COVID-19 Office Hours: Transcript
June 10th, 2022

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Hello everyone and welcome to the SNAPS COVID-19 Office Hours. My name is Micah Webster with Abt Associates.

I'm going to spend a couple of moments going over some tech notes.

And then we'll get into the content that we have for today, just a couple of housekeeping reminders. We are recording the office hours today.

As we do each week, and we will post a copy of the recording along with the slides and then the content that we received through the chatbox.

On the exchange just a few business days.

If you have any issues with audio.

During the webinar, we encourage you to switch over from computer to phone audio.

At the numbers that are on the screen, and that, we've just paste it into the chat.

Speaking of the chat, everyone is going to 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.

Define the chat just take a look at the bottom right-hand corner of your screen.

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

Click on that to open the chat please send all questions comments and feedback in the chat.

And with that going to turn things over to Norm Suchar from the HUD Office of Special Needs Assistance Programs.

Thank you, Micah and welcome everyone to office hours this week. Uh, we're very excited to see everyone here and we're just going to jump right into our content. I'm just going to quickly introduce the topics here. Uh, and then we'll get started.

So, as you can see from the slide, we have several people from the snaps office who are here and available to answer your questions. If you have any questions, as Micah said, please type them into the chat window.

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Whether they're about any of the topics we are covering today, or if there are other questions you have feel free to ask those as well and we'll do our best to answer those.

We have, uh, some of our great technical assistance providers here with us today.

Sarah Hicks West and Stacey Matthews, who will be doing a presentation a little later on. Melissa Bonnerwith, uh, with the Wright center for community health is going to give a presentation. We're very excited about.

We will have a couple different presentations for from the Centers for Disease Control and Prevention.

We will have our regular update from Ashley Meehan and we will have a presentation on Therapeutics, which we're very excited about from Sapna Morris and Martha Montgomery.

Uh, and we have additional people on the phone here to help with again, any questions you have about the topics at hand, or if you have other related questions, feel free to type them in the chat window.

So, with that, I'm going to turn things over to Ashley for our regular update, Ashley.

Hi, everyone thanks norm before I jump in. Can you do a quick sound check for me and confirm that you can hear me you sound great loud and clear. Okay. Wonderful. So hi, everyone my name is Ashley. Meehan and I am a health science.

Pissed at CDC, working on homelessness and health.

We can go to the next slide. Micah. All right so here is our, uh.

Peak per week, just pretty much every office hours, but for those who are new, the blue lines represent the number of cases in the.

Wes on and.

Any given day today and the red trend over time in a little bit and have a look at that more closely.

Okay, sorry I have a little bit of a delay. Um, so we can see that, um, cases are, um, kind of leveling right now we're seeing this a little bit of a plateau. Um, this is just a zoomed in version of that same epic curve. That was on the last slide.

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Um, so we can see that for the past few weeks to a month-ish, um, the cases have remained, um, a bit stable. So that's what we're looking at in terms of trends. Over time we can go to the next slide.

And here's what is happening with COVID-19 community levels. So, as a reminder community levels, take into account COVID-19 transmission as well as burden on hospitalization or I'm sorry on hospital systems, including hospitalizations.

Um, so we can see that, uh, more counties are starting to move into these medium and high community levels. Um, so, as communities move into medium and high community levels.

Um, that's when we'll want to start scaling back up those COVID-19 prevention measures.

So, if you had taken away, masking, um, you know, if your, if your community's moving into medium or high, um, you should consider re, implementing that um, our guidance, unfortunately still has not been given the green light to be posted.

So, if you have any questions about when to implement something, or what to implement, um, please, please, please do not hesitate to reach out. We would be happy to hop on a call with you and think through what makes sense for your facility and your community.

Next slide please, um, as always, uh, we are keeping an eye on the different variants that are circulating in the U. S. um, so still seeing a lot of and some sub lineages from that.

Um, again, this doesn't change much in terms of prevention and, um, you know, still encouraging folks to get vaccinated and stuff. So, um, this is just for informational purposes. Um, as of right now there's not really much to do with this.

Um, but just.

Keep an eye on it next slide and then I wanted to give a quick update on, uh, childhood vaccination developments. Um, so there are 2 meetings coming up next week or their planned for next week.

Um, that could change, um, and the FDA is planning to discuss, um, both Pfizer and Moderna's, um, requests for childhood vaccinations and so that is under ages 5 and 6.

um, so they'll be reviewing their applications and all of their data next week. Um, and then hopefully that if that gets approved, then childhood vaccinations will be available shortly thereafter. So just wanted to flag that. So that's on people's radars.

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I'm happy to answer any questions about that. If there are any, um, but otherwise stay tuned on that.

Next slide and that is it from me, um, for those who weren't able to join office hours last week um, Emily shared a little bit about, um, monkey pox and really just the update is that we are keeping an eye on it and.

Um, we will let, you know, if there are any things that you need to be aware of, um, moving forward. So just wanted to flag that. And with that, I'll pass it back to you. Norm.

I thank you so much, Ashley. We did have a question about 2nd boosters for people under 50. do you have any updates on that?

To my knowledge, um, it is available if people want to get it I believe that language is on CDC's website that if people are interested in getting a 2nd booster, um, if their under age 50, they can, um,

but it's not yet required if you are immune compromised, and under age 50, then I do believe it's recommended, um, Martha, or do either of you have a definitive answer on that.

No, I would agree with what you just stated. So the supply is adequate so that if people are interested in getting boosted and.

The situation calls for it um, I was going to travel somewhere, so I, I was going to see my elderly parents so I opted to get another booster, for example.

Um, but it's not, uh, required and it's and we don't actually have a lot of data. Um.

On the benefit of that 2nd booster, although, you know, we can.

Kind of, um, you know, look, I mean, assume that, you know, the understanding of either being boosted by natural immunity or another vaccine would help you as number search in your area.

Great Thank you very much. And Stacey, thank you for posting some booster information. So if you want more information, there's a link right there in the chat window.

And thank you, Ashley. Uh, so we're gonna move on to our next presentation Sapna. Welcome. So, Sapna Morris and, uh, Martha Montgomery are going to talk about 19 therapeutic. So we're very excited to hear about this.

So I'll turn things over to, you.

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Right. So thanks, norm. It's nice to be on this call again. It's been a while. I've been moving around CDC actually in the interim and haven't hadn't been on covet in a little bit of time.

So thanks for, uh, reengaging me and Martha's here too. Um, we actually, um, 1 of our colleagues, Dan, Florida, who's actually in Denver, but we're but works with us. Um.

Was going to be here and help desk, kind of prepare this material, but some Martha's also here to make sure that I don't see anything wrong. So, Martha please do chime in at any point.

Next slide please so treatments, um.

I'm, there's so much to say about treatment. What I wanted to say is I have a picture of.

Said last so in the corner here, I'm not sure if you guys remember the Allen Iverson inspired.

We're going to talk about practice speech that he gives them, but I always have that in my head when I'm talking about treatment, because it's both.

Good news and it's very aggravating.

And kind of like practice in the Jamie situation.

We want it to be kind of more helpful, even though we, we, there's things that we know about Co, 19 at this point. So I find that it's a, it's a hard conversation. And so I think, I don't know why, but that always pops in my head. So, um.

I just I'd put that in the corner, so we're going to talk about treatment.

