COVID-19 Office Hours: Transcript
June 3rd, 2022

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Hello everyone and welcome to the SNAPS COVID-19 office hours. My name is Micah Webster with Abt Associates, and I'm 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 will 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 just a few business days.

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

At the numbers that are actually only in the chat, so as a note.

We've updated the access code for this, so please use the access code that is in the chat, which is 24284075584donot, use the number on the screen.

Thank you everyone will remind you to the duration of the office hours this week.

But we absolutely anticipate and hope to hear from you through the chat feature in web X.

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.

You can click on that to open the chat. Please send all questions comments and feedback in the chat.

And with that, I'm going to turn things over to Karen deBlasio from the HUD Office of Special Needs Assistance Programs.

Karen and Karen, I believe you're muted on your end.

Sorry sorry? I thought I hit the button. I'll start over. Hi, everybody. I'm Karen. I'm a division director in the snap office Northeast HR office director is on vacation. So I'll be facilitating the webinar for us today.

So, just, I'll take a minute just to go over who you're going to be hearing from today. We've got lots of snap staff on the phone. You can see them on the screen here myself or Lisa. Caroline, ebony Sharon. Lisa William and Brett.

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Most of these folks, you won't hear from that day, but they are actually facilitating a lot of the question and the answers that you all will put into the chat. So we also have sherry Downing and Cheryl winter are 2 of our providers.

Who will be talking with you about 1 of the resources available? We have Dr John Paul Mary, the acting director of 988 and behavioral health crisis coordination office at Samsung side. And we have this is a bit of a last minute change.

Ashley was not able to join us, but I'm excited. So most of you remember hearing from over the last 2 years. She will be on from to give our CDC update. Barbara is on and we've got our partners from the Department of Veterans Affairs, Dean and Jillian as well.

So I'm going to go ahead and hand it over to Emily at CDC for our updates.

Hi, everyone, it's so good to talk to you today. Let me just make sure. Can you all hear me.

Yep. Okay. Your fault. Okay. It's so good to talk to you again. I know ashley's been giving some updates here, but I, I'm going to give today's update so why don't we go ahead and go to the next slide?

So,

I wanted to talk about what has been doing recently and here,

this graph is a little different from the 1 that we normally present because I zoomed in to our recent cases because the,

the auma current surge that happened in.

Uh, the winter time was so large that it really changed the scale for the entire graphic of cases over time.

But I wanted to zoom in a little bit to show that cases, have been going upwards for several weeks about 6 weeks. Actually.

And we seem to have stabled stabilized out a little bit more recently so the dips that, you see, when we zoom in here are weekends because reporting does not happen as much on weekends.

So yeah. Overall cases have been going up recently and are stabilizing. Hopefully, we'll see them start to come back down next slide.

Um, because we are, we're at a relatively high amount of transmission that's occurring.

We do see that the community levels, and these reflect hospitalizations and you use these community levels are somewhat high throughout the country. Um.

Over the past several weeks, we had a lot of heightened coordinating activity in the Northeast, particularly around New York state, but now we're seeing fairly distributed activity with high levels kind of dotted here and there.

So, please do check your community level and see what activity looks like. Um, in your county to figure out what types of preventive actions you should be doing.

Um, next slide we, uh, we can look at the various proportions here. We're still seeing a lot of transmission of Omega Cron.

Um, so since we have the large wave of Omaha in the winter, we, we now are seeing these waves of sub variance comes through.

So this be a 2 was a sub variant that expanded recently and then it's starting to come down a little bit. Um, and then the 2.12.1 is still increasing just as a reminder.

These last 2 bars on this graphic are forecasted. Because there's a long delay on getting genomic sequencing for the variants that are transmitting.

Next slide, it didn't want to highlight that our team has a new publication that has just recently gone out. This is a publication that was it was some work that.

That we did in coordination with national health care,

for the homeless Council,

and a variety of other partners to look at what happened to behavioral health services during,

during the early stages of the pandemic not just what happens.

But also, what can we learn? What can we learn from those changes? And what changes are actually opportunities that we want to continue. So, this paper is now now available and I can put that into the chat.

For you to take a look at and we're happy to answer any questions about it.

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Next slide so that's it for the formal updates. I did want to give 22 sort of informal updates.

1, is that we have been in the process of updating our guidance to align with the community level guidance. That went out a few months ago that our updates should be coming out somewhat soon.

We don't know the timeline yet these these guidances get hung up.

Sometimes,

in processes that are,

are maybe unknown to anyone,

but please,

let us know if there are any issues with applying the current guidance that's posted given given the context that we're in now.

So just let us know if there are any issues, if you need to talk through anything problem, solve anything.

And then the other update that I wanted to give was that we, we are aware, and there is a response within CDC for the monkey pox cases that have been identified.

So, in case you haven't seen in the news.

There are monkey pox cases are not normally identified outside of Africa and there recently have been cases,

identified in multiple countries and in particular,

a lot of cases in Europe.

And I think in the United States, we're at 20 cases has been identified.

