

## COVID-19 Office Hours: Transcript December 17<sup>th</sup>, 2021

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Hello everyone and welcome to the snaps COVID-19 office hours. I'm just going to spend a couple of minutes going over some tech notes and then we'll get into the content that we have for today.

So, a couple of housekeeping reminders, we are recording the office hours today as we do each week and we'll post a copy of the recording along with the slides and any content that we received through the chat box onto the HUD Exchange in 2 to 3 business days.

If you have any issues with audio during the webinar, we encourage you to switch over from computer to phone audio.

Using the numbers that are on the screen.

And that I've just posted in the chat.

Everyone will remain muted for the duration of the office hours this week, but we absolutely anticipate and hope to hear from you through the chat feature in WebEx to find the chat just take a look at the bottom right. Hand corner of your screen.

And you should see the word chat and what looks like a message bubble.

Click on that to open up the chat panel. Please send all questions comments and feedback in the chat and when you're sending those messages.

Please just take a moment and make sure that that, to drop down. Bar is set to everyone.

And That'll make sure that all participants and panelists can see those messages and have a chance to respond to your questions.

So, with that, I'm going to turn things over to Norm Suchar from the HUD Office of Special Needs Assistance Programs. Norm.

Thank you so much, Micah and welcome everyone to our session today. I know everyone's eager to get to the weekend here, and also to hear about our great content. So I'm going to just speed through the introductions here.

1st of all want to say that we have a lot of snappers on the call today to help answer your questions and to provide some content. So you see their names on the screen here.

We're very pleased to have several special guests today.

Vincent Musseter is with the office of Inspector, general, Nick Mitchell and Ashley Kerr are 2 of our outstanding technical assistance providers and they're going to be talking about some resources.

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That that you'll really want to see and will help you as you do your work going forward. Very, very pleased to, to have 2 good friends.

Donald Whitehead and Barbara DiPietro who are going to give us a presentation on the Homelessness Memorial day. And, of course, we will have our regular update from the Centers for Disease Control and Prevention.

Actually, me, and we'll be providing that update.

So, with that, we're going to jump right into our content and I'm going to turn things over to Ashley to give us our CDC update. Ashley.

Hi, everyone, it's so good to be with you today. My name is Ashley Meehan and I am with CDC's homelessness unit within our COVID-19 emergency response.

Next wisely,

so here is what we're looking at for community transmission right now we can see,

there's still most of the country is in red or that high community transmission,

want everybody to be in the blue,

but.

They are not so we can see that in the Southeast and then a little bit out West. There's some modern and substantial transmission, but again on the whole.

Still really high levels of transmission in that red zone.

So, keep doing what we're doing in terms of maps and vaccination and distancing, and all of those same prevention measures that we've been doing all along.

Next,

I believe,

I do want to acknowledge that is on the scene and so this is our coded variant tracker and so we can see that from about September 11th through now,

each of those columns that look mostly orange most of our pieces for the past 2 months 3 months have been due to the delta variance,

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but we can see this week we're starting to see that little purple at the bottom,

which does signal that more on the front cases are being identified.

In the US, um, so that's definitely on our radar. Um, we can go to the next slide.

This is what the auma crown appearance is looking, like, in the different regions throughout the United States. So, here it's a little bit difficult to see it's really light. Gray. I'm sorry about that but this breaks up the U.

S, into 10 regions and so it's showing the purple portion of that pie chart is what percent of cases in that region are due to the Omar variant.

So we can see that there's about 13% of cases happening.

Around New York and New Jersey right now are on the front and then most of the other jurisdictions have pretty low percent of their cases on the ground right now. But we would expect to see that continue to increase.

We are expecting more of our cases as we move forward to possibly be, but again we are working with Steve and jurisdictions to get those sample sequence so that we know exactly what's happening.

And I just want to say that, you know, with the presence of credit, doesn't.

Currently change any of our guidance, everything that we've been recommending to date still applies. So, wearing your mask.

Staying distance from other people, having regular testing, washing your hands often, you know, getting vaccinated, getting boosted. Those are all things that we're still really, really encouraging.

Those are the tools that we know have the best chance for protection. So those are still the prevention measures for right now, just keeps doing those. And as we learn more, we'll share that with you all.

Next slide please, this is what we're currently looking at, in terms of vaccinations and this is the percent of the total population fully vaccinated in each county in the United States.

So, as a reminder fully vaccinated as 2 weeks after the 2nd, dose of an vaccine. So, Pfizer or Madonna and 2 weeks, after a single dose of the Johnson and Johnson or Hanson.

Um, single dose series, so this is the percent of the total population fully vaccinated still a good ways to go.

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So, you know, now that children ages 5 and up to get vaccinated, I think we definitely want to encourage all children to be vaccinated and hopefully That'll help get this percentage up higher.

Next slide please all right and then I, you know, depending on who you are, or how you think about these things, this may be good news, but we do have a testing opportunity available. Um, so it's called Operation expanded testing.