It is nuanced. It is a little bit complicated. We're gonna try and break it down into some simple principles here. Um.

I, you know, I'll go ahead and say that I'm, you know, my comments are not, did not officially reflect those of CDC um, you know, in case, uh, you know, I'm, I'm giving you guys maybe a little bit more information than we might post.

And there's also a lot of data that I'm not going to go over the new, you know, all the details of go ahead and do the next slide.

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So, let's just back up a 2nd, where are we with Kobe? There's just so many things kind of flying around right now.

Um, and so, um, and then a lot of us, I think just don't have the time or patients to really we're starting to tune out. Right? It's getting a little bit so late in this whole experience.

So, as I'm sure you guys remember, we, we've had numerous variants of 19, alpha beta.

Then we saw the delta surge, um, last kind of summer.

Uh, then we had the gamma and now.

Oh, Micron, um, and, you know, Omar crime really took off over the winter months.

We're now seeing these variations variance of so we're down to.

Even 5 and other continents, interestingly, they have not taken.

Much hold here so we're still at 2.122 I think. Um, and so what's important for you to know, is that we're watching the variants and there's very smart people at CDC.

smart people at CDC

Uh, the White House covet group and others who are looking at varying details of these variants and trying to understand how does it affect the various things that we have to fight against coded? So, whether that's vaccines or treatments or.

They're looking at mutation by mutation. What's the differences in these variants? And how do they respond? So when you hear things about treatments going in and out or gone now.

That has everything to do with the coven that we're seeing circulating right now. So that's why I put these pictures out here.

Vaccine is extremely relevant still.

Very important still, in my opinion, the number 1 thing we can do.

But then there are these other treatments.

What we heard about initially were called monoclonal antibodies.

There still is 1. that's active. Okay. That's the 1 that's in this corner here.

And then there are 2 other treatments that are kind of readily available.

And mine appear here there's also REM disappear. Okay.

So, we'll mention that, but just so, you know, those are the, these are the things that are relevant right now with the, with the variants that we're seeing right now next slide.

So, Ashley already talked to you about this. I just want to keep perspective.

Yes, cases are going up in a lot of places. This case count, likely, vastly underestimates the number of positives because we have so much.

Testing going on that's not getting reported. Um, but I think.

What is also happening is the denominator that the total number of cases is not feeding into the hospitalization rate. So then what you hear about hospitalizations.

Is that, um, the raw number of hospitalizations is obviously very real those are the number of beds filled with patients.

Who have covered 19, but when you look at the proportion of cases, getting hospitalized.

We're actually probably much lower than what we think right or what we're showing in data. So, just to keep that in mind.

We, we do think the general trend.

Of getting more severe. Sorry? More infectious less severe is still in play.

So, we don't think right now that this variant that we're seeing that's circulating right now is more severe than the ones we've seen in the past.

Does that make sense? All right so, just so we can fly back past this. This is just the case count. Just want to again keep it in perspective from what we saw in January.

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Next slide and then again, new admissions so.

Just to show you, you see this trend's going up, but we also again the denominator issue. Okay so this is, um, this is actually rate's not.

Run number, so again, it does matter that we may not have the total number of cases, but I just wanted to highlight here that these age groups.

And I'm sorry that they got cut off that dark red, um.

Line is above 65. the pink dotted line is between 50 and 65. so, um, just to show you.

Younger people not really getting hospitalized. It's not.

Approaching what we saw in January next slide please.

So, how do we kind of weigh what's out there? What we can do? What we can't do how important is all of this.

Um, prevention measures still matter. Okay when there are cases surging in your area.

When you are someone who might be at a higher risk.

When you have a specifically high-risk environment.

Not just a congregate setting, but maybe, you know, there's.

You know, your respite, you have 6 patients and there's a kind of your setting or, you know, there's certain circumstances.

You know, masking is still a completely important, viable, you know, uh, measure to take. So, I know it's really hard right now, but when you need it.

Don't be shy to use it. Okay. Um, and even if that means.

Masking someone that is told you, they have symptoms and hasn't been evaluated yet.

No, 1 else has mass. That's okay too. You know, we mask people when we're sick. So it's okay. Um, so again, where you can use masking, you should use it.

Social distancing and less padding. All of those things are still helpful and relevant.

But we have to balance that with everything else. Right? Vaccines are still really important if I had to choose.

And, you know, and I wanted to do 1 thing for somebody right now, I would still choose vaccine.

Okay, there certainly is, uh, there's reality to the fact that if you're vaccinated and you had covet.

You are probably better protected that's not a reason to go get coded but if you did happen to have it, Andrew vaccinated, you're probably more protected.

Um, but getting vaccinated and boosted is not very far off and certainly getting vaccinated and having head. Cobit is better than just having head cobit. Um, I think we've seen enough data to know that.

So, vaccines are still extremely important.

And I would add the boosters there too. So then we get to the kind of top of the pyramid now we have treatment, and they're important they're not the foundation of how we're going to stop spread. Okay.

So, I, I like this triangle because I think of it as.

It's an adjuvant thing, it's something we can add to what we're doing, but it's not.

The foundation of how we're gonna, you know, continue to kind of get through these waves. All right next slide. Please.

So, what can we do as service providers?

To help people who are either presenting with symptoms or diagnosed.

And what are our goals I mean, our goals are really to make sure that people don't end up hospitalized or getting worse right?

If they, if they have it, we obviously we don't want anyone to get it. Right? But.

And then to decrease the chance that the virus is spreading in our environments, right? Because we don't want more people to get it that don't.

Have to get it and, you know, so we ask these questions is vaccines still important. I kind of address that.

You know, what are the current treatment who needs to get them? And then what can we do as.

Staff from shelters or other service agencies and, um, to really help people. It's like.

So, again, I already mentioned this, but the mRNA vaccines do help protect against the most serious outcomes. So, hospitalizations.

Ventilation there even is anecdotal data around postcode and vaccines so.

Adults who received 3 doses of covered in 1994%, less likely to put on a ventilator or die. Okay. So, still very relevant. It's still the number 1 thing I would be doing is pushing vaccine next slide.

The current treatment, so, as I mentioned in that 1st slide.

There are 2 oral medications.

1, is the 1 you've been hearing a lot about I'm sure pecks loaded.

Normal travel here, it's actually boosted in a much heavier so there's 2 medicines in 1.

And then Molly, pure of here, we're hearing a little bit more use on molecules here in the international environment.

Techs love is what? We're actually seeing a lot more availability and use of in the U. S.

Um, the infusions or the treatments that are have been studied are effective.

Require infusions are severe and now severe is an antiviral that it is an infusion.

It is what we've been giving people when they got admitted to the hospital. So if you heard about people getting admitted with coven.

They were given medicines often, run severes what? They were given.

Early in their course there's now a.

Shorter course of severe that you can get before you end up in a hospital. So the idea is, you're preventing hospitalization.

It still isn't infusion and.

Basically, if I were an older person with a lot of other illnesses.

I would be trying to get that person to care so that they can be given the, the whole menu of different treatments. Okay. So.

The everyday person, particularly the everyday young person, if they got covet, we're not seeing necessarily that utilization of room desk here in the same way.

Um, it's really like, when we talk about high-risk people that we might end up, giving them room desk severe.

Back to love a map is a monoclonal antibody. That's again an infusion again. That's if an older person early in their course.

Um, you know, that's an option, but again, it really does.