There is an expectation that more will potentially be identified and we will, we will keep in touch with you all about what that might mean for people experiencing homelessness if anything. But yes.

Just want to let, you know, that there is a response within for that. And we are thinking about congregate settings and special populations. If you have any questions or concerns, please do reach out to us.

And that's it for me, thank you, Emily. It was good to see you again. And thank you for that. Update.

Thanks for the update on the monkey pox too, because I think that's something that's, we're all keeping on our radar. So I appreciate that.

Next slide. Please. So now we'd like to introduce you to our next speaker. Dr Paul. Mary, he's as I said, a director within the substance abuse and mental health services administration, the Samson 908 program, and he's going to do a briefing for us on that program.

So, I'd like to hand it over to him.

Thanks, Karen, thank you for the opportunity to be here. So, uh, again, John Palmer and the acting director for the 98.

And behavioral health crisis, coordinating, opposite samssa, and just planning to run through.

A quick high level, overview of 98. um, and what Sam's has been engaged in, uh, supporting 908 implementation.

Um, and broader crisis system, uh, development as well. And then obviously, I'm very happy to answer any questions that you may have. You can go to the next slide.

So, I'll talk very briefly briefly about sort of the background or the context in terms of why this is an important, uh, opportunity and moment in the history of the way that we deliver.

Mental Health and substance use services. Certainly it ties very.

Well, to the, the last speaker in 2019, because we know that, um, some of the challenges that have existed for people, uh, with behavioral health conditions, have only, uh, during the course of the pandemic.

We'll speak a little bit about how 908 fits into the equation around transformation and opportunities for transforming.

The way we provide services, I'll talk a little bit about the existing national suicide prevention lifeline.

And how that links to 988, as kind of the new portal or entry way into the lifeline.

And then talk very briefly about some of the work that Sam has been engaged in to support implementation.

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You can go to the next slide. So, uh, just by way of background and context and I'm sure many of you are probably familiar with a lot of these statistics but.

We know through, uh, annual surveys, uh, that there are simply lots of people.

In this country, with mental health or substance use, uh, treatment needs that aren't able to access, uh, the care and the support that they need um, the behavioral health system, um, is highly fragmented. It remains highly fragmented.

And there are a lot of gaps in in service delivery and service access.

And some of the downstream effects of that are that people end up in crisis that suicides are, uh, remain highly prevalent.

Uh, in this country, with when, um, death by suicide, every 11 minutes.

Um, suicide remains a leading cause of death for young people in particular.

And we also know that there has been a tragic.

A, tragically high number of, uh, drug overdose deaths.

In the span of 12 months through 2021 and that number with recent statistics has continued.

To actually increase, so there's lots of opportunities here for improvement in the way.

People can access services and again, hoping that 98 can be a catalyst for some of that activity.

Next slide please so, with respect to 90 day, we have been focused in largely on 2, uh, broad goals. The 1st.

Is to make sure that the network of the lifeline that 98 will be feeding into, has the infrastructure and the capacity to respond to calls chats and texts that are coming in to the system.

Anywhere in the country, anytime 24, 7, and historically, that has been challenging, because the system has been quite under resourced.

And so there had been challenges in meeting the demand.

Uh, and we're expecting even more demand with, with the advent of 98.

So very much focused in on capacity building to make sure that we're maximizing response rates for those individuals in crisis.

And then longer term, and kind of more broadly.

Thinking about where 988 fits into that broader crisis continuum and I'll speak a little bit about what some of the components are there.

Um, but optimally looking to create systems that are integrated and coordinated that ultimately link people to ongoing care and prevent, uh, crisis situations. Next slide. Please.

So here is the crisis continuum that was, um, it's been mapped out in a number of different places, but certainly samhsa 2020.

Uh, best practices toolkit with respect to crisis services.

So this maps out what could potentially exist in an integrated robust crisis continuum. So, starting with the person.

In crisis, having access, as I said, 24, 7 to a crisis line, which is represented here by 908. so, being able to access that through call chatter text.

There have been lots of studies that have shown that.

The vast majority of encounters with a 98 system result in sufficient.

A de, escalation of the crisis that there's not a need for an immediate next level intervention.

And so many of those situations can be resolved on the phone or through chatter text.

And perhaps coordinated with a, with a referral, but don't need, uh, dispatch necessarily. This is very different.

Obviously from the 911 system, or which, um, largely is a dispatch.

A system that that links people to either public safety supports or emergency medical supports. Um, so the vast majority of 988 contacts actually do not result in dispatch.

But when that is needed, when there is an immediate next level intervention.

Needed in an optimal scenario that 988 center will be connected to mobile crisis.

Options where, uh, teams led by behavioral conditions and peer support workers can actually go to where that person is provide further stabilization services in the community.

Perhaps transport that individual to a crisis receiving our stabilization facility. If necessary.

And then certainly provide that navigation support linkage to ongoing services. Uh.

As part of that wrap around continuity of care.