It's funded by the US Department of health and Human Services, and the US Department of defense and how they're doing this is having regional contractors provide testing materials and supplies.

Staff and results reporting at no cost to recipients and congregate settings. Specifically homeless shelters are eligible and can submit a request. So homeless shelters can be recipients of this opportunity.

So, the current documents that I'll share on the next slide are geared towards schools mostly. Can we go back to.

Sorry, they're going to be geared towards school, so if you do take a look at them, and it seems very school's focused. That's okay. You know.

Just to remember that you are eligible to submit a request,

it's not limited to schools,

but I think that was just the initial group that they were putting this out to when it 1st started,

it includes a test once per week and they will return results within 24 to 48 hours,

which is.

Really great. The only caveat is that facilities need to have a way to swab for the specimen collection. And so we recognize that that may be something that not all shelters or facilities have available to them.

So now we can go to the next slide. I guess.

Thank you so definitely encourage you all to check out these websites. Both of the links that I think you should put in the chat. They are they were developed by the West region, but.

It has the contact information for all the other points of contact in the other regions. So they have it broken down into West Midwest, South in northeast. So, 4 regions um.

So, on those links, there are points of contact. So if you have any questions about it, please feel free to reach out to those relevant or respective people. And I see the question in the chat.

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What does it mean that the facility has to have a way to swab for specimens? It's a very good question. I'm not 100% sure on what supplies or people the shelters need to have versus what's provided by this program.

We only recently learned about this program. So, I can try to look into that, but I would definitely encourage you to reach out to your regional point of contact to get that further specification.

Next last week, and that's it from us. I'm happy to take additional questions in the chat. I mean, with that, I'll pass it back to you norm.

Great, thank you so much.

So, if just a quick summary here, if somebody, if a shelter wants to get involved in this, do the click on the operation expanded testing link and that's that's the 1st step they take.

Yes, that is correct to my knowledge and I'll put the regional point of contact emails in the chat that way. People can have that.

Readily accessible Thank you so much. This is a fantastic resource obviously, and something that.

I know a lot of people are eager to to start doing on a regular basis. So thank you so much, Ashley. If you have any questions for Ashley, please, go ahead and type them in the chat window.

Uh, next, we're going to turn to our next presenter. I'm very pleased to introduce Vincent master.

He is with the office of inspector general, and he's going to talk about some of the things that as you're administering grants or frankly, any other grant.

Some of the things to pay attention to, to make sure you're doing everything properly and you don't have won't have any audit concerns or anything like that. So, Vincent, I'm going to turn things over to you.

Thank you norm Vincent my side, I'm the assistant audit director for Hood's office. Are the inspector general out of Los Angeles.

And I'll briefly go over what is and does.

Some typical grant audit findings and some fraud considerations.

Next so, for those of you, that are unfamiliar with the office of the inspector general, it was established by the inspector general after 978.

And the conducts independent objective, audits, investigations, inspections and evaluation and each major department has its own as a part. Of course.

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And our main objective is to prevent and detect fraud, waste and abuse but also to promote economy, efficiencies and effectiveness and hedge programs.

And we have that you might that might interact with grantees. We have 2 major divisions, office of audit and office of investigation.

On the audit side, we do both internal audits of hubs programs, but also external audits of program participants. So.

Including grantees, um.

And under the office investigations, they primarily deal with criminal matters. So if ever during an audit, we get indications that there's something criminal fraudulent going on. We would possibly get them involved.

Unfortunately, no investigator was able to join me today as were fairly close to the holidays.

Um, and the has authorized to access all records and information.

On hood program participants.

For so that would include any accounting records bills, procurement documents, uh, personnel records that of employees who deal with HUD, uh, funding.

Just to note that, um, we haven't done much external audit work since the pandemic. Of course.

Um, and we've been waiting to do external work on cares act, um, to give the grantees a chance to spend, get that money flowing out to the program participants.

But we do plan to start looking into that area because it is a lot of money.

Next please some typical grant finding areas on the audit side.

We often see unsupported ineligible cost for an eligible cost. It could be basically a lot of different things like duplicate cost, cost, applicable to other programs, getting charge to.

Um, your head program, or even between different hood programs, sometimes it is not allowed, um, possibly borrowing from 1 program to pay the expensive another program that hasn't been funded yet. Um.

You've seen payments to unqualified and intelligible participants and we also see unreasonable excessive cost.

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And although ineligible cost are required to be re, paid activity. Usually we recommend to the program. Sometimes it has to go back to Treasury but mostly we see what we see our unsupported cost.

And this is where the documentation that show that the cost was not eligible, the documentation is either inadequate and missing, just not provided by the entity.

So we have to then question the entire amount. And then.

It needs to be resolved at some point with HUD, otherwise it will have to be repaid.

An area that we often have unsupported cost as part of cost allocations.

Um, it's been a something that's come up recurrently as we go to various grantees where.