You need to connect someone to probably a larger tertiary care center to kind of get those things going.

Particularly because pills are available.

And so I'm coming back to pets loaded last, um, just because that is what is out there right now, and it is available. Um, and we should have good access.

For anybody who gets a diagnosis of covet. Okay.

I put a picture here and I highlighted the NH, coven, 19 treatment guidelines.

Now, treatment guidelines are often written.

For clinicians, and they feel very over whelming and H has done a really good job of doing some data visualization and some good tables. Even a lay person can understand.

You know, if you're in, if you're before you're in the hospital early in your diagnosis, what's available to you and how should they be used and what are reasons to not use those medicines they've done a really good job.

So, whether you're connected to health care facilities, or you yourself or a health care person.

Or you're looking at the shelter director, even looking at that website can really just clue you in as to what the recommendations are. And I think it's actually very useful.

Um, is, um.

It's in it, it's an important medication.

It's too kind of really help.

People that might have severe outcomes.

Now, the date is very interesting when this when this drug was studied, and when it was approved, it was looking at the use in patients who were UN vaccinated. So the original study to approve its use.

Only recruited UN, vaccinated patients.

Okay, and then they compared a group that got with a group that didn't.

And it did show a reduction in hospitalization in depth. Okay.

But it they did not study vaccinated people.

So, when you now take a vaccinated person and say, how much is going to benefit you.

We don't necessarily have large populations or large clinical trial data on that question.

Um, interestingly, there is 1 paper out there right now.

From Israel that does show us in people that had some immunity.

Vaccine or natural immunity to cove it and then got.

And it did show benefit, particularly if you were above the age of 65.

Um, in the U. S. we have been.

Really pushing as of right now.

I think it's less of a question if you're above the age of 50.

And if you have other Co, morbid conditions, if you have other pro health problems going on, and you're above the age of 50, and you get coven, I would probably be erring on the side of saying, they should be get them to care to get medicine.

And you have to do it early. Okay. Um, again, that's not official. We, we haven't drawn the line at 50.

If you're 20 and, you know, you're, I mean, the medicines available to you if you're diagnosed with again, you want it early.

Um, but I think.

Where we really see benefit, we know that there's benefit.

Is in the older population, and that line is hovering around 50 where we think it really does.

Start to play a role proven role I should say. So.

It is it's an oral medication. You do have to take it for a number of days. Um.

It is not there are not a lot of side effects. The side effects aren't really terrible. Um, there's some nausea.

Um, but that's really not the issue.

It does have a lot of interactions with other medications.

So, there may be other meds that people are on.

And that might actually cause kind of.

A difficulty with, with taking pecs love it.

So, the key things to remember, that is the drug that is most available it has been most studied in terms of its benefit.

We think the benefit really does impact older people clearly.

Younger people less clearly. Um, and there are a lot of contraindications.

It's got to be used with within 72 hours. Like, you really got to start it early in the course.

So, the key things to remember, if we want to get our people to treatment is that as soon as they have symptoms, or as soon as they have, uh, diagnosis, they need to get to care. They need to either get to a trust test and treat site.

Which there are a lot of just commercial pharmacies now, Walmart, Walgreens, CVS, all those.

Or we need to get them through maybe our or an established outpatient program.

Where, you know, they can get them access to.

Let's go to the next slide so.

In terms of treatments available to everyone the, the treatment guidelines really did initially.

Prioritize people for getting treatments and that was because we did have limited supply right now there's no limit on supply.

So, if you picked up the phone and talk to ask her right now, they'll tell you, there's no limits. We should be able to give everyone drug who needs drug.

And there are tests to treat places.

That will confirm the test review your medications, get you meds if you are.

Eligible, you know, and you have no contraindications. Um, I included the website here. You can just literally search 2019 test to treat.

And this will pop up and you can find him. So, um.

There is no supply issue right now. So.

I I, I think that's really important to just know that we should not have.

Um, problems getting drug, if we connect to these sites.

Next slide, thank you. So, when does treatment need to start? I'll just reiterate.

It's got to it's really does the data all showed benefit if you start it within the 1st few days.

So the analogy I like to use is Tama Flu, right? So, I'm sure you guys all remember hearing about Tama Flu. If you get influenza.

And you're feeling, okay and it's within 48 hours.

Maybe you have little kids at home maybe there's a pregnant woman around. Maybe there's someone who has other illnesses.

People where you're like, wow, if they get flu, they don't really might be in trouble.

I might push myself to take Tama Flu, because I don't I want to decrease my viral load and prevent spreading it to other people. And I might give them Tama Flu because that, you know, they can take that to prevent them from getting it.

We don't have that for COVID yet, but.

The that would decrease your COVID viral load, right? Your source coming to viral load.

So, it might push me to take pyruvate to take pecs loaded. If I'm within that window. And particularly I'm around people that might be sick.

Or could get sicker than maybe I would get.

But if you can't get it within 72 hours.

You're a younger person, Andrew vaccinated. It's not totally clear that it would have benefited you that much.

It may work for some people. It may not work as well for others. So, again, early on older person. Absolutely. And I always tell, like, if when I'm talking to my patients, I'll tell them is it my dad were to get covered.

I'd call them right now and say, as soon as, you know, you get on pecks loaded.

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I'm 48, if you know, if I get COVID.

I would really weigh the risk and benefit. Who am I going to be around? Do I have to work clinically? You know, those might push me to take it. Um, but it's not as clear cut.

And so, um, you know, again, I think just knowing that, if you're going to take the medicine, it has to be early. Does kind of make a difference and influence kind of how we do this.

Next slide. Please. So, what can you guys do? I think the number 1 thing is 1st of all, we just need to educate people. If our flyers about COVID um, maybe get a couple of test to treat flyers up there, too.

If you think you have COVID or your symptoms are there.

Come talk to us, we'll get we'll show you how to get to a test and treat facility. Right? Like just educating people that there are treatments.

That can prevent severe outcomes.

Particularly if you're older, particularly if you have other medical problems, right?

So, number 1 educate, educate, educate our clients. Um, no and then.

Connects to our HDH clinics, or you're in house clinics, or your outpatient.

Care that's near you or your CVS or Walmarts or Walgreens or whatever.

And find out what the path is, we want to, you know, like, clear those obstacles for people to be able to get drug. Right? So.

Whatever if you have a phone tree, you know exactly who to call.

If you have a newly diagnosed person, and then that person's gonna be able to tell you how to get somebody transported to 1 of the pharmacies that can get it to them or to your who's going to know exactly how to get them packs loaded.

Whatever the process might be, I would be doing a dry run and saying, how do we.

How do we get someone through that process and make sure all of your staff know how to do it? So, if it happens.

You know, 1030 at night, someone comes in or, you know, somebody tells you then that they have.

That we know how to work the process and help our clients get to treatment as quick as possible. Um, and again, just connect them to test to treat sites. If we don't have those other systems already built in.

I think I think that's the last line I have. You can go. Yeah, and I'm happy. I know I ran through that real quick and I'm sure I left things out, but I'm happy to take questions.

Martha, do you want to add anything right away? Yeah, I just I just want to emphasize. I think that last slide you had was so important was just about, you know, the role of.

Trying because that time period is so that window of opportunity is so short anything you can do to smooth that timeline.

And increase the connection to a treatment provider is really critical and can be really helpful.