And the ultimate goals here are to be less restrictive more person centered.

I mean, ultimately, uh, saving money, but more importantly, um, minimizing law enforcement response to price situations, which unfortunately remains the default response in lots of communities still.

Minimizing unnecessary transports.

To, uh, emergency departments where we know people, uh, end up boarding for extended periods of time, um, and reducing, uh, the need for inpatient hospital admissions.

Next slide, please links to those different components of the crisis. Continuum are some.

Kind of lofty aspirations that we have set.

Add Samsung for the availability and access of these services.

And you can see, I'm not going to spend a ton of time. I'm sorry the slide is a little bit messy here, but, um.

And so I won't spend too much time on this, but ultimately, we've sort of modeled out over the next 5 years where we are trying to go in terms of our aspirational targets and benchmarks. So.

A service system in order to provide that wrap around, uh, that's critically important. So that local aspect is really important. Um, and then you can see, um, over the coming, uh.

Few years, we've mapped out some additional aspirational targets in terms of access to mobile crisis services, and for those stabilization services, that can happen, uh, outside of a hospital setting, and certainly outside of a, a detention facility or jail.

And ultimately, of course, we, we are aiming for 100% of access to all of these services.

Um, but we have set set targets here that we think really reflect kind of where we are at the moment, which is unfortunately not in many places anywhere near this level of access for these services and then underpinning.

Um, these, these targets, uh, we have a number of principles that we think are critical to designing any component of the crisis continuum, which, which really involved.

Quality of care making sure that the services are integrated and coordinated and that includes that includes a cross diagnostic.

Considerations as well, uh, we know that for people with mental health and substance use concerns people with Co occurring conditions, it's very difficult for them to receive treatment because of the way that services are often siloed out even still now.

Um, so making sure that the system is divine designed from the perspective of providing integrated care that, as I said before, we're minimizing law enforcement where possible in using health 1st, interventions.

Making sure that we're attentive to the needs of populations that we know to be a higher risk of suicide, incorporating the perspective of lived experience.

And then making sure that we're designing a system that is equitable addressing in equities.

That we're evaluating the system to constantly be looking at, in equities, in terms of access and outcomes, and that we're driving continuous, uh, performance.

In system improvement next slide please just a couple of slides quickly about the history of the lifeline. So, 980 will now become the new portal into the National suicide prevention lifeline.

That is currently accessible through the 807 3 talk number the National suicide prevention. Lifeline has been in existence since 2005, so it's been around for quite a while.

And we are building on something that we know has been effective. there've been lots of studies that have shown.

That, uh, encounters with the lifeline have resulted in people feeling more hopeful as suicidal.

And so on, um, but that that capacity and Resourcing has been a challenge historically, uh, as I mentioned before, but since 2005, it was initially only a call only service.

Text and chat have been added as additional channels.

Of communication through the lifeline and then you can see in the past couple of years.

The federal activity, uh, that has linked ultimately, this new 908 code that was designated by the FCC to the National suicide prevention lifeline. So, as of July 16th.

Of 2022, uh, hard to believe that we're, uh, about 6 weeks away from this, um, all, um, phone and text.

Options to 98 will exist, uh, across the country.

The 800 number just for awareness, because people get people asked this. A lot of Andrew number is not going away.

Adrian, and we'll continue on so people will be able to access the lifeline through the 800 number but ultimately, we feel that, uh, as we move forward, having an easier to remember easier to access, uh, 3 digit code ultimately, we'll, we'll.

Over time, likely replace the utilization of the 800 number next slide. Please.

As I mentioned before we're building on an infrastructure of the lifeline that has been shown to be effective.

And investing resources to try to build up capacity of that system.

You can go to the next slide. So, basically, this is just a diagram of how the lifeline currently works. Um, 21 there are about 3.6Million contacts coming into that 800 number, uh, or through chat and texts combined.

When it 1st started in 2005, it was around 50,000 contacts so you can see that. There's been tremendous to on growth.

Over the span of these years, uh, currently when people call into the system.

Uh, they're, they're given a couple of menu options to either press 1 to be connected to the veterans crisis line or 2 to be connected to the Spanish sub network.

If they don't press 1 of those options, they're routed to the nearest local center based upon the area code.

That they're calling from, I think we can all understand that there are problems with that routing structure because we, all myself included headphones with area codes that don't reflect where we happen to be in the moment.

Uh, so we are looking at ways to improve routing. We recently.

With the FCC had a geo location forum to look at, um, routing options to improve the local routing of calls. But that's kind of where we are at the moment is that it's based upon area code.

Um, and then if that local center doesn't have the capacity to respond to that call, then that call gets routed into a national backup center.

And then for texts and chats, only a subset of the lifetime lifeline centers, currently provide chat and text functions at a national level. So those are routed directly to 1 of those national chat and tech centers. And that is something that we are also.

Piloting local routing of those texts and chats and that's a direction that we will be moving in in the coming months. Next items.

This is just a snapshot of where those centers are. So, the lifeline network.