There's no reasonable methodology of how you're splitting your costs between different funding sources, particularly like, also with direct payroll and how all the staff record their hours. If they're working on multiple programs.

Also, we've had a lot of problems with procurement and bidding in the past.

I understand that the has some alternate requirements for that, but if you've set up some additional ultimate requirements, we would be looking to make sure you're following your own requirements.

And oftentimes, that's just not maintaining the documentation to show that you went through the normal procurement and bidding process. Um, I've seen instances where they just keep the winning bid.

Or if they do some kind of sole selection that with no competition.

It'll just have no justification for doing so or no justification for selecting um, other than the lowest bidder.

Um, also, program income, I also understand there are some different requirements for cares act under that.

But we often see where it's miscalculated or not reported.

Uh, Matt isn't really an issue for, but if we go out and we're looking at your programs and you have other HUD funding, that does have match, that would be something we might be checking on.

And the main causes.

Inadequate procedures and controls tends to be the biggest issue.

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Um, that we have problems with sometimes there's just no procedures related to the HUD programs or certain areas of those programs. Just may not be descriptive enough to help the employees. Understand how they should be doing what they need to do.

Um, we've also seen a lot of lack of monitoring of sub recipients, or if it's a larger entity, maybe subdivisions of their own.

Organization that they just don't keep track of and monitor what their own divisions do.

Oftentimes we see that there's a.

The grantees can be unaware or misunderstand the program requirements. Occasionally even just ignore them.

Um, or staff may be.

Inadequately or trained, or just in general, not quite, uh, qualified for the positions that they're in.

Next slide, although there's no investigator here. I would bring up fraud risk because we recently did a reports out of our office.

A fraud risk inventory of cares act funds.

And although this is an internal report to HUD, part of the appendix did include.

Fraud schemes that are applicable to cares act.

And you might want to take a look at that. Well, thank you for posting that. Um, it includes, um, a lot of information on the various types of fraud risk, including the types of schemes.

The actors are perpetrators and details on what why it might have happened.

Um, I just briefly listed a couple of general areas here where the that touches on within that document, um, you know, duplication of benefits over fixed. It.

Excuse me fictitious or overstated expenses.

Pay in return if you don't know what that is, that's like, overpaying a vendor and then pocketing the money when the vendor sends it back. Um.

Ineligible beneficiaries and a lot of procurement and.



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Contracting issues that's often conflicts of interest contractor, kickbacks, ragging, collusion between contractors.

Fake quotes, and what separates fraud from our normal findings audit findings is there's usually needs to be some kind of intent or knowledge that what's being done is inappropriate.

So that's when the investors Gators get involved and they would start doing their work and interviewing and whatnot.

Next slide and I just wanted to talk briefly. These are just general areas of fraud prevention. You could be thinking about not necessarily required by the program, but, you know, things to help.

You guys prevent an investigator from identifying fraud at your organization as with the findings establishing effective. Internal controls is very important.

Um, could be establishing preventive and detective controls.

And they should be reviewed and revised periodically as your organization change to make sure they're still appropriate, uh, monitoring of your sub grantees as with my other point before.

Uh, doing a fraud risk assessment, and that's basically where you evaluate the risk of fraud, including an assessment of the incentive pressures and opportunities to commit fraud.

Consider where controls can be overwritten or a week.

And look and also consider both internal external threats.

And then keep a watch out for red flags that's basically circumstances where vary from normal activity that you should probably be looking into further. Um.

Some of the typical ones that you might see on listings if you've ever taking a fraud class or, like, employee lifestyle changes, uh, turnover, segregation of duties.

Also should set and maintain ethical standards that's a principal established by management and our leadership of their values. Their expectations for.

Employees in setting the tone at the top as to the question. No, I don't have a risk assessment tool. That's.

Um, myself, um, there's various courses, like, uh.

Acf offers courses that I think would have tools for you, but I don't personally have a tool. I was looking to see if I had 1 that I could share with you guys, but I couldn't find 1 for this presentation. Sorry um.

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Also, establish a fraud policy to increase awareness. Um.

Management can implement a fraud policy that establishes procedures for identifying and dressing and reporting fraudulent activity to appropriate authorities. It would define fraud.

And highlight the importance of management's commitment to fraud, uh, you know, preventing fraud.

Um, usually we include some kind of non retaliation clause for people who are reporting irregularities.

And in general, just a good return is just increased awareness amongst the employees that, you know, fraud prevention is important to the organization.

I, I can answer any questions, but otherwise if you have any, um.

Issues that you want to report to our agency.

Um, we have a hotline, um.

There and yeah, there it is on the chat.

And I think you can get a call back. If you call that number. I'm not sure if it, they'll answer it directly. Um, we have a limited number of staff, um, handling the hotline, and they spend a lot of time evaluating the complaints.

We get complaints that are not necessarily related that we route to then hood.

Um, but they should be able to get back to you within a short amount of time, but you can also fill out a form on the website.