And, you know, you know, I, I realize.

I think I either missed a slide or maybe it's gotten neglected somehow, but.

I want to emphasize 1 thing, because I think we worry a lot about.

Kind of CO, morbid conditions, or our patients that have diabetes or high blood pressure and their coded risk.

And while they are compared to their same person, their say, made without those illnesses, they are going to be at higher risk relative to age. Those things do not, you know, they're, they're quite minor.

Relative to age so if you look at the weight of what your age does in terms of your risk for.

It is by far the most predictive.

Okay, for something bad to happen. So.

The closer we get to that 65 and up in our clients.

The more likelihood that they could really struggle with coven.

So this is why, like, I'll tell you, you know, as a drug is not the easiest in the world. It's not the hardest.

You know, but maybe I'd take it. Maybe I wouldn't.

But, I wouldn't let my dad even deny, you know what I mean? Like, if my 80-year-old father called me and say, you're taking that drug, because it's really age. And so I just want to reemphasize that. And I'm sorry, because I really thought I had a slide on that, but.

You know, it really is age is your number 1 thing that you really worry about and so.

Just in kind of understanding our client population.

I'm way more, it's way more important to me to go get my 62-year-old client than it would be my 18-year-old client or a 12-year-old even.

Sorry, and I'm happy to take some questions around. I haven't been sure. So we got some questions. So, uh, I have them queued up. So, uh, 1st of all, thank you. Great presentation very thorough, and a lot a ton of great information.

Uh, so we do have a few questions that I want to walk through with you 1, is about whether there are any sort of underlying medical conditions or behaviors that would contraindicate for some of these Therapeutics.

And how should, uh, shelter providers and other homeless assistance providers be thinking about those.

Yeah, it really, it's complicated. Um, so this is what's called, um, a protease inhibitor.

So you've heard that term in terms of HSV medications it's a similar antiviral that, you know, has been used to treat HSV.

There's certain antibiotics there are certain, um.

anticoagulants there are certain other medications that you cannot take with.

Now, again, if my 80-year-old father got COVID.

And, you know, there was he was on something that.

Was Contraindicated for pecs love it. I would probably say, stop that other thing and takes the facts loaded. Right now if we could do it that way, all of those decisions are, at the level of a provider, needs to see the patient and make those decisions. So.

It is an easy and it isn't obvious for any 1 person or any 1 condition. Um, there are definitely some medicines that a diabetic would take, or someone hypertension or someone with cardiac disease.

Um, that you would have to make these decisions about. So the goal is really to get them to a pharmacist or provider that can adjudicate those things and make the decision. Um.

And just to say that, um, you know, there might be instances where it, it's worth not taking anti blood pressure medicine for 5 days. If, you know, this could really help them not have a severe outcome with pecs love it. But again, that's nothing.

So, I wouldn't want to make the decision based on any kind of CO, morbid conditions. I would just say the goal is get them to a provider so that they can look at the medicines and figure all that out.

Great advice Thank you very much. So we had another question about long and sort of like, I obviously that's sort of a different has a different set of.

Issues, but can you talk about how should we think about long with respect to Therapeutics? Yeah. So.

No data yet at all.

Long covet so, I think just from a pathophysiology standpoint and Martha, you may have been in the game a little bit longer than I had this last year. But.

So far what we can say is that.

We are starting to coalesce a description of what we think long COVID entails. Okay. So I think there's we have a dedicated unit that's looking into it.

We're working with patient advocacy groups and with physicians who are following patients so we're starting to understand long term it a little bit better.

From a capital standpoint, I think we have to understand that it is.

Almost entirely a result of our inflammatory response. It's, it's our immune system.

That has been triggered to do something that's resulting in the symptoms of long. So what we're, we're not seeing in long covet is like this persistent diarrhea. You're not.

Still seeing a bunch of replicating SARS cookie to Corona virus.

It's what our inflammatory system has been triggered to do. So, because of that, the Therapeutics that we have.

May not have a lot of impact on.

Long Covid interestingly though there has been some anecdotal stuff around people getting boosted, and some of those Long COVID symptoms going away. So.

Not well studied yet that there's a lot to, to learn about that.

Um, if we don't necessarily see, and we haven't had omicron long enough to say.

Oh, there's less Long COVID with omicron than was with delta or alpha or beta gamma but.

They are trying to look follow people along to be able to say that, like, is long, proven, more something that we saw with alpha and beta, less with delta and we're not there yet. But, um, it is being looked at Martha, any other thoughts.

You want to add.

That covers it, I did take a link in the chat to page that has a little more information if you want to go into more detail on kind of what we know and what we don't know. So far about Long COVID.

But I do think that that can be a motivating factor for people to get vaccinated.

A lot of people might not be concerned, you know oh, it'll be fine if I get it. Um.

And might truly have a low risk of dying from covet, but.

You know, if you remind them that Long COVID, this is true with my mother, for example, she's not worried about dying from COVID. She is worried about Long COVID.

And that was a big motivating factor for her to get vaccinated. Sorry about that.

Thank you so much so there's another. There was a comment in the chat window about people in there's this dynamic and the homeless population where people sort of age more quickly than they do in the general population.

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So you talked about over 65 as being, sort of a good cut off do you have a different recommendation for, for example, people who have been on sheltered for a period of time? I think that's a really good point. Stacy and norm. I think. think

It is interesting. So when we talk about the population as a whole, right? We may say 65 and above. And what we know about our clients is that.

We may look at their real life age as a bit different than what their numerical age is. Right? And so I completely concur. And again, I think.

The data again, it's, you know, as a.

As an epidemiologist's position, um, I want to share with you what we know, and that's what's been studied. And so, like, just knowing that.

Excellent and vaccinated people in Israel has showing some benefit above 65. there's lots of nuance around how they do that analysis. So we don't know more yet proven.

But as I mentioned, hovering around that age, 50 is where we're seeing practical, you know, like the practicality of it.

We're seeing a lot more physician experience and advice and.

Um, kind of utilization of those treatments as people approach that 850.

So, I would totally agree. I mean, in our population, we tend to have a lot of health conditions and we're aging because, you know, uh.

Well, the circumstances we're having to live through our clients, so, given that, I mean, I would probably be.

Um, definitely educating our or our, you know, 45 and Ops, like.

This is if you get sick, this is what I want you to do. I want you to tell somebody about symptoms right away. We're going to get you, you know.

Um, we're going to have a system to get people to a test and treat site.

Particularly if there's no, if the doc or the, that we work with normally.

Doesn't necessarily have a quick access, you know, 2 packs of it or no route to get kicked to get treatment.

Then I would be looking at what's the closest test and treat site to me?

And maybe even talk to them and say, hey, if it's a Walgreen's or if it's somebody that you guys work with otherwise.

You know, maybe it's someone that you'd say, like, look if we have clients that need to, um, get packs Lovett, is this the best way for us to do it?

Um, and just kind of maybe smooth that path. I think that's kind of the.

It's interesting I'm also helping my kid's camp about being the code and that was my message to the director. I said, look if we've got kids that we think we need either need treatment.

Or we would need to get cared to right away. We need to know the process right now, and we need to have all those obstacle smooth so that if it does happen, we're ready to go.

That's the way that I would approach this. Great. Well, Sapna, Martha, thank you so much again. A ton of great information. There are a bunch of links in the in the chat window so I'd encourage people to copy and paste those.