Is about 200 centers that are scattered around the country. You can see just by the points here where they happen to be located and the centers are different in terms of what kind of services they provide.

Some of them only address calls at the local level. Some of them, as I said, a subset, uh, provide, uh, chat and tech service.

Nationally, and then a subset of them provide that national level backup call coverage as well when the local call centers unable to respond to those individuals in crisis. And this is kind of a dynamic map that's continuing to evolve particularly.

With with 90 mean, next as I mentioned earlier, we are very much focused on local capacity.

To address the needs of individuals and prices and so this is, uh, something that we are tracking closely.

Uh, looking at in state response rates, this is only for calls at the moment.

Um, but looking at what the capacity is within a state.

For responding to individuals calling from, within that state who are in prices, and you can see here that there's just lots of variation across the country in terms of.

Uh, system capacity, and it's 1 of the areas that we are.

Heavily engaged in with states it's been a focus area for our recent brand.

Awards that went out to states and territories, and this is something that we will continue to work, regardless of where the States happened to be at the moment. Uh, continuing to work with them on capacity building.

And then highlighted here, you can just see the 4 States.

With the national holiday designation act, there was.

Um, the allowance of states to, uh, pass legislation to tax.

Cells or cell phones, so I add a fee kind of like a 901 fee for 180 services. 4 States thus far have passed legislation with feeds. There have been other legislative activities that have happened at the state level. But these 4 states are the ones that have passed.

Key legislation for 90 days next item.

As I said, samhsa has been making investments to support this 90 day transition 22 this was 282Million dollars.

Both to support the National backup functions and, as I said, also to get money out to states and territories to start to, or to continue to build capacity at the local level.

Next time I'll be just some additional resources, so not just the recent 282Million, but there have been Pre existing resources within samssa and other federal partners.

To support, uh, crisis services development at the state level. So that includes the mental health block grants crisis set aside.

The, uh, certified community, behavioral, health center grant program there's also CMS has also come out with some guidance and support around mobile crisis expansion and an enhanced federal match.

For Medicaid, and then we're always looking for opportunities to to provide technical assistants, guidance documents to support crisis expansion at the state and local level outside of of funding specifically.

Next 1, example of that, um, technical assistance that came out of a couple of national meetings.

Was the development of operational playbooks to support 98 expansion among states territories, tribes, crisis centers, behavioral provider communities and so forth.

Those playbooks are posted on the dashboard website and can be accessible for anybody interested in taking a look at them. They have.

Criteria to self, assess for readiness. They highlight specific examples in the across the nation of innovative practices.

Supporting 98 implementation, and then has a range of resources.

Uh, to drive continuous, uh, performance improvement and learning.

Next items, uh, 1 of the things, other things that we've done, uh, within the 98 offices to develop, uh, some communication tools, and products.

So, we do have a website here, uh, 498, which you can see here. Um, and then on that website are, uh, is a partner tool kit that's continuing to expand with particular content.

And products to support, aligned, coordinated messaging and communication about 908, you can just jump to the next slide.

And in that toolkit, these are just some samples of things that are in the toolkit. And, as I said, we're continuing to populate this. But this is intended entirely for partners.

To download to use, uh, in their communities, we aren't, um, recommending we have not been engaging in a full blown kind of national awareness campaign on 980 partly because we, we don't have.

For funding to support a national level campaign, and we also are advising our partners not to be doing a lot of direct consumer messaging about 98 specifically until July.

Because it's not universally accessible and so we're trying to avoid situations where we're creating confusion. So, up until July, we've still been encouraging people to use the 800 number. And then after July.

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I think that there's obviously a very critical need to support public awareness around the accessibility of 99.

Uh, next slide I think that might be it. Yeah, so, that's it. I'm happy to take, uh, any questions I got that was kind of a quick run through, but, um.

Yeah, feel free to feel free to ask me any questions. So much Dr familiar. That was very, very interesting.

There are a lot of links that Latif has been posting to some of the resources that you were talking about a lot of links in the chat. I don't see any questions. Let me just double check 1 more time.

I don't see any immediate questions so I just want to thank you. This is great information. It'll be great. Come July when everybody can use this 1 number instead of 800 number.

So, it's obviously really important work they're doing so we really appreciate it. And thank you for talking with us today for sure. My pleasure Thank you so much.

So, you can go to the next slide.

Okay, so now I'd like to hand it over to Cheryl, Harry Downing. Sorry and share with her. They're going to talk to us about a new resource available on evidence based service delivery. So, Cheryl.

Hey, Karen. I, this is sherry Downing, I believe i1st. So thank you. Alright, so this is a really wonderful product, and I would like to call your attention to it this when you get the slides it is hot linked.

So, it really does talk about evidence based practices. And when I talk about evidence based practices, I like to sort of.

Evoke my grandmother's sugar cookies because evidence based practices really are.

Rigorously scientifically evaluated practices designed to achieve specific outcomes and what that.

Colleagues too is if you put all the ingredients in, in the order.