To, um, get your issue to address.

Uh, yeah, I don't have a fraud policy here. Sorry.

Hello.

All right, norm. Thanks back to you. Thank you so much. Thank you so much Vincent. I just want to follow up on a couple of things here.

So, if if a recipient, or just some stakeholder in the community, suspect that there's a problem, a broad problem, or some mismanagement or.

You know, embezzlement or whatever what what's the 1st step they should be taking here.

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Well, if there's, uh, issues where you think there's an act of fraud going on, I would highly encourage you to contact our hotline number.

Um, and then we can evaluate, and if you go through our hotline number versus trying to contact 1 of our local offices.

It'll be tracked in the hotline to make sure somebody does look it over and evaluate it.

Great Thank you so much. And you talked a little bit about, sort of some of the things that people could some of the steps. People should take to prevent, you know, waste and abuse.

Can you talk about, like, in your experience with homelessness programs? Like, what what are, like, some of the, like, what's the 1 step or 1 or 2 steps? You would suggest that people take to either educate themselves or to set up.

A process that's going to work. Well, what, how would you, how would you tell people to prioritize their fraud prevention efforts?

Um, well, I mean, they should evaluate it, would you need to have the management needs to set the tone where they evaluate amongst themselves? Uh, they need to look at where their risks are.

And do an evaluation on this fraud risk assessment and once you identify where you think your risk scar, you should establish some policies and procedures and controls to try to address those.

I mean, you can't necessarily.

Stop every risk I mean, there's certain inherent risk with the industry, but you can at least mitigate most of them to some extent.

Great, thank you so much.

And 1 thing I'd love to add here is that if you have questions about how to set up good policies and procedures, or or assess your risk or anything related to that, we have technical assistance.

This is 1 of the many things.

Our technical assistance providers do,

and you should definitely feel free to reach out to us and we would be delighted to help you to help provide some technical assistance to help you implement processes that are going to keep you in good stead there.

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So, Vincent, thank you. So much for coming on today, and if you have any questions for them to please feel free to go ahead and type them in the chat window.

Uh, we're going to move to our next presentation now. Very happy to introduce Nick Mitchell. Who's going to talk about some expense tools Nick over to you?

Thank you so much norm and hello everyone. It's great to be with you today.

I will be taking just a few moments to talk about newly available.

Um, expense tools that are on the hood exchange and so these might be helpful in relation to some of the compliance issues that Vincent just mentioned at least as it relates to.

Expense tracking documenting, eligible costs, that kind of thing. So I do want to start though, by just saying a quick Thank you to all the folks.

On the T, a grant management team who helped put these tools together, and also all the great feedback from community pilots and the snaps team as well. So, thanks to all those folks.

Um,

so the expense tools are Excel based tools and they're available for use by both recipients and sub recipients to support expense tracking in the and vouchering processes.

Uh, next slide please. So, I do want to acknowledge that there is a lot of diversity in systems and processes at the local level.

When it comes to vouchering and reimbursements and expense tracking so there may be parts of this set of tool, uh, set of tools that are more helpful than others.

And we just would encourage you, um, as a sub recipient or recipient to explore them and utilize. Um, what's most useful for you in your community? Um.

However, they are, the tools are set up to work together.

And if your community, um, needs or wishes, they can support the entire vouchering and expense tracking process really?

From an individual, sub recipient kind of expense, logging function, all the way up to aggregate. It's expense tracking, um, at the recipient level and can also accommodate.

Um, the reimbursement interactions that happen, uh, between recipients and sub recipients, they are set up to help you classify expenses by component.

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Activity type and allowable costs, and then to track aggregate expenses, according to those categories, which can be really helpful for reporting purposes.

So, this set of tools includes the following items that you can see on the slide there and, uh, linked in the slides. And it looks like.

Um, Letitia, thank you. Just put the link in the, um, chat as well.

And so, 1st, we have the, um, an sub recipient expense and voucher tracker and this allows sub recipients to log their expenses again by component activity and eligible costs.

So, um, for example, you can tag an expense by emergency shelter, the component, shelter, operations, the activity, and then say, supplies as the eligible cost.

Um, and then the tool will allow you to transfer costs into about your request format, which will then summarize the expenses in a way that's helpful.

For recipients on the receiving end of that voucher request,

um,

and this tool,

the sub recipient tool that 1st bullet there,

it comes in both monthly and quarterly versions,

uh,

depending on what your vouchering interval is,

um,

locally.

And then the 2nd bullet, there is an recipient disbursement ledger.

So this is the recipients kind of side of the set of tools, and it's set up to absorb summary expense information from the sub recipient tool, which can help recipients.

Um, do their overall expense tracking for their entire grant um, and it also, um, that recipient tool also includes another tab.

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That's a dashboard that just kind of shows expenditure progress for the whole grant by component and activity.

And then the last 2 bullets are instructional tools. Um, so there's a, that, that 3rd bullet on the screen, there is a written summary. So it's got an.