So they're handy. And if you have any more questions, go ahead and type them in the chat window in the meantime, we're going to move on to our next presentation. So I'm very pleased to introduce, uh, April gas.

Q, and Caroline Kraus, uh, from the SNAPS office and Melissa Banner with are going to give a presentation both about June 18th, and sort of its link to where it's sort of the implications for COVID 19.

so, April, I'm going to turn things over to, you. you

Awesome presentation. I must echo with norm. I learned a lot so I'm happy to be here with everyone a day. I have Caroline Krauss on the line with me.

We are both members of the SNAPS racial equity team, and we're just really glad that we're taking time during this presentation, even though it's a couple of days before the holiday to really celebrate and talk about the historical legacy of June 19th to the next slide. So. so

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If you're aware of June 18th as the holiday, folks have a very, very deep emotional connection to the impact of what has happened over decades to Americans all over the South, all over the country.

So just glad again the day to be able to take the time to really look at and feel the reflection of what this holiday means to us if you're new to June team.

So, I'm glad you're here today to understand a little bit of the historical implications. That's happened and then for the audience today, you know, as we're thinking about, as we're hearing about it, as we begin begin to celebrate. celebrate

Think about how people at that time hope for they wish for and even just anticipated what a day would look like the time it looked like that they would actually experience freedom.

And in fact, we have freedoms ease here on the screen, you know, just imagine.

You know, your history, whether you are from a different culture from an era time where you have parents or great grandparents and great, great grandparents that could remember the time where.

Where you didn't have the opportunity to.

Just go and do and be and beyond webinars as we are today and think about what that 1st watched night service.

Look like, you've got folks who are in slaves and free black people who are just gathered amongst themselves in the community that they could gather up waiting in their own private homes. Just really anticipating.

Like, what is this going to look like when it takes effect? What is the Emancipation Proclamation really going to feel like?

And when I put myself in that predicament, I think just while look at where we are today, look at the strides we've taken and just being here to even.

Present, and as an agency, and as a community together here on the line to really take a look at it. So I'm going to turn over to Caroline, she's gonna walk us through the historical element of all of this. And then we'll, we'll keep it moving. Caroline.

In April, so we wanted to just give a little timeline of how June 18th was kind of developed so took the creation of the Emancipation Proclamation the end of the civil war,

and the passage of the 13th amendment to finally end slavery throughout the nation the Emancipation Proclamation, and it's very, very, only for areas of the Confederacy, not for union states that did allow slavery and. and

The Emancipation Proclamation was announced and enforced as the Union soldiers took control of more areas in the Confederacy. So, while the Civil War ended in April of 165 on June 19th 865.

2000 Union soldiers marched into Galveston, Texas, and the Union General Gordon Granger announced that slavery was abolished in the state of Texas the last day in the Confederacy to receive the news.

So, while slavery in the United States did not officially end until the ratification of the 13th Amendment. June 18th is the day that's celebrated by freed slaves. And their descendants is the 2nd, independence day for the country and celebrated with family friends gatherings. family friends gatherings

Uh, picnics just general togetherness.

And as president, I even said during the signing ceremony of the June 18th national independence day on June 10th of the day, in which we remember the moral stain and terrible tool of slavery in our country, a long system of systemic racism, inequality in humanity.

But it's also a day that reminds us of our incredible capacity to heal and emerge from our darkest moments with purpose and resolve. resolve

17, not only commemorates the past. It calls us to action today.

So, when I turn it back to April, thank you, Caroline, and we'll go to the next slide again,

today we had heard when a snap sauces are just really glad we're able to provide just the space and time to reflect here.

I looked I'm looking at the participant list of all of us here on the line, and we have such a diverse grouping of people here. It's just amazing that we can really outreach and talk about junior teams as a, as a, as a celebration.

And I'm glad we're able to get in here and just 1 last thing before.

We go just the reflective moment here do 19th again is a time to reflect, but really take time over the next 10 days until we get to the 20th and really think about what does it really mean to celebrate our freedom.

freedom

Um, what does it mean to be free in moments where freedom is conditional and freedom is always a challenge like, what does that really look like for your individual household for your community for the people you serve?

And just overall, let's dig into our culture as a holistic America and let's enjoy the 19th. That's the junior team that's coming up and just really appreciate what it all means for us.

Now, I'm going to turn the conversation over to Melissa Melisa, and she's going to give us more information on June 18th and. th and

Hello, thank you so much April. And Caroline was wonderful to hear about now the efforts that you guys are doing, and the education behind June 18th. I am here to talk to you today about June 18th, 2019. I am from the right center for community health in Scranton, Pennsylvania.

We're a very rural area serving 7 counties and we're an look alike.

So, what we do is, I am part of a grant with the vaccine ambassadors through the national healthcare Council for the homeless,

and so I was asked by Kim and Barbara to speak today on what we're doing to get Colvin in our efforts into the June teens celebration so next slide please. celebration so next slide please

So, as you guys may know, um, like I said, we're a rural area.

So for us, it is very hard for us to establish partnerships with local organizations that had any sort of involvement with any June team celebration.

Um, but we did recently establish new partnerships with a project called the black Scranton project and also our local they're actually holding a June teeth celebration on June 19th.

And we asked if it would be possible for us to set up a table and to provide free test kit giveaways for cobra testing and also to provide educational materials, and I myself,

will be going to talk with anybody who's willing to talk to me about vaccine hesitancy and potentially getting them vaccinated for that day.

Like I said, these are newer established partnerships, and we actually got it through our project management department.

And the reason why I wanted to mention the partnerships for our project management department, is that your partnerships can come from anybody. anybody

And if it doesn't have to be clinical, right? So, you know, we have a project manager on our side who is really, really devoted to understanding, um.

Individuals in the bypass community to get them access to healthcare and so her name is Shannon. I was born. I want to shout her out. Really quick. I'm sorry, I'm gonna I'm going to do that and she was actually really vital in getting us to this event today. So I wanted to thank her for that.

Um, and so 1 of the reasons why we identified that they were our local partners, or the need for them to be our local partners is, I think it's safe to say,

for pretty much anybody working in any sort of health care capacity that data capturing is always very difficult.

Um, and so what we did was, we were trying to see how to target our vulnerable populations and it came across that we didn't have too too much data on on any particular race.

So, we wanted to focus more on working with, you know, the, and the black Scranton project next slide please.

So, like I said, this event will take place on June 19th, and we're going to give at home test giveaways. I will be doing outreaches to discuss vaccine hesitancy and we'll provide educational materials.

And lastly, obviously to show support to our community next slide. Please. please

And that's pretty much my, my presentation. So if anybody has any questions, that'd be great. If not, I will be turning it back to norm.

Thank you so much Melissa and team.

I just Melissa wonder if you could talk about sort of I know this this is still an ongoing project, but what you've sort of discovered so far,

or what some of this partnership building has brought to you and elevated. So far.

Well, it is true.

Yes, these are very new and I and, I mean, like within the last 2 months new, uh, so there isn't too too much for us to report just just the fact that we need more data in order for us to be able to accurately give a description.

So, you know, it's sad. Um, but in terms of, like, our description at our health center, we know that 25% or roughly 25% of our races. I'm, no.

So, you know, it's 1 of those things that it's like, I can't accurately even tell you what percentage of our population identifies as black African Americans. So, um, it's this is the start of. is the start of

The change that we need to see and so we're happy to be able to participate in that.