And in the amounts that it calls for, and then bake it in the appropriately heated omen, you're going to get grandmother shutter cookies.

The important part about evidence based practices is that they are implemented as they were designed.

And the further way you get from the way they were designed the less likely it is, you'll be able to achieve the specific outcomes, but evidence based practices when implement implemented appropriately.

Really do lead to predictable beneficial outcomes.

So next slide, there are several practices that are really good.

For helping people who have serious mental illnesses,

or SMS,

and several evidence based practices are really good to implement with people who have and hoop also experienced homelessness,

or are experiencing homelessness housing.

1st always comes to mind. This is a wonderful practice. That is.

Exactly what it sounds like housing 1st, it offers immediate access to permanent housing without Pre conditions in treatment. 1st, it's really housing.

1st, and it's coupled with voluntary supportive services that help ensure.

Someone's sustainability to remain to remain in the housing.

Housing 1st really isn't housing only it's really important to couple it with those voluntary supportive services, but they are.

As it says, voluntary and chosen by the individual that you're serving next slide.

Critical time intervention is another 1. it's an excellent intervention. It lasts about 9 months or the critical time of transition from.

From being homeless, or in an institution to house, and it provides for long term community support.

And maintenance of of care.

During that 1st, 9 months of transition.

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The interesting thing about is that you start out with a very high level involvement, and it gradually falls off over the 9 months as you transition people to other providers in the community.

Assertive community treatment is another 1. that is excellent with people who have serious mental illness.

It's an individualized practice that offers customized services for people who have.

Really serious and persistent behavioral health problems.

Is really good, because it includes a multi disciplinary team that offer support treatment and rehab services across the spectrum.

And the package is then designed to help people thrive in the community with a sort of community treatment. It's really client centered and very highly individualized next slide.

Motivational interviewing is an approach focused on behavior change.

And this 1 really rises from the relationship that the case.

That the coach or the case manager that individual working with the client has with relay with the relationship that that person has with the client and the goal.

Is to help the client begin to recognize the negative of that their risk behaviors, including substance abuse. So.

Hallmark of this is really reflecting back meeting people where they are again. It's highly individualized.

And with motivational interviewing, you often expect people to just like, with recovery step forward and step back and step forward and step back.

With the ultimate goal of helping somebody move into sustainable.

Into sustainable and full life in the community.

Intensive case management is exactly what it sounds like.

This practice was designed for people who have a lot of complex needs. They're highly vulnerable folks.

And the intent of ICM is really to enhance well, being an ability to function. And this 1 again is through the coordination of services and.

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It's designed to help people who are living with serious mental illness.

Or conquering disorders 1 of the hallmarks of is a small caseload.

The availability of the provider for crisis, intervention and regular therapeutic interactions.

And this 1, too is typically provided using a team.

Next slide.

This evidence based service delivery kit is really helpful. It's going to give you more information about all of these practices and they're all interventions.

To help people with high needs who really require intensive levels of care.

1 thing I noticed across all of these practices is a focus on client choice.

An individualized care and it's coupled with voluntary.

Individualized services, it's a very client centered approach.

And designed all of them, our client centered approaches, and they're all designed to illicit positive outcomes.

If you practice the to fidelity, you get predictable, positive outcomes and here is another link to the evidence base for this delivery document.

And I encourage you to take a look. It's really quite excellent.

Next slide and back to you, Karen, thank you.

Thank you very much. I don't see any questions on the product, so we're going to go ahead and I'm going to hand it over to Mandy from our Philadelphia field office and Heidi from cloud 1st, to talk to us about some spending deadlines that are coming up quickly.

Hi, everybody, this is Mandy Walker here in the Philadelphia field office and I'm so pleased to be able to join you this afternoon on a.

A warm and sunny Friday afternoon um, if we can go to the next slide, please.

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Um, next slide. Oh, I'm sorry. Um.

I think we are going to.

0 winter yeah, I was going to present the primary. I'm serving people with.

Do you mean? Sorry? That's my fault. I think.

Andy.

Okay, so I put a link in the chat. Hi, everyone, I'm Cheryl winter.

I work with Corporation for supportive housing and another product that we wanted to spotlight for you is the primer on serving people with high acuity needs and I would say this is a really nice companion for the other tool that sherry just

walked you through.

So, you can go to the next slide.

I put the link in the chat and this product was originally developed in 2020 in response to the 2019 pandemic when we were seeing so many coordinated entry systems working to.

Quickly house, um, individuals that had high acuity needs, and many times that had to be in shorter term housing options while coordinate entry systems.

We're working towards solutions for long term housing and permanent supportive housing to become available for individuals.

So this document can serve as a primer for you in programs, where you are serving individuals that have high acuity needs.

Um, and it was written in particular to support rapid re, housing programs or programs that may not have been used to working with individuals with higher acuity, needs on understanding, staffing models and service approaches.

So, the.

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Indicators that impact acuity determination. I want to take a step back before going through these and just give a bit of context on.

I do want to note that.