Um, expense tools, summary and instruction, so it gives kind of a high level overview and then also a step by step walk through, um, level of instructions.

And then the last bullet is an expense tool demonstration video. So, this gives you that same level of step by step, walk through of both of the tools but in a video format.

So that is all I have, we, we just really hope that these can be helpful in your grant administration to support the really wonderful work that you're doing for people in your community. So thank you so much. And I will pass it back to norm.

Thank you so much Nick. Great resource. Really encourage people to take advantage of it.

Uh, and, uh, thank you for, presenting it to us and to put the link to it in the in the chat window. So you can just go ahead and and take a look right now. So, next, we're going to go into our next presentation.

We're gonna talk about obviously child vaccination considerations so I'm happy to turn things over to Ashley her. Who's going to walk us through this.

Ashley, thanks so much norm. Next slide. Please. Great. So terrific news.

All individuals, ages, 5 and up are eligible to receive the covid 19 vaccine.

So, children can receive the Pfizer biotech vaccine, which has E, a status in the U. S.

The dose is less than the adult version, but children, if they do have side effects will mirror the same types of side effects that some adults got when they got their vaccines. So arm.

Feeling tired of fatigue headaches. Maybe a low grade fever.

Just like the adult version it is a 2 to.

Regiment 21 days apart and just want to point out that it is also flu season. So children can receive the covid, 19 vaccine along with their flu shot. At the same time.

Other vaccines can be given to at the same time. So you'll just talk to the person or the vaccination and see what other vaccines are available.

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Next slide please. So, let's talk about safety. 1st.

The known risks of and 19 illness, and the possible severe complications, such as long term health problems, hospitalization, and even death.

Far out, Ray, the potential risks of getting the vaccine.

And although children tend to not had a severe illness with 2019. we really don't want to chance it.

Hospitalization rate of an vaccinated adolescents from coban 19 is 10 times higher than that of fully vaccinated adolescence.

Children also can spread coven 19 to others. So, getting them vaccinated protects not only them.

What protects their families and friends from 2019?

The vaccine is safe, it has been held to the exact same safety standards as other vaccines.

It also does not contain the live virus and it will not give children code in 19.

And lastly, there is a lot of mystery misinformation out there and a big 1 that we hear is about fertility but there's absolutely no evidence that copen, 19 vaccination has any impact on fertility.

Next slide please. So, let's talk a little bit about the guiding principles for homeless service providers.

1st address, concerns, parents and guardians want the best for their children.

So, they should be connected with the pediatricians or primary care providers to answer questions.

Other community members, such as vaccine ambassadors.

Faith Partners, and elders may be trusted sources of information in the community, and should be given that information on vaccinations so that they can provide that information to their family and friends.

Also, familiarize yourself with the various ways that you can access vaccines.

So this really depends on where you are, in the country they're offered through a variety of different providers, you could have it through your individual practitioner, or a pediatric group. Some people may get theirs.

Our kids got theirs at the pharmacy, but also school systems are offering vaccination events.

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So, leverage the existing infrastructure for vaccines I consider what is the easiest option for families with children.

Just along those lines of leveraging the existing infrastructure coordinate with public health or health care for the homeless partner. If you want to have someone come on site for a vaccine event.

As I mentioned before you can offer other recommended vaccines. So the U. S has a recommended vaccination schedule for children and youth ages, 18 and younger.

So, if you're going to host a vaccination event.

Think about providing the flu vaccine along with other recommended vaccine.

Talk about weather, um, with your health care provider, if you can bring adult.

Uh, versions of the vaccine too, so both parents and guardians and their children can get vaccinated side by side.

And think about hosting a health care. So not only are people being able to get vaccines? But what about I exams hearing exams blood pressure so, talk with the individuals who are in your project, your programs.

And determine if there are particular types of health, fair kind of events that they would like to have alongside the vaccine.

Next slide please, let's think a little bit about planning considerations if you're going to be offering.

1, on your at your property, within your program.

Talk with your parents and guardians about whether they're interested in having their child vaccinated for code at 19, and where they would be most comfortable getting their child vaccinated.

Again, we talked about those various places that are offering vaccinations, so think about what and ask what makes the most sense for that particular family. And if it is going off site, offer transportation.

Think about if you're gonna be offering vaccine events to offer it on the weekends, or in the evenings, because many children ages 5 through 11 are already in school. So we really want to minimize the disruption to the household schedule.

So think about, uh, after hours or evening and weekend events.

And then the other place is, there are regular places where families gather libraries, food, banks, sporting events.



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Faith centers after care programs, so think about those as possible event locations. If you're not able to do it on site at your particular program.

Next slide. Please. All right. Let's be super honest here. Right? We have to talk about vaccines, make it as easy to understand as possible. Um, all of the information that you give out to parents and guardians.