Great, thank you so much Melissa and thank you April and Caroline. So, if you have any questions from Melissa, and we'll be eager to see how things go over the next, uh, next, little while.

But if you have any questions, please feel free to type them in the chat window. Uh, we're going to move on to our next presentation.

So I'm very happy to introduce Stacy Matthews and Sarah Hicks West, who are going to talk about some vaccine ambassador training materials. So, I think Stacey, I'm going to turn things over to, you.

Thank you so much norm and that was really exciting to hear about the partnership and I think great. I commend you for reaching out to those culturally relevant partners and hopefully you'll be doing some.

Sounds like, I should say, you'll be doing some vaccine ambassadorship yourself at that event. So just a little background on the vaccine ambassador training in March of 2021. thousand and twenty one

Uh, 4 teams went to communities across the country to conduct some message testing.

Uh, and during that, we learned some things that were universal across large cities and rural communities, urban and suburban communities,

which was that there was deep mistrust and misinformation among the homeless population as it related to treatment for 2019. uh, the. nineteen uh the

Presence of the vaccine, the orange, I mean, the presence of the, the, uh, virus and its origin and the treatments that were available specifically the vaccine.

Uh, but there was, uh, some things that we learned that were positive, including that there was trust among peers. So, we learned that whether it was, um.

Frontline workers, uh, in relationship with 1, another people experiencing homelessness in relationship with frontline workers, or others, experiencing homelessness, there seem to be an ability to share information.

And have it be received in a positive way from peers. Additionally, we learned that vaccine competence seemed to be built over time. So folks had been offered the vaccine, turned it down.

Would talk to a nurse that might be on site, offering the vaccine time after time, and eventually would say, okay. Yeah, maybe I'll take it today.

And then incentives were extremely effective. Right?

So, and that's something that we have continued to spread that message since then how effective it is to, um, support someone's willingness to take the vaccine by providing an incentive.

So, communities requested support for onboarding vaccine ambassadors as we put out materials, recommending vaccine ambassadors we got some requests from communities for support in doing that. Right? How would they be able to best on board folks?

So we decided to do this video next slide. Please.

So, the vaccine ambassador video does 2 things 1, it provides guidance for vaccine ambassadors themselves.

Things like ensuring that vaccine ambassadors understand that they are not expected to be experts on covet on covet treatments on vaccine.

Instead they're expected to be someone who uses the trust that they have to guide folks to accurate information.

So, we recommend equipping them with the CDC website, the HUD website, the healthcare for the homeless website, being able to connect folks to resources. Um, again, we can't highlight enough.

How great it is to have people with the lived experience of homelessness. Even those who are currently experiencing homelessness, fill that role, because they already have a sense of trust and camaraderie with the folks that There'll be speaking to.

So, the other thing that the video highlights is building relationship through storytelling and listening.

We found that simply by telling your own story of how you came about how you made the decision to get the vaccine what your vaccine experience was like,

and what you've been able to do and the freedoms you've experienced since getting the vaccine was 1 of the most effective ways for folks to influence others the other really important component to that was listening to why people are concerned not

just shutting them off and saying oh, that doesn't make sense. But instead, when someone says, you know, I heard that they give you a microchip, right? Listening to that and saying, I can understand how scary it might seem to take a medical treatment.

Especially if you're concerned that that might happen. But I'll tell you, the vaccine microscopes are way too big to be delivered in the vaccine. And instead what the vaccine does, it gives you an opportunity to interact in society without the same level of fear that you have without it.

Right? So, training folks who both hear what the messages, and then redirect it back to the vaccine and 2 things statements that will build confidence in the vaccine and then connecting pardon? Participants to resources. Right.

So ensuring that vaccine ambassadors are able to say in the moment when someone finally says, yeah, maybe I will get the vaccine that your vaccine ambassadors are equipped.

And have the ability to say, you know what, I can actually help you make an appointment right now, at the minute clinic at the at the local CVS, or at the Walgreens I can actually let's go over here. I've got a resource where I can get you connected in the moment, and we're gonna give you an incentive. Right?

So.

By the way, as soon as I get you over here and you get the vaccine, I'm going to bring you back and we're going to go ahead and get this moving. So you'll be able to get the incentive for each dose vaccine ambassadors can also be really effective in ensuring folks get their 2nd dose.

Right? So, completion of the actual, um, vaccine process, 2nd, dose and booster is an area where we encourage vaccine ambassadors to utilize their sphere of influence.

And then the last component next slide please in the video is also some, some community guidance.

So, in addition to ensuring that vaccine ambassadors understand their role that they have the skill set to be able to tell their story and listen and that they have a connection to resources.

We wanted to make sure that communities were well prepared to support vaccine ambassadors for 1 thing, paying your vaccine ambassadors competitively.

For another thing, providing training and mentorship for vaccine ambassadors for many of the folks who are going to be vaccine ambassadors, they have not necessarily held a traditional job in some time and,

or the type of work that they have has not been this kind of advocacy interaction so providing them with training to do that through this video and through other resources within your community as well as mentorship for being employed by your by

the entity that will employ them. And another thing that I want to know, in terms of competitive pay is that there are some great opportunities to be able to pay folks who are currently receiving other entitlements, including options, like the ticket to work program.

So, we strongly encourage communities to look into those options. So that vaccine ambassadors, other entitlements not interrupted by this potentially temporary income.

And then reduce barriers to ambassadorship. So if your company has policies that you generally apply or your firm, or your agency has policies, that are applied across all employees.

That might be prohibitive to someone who's currently experiencing homelessness, being able to meet all of those employment standards. For your company, you might look at which of those, you can wave for your vaccine ambassadorship program.

Right. So if you have things that are related to, like, recent criminal background.

If misdemeanors are something that you, um.

That you would prevent you from having someone as an employee, but we recognize that our.

A person's experiencing homelessness are often over policed and received misdemeanor charges for simply living without a home. Right?

So the functions of daily living that happen, when you don't have a place to live, can actually result in over policing and in charges.

So, if you can wave things like that, then that makes total sense because it allows you to have a better pool of folks who may have the confidence to be effective vaccine ambassadors. Because they have the trust because they have the story to tell.

But who might otherwise be prohibited from your policies?

And then ensuring that you build a team to work with your vaccine ambassadors. So make sure that there's it where possible send them out with a nurse and with vaccine and with resources to connect folks to other services. Right.

Send them out in terms of 2, especially if they're going out to places, like encampments, pair them with street outreach workers or others who may already be connected and doing the work. But who don't have that level of trust and relationship.

So that's the video in a nutshell, we are working also potentially on a worksheet to go with it or workbook to go with it. That would help people to actually sketch out their own stories.

Some prompts to help folks be able to tell their stories succinctly to know what to listen for guidance on what to do when you get into those situations where folks start to talk about, you know, an alien being implanted through the vaccine.

How do you switch that conversation and bring it back to the vaccine in a meaningful way without breaking the relationship with that person?

So, if anyone has any questions on the vaccine ambassador training, I'd be happy to answer them after my colleague, Sarah, uh, tells you about some other things that we have coming, turn it over to you Sarah.

Awesome. Thanks, Stacy. So the next couple of slides, we're going to talk about some products we expect to be released soon. So the 1st, here is, uh, a case study, which examines how, uh.