We must recognize that assessment tools that are often normed on white males and may not accurately reflect the unique needs of bypass populations. And so as.

Determine are they inherently biased and how is that biased impacting the assessment results.

So, when we talk about acuity determination, it is looking at individuals, illnesses, and the severity and chronicity of those illnesses. It's looking at how individuals are able to function.

So cognitively in decision making and communication skills and memory, and also in participating in activities of daily living or independent activities of daily living.

So shopping for groceries,

cooking,

taking out the trash,

personal care needs and then also looking at and understanding the levels of natural support connectedness to family and friends,

individual history of trauma and adverse childhood experiences and the compounding effects that trauma can have on on some of these.

The severity of needs or kind of see how it impacts an individual.

Next slide so when we, um.

Talk about acuity assessments many times assessment tools are asking questions to better understand the severity or chronic. We have an illness or disability, the types of care, and the level of care needed.

So this might help a housing case. Manager. Understand who else in the community they need to connect that tenant too what care? Coordination is necessary and it might help you your program.

Understand do you need to start implementing some of those evidence based practices that sherry was talking about? That are multi disciplinary teams that have smaller case loads in order to better meet the needs of people that you are serving.

So next slide, so this.

Resource also highlight several different communities that have implemented these acuity assessments. So, again, these are assessments that are done after someone moves into housing. Um, you want to.

Prioritize and inclusive approach to developing and then evaluating the impact of that acuity assessment. Um, but this resource does share links to a few different tools that are being used in communities right now.

Um, next slide.

The tool also, as a resource also outlined some of the evidence based practice approaches that are important for all acuity levels.

So some of those things that sherry mentioned, like, trauma, informed care, harm reduction, motivational, interviewing these are practices. That are excellent to incorporate into your service approaches regardless of the.

Acuity assessments score that, you know, someone may score on, uh, it's also important to remember that.

Using these assessments are just part of the tools in our toolbox, and, you know, all of our needs and service needs change over time.

And so I may score, um, high on an acuity needs assessment at 1 point.

And then, as I stabilized in housing, that score may go down, and then there may be other reasons controllable or uncontrollable where my needs may increase again.

And so being sure to have flexible staffing models is going to be important.

If you are serving people with high acuity needs, so there's a diagram that's in this resource that helps to give examples of how case management and staffing can work in a mixed acuity model.

And this is borrowed again from healthcare this is done in nursing and making sure that everyone has the time that they need with their housing case manager.

And the supports that they need to remain successfully house and to be involved in the community, and having their healthcare needs met.

So, again, I just want to point out that there are also in the resource mentions of some of the evidence evidence, based practices. That sherry mentioned for high acuity, needs populations.

And then it goes into a little bit more detail about these mixed acuity, staffing models. And how you might begin to implement that in your programs.

So, thanks for the opportunity to share this resource with you, the link is in the chat and I'll hand it back to you, Karen.

The 50 draw deadline for funds, which is coming up on June 16th maybe you've heard of it. There's been a lot of focus from HUD on this deadline. That's coming up very quickly.

There's been sessions to address it and help give you some ideas and there were letters that came out.

Dated May 26 that took a look at how at your progress and those letters came out to you from CPS Jimmy and Brian.

So, um, this is an opportunity this afternoon for me to share a couple of ideas, just from little me out here in the field, about some things that you can do between now and June, 16 to increase your spending.

There are no magic bullets, um, for those of you that already have a plan for your funds. That's great. Keep on doing what you're doing and get those drawls processed in for others of you. That might have, um, a little bit of funding leftover.

That is what we want to talk about today next slide please.

Step 3 take a little bit of stock use the reports,

make sure,

you know,

as of today or Monday or Tuesday where you are with your drawls,

um,

compare actual activities what was planned to be spent what's actually been spent and see where there has been underspending and maybe where there has the costs have been greater than anticipated,

um,

this will allow you to talk with your partners and see,

do your sub recipients have additional costs that,

that they have incurred that you weren't initially planning on reimbursing them for.

But there there eligible, you have the documentation to support it, consider reaching out and saying, hey, you know, who has additional costs where is there additional need.

Step 4 is spend, um, if you.

Let everyone know when you've caught up on your records and you've taken stock, consider what changes you might want to make what spending you might want to.

Take advantage of in the next couple of weeks consider if there's any reprogramming needed, um, between sub recipients, potentially, or between activities.

Um, if you are going to reprogram, just be thoughtful about whether you need to amend your action plan, or any sub recipient agreements that might be impacted and then just think about low hanging fruit types of spending. We want thoughtful spending. We want.

Eligible spending, of course, and always, um, but, you know, there's some low hanging fruit types of spending, which we're going to talk about a little bit more on the next slide. Um, but but see what you can do to get somebody spend between now and the 16.

And then supply was just ask for some help. So the field office is always here to support you or your team providers here to support you. Um, so reach out. If you have questions about eligibility. Of course, any questions about processing, we are here to help.