Make sure you put it in multiple languages if you have multiple languages of people that speak multiple languages into your programs and help connect to medical professionals that can answer questions.

Also be open and honest about side effects and talk through any concerns.

Related to this aspect of the vaccine in all of the work that we've done with vaccines over the past year. Plus a lot of people have concerns about side effects.

So, let's talk about them and be very open and honest about what could happen and what to do if something does happen. And if there is a side effect.

And also remember, even if you're fully vaccinated, you still need to wear masks and doors and engaging good hygiene products. So, or practices. So mask up everybody.

Next slide please thinking about logistics, right? If you're gonna be offering event.

Consider setting up the vaccination room with items that are going to put children at ease. So, put up posters, get a prize box with post vaccine treats.

Get those really cool. I got the cobra 19 vaccine stickers, put pro vaccine messages all around the room. Let the vaccinate or wear a case. I mean, do whatever you can do.

To put the children at ease and make them feel like it's a really fun event.

If, of course, you're going to be doing it, uh, on site. Um, or even if children go off site.

Make sure that if there are if children are going to have side effects that there is space for both children and their parents and guardians to rest and recuperate.

Uh, and to have over the counter medications and company items, like ice packs and popsicles, that really helps kids. If those of us who have kids we know kids always love popsicles and other things that make them feel better when they're not feeling too great.

Make sure you have those on hand to help alleviate this side effects.

The other thing I mentioned is that children who don't feel well, typically really want to be close to their parent or guardian so consider suspending any shelter protocol that forces guests out during the day.

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For parents and guardians that work, provide them with the support they need to stay home and care for their children.

Next slide please. Okay so.

Ensure that all the team members who are going to be involved in a vaccination event are trauma informed.

There may be situations where parents and guardians are unable to stay home when they're while their children recuperate.

So also think about what team members would be willing to care for children during the day, or in the evening while that parent or guardian is at work or school, or has another commitment and can't be with the child at that time.

Vaccinations can heighten anxieties and children.

So always be honest about shots, but recognize that telling kids way ahead of time may lead to unnecessary stress.

But again, always be open and honest and talk about what they can expect with the event.

And then the other thing I just point out is that individuals who are accompanying children, and all of the trauma informed staff.

Can really model good anxiety management behavior.

So, encourage deep breathing, right? In through the nose out through the mouth and brainstorm ways with the children that can help themselves feel better when they are feeling anxious or stressed.

Sometimes offering to hold a child's hand during a vaccination event and using encouraging words and may help reduce anxiety.

Next slide please and lastly we posted, or here's 1 of the flyers that we have that you can post in any of your locations. This is directly targeted to parents and guardians and it is about vaccinating your child.

Next slide please as always, we have a lot of resources about vaccines online just go and visit the vaccine planning and distribution page.

You'll find the 3 resources specific to challenge vaccinations on that as well as the number of other ones related to the both sheltered and unfiltered individuals. So thank you so much for having me happy holidays and I'm going to turn it back to you and arm.

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Thanks so much, actually great information and I just strongly encourage people both to do everything. We can to vaccinate everyone over 5.

Also every adult over 5, you know, over.

I guess they'll be adults for over 5 and please take advantage of all our tools there.

And if you have any recommendations or once and technical assistance about how to do vaccine drives or help, vaccinate the children in your shelter or another kind of program, please let us know where.

Uh, delighted to be able to connect you with resources and help you out. Thank you so much, Ashley. You have questions for Ashley?

Please go ahead and type them in the chat window,

but without we're going to move to our next topic,

very happy to introduce Donald Whitehead and Barbara to Petro Donald Whitehead from the National Coalition for the homeless Barbara to vitro from the national healthcare for the homeless Council,

and they're going to talk to us about national homeless Memorial Day next Tuesday.

So, Donald, I'm going to turn things over to you. 1st.

Sure, and thank you Norman and, uh, just 1 of 1st, of all say, thank you for the space to talk about some of the advocacy work that goes on as a country.

And thank you for your partnership in doing that national homeless Memorial day.

If you could go to the next slide, I'll talk about the date and why we choose, uh, December the 21st. The significance of that date is it's during the winter solstice.

And that happens to be the shortest day and longest night of the year.

And it's it's, uh, perfectly fitting, uh, that we commemorate, uh, those who have lost their lives, uh, while being homeless in this country, uh, on that day.

And that has been something that we have done.

Uh, since 990 next slide, please, uh, since 990, the National Coalition, uh, has commemorated, uh, and memorialized the loss of lives, uh, on that day every year for now 31 years.

And, uh, next slide it started in 990.

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Um,

and that was,

uh,

uh,

as a result of advocates in Atlanta,

actually,

who,

um,

found,

uh,

uh,

a list of people who had lost their lives and realized that many of those people were in their homeless programs.

Uh,

at at the shelters in Atlanta,

and they brought that to the attention of the National Coalition,

and we,

uh,

decided at that time to make sure that,

uh,

those souls that lost their lives during the year,

did not lose their lives without some recognition of their existence on this planet,

and since that time we have conducted the events around homeless Memorial day.