The program that Louisiana balance and state utilized with their CV funds to help increase vaccination rates among people experiencing homelessness.

So it's being developed in response to the low Cohen vaccination rate across the state. And it was particularly prevailing from.

Sorry, for my time, China's particularly prevail it among people experiencing homelessness. So in particular they identified a gap.

Around a rule and suburban areas and, um.

Work to engage a program to support an increase vaccination rates. So, um.

They used their grant developed this kind of vaccination strategy. Um.

And, uh, implemented the vaccine ambassador program.

So the training that that Stacy just ran through was utilized the work in Louisiana here and they ran several healthy, very events all through the fall of 2021,

where they succeeded in vaccinating 1200 individuals during that outreach. So, it's centered around a vaccine 1st approach. So that was actually modeled on the systems housing 1st strategy and really.

housing first strategy and really

Also, how to focus on education and outreach so this case study is going to walk through that strategy planning and the implementation and resource requirements. Um.

So, uh, around vaccine engagement and incorporating those vaccine ambassadors.

Next slide.

So, um, this next product is actually building upon some of the lessons learned from the pandemic and in the engagement of partners to support preparedness and response to emergencies.

So, um, this will guide, uh, and the broader homeless services systems to form.

Emergency response committees similar to the structure that you already employed with a coordinated entry committee, or an committee.

Um, so this will allow them to be quickly activated to plan for and respond to public health crises, natural disasters, or other kinds of emergency events. We.

This this will look at roles representation responsibilities and then provide recommendations based on what might be available in your community.

Next slide so.

And this last slide actually is around a brand new, ask a question desk staffed by our disaster response team and it is already live and available for you to utilize.

So, the infectious disease AQ desk is intended.

To be able to answer questions around infectious disease outbreaks among people experiencing homelessness.

It's also a space you can ask questions around protocols and preparing or responding to infectious diseases within the homeless response systems. So, again already live available for utilize for you to utilize.

And with that happy to answer questions, and I'll turn it back to, you.

I thank you so much Stacy, thank you Sarah and also, just really do want to encourage people to utilize the infectious disease.

A, Q, a, whenever you have any questions, obviously, we talk a lot about covet these days, but infectious disease is a problem before will be likely after coven.

If there is an, after coven and something that we always have to be attentive to.

And so there is help if you have questions, you know,

we sort of have a playbook for coven 19 but the playbook for some of these other infectious diseases is indeed quite different and just know that there is help and people with expertise who can guide you through those through those times.

Um, I did want to sort of, uh, uh, just quickly have a follow up question about the Louisiana, uh, sort of, um, uh, the Louisiana sort of.

Case study, and, um, and I I know there was sort of a lot of attention and thought put into the startup and sort of like, you know, utilized a lot of the research on the, the,

the sort of message testing that was done and those kinds of things, but can you talk about, as the process went on? Were there other learnings that sort of came a little slower and took a little more time to sort of.

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Come to light, uh, can you talk about some of the sort of things you learned as, as you went sort of longer and deeper into the process.

Yeah, I could certainly say that 1 of the things that was highlighted was the importance of really educating. So, we talked about a lot about, like, what we learned about what what the messages were that were effective among people experiencing homelessness.

But I think that 1 of the biggest lessons we learned from Louisiana, and the case study was that if we're going to partner in a meaningful way with people experiencing homelessness and bring them into roles, like,

being a vaccine ambassador that we really had to prime the environment for their success and so.

Repeatedly, we had to work with the agencies and the firms that were in place that were employing those vaccine ambassadors to really tweak their approach to ensuring that vaccine ambassadors had the support that they needed,

which is why we ended up integrating that, in part into the video right the video is for vaccine ambassadors, but we're also hoping that it'll have that effect on the communities to recognize that you're going to need to tweak your employment approach in order to best,

make this a successful relationship, all the way around and allow it to have the impact that it could have.

And also we learn things like, um, the, the competence among the community right? There was a scenario in which, um, there was someone who, um.

Sorry, little person is entering the room.

This package, thank you sorry about that work from home book. Uh, so we also learn things like there was a scenario where there was a long line of folks waiting to get the vaccine.

Um, and there was someone who had been extremely hesitant, and they said, if I'm going to get it, I have to get it right now and being able to negotiate that situation and ask folks in the line and just saying, you know.

Someone is willing to get it right now that was overwhelmingly hesitant and everyone in line was like, oh, yeah, she needs to get it right now.

She's highly vulnerable if she's willing to get it,

let her get it right now and so just learning about the community relationships that existed and how much the community knew about each other and how much they cared for and took care of each other and being able to capitalize on that.

Um, and that's where we really learned about the confidence that they had in 1, another, that that really if we can.

Bring those stories to the forefront of where folks have competence we will have so much more and things like no matter how many times someone says they're not willing to get the vaccine. If they're staying in conversation with you, they're considering it.

That alone was like, priceless I could go on, but I won't. No, that's great. Thank you so much. And I think, uh, that's incredibly good advice. Uh, so, again, thank you so much Sarah, thank you. Stacy.

Uh, we're gonna we're, uh, getting near the end of our time. Uh, we do have 1 other thing we want to talk about. We know this is on a lot of people's minds. Uh, there is a, uh, draw deadline, coming up for the program.

Uh, and it's a big 1, so I'm gonna turn things over to Heidi sharpen Marlisa to, uh, talk about where we are on this. So, Heidi, I'm gonna turn things over to, you.

Okay, thank you so much norm. So yes Notice 2206 established that 50% draw deadline in integrated disbursement information system and that deadline is rapidly approaching. It is next Thursday, June 16th.

So next slide please. June 16th so next slide please

Just a quick update as to where we are today.

Uh, as of right now we have 267 recipients have drawn down, at least 50% of their funds. And that is fantastic. That is 74% of our recipients.

I like numbers, so I'm going to throw out a lot of numbers today so please keep drawing. I think last week we had, or this week, we had 144 different recipients creative and draw thumbs down. That's just wonderful.

We had 38 more recipients cross that 50% drawn mark just in this past week.

COVID-19 Office Hours: Transcript
June 10th, 2022

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So again, lots of communities are drawing funds for eligible expenses and, and we are closely monitoring how everybody is doing monitoring with a lower case. Not an upper case big hug monitoring. an upper case big hug monitoring

Um, but out of those 94 recipients that are remaining 29 are really, really close, they're over 40% drawn. 22 are in that 30 to 40% range, 23 or 20 to 30%. 15 are in that 10 to 20% range.

And we do have 5 recipients that are under 10%. So we're really hoping that they're just. ten percent so we're really hoping that they're just

Checking everything 57 extra times and then creating that voucher and.

Next slide please, so just wanted to remind everyone once again, if you apologize if this is repetitive from last week's office hours,

but it takes 2 people to complete a voucher in personae is going to create that voucher person B, is going to approve that voucher and it cannot be the same person to both create and approve the same voucher an idea. Yeah.

So just wanted to distress that because.

We are less than a week away and I know those 94 recipients want to make it over that threshold next slide. Please.

And so again, everybody, thank you so much. Who did your homework that I jokingly assigned to you last week? Go into.

Search for open vouchers this morning I checked, because that's what I do and there was 25Million dollars worth of open vouchers for different carriers grants.

Sitting there, and yet, uh, some of them have been there since March. Some of them were created in late in May, you know, which doesn't seem that long ago, but they haven't been approved yet by that 2nd person.