Next slide please. All right so some ideas for increasing your spending so, again, no magic bullets, but maybe there are some tips on ways you could spend your money that you just haven't thought of until now.

Um, and so this is meant to just maybe spark some, some ideas.

So 1st, and foremost administrative costs, there is a 10% cap on admin cost for the grant. So it's a little bit higher than for the annual.

Um, and so if you haven't spent all of your admin costs, see what what eligible admin costs you might have around um.

A reminder that H. H. M. I. S. costs are eligible in a slightly expanded way from the normal program.

So, to the extent that you needed to adapt or adjust in order to prepare, prevent, prepare for respond to cobit those costs may be eligible.

Um, you would just need to consult with your H. H. M. I. S. lead. Um, but your costs could be eligible and so if you paid for something out of pocket and you haven't reimburse yourself think about that cost as a possibility.

Um, also think about any cost that you encourage to update enhance or operate your centralized or coordinated assessment system.

Um, and if those costs were related to, um, and the system needs.

Due to call it, then those costs could be eligible.

Time is running short, but vaccination incentives. Um, maybe you could have a 2 week. If you haven't already been doing incentives. Do you have your.

first two weeks in june are pushed to vaccinate your um your your clients and you offer a short term vaccination incentive if you already if you haven't already been doing that

Um, you can do 50 dollars per person per dose and that would be a great way to kind of.

Um, incentivize vaccination, especially in light of the, the case spikes that we've been seeing and also spend some of your money.

And also consider training. I know it can take a while sometimes to.

Identify training and get it set up, but maybe there's something out there that you can take advantage of to train your staff. Um, this can be considered a standalone activity and not an admin costs.

If it's a training around infectious disease, prevention and mitigation or around vaccine planning and distribution strategies.

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Next slide please. All right so some quick and easy ideas for purchases and buy quick and easy.

I mean,

quick ish and easiest,

because nothing is ever super easy and we know,

um,

you have lots going on but,

um,

there are some ideas on this slide about things that you could purchase that might be available through Amazon or,

um,

online ordering.

Um.

Supplies, you know, if your you have shelter, operation activity under supplies, you could stockpile some cleaning supplies.

You could stockpile some protective equipment, you know we know we're gonna keep needing face masks and Shields and disposable gloves and and various, um, cobit, related protective equipment.

You're always leading bed, linens, tiles hand, sanitizers, soaps, tissue, pockets, things like that.

Um, same with food, I mean, individual box, meals, water, snacks, things that are non perishable, consider how you might, um, use some of your funds to purchase a stock of that.

Um, seeing the furnishings cod's room dividers things to provide some privacy and distance, uh, due to.

And equipment, washers, dryers the portable hand, washing stations, portable showers, I Googled and saw you can buy the stuff online. So this, this really could potentially be a quick and easy purchase. If you have a need for it.

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In any upgrades to your ventilation system.

Uh, for street outreach activity costs a lot of these are similar, so we'll just reiterate for anyone that has a street outreach activity. Again. The portable bathrooms, the board will hand washing stations and portable showers.

Things that you might hand off such as blankets, Box meals and water, and then again, the personal protective equipment. So, stuff that you could purchase because, you know, you're, you're gonna have a need for it. And it might just be a matter of getting that order in now.

You know, you, you have all the information cracks and you're drawing from the right pot of funds, um, double check that you have the right idea. Yes. Activity number is the right. Sub recipient and then really importantly make sure you're drawing from the correct grant. I know.

It's such a small thing, but, um, you know, make sure your finance folks are are very clearly aware of the pot that they need to be drawing from.

You want to be drawing from your pot because that's the, uh, pot that's impacted by the June 16th deadline.

Um, and just remember that you're looking for the W in, um, the grant number for the, the CD funds, as opposed to the, the annual funds.

I can turn it over to Karen or I can just go ahead and turn it over to Heidi.

Perfect good afternoon. Everyone my name's Heidi children. I'm a senior data analyst with a calibers group, and just wanted to tag on a few more details that that many just provided. So, Mandy, thank you for setting me up so beautifully next slide. Please.

Coming into this June, 16 deadline we have seen an incredible amount of funding be drawn down in, from, in, in the past month the past few weeks even. And so, as of today, June 3rd.

Less than 2 weeks away from the deadline 229 recipients, which is about 63% of all of the recipients across the country are now more than 50% drawn in.

that's an incredible uptick in the numbers every single day and other community is getting over that fifty percent threshold we now have two recipients that are one hundred drawn in which is

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pretty great um and for the remaining one hundred and thirty two recipients forty five recipients are really really close they are over forty percent drawn

and then we do have a very small number of six recipients that are under ten percent drawn at this particular moment in time and again just piggy backing off of all the wonderful words that went mandy gave you with suggestions we had actually seen out of

All right, so just some quick reminders here and it takes 2 people, 2 separate individual users in to complete a voucher in your 1st person person.

A, is going to create the voucher or open the voucher. You can use those words interchangeably.

Can be then is going to approve the voucher and it is a system level functionality of the same person cannot create.