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Next slide please and, uh, there's a couple of articles this year that have a really in depth explanation of the event, uh, 1 of those in the Atlanta Journal and constitution yesterday.

It really gives you a really good overview and understanding of the event.

So,

in 990,

we started the event and,

uh,

later,

uh,

next slide please,

we,

um,

enlisted the support of the national healthcare healthcare for the homeless Council,

and the National Consumer advisory board as Co,

sponsors of the event.

1 of the challenges for homeless Memorial Day is, uh.

There are tens of thousands and maybe more and Barbara will probably talk a little bit more about the exact statistics of people that have died while homeless during a year. But gathering that information has been quite a challenge.

Uh,

next slide please,

and so we decided a couple of things to try to find a way to really get the support of local medical examiners and corners and communities to help us with that information.

But even today,

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it's still a challenge,

but we also thought this event was a major opportunity for us to really stress the ultimate consequences of people living on the streets in the richest country in the world.

So we continue to work to make this a very special event for both of those reasons. We don't want people to leave the serve and not have some sort of opportunity to celebrate their lives.

But we also want people to understand the real consequences of life on history, and to underscore how much work we still have to do yesterday.

There was a report by the Los Angeles county health department and it, it talked about over 4 year, period. Almost 5,000. people died on the streets and.

What really kind of stun me is that although that happened in that report was released there wasn't 1 news article about it. I couldn't find 1 anywhere in the country and 5,000 people losing their lives should be something that we talk about in this country.

So next slide please.

Um, so there's, there's a lot of different ways that people go about commemorating those lives that have been lost and memorialized in them. Uh, candlelight, candlelight, visuals, silent marches, graveside services.

There's also some art that goes into these events plays and performances. There's special religious services. We always hold 1 in conjunction with the advocates in the DC area.

There's also public policy and advocacy events. There's a media event around the dangers outside there's virtual memorials and typically there are some proclamations from both local and state government.

And at times we've had those proclamations from the federal government as well next slide please.

So, if you're considering planning an event, so I should also say that in the 1st slide you saw a year ago there were about 30 events and most of those virtual this year, we've documented 130 events.

Um,

I think that is due to some awareness that has been raised around,

just the really tragic consequences of homelessness,

but also coven at 19 and its impact on the homeless population.

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So, next slide please.

So, a couple of things we usually read the names of people who have lost their lives and, uh, sometimes there is a little bit of a.

A little bit of hesitancy about naming names, but, uh, death is a public event and it's not a, so, it's not a HIPPA event.

So some people worry about HIPPA in that particular instance, but it's not a HIPPA event. Um, we asked that again. You talk to your medical examiner, talk to social service providers.

Uh, I started as an outreach worker, and most outreach workers have encountered people who've lost their lives.

So, definitely talk to your outreach workers, uh, your local and religious organizations, meal programs, intake staff and also the police department discharge nurses at the emergency rooms.

Are all places if you're planning an event on Tuesday that you can get the names of people that have been lost next slide please.

And, uh, we also encourage you to get political leaders to pledge their support local and religious leaders, local musicians.

And we do ask people if they can to read the names of people to again, honor their, their existence on the earth.

Next slide. Please. So, Here's a sample flyer um, that, um, is on our website, uh, at the National Coalition for the homeless, uh, these are 2 events. That are happening 1 in Philadelphia.

There's also 1 every year at the church of of Anthony in Washington. D. C. if you're in a DC area, please join us.

Um, and it starts at 1130, uh, typically, uh, there's a action the day before where advocates actually sleep out um, and, uh, uh, raise advocacy about homeless, Memorial day, uh, next slide please.

And we do ask you to if you can after the event contact the National Coalition for the homeless, we're going to do another event in January where we put all the names together and read those 1 day in January.

And we'll send out more information about that. We've, we've worked really hard over the last few years to really get a better handle on the exact number of people that we lose every year.

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And I think we're starting to make some inroads and next slide please will certainly answer any questions, but we're starting to make some inroads. These are places you can get some more information on our website.

There's also a code that you can use to learn more.

But to get into what we're doing to really get a handle on the numbers, I'm going to give it over to my colleague and partner in this particular effort Barbara, from the National Health care for the homeless Council.

Great thanks, Donald really appreciate it. Um, been fantastic partners for over 30 years on this event.

Um, I just want to talk a little bit to donald's point about the statistics around people who have passed about homeless next slide.

Part of the problem is that we don't have very good data. We estimate about 15,600 people experiencing homelessness died last year again, but that's controlling on very few jurisdictions that actually track housing status.

Of people who died, and when we look into it as healthcare providers talk, you know, death is the ultimate negative help outcome.

And when we look at what causes death, and in our population, we know that predominant these are premature death. These are preventable deaths. This is overdose suicide violence.