In idea yes. So just go ahead. Log in.

Just search for open vouchers and do your due diligence and make sure that those are appropriate eligible expenses before hitting approved, but just make sure you're searching for those open vouchers.

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Next slide please, I just wanted to bring this up once again because we do know we are in that again that final stretch here.

Uh, there is a 1 day lag between any of the wonderful reports that maybe you want to look at before you figure out what needs to be drawn.

Uh, there's a 1 day, like, so if someone creates a voucher, at least the funding, you know, 1st thing in the morning, when they get into the office.

That might not be reflected, or it won't be reflected on the report that you're looking at because there's that 1 day leg.

And I wanted to stress this piece of information here. We've gotten a few questions.

Is there a deadline Thursday, June, 16 during the day as to when those vouchers need to be created? Do you have all the way up til midnight?

No, you do not because I guess the hours of operation are 7. 0, am.

To 10, 0, P. M. Eastern time I would not wait until 959 PM to make that voucher. I mean, get it done a little bit earlier. Give yourself some breathing room cause again.

It takes a 2nd person to approve it. Um, but it is, it will shut down very promptly at 10. 0. P. M. there's no if ands or buts around that deadline. So, I just wanted to put that out there again, because we really do have only a few days left. Uh.

To get those vouchers in and approved an.

Next slide please and thank you so much for the teacher for dropping these links here in the chat box. But again, if you are in that final stretch, and you, you just needed some additional guidance.

You know, this office hours on strategies, you know, how to put together that.

Expenditure team how to prioritize those draws, you know, really great tips. That's in that 1st, reference material. If you were a community that had your grant reduced for missing the 20% expenditure deadline.

That is very, very helpful for you. If you're making editing to funding before you create those final draws definitely give that a look. look

If you are the backup to the backup, and it is your time to shine this week and create a voucher, and you have no idea how to do that.

The idea is manual for is right there for you section 7 goes through every single way to make a vector an, it's got lots of screen shots.

Lots of arrows. There you go. Uh, Additionally, if you were.

Not a manual person, and you like to see more screen flows of what actually looks like the set up and draw a webinar is their linked for you. And then finally, if you were just again.

Doing that due diligence, checking it I think the joke I said was the 57 time before creating that voucher in. There's a wonderful state recipient office hours that covers all of that voucher documentation and processing. So those resources are there for you. you

Have fun with them next slide please.

And I'm going to turn it over to Marlisa.

Hi, everybody, um, great to be with you today.

We are, and I'm going to stop my video because no 1 wants to see at the top of my head, but I'm going to just very briefly flag for you all really helpful resource that is posted on the head exchange.

It goes through all of the effect. The waivers and alternative requirements. That were put into effect through the notices. That you'll see in the 1st, green row on your screen.

It's TBD 20 to 3621 08 and 21 through. 5. these are the notices. That are in effect for. And they're also applicable to annual when those funds are designated for public response.

So we know that there are a lot of questions out there about which wavers are still in effect, which waivers expired and which waivers apply to which part of funding.

So, this resource tries to outline that in the most direct way possible.

And I'm just going to highlight a few really key areas where you can get a flavor for what the document actually involves at the top of the document. We parse out annual for coven response.

And then annual, for nonresponse to kind of describe exactly what part of funding it is. And then how. it is and then how

You know how we're actually defining these different parts of money. So so that's at the top of the screen is sort of as a key and helps.

You also understand what notices are applicable for which paths of funding next slide please.

This is an example of the type of nuance that that's reflected throughout the document 1 of the wavers that we get. The most questions about is fair markers for fair market rent and you can see that.

We've parsed out each part of funding. You can see that. FMR.

Is still in effect for into reallocated funds once they become once they come online as well as, for annual that designated for coven response.

We also noted that there was a prior waiver, which expired on September 30th of 2020. that had been applicable for nonprofit response.

And then just a note here that there was a mega waiver that we, we released December of last year that was applicable only to 2021 funds.

So I want to draw that distinction that this is that's something separate and apart that was only applicable to 2021 funds.

So,

when we get the question is the FMR waiver expired for that's probably the source of that confusion that the Mega waiver expired in March of 2020 for the FMR but that was only applicable to

2021 funds. So, this document you really want to use for, and then for annual designated for coded response to see what's still in effect for those paths of funding next slide please.

annual designated for coded response to see what's still in effect for those paths of funding next slide please

I'm flagging because it's the CPD Notice 21.05, which we refer to short shorthand as the rapid re, housing to rapid re, housing labor just to show that we do have links to other notices. The other notice notices besides the notice that that's an effect.

But that's also covered here so it's, we're really trying to make it a 1 stop shop for the waivers and alternative requirements for CV. alternative requirements for cv

Next slide please and then finally, at the very end of the document there are, we are also tracking the waivers and alternative requirements,

no longer in effect or those that are currently not applicable for whatever reason. And we tried to be specific about that reason in the document itself.

So, if you are trying to trace back and see well, I know that this waiver wasn't effect.

But, I don't know if it's if it's expired or not, you can use the very bottom of the table to see that and just use it as a resource for any waivers that you're,

you're just trying to trace back the status of. So, we hope this is a resource to you all and don't hesitate to, to use it. And with that, I believe that's my last slide. And I'll turn it back to you Norm.

Thank you so much Marlisa Thank you, Heidi and just want to sort of reiterate Heidi's advice about, you know, getting those drugs done, not waiting till the last.

2nd, Heidi you mentioned the hours for or 70 am to 10 0 PM Eastern time, Monday through Saturday. It is not active open. I don't know what the right word is on Sunday.

So please, you know, try to get all of that done with as much giving yourself as much time as possible.

And if you have any problems that all those many resources that Heidi and Marlisa have talked about, will not address, please reach out to the, and we will try to get help to you as quickly as we can. can

Uh, so there have been a few questions, uh, that I want to update people on around. No fuzz. So, uh, the I want to remind everyone is due June 28, so that's today's the 10th.

So, the 28th is coming up very soon. Uh, so, if you're in the process of applying for that, please, you know, keep that in mind and we're just very excited to see a new round of applications. round of applications

I know a lot of people have questions about the, uh, we had a question about I don't have the exact timeframe for when this will be published. Uh, we're not too far from having the no full published.

Uh, and from having the published, uh, I will say that the, uh, likely is gonna be do that. Like, the applications will be due at the end of September.

So, uh, if you're trying to think about the timeframe of, when you're gonna have work done or.

I, it's unfortunate, but I know people plan vacations around, uh, the, um, that hopefully will be, uh, somewhat helpful, but we are working to try to get this out in the Mini resources associated with it out, uh,

as quickly as we can, uh, we're gonna have some other exciting stuff for you all over the summer as well.

Uh, so just make sure you're tuned into the, or you're just on the list serve so you're getting those updates. Um.

Regularly, uh, so with that, I think we've managed to get the questions that we are able to answer here. I want to thank all our presenters. I know we covered just a ton of content today.

I really want to thank our presenters for going through everything and with the thoroughness and detail uh, and just providing great information to our partners. So thank you so much.

Uh, and again, once again, want to thank everyone for the incredible work, you're doing to prevent an homelessness and to protect people during these just incredible times. So thank you so much.

And I wanna wish everyone a great rest of the day a great weekend. And that concludes the webinar.