And approve the same voucher. So you might have a backup person in your fiscal staff who has the ability to create a voucher. They also have the functionality to approve a voucher through your backup there. Great.

They cannot create and approve the same voucher in. So they could they could create 1 voucher.

They could approve a 2nd voucher, but they can't again create and approve the same voucher. So just wanted to really make that hopefully clear next slide. Please.

In in talking about that 2nd person who needs to approve a voucher in.

To approve of after,

after it's been created on that 90th day,

that voucher will be canceled,

you have to recreate it but there are a number of communities that have open vouchers in that were created in early March to mid March.

If those vouchers are not approved again by a 2nd person really trying to hammer that in those vouchers might get canceled before that June, 16 deadline. And that would be really frustrating.

You thought you had the funds drawn turns out the 2nd person didn't have the opportunity to approve them.

So, 1 of the things in addition to the report, or a few different versions of the PR, 91 report that Mandy had referenced earlier is look at the notes looking at the reports. You can just have anyone from your organization log into.

go to this screen the search out to her screen put in your grant numbers it's gonna be twenty then a few number or a few letters one's going to be a and then a few more numbers you can select from the dropdown menu

Just open vouchers and hopefully you'll get a no results down, which is great because that actually means you don't have any open vouchers. If you do have open vouchers. It's a really great idea to again review those.

Get someone in to approve those if they are for eligible expenses.

next slide please and so just a few quick questions that we're actually seeing come in through the pretty often right now is

I need to increase my my admin activity funding and and I can't.

And you might be thinking, right now, we've had some staff turnover or.

We just want to make sure we have a backup in case we get down to June 131,415 and we want to make sure we have a backup to to approve a voucher.

So, if you want to just check, who can what privileges everybody has in your organization, who can do what there's a, you want to run the PR, 30 report it's not a report. That we talk about very often because it's, it's 1 of the more common reports.

And so we just take for granted that everybody knows who it is, and we should not be taking things for granted at this moment in time. So, if you need to figure out that report 1 of my colleagues.

Brian respiratory just dropped in a link to a frequently asked question on the head exchange. That shows you how to figure out, who has what privilege and the, and then finally.

And when you go through that process, there's again a drop down menu and 1 of the 1 of the many.

Selections that you can pick take so, even if you submit a question, and you select the emergency solutions, grant, the pool is looking for those, and they'll send them over to the idea yes.

Pool or just make things a little bit quicker, send it to the tool directly. We've got I'm on the tool. We've got a wonderful team of folks. We will get back to you very, very quickly.

We we know this deadline is coming and we will reach out to you very, very quickly.

Just remember the reports are showing what was in there yesterday.

Uh, and then, finally, because we are seeing a lot of questions about, I can't log into right now.

Uh, yes, it's only operational Monday through Saturday.

From 70 am to 10, 0 P. M. Eastern time. And so for those of you on the West Coast, that 10 0 PM Eastern time comes pretty quick in your day and those of you who are even farther than the West Coast. That comes even farther earlier into your day.

So please keep that in mind. An, is not operational at all on Sunday. So if you try to make a voucher the Sunday before the 16th.

You won't be able to it's just the system won't even let you in.

Next slide, please just wanted to end with a few resources that are available on the exchange.

The 1st is a webinar that was done just a few weeks ago uh, specifically related to strategies for meeting this June 16th deadline.

It talked about putting together an expenditure team prioritizing these draws other ways to look at admin and had a really in depth question. And answer session, so those materials are there for you and the link is now in the chat.

There is an fact sheet if you're thinking.

I don't know how to move things around that fact sheet is there it's going to give you some more technical direction. If you want even more technical direction. There's the manual for section.

7 specifically talks about drawing funds and I believe it's section 10. that really talks about the reports. So again, if you're not someone who's in all the time, but.

He's in the backup, and now it's your time to shine. That's a great technical manual for you.

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There was specifically done an set up and draw a webinar for the care spending those resources are right there. I think we even did a demo where we logged into and went through the screen specifically.

So, if you're a more visual person that resources there, and then finally there was a recipient office hours done, and it really did talk about some of the documentation requirements for processing vouchers.

And so all of those resources are there for you on the head exchange.

And I think I'm going to turn it back over to Karen.

Hi, everybody we wanted to draw your attention to a new training that was posted on the hood exchange and also linked right here. It's for vaccine ambassador.

Onboarding and we wanted to also, at the same time, remind everyone that vaccine incentives are an eligible activity under. So that's 50 dollars per.

Vaccination so, for each person who's eligible and, um, program participants, who are.

experiencing homelessness are eligible for this for vaccine incentives that's fifty dollars per dose

So, please check out this vaccine ambassador training. We found that vaccine ambassadors can make a tremendous difference in the amount of of interest and uptake.

Uh, with the Kobe vaccine, so that's available to you and we also have a new.

Help desk pool that you can submit your infectious disease questions.

To so please check that out as well and that's all I have. I'll turn it back to you, Karen.