Chronic and chronic diseases so these are things that we can be doing in our society to prevent people from dying.

So, when we talk a lot about housing is health care a lot of this is about preventing these negative outcomes, like illness, disability in depth.

But when we look at death certificates, and the way that data is tracked in our vital statistics systems, in many of our communities.

It's all over the board and there's no national kind of requirement for for what goes into those death certificates. And so here's just a list of some of the various things that might get put on death certificates.

But then don't in any way, kind of get a system that they don't get systematized in a way that yields some kind of, of number.

So, at the end, we have a really hard time knowing the true impact of homelessness on people who are literally dying on the streets and to echo Donald in the wealthiest country in the world next slide.



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So, to that end, and again, I know that there's a lot of data that we're asking folks to collect. And I don't presume that this is specifically at the top of your list and the homeless services or the sector at the same time.

If you're partnering with your healthcare providers are partnering with public health, I think over the last couple of years, we've certainly got so much more attuned to the people who were doing this work amongst our partners.

Um, thinking about, how do we get better data out of our medical examiner? Some corners offices how are we able to better identify homelessness on death certificates? So that we get better data in the policy space?

So, to then we actually have a pretty well attended work group, uh, specifically looking at homeless mortality data.

Um, at the National Health care for the homeless council is a cross section of clinicians, researchers advocates, and a lot of folks just in public service who work with this kind of data and we put together a tool kit to try to improve the kinds of data.

That we're getting on death certificates and again, I'm just really quick, but the link is, is here, and I see that leticia has put it in the chat. But this is really just gives an overview of how to put something like this together.

How to start a local market, homeless mortality, data report and particularly how to use those numbers to drive policy changes that we know are all needed in order to prevent it in homelessness. So I'm hoping this toolkit can be a resource.

If not for you then, maybe for 1 of your partners that you'd like to pass this along to, or if this is something you'd like to share and try to see if you can't get more attention to this. Um, but in the interest of time, just to the next slide.

Just a few things that maybe we can think about doing in terms of actions if you have relationships with your corners or medical examiners and definitely your policy makers talking with them about why it's important that we have this data I think is really a solid

step.

I think people just are unaware that we don't have the data and are perfectly happy to try to figure out how to do better with this. And I know that I'm focusing a lot on data, but when I think about, like, for example, the point in time count.

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And all of the attention, and the manpower that we put into getting the best numbers that we can, even though we know that they're not perfect. We drive a lot of our advocacy a lot of our public policy changes based on those point in time numbers.

There was a basis of our grant applications. They're the basis of a lot of the work that we're doing. Similarly if we have better data on literally, what is killing people in the streets.

We could drive and put a sharper point on some of the things that we're really trying to change. So, again, we're just trying to get homeless status added to death certificates, and then use the data that we can to publicly report on this, talking about the human right.

To housing and health care. So that we can prevent people from dying.

And frankly, highlighting the impact of housing is the best intervention to prevent people from dying. And I just felt like we couldn't go into homeless person's Memorial day without 1 of my favorite quotes from other Jones. We do pray for the dead. But we are all here.

And we're going to continue fight, like, hell for the people who are still here. And so I know we're all doing work in this regard to try to minimize the impact of homelessness on the people that we serve. This is just 1 way that we're trying to do this. And again, I couldn't.

Echo more mcdonald's comments on homeless person's Memorial day, being both the time to honor and pray for those who have passed, but to continue looking ahead to how we make sure that no 1 lives and dies in homelessness moving forward.

So think that's my, that's my end of the week, going into a homeless versus Memorial Day next week. So thank you so much for, including this topic in this week's line up and I'll turn it back to you, norm. Thank you.

Thank you so much Barbara and thank you, Donald.

I just admire your attention over the many years to this topic and,

and all the advocacy you both in your organizations and have done to to promote this important cause,

and almost person's memorial.

And I just want to point out to, I think something you were saying there, Barbara, is that is sort of an incredibly relevant topic to this very call where we're talking about how we use resources to better.

And homelessness.

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How we take care of people who are experiencing homelessness to take care of their health help, prevent the spread of infectious disease or pandemics, and really do a better job of protecting our neighbors and, and helping them thrive.

So, just again want to thank you. So much for your.

Continue the advocacy, and for coming on and sharing with us all the work you've been doing on on homeless Memorial day. So.

With that just a couple quick announcements are next office hours is going to be January 7th. We will not have an office hours on December 31st. So we'll do the next 1 on January. 7th.

We'll obviously send out a list or to, to let you know about it. And if you have are interested in any specific topics that you'd like us to cover in future office hours.

Feel free to type them in the chat window, or you are more than welcome to.

Typing in the chat window next office hours, but we'd love to hear your feedback. So please feel free to share that with us.

Uh, with that, I'm going to wish everyone a great rest of the day. A great weekend. Great holiday season, coming up. Thank you so much for joining us for this year of office hours and look forward to doing this again in the new year.

And with that, that concludes the webinar.