So, like, triple A's are experts at breeding and leveraging funding for federal state, local sources as well as philanthropic to support their mission.

Ultra police do receive older Americans Act funding, but we do we have seen.

Oh, uh, the appropriations have not at all kept pace with the growing older adult population. So they're trying to serve this burgeoning population. Um.

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Were the most part on flat funding? Um.

Further the older Americans act is not an entitlement program, for example, like Medicare. So, like, triple have to prioritize.

Who is able to receive services and they can have a waiting list.

The administration and the aging,

which is part of ACL estimates that for every 1 dollar of older Americans at funding triple lays are leveraging an impressive 3 dollars from state local funding as well as Medicaid and

Medicare wavers and other notable sources of funding our transportation. And also providing services for healthcare payers. So this.

Means that triple laser braiding funding for many sources?

Uh, and often using between 4 to 17 different information, administrative management systems, while trying to make the supports as seamless as possible for individuals next slide.

So, now that we've talked about the big picture for triple place, how do they specifically let's hone in on how they help support housing stability.

So, in terms of housing, they do help individuals with finding and securing housing best as they can that will meet their needs.

They arrange for a partner on home modifications and repairs.

And also provide referrals, and then on the services side of housing stability, they also connecting with available people to available resources doing that,

wrap around and also providing a ray of health and wellness programs as well as looking after and advocating for elder rights.

Like, are doing much of this through partnerships.

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Um, some through direct service delivery, but a lot through their partners and networks that they've built up through the decades next slide.

In 2020, with ACL support us aging survey to all of our members.

And so some of the findings in terms of their activities,

at that point was that almost 2 thirds street this did provide whole modification and repair 25% reported having an housing assistance program.

And you may be surprised to learn that about 8% owner operate. that about eight percent owner operate

Based on everything we hear, we think that with the 2022 survey, which is in in the field at the moment that all those number percentages are going to go up.

And then the next slide, you'll see that 4 out of 5 triple report, having some type of partnership with the public housing authority, or another housing program.

And as I started out triple, lay's are indeed very interested in at the moment meeting.

The housing crisis needs meeting the growing risk for homelessness through partnerships.

Next slide so.

As we talked about our triple e's, like, cscs have these incredible partnerships, and they are doing in these partnerships with their housing partners,

or homeless services systems they're helping assist individuals with applying for vouchers and finding securing housing or sometimes people have the vouchers and so

the triple a is bringing in the wrap around.

htbs some triple are also providing service coordination and bringing health and wellness programs to to housing or other housing that subsidized standing up and providing

assistance with boarding or decluttering. They have partnerships with habitat for humanity, rebuilding together, modifications and repairs as experts on aging. Triple a.

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Also reporting going out to educate to work with homeless services service systems to provide training and helping them think about how to adapt,

or are better meet effectively serve the needs of older adults and likewise triple are also using those partnerships building that collaboration to better train.

Their own staff on housing and homelessness. Um.

So, with the other organizations are also tasked by the older Americans Act, do that advocacy in the community for the needs of older adults,

and they also provide our help range for some of them do for volunteers for the point in time account next line.

I want to tell you quickly about some different partnerships, just to give you a quick sampling of there's a wide range of partnerships out there.

So in Phoenix, we all know that heat is dangerous for anyone experiencing homelessness, but particularly for older adults.

So, the triple a partnered with the local nonprofit, the justice center and Salvation Army, um, on a date.

Time shelter for older adults experiencing homelessness and that in that daytime shelter, the people can,

the participants can have access to lunch that Salvation Army provides they have access to wrap around formation or individual assessments. They get wellness checks.

They can receive transition assistance to housing. So, it's a wonderful model.

And also have laundry facility so it's a wonderful model that we think could be replicated in other communities. Next slide.

Another great example of them really passionate about, because they have gotten fantastic evaluation results.

So that is a partnership where Atlanta Housing turn to the triple a, which is the Atlanta Regional Commission, and they together,

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they stood up a behavioral health coaching program to convert addictions of low income renters within that behavioral health needs. So, these behavioral health coaches.

These are not the missions, but actually specialized, highly trained case managers who meet 1 on 1 with the individual sets Atlanta housing or for example,

some of the other housing providers, low income housing providers in Atlanta have partnered also with and so, the, these behavior, health coaches.

When we do those assessments, they're there to periodically.

We routinely check in try and help foster and maintain those connections with counseling and support groups and do a case review with clinical consultants I want to also point out a really another

important tip for all of you is that Atlanta Regional commission would you you wouldn't know from the name of that that is the triple 8 and Atlanta. So any Rachel place have a wide array.

Names, and they don't always have aging as part of them so just something to be aware of, and not be surprised about next side I wanted to focus, of course,

or spend a minute or 2 just on the situation. And how triple a partnerships have really been crucial, particularly in the 1st, couple years of the pandemic.

So, on the left, you see an image of the housing and.

This resource center brief, which we release to kind of talk about the particular needs of people with disabilities and older adults in the pandemic.

Some of their needs, and the opportunity that is created through these partnerships between the aging disability networks and homeless services systems, housing sector.

So, through these types of partnerships, triple plays, have aided.

Helped with vaccinations, they've helped assure older adults in non congregated shelters and subsidized housing were able to continue safely receiving the nutrition support the meals assistance.

They also stood up new programs to address social isolation between.

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No, still continues to be an acute problem and they on the fly did such amazing work in terms of modifying their home.

Services for safety to preserve continuity of services and also bring those services into new settings to help people stay safely sheltered.

So I'm hoping Kayla will be putting in the chat. The URL for that brief. And if model follow up after my presentation.

With the next slide, how do you how do you find your triple a, and we recommend that you go to the ACL supported elder care locator.

This is a national information referral service line on the spectrum of the issues full spectrum of issues affecting older adults.

So, you can go online putting your city state, zip code and readily find your triple a, as well as some of the other.

And disability network organizations in your area.

Next slide I've been referring to and mentioning the housing and services resource center and wanted to end with a strong and push and encouragement for you to really start

taking advantage of the resources that destroying housing and services resource center is offering.

Acl provided critical leadership in HUD and coming together there.

That we've reached our win year anniversary of the, or, excuse me the,

which is a federal partnership created to coordinate technical assistance process sectors, established, learning collaborations that bring together housing, health,

and helping you based services systems.

Uh, you see the URL here ACL dot Gov slash housing and services next slide.

And the focus of this collaboration is for to really foster those partnerships across these different housing homelessness service systems together with the aging and

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disability networks, and the full spectrum of health, including public health, behavioral health, and your traditional health care. So that with a shared mission that all people with.

Abilities and older adults can stay safely housed healthy and active in their communities.

In the next slide, we show you just the homepage of the which is and I'll put the URL into the chat when I'm finished.

This is the place you can find, like, the top ta, materials from the different federal agencies on topics like the affordable.

Housing homelessness, tribal housing services.

There's we have great collection data and tools models, Webinars and more and speaking of webinars on the next slide we are looking forward to kicking off 2023 with our 1st, webinar in January, 9th,

breeding resources to collaboratively develop and strengthen housing. And services partnerships, registration just opened yesterday. We'll put the link there. we'll put the link there

And I really, really hope that you'll join us it's going to be great focus on how to bring together rental assistance and access to,

including how you form those partnerships and the different types of funding that is braided. And in order to make that happen next slide.

The housing services resource center is your resource center, so we very much want to hear from you by when you send.

Email to, at ACL dot, just send us your ideas, your questions we want to hear about your fantastic partnerships.

And also what innovations and challenges you're facing, that you would like the to address.

Next line, so I look forward to any questions or comments that might be in the chat and next slide.

We also just want to close with an acknowledgment of ACL and our prime contractor mission analytics. He made this presentation possible. Thank you.

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Thank you so much. Molly, that was a lot of really, really great information. We do have just a couple of questions. You covered a lot of information. I will ask the questions. If somebody was asking, we have 2 questions.

Basically in the chat. Somebody was asking how to connect with home and community based services and their state. And I think that that locator that in Kaley did do a good job as you were mentioning these things of putting the links in the chat. So, I think using that locator is the 1st step.

I believe to to trying to find services or that triple A, in, in their, in their, in their state, or in their area.

The other question that Jessica had was about, do the workers go into homeless shelters while the shelters are working to try to get people housed because it can take some time because of limited housing availability and such.

So, they were wondering if they can go into homeless shelters and work with them, is that something they typically do? Or does it depend.

On the community and the kind of the partnership, or how does that work.

Oh, that's an excellent question.

Um, Karen, and Jessica, it really depends on the community and the partnerships in place so it is entirely possible. Um, and there's 617 2 place out there. So I bet some of them already do.

But, you know, I would I think a lot of would be very interested in discussing. interested in discussing

Some type of arrangement where they'd be able to provide a critical service in the homeless shelter and if they don't have the resources at the moment and working together to try and get those in place.

So that's a fantastic idea.

Okay, thank you. Hopefully that's helpful. Jessica we have Jordan had some questions about, um, at what capacity do triple A's work with independent living centers. Is it just the main difference that Adrian's that served?

Or is there a difference there and how they work with them?

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Oh, with the independent living centers so, um.

The independent living centers, or sometimes they're also referred to as centers for independent living.  
So.

In some ways, that's the equivalent of triple that they.

Have their own special roles and networks and so incredibly and so impressed with the independent living centers. So, 1 way.

There is actually a lot of, um, kind of back and forth between.

There can be a lot of back and forth between the triple and then kind of living centers in terms of cross referral, or for example, in Ohio and the Toledo area.

Actually, the triple a, and living center work together to create a housing search, online housing, search tool and the transportation search tool.

So, and our, our members also work with the living centers often through at the aging and disability resource center infrastructure.

Great, thank you. Those were all the questions that we have. Let me just do a quick little scan make sure I didn't miss anything. I don't believe I did again. Thanks to Kayla and Molly. I think you've added a couple of links as well.

So, thanks for you guys should everything that Molly talked about, you should see the links in the chat again.

This is tremendous, tremendously helpful information for us and I know for our community folks on the phone, I just happened to read an article yesterday about the rising age and the homeless.

Patient and populate people that are experiencing homes with. So this is really a valuable, a lot of valuable information. So we really we were excited to have you on here today, Molly.

So, thank you for spending the afternoon with us and telling us a little bit more about about all that's available out there. We really appreciate it. Thank you.

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So, as I'm wrapping up here, we're right on about an hour. So there's some slides that team providers are posting. Some of the all, the resources that we talked about today.

Some of the infection control and winter planning the link to the where the videos are going to be staged on the head exchange and just want to there's a, obviously on the screen.

Now, a bunch of key websites for HUD CDC.

The BA, so I just want to take a moment. I don't see any other questions in the chat. So I think we're pretty good there. I just want to take a moment. This is the last webinar of 2022. I want to.

Thank you guys for all of the work that you do all year long we're entering into the very busy and cold winter season. The work that you guys do is so important. We, you know.

important we you know

No, I can speak and say this on behalf of norm and really everybody in the snaps office and everybody at HUD,

we continue to be amazed at the work that our that our providers do and what you're able to do for the folks that are the most vulnerable in your communities so from the bottom of our hearts, we thank you all. Not just today.

Not just because it's the holidays, but all year we thank you, but just want to wish everybody a very safe, happy, healthy holiday season. I hope that.

Everybody is able to get a little bit of downtime, take a break, enjoy your family, enjoy your pets eat some good food, watch a good movie. Whatever makes you happy and just know that, you know, we, we appreciate you guys immensely.

Thank you to everybody. That was on the call that either spoke or that helped answer questions, or put up links in the in the chat. So I'll go ahead and wrap it up and just say happy holidays to everybody. And we look forward to working with everybody in 2023. Two thousand and twenty three

Thank